

***Consultation Process  
on Concerns of  
Viet Nam Veterans***

for  
the Joint Working Group  
on Concerns of  
Viet Nam Veterans

15 May 2006

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The late Frances Butcher (project manager and researcher for this project) whose dedication to ensuring that every individual had a say was invaluable; her wit, exemplary research skills and attention to detail are sorely missed.

Also those who contributed to the preparation of this report: Melonie Martin and Ben Amey for their work in establishing the project; Sergei Koudrin for the database and analysis; Ingrid van Aalst for the overall management of the project; Rebecca Stent data entry, Amanda Ashcroft coding and data entry, Jacqueline Rean coding, analysis, peer review and editing, Vicki Wilde and Glenna Matcham coding, analysis and report writing.

## **Executive Summary**

In 2004, the Health Select Committee's report found that New Zealand service men and women were exposed to a toxic environment, including herbicides such as Agent Orange, during their service in Viet Nam.<sup>1</sup>

Following an approach by both the Ex-Viet Nam Services Association (EVSA) and the Royal New Zealand Returned and Services' Association (RNZRSA), the Government established a Joint Working Group (JWG) to make recommendations on a package of measures to address the health and well-being needs of Viet Nam Veterans and their families, and to develop a historical record of New Zealanders' service in Viet Nam.

This report provides an analysis and summary of submissions provided to the JWG on concerns of Viet Nam Veterans, and contributes to the JWG recommendations to the Government on a package of measures to address the health and well-being needs of Viet Nam Veterans and their families.

### ***The consultation and reporting process***

The JWG sought the views of Viet Nam Veterans and their families to help it formulate its recommendations to the Government. After registering, Veterans and family members either wrote submissions and/or spoke to the JWG during nationwide meetings. These included four video-conference meetings with Veterans living in Australia. The consultation process occurred between November 2005 and mid March 2006.

Following consultation the JWG prepared a report and recommendations to the Government taking into account submissions and representations from the consultation process.

This report was commissioned by the JWG to provide them with an objective analysis of the information provided during the consultation process and to feed into the JWG report to Government.

The JWG extended the initial timeframe for the consultation process in response to submitters' requests, to ensure as many Veterans as possible had the opportunity to contribute. This resulted in delays in submissions being available for coding, analysis and reporting. Consequently shortened timeframes meant the JWG requested and received a preliminary high-level findings report on recommendations from submissions. The research team then went on to complete the following full and final report.

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<sup>1</sup> *Report of the Health Select Committee. 'Inquiry into the exposure of New Zealand defence personnel to Agent Orange and other defoliant chemicals during the Viet Nam War and any health effects of that exposure.'* Presented to the House of Representatives in accordance with Standing Order 251. October 2004.

### **Submitters**

In total 421 submitters were identified, in the submissions and transcripts of meetings provided by the JWG, as contributing to the submissions process.

This included 308 submitters who sent in written submissions and 225 submitters who participated in oral submissions including 19 private submission hearings. Both written and oral submissions were made by 112 people.

Over two thirds of submitters were Viet Nam Veterans (Veterans). A further 14% were Veterans' spouse and 12% were family members of Veterans (mainly children). The remaining 6% were concerned others or unidentified submitters.

There were three organisational submissions provided to the JWG from the Royal New Zealand Returned and Services Association and the Ex-Viet Nam Veterans Association in New Zealand and also from Australia. Because they represented a large group of people these submissions have been analysed and discussed separately.

### **Key findings**

The following represents the key findings of the individual submissions and the order they are presented in is as follows:

- Experience of Viet Nam Veterans
- Government / agencies/ response to Viet Nam Veterans' problems
- Mental and physical health related concerns of Veterans and their families
- Effects of Viet Nam Veterans' ill health
- Recommendations on addressing Viet Nam Veterans and their families' needs

### **Experience of Viet Nam Veterans**

Half of all Veteran submitters talked about their experience of Agent Orange and other defoliant chemicals during their service in Viet Nam. Some submitters in this group described their direct exposure and others talked about living and working in defoliated areas and witnessing spray operations.

Veteran submitters commented on the information provided to them at the time regarding use of and/or exposure to Agent Orange and other defoliant chemicals. With the benefit of hindsight, Veterans believed they had been deceived and lied to about either the purpose of the spray operations or safety in relation to the spray.

Veterans believed that they should be acknowledged and recognised for the good job they had done for their country. However, the majority of submitters' comments in relation to returned Veterans' described negative treatment, which included Veterans being:

- ignored and not acknowledged
- hidden upon their return from Viet Nam
- ridiculed and publicly criticised
- rejected and unsupported by the RSA
- seen as bludgers and war criminals, and
- expected to return to civilian life without adequate help.

**Government / agencies' response to Viet Nam Veterans' problems**

Over a third of all Veteran submitters described how successive Governments' past and present failed to acknowledge or accept that Viet Nam Veterans were exposed to Agent Orange or other defoliant chemicals during the War.

Veteran submitters also described various ways in which the Government has given mixed or contradictory messages over the years during and since the Viet Nam War about Veterans' exposure to Agent Orange. This was seen as a fundamental issue, which lead to delays in dealing with the needs of the Veterans community.

A quarter of all submitters identified concerns about the Governments' lack of dealing with the problems Veterans and their families face. Veterans felt uncared for, forgotten and betrayed by their Government. They also felt they lacked access to health and welfare information and support.

Veteran submitters described problems related to delays including:

- *Lack of positive Government response to their problems:* alongside concerns that denial and delays would continue until the majority of affected Veterans were dead.
- *Lack of confidence in Veterans Affairs New Zealand (VANZ):* particularly relating to administrative procedures, the agency's approach to service provision and poor case management.
- *War Pensions processes:* being lengthy, 'bureaucratic', frustrating and often, unhelpful.
- *Onus of proof falling on Veterans:* to prove their conditions are a result of their service in Viet Nam. Veteran submitters described this as a frustrating, time consuming, expensive and difficult task.
- *Medical professionals:* not being aware of Agent Orange conditions or failing to recognise symptoms as being related to exposure to Agent Orange. This impacted on the application process for pensions.

Veteran submitters talked about the sort of impacts delays have had on their lives including emotional stress and frustration, inability to address health and disability issues in a timely or pro-active way, strain on relationships and financial hardship.

Veterans in particular, believed the early deaths and pain experienced by some returned Veterans could have been reduced or prevented had the Government ceased its denial earlier and put measures in place to address the problems faced by Veterans and their families.

*Government / agencies' attitudes to Viet Nam Veterans*

Veterans described the staff who were either dealing with their applications for assistance or managing their case as being too young, inexperienced, lacking training, or not 'knowing' about the problems Veterans and their families face. Veterans felt these staff minimized Veterans' military service, experiences in Viet Nam and the effects that many still suffer.

*Viet Nam Veterans' attitudes to Government solutions*

Veterans described the Government as having a duty of care to them and their families around the physical, mental and emotional health, financial security and quality of life. They believed, as returned soldiers who served their country, they would and should be cared for by the Government as a matter of right.

A quarter of all Veterans believed that the Government had failed in its duty of care toward Veterans in providing support to help them reintegrate into society, and in monitoring and treating their ongoing health conditions.

Over a third of Veterans believed that the Government or agencies had treated them unfairly or shamefully especially in comparison with reparation that has been made to other groups in society such as ACC claimants and criminals. Concerns were also raised about the destruction of medical records and New Zealand's role in selling defoliant chemicals to the United States for use in Viet Nam during the War.

Submitters also expressed concerns about the submission process itself that mainly related to their disillusionment through previous experiences.

***Mental health related concerns of Viet Nam Veterans and their families***

Half of all submitters, including three quarters of spouse submitters, described mental health issues in relation to an individual they knew personally including themselves, a family member or the person they were representing.

Submitters mainly described the mental health concerns in relation to Veterans, with Post Traumatic Stress Disorder being the most common.

Submitters described how Veterans, who otherwise coped, could have unpredictable mood swings and have extreme reactions in their domestic environment as a result of their experiences in Viet Nam. Submitters described Veterans suffering from alcohol abuse, depression, aggression/violence, flashbacks/nightmares, and panic attacks.

Veteran submitters raised some concerns that their children also suffered mental health related conditions primarily as a result of living in a household with a Veteran.

***Physical health related concerns of Viet Nam Veterans and their families***

Two thirds of all submitters mentioned Veterans' and their families' physical health issues. Submitters described serious and multiple physical health conditions from which Veterans and their children suffered, and which they attributed to Veterans' service in Viet Nam and exposure to Agent Orange and other dioxins.

*Veterans' issues*

Nearly a fifth of Veterans talked about the premature death of Veterans who had served in Viet Nam. Veterans' physical health issues included skin rashes, heart problems, cancers, diabetes, bowel complaints, as well as hearing loss and back and joint problems.

### *Spouses' issues*

Spouse and Veteran submitters described spouses' experiences of miscarriages and still born babies. Alongside the grief of losing a child, submitters described their concerns for the deformities and disabilities these babies would have suffered if they had survived.

### *Children's issues*

The main health conditions submitters talked about in relation to children's physical health were deformity or birth defects and epilepsy. Children's physical health problems also included skin rashes and conditions, abdominal, respiratory and reproductive problems.

### ***Effects of Viet Nam Veterans' ill health***

This section describes the effects of Veterans' ill health on themselves and their families. The main effects of ill health described by submitters included emotional, social, financial and work-related effects. Submitters also described how Veterans found ways of coping with their ill health.

### *Emotional*

Nearly a third of submitters expressed concern or grief over the health of future generations related to the Veterans' exposure to Agent Orange and other dioxins. Veterans described feeling guilty about and responsible for introducing this to their families.

Submitters described how Veterans' mental and emotional issues resulting from service in Viet Nam were exacerbated on their return by their experiences of rejection, lack of recognition and lack of help to reintegrate into society.

Spouse and family submitters talked mainly about the flow on effects of the Veterans' trauma, distress and anger on their lives and how it impacted on their family relationships.

### *Social*

A fifth of Veteran submitters talked about how physical limitations, pain and deteriorating health had negatively impacted on their quality of life. This resulted in emotional distress, strained or broken relationships and reduction in work capacity.

Submitters described some Veterans as being isolated and lacking social interaction with the outside world. Veterans' relationships with their families were also affected as some submitters described Veterans as withdrawn, moody and sometimes abusive.

### *Financial*

A quarter of Veterans described the financial impacts of their ill health. These included loss of income due to a change or reduction in employment or reliance on a benefit or pension; the cost of medication and medical specialists, and their inability to buy or maintain mortgage payments on a house.

*Work-related*

Veterans talked about being unable to stay employed for long periods, having to resign or retire, and taking time away from work for illness, specialist appointments and/or hospitalisation.

*Veterans' ways of coping*

Spouse and Veteran submitters discussed Veterans' dependence on their spouse/partner as a result of their ill health. Some Veterans acknowledged their partners' and families' strength and forbearance in coping with them and the effects of their ill health.

Veterans felt as if they were on their own. Submitters described how Veterans had dealt with their service experiences and adjustment to civilian life upon their return, through holistic medicine, religion or spirituality and counseling. Other submitters talked about Veterans' excessive use of alcohol as a means of coping and blocking out memories.

***Recommendations on addressing Viet Nam Veterans and their families' needs***

Acknowledgement was seen as the starting point for government action in addressing the needs of Veterans and their families. Submitters considered that acknowledgment without action would be meaningless and unacceptable to them.

While different submitter groups identified different priorities, there was commonality in the recommendations they made. A summary of the key recommendations is presented under the following categories and sub-categories:

***Acknowledgment***

- Apology, acknowledgment and recognition
- Means of acknowledging

***Health***

- Cover for health care
- Health checks
- Access to services

***Financial***

- Compensation
- Reimbursement
- Pensions

***Information***

- For Government agencies
- For medical professionals
- For Veterans and their families

***Delivery of Veterans services***

- Restructure Veterans services
- Secretary of War Pensions role

The organisational submissions also put forward suggestions and recommendations that supported and complimented those provided by individual submitters. The key differences between the organisational submissions and those submitted by individuals were as follows:

- *The RNZRSA* also included a detailed chronology of events and a matrix calculating reparation and compensatory costings. They expressed regret concerning the treatment by the RSA of returned Viet Nam Veterans and suggested that the New Zealand Defence Force and The New Zealand Army should address their less than satisfactory performance.
- *The EVSA and EVSA Australia* alongside other recommendations, suggested maintaining a closer working relationship between Australia and New Zealand to provide timely approval for cover and access to services and pensions for New Zealand Veterans living in Australia.

### ***Acknowledgement***

More submitters made recommendations concerning health care and financial support than made recommendations about acknowledgements. However, acknowledgement by the Government of Viet Nam Veterans' experiences and related health concerns was seen as a necessary precursor to the provision of health care and financial support.

Acknowledgment was considered by over half of all submitters as an important part of the process of rectifying past wrongs. Most commented that any acknowledgment given would only be meaningful if backed by the Government providing services, resources and information that Veterans and their families felt they need.

### ***Apologise publicly***

Submitters most frequently suggested form of acknowledgement was a public Government apology to Veterans. Spouse submitters recommended that an apology should be to both Veterans and their families. Some submitters suggested that the apology should come from the Queen or Governor General as they saw themselves as soldiers of the Crown rather than the Government.

Veteran submitters stressed that it was important that the apology be full and frank. It was suggested that the Government admit that it had denied the truth and acknowledge the difficulties the delay in recognition had caused Veterans and their families. They also stressed that for any apology to be meaningful, it needed to be backed up with action.

### ***Acknowledge the effects of dioxins***

Acknowledging the effects of Agent Orange and other dioxins on Viet Nam Veterans and their families, was the second highest priority for all submitters who made recommendations about acknowledgments.

### ***Recognition of Veterans service to their country***

Submitters believed it was important that there was a wider appreciation of the contribution New Zealand Veterans made in serving their country. Public recognition was seen as a useful way of changing public attitudes and addressing past wrongs.

*Acknowledge difficulties experienced by families*

Submitters recommended that the Government recognise the huge effect Viet Nam Veterans' mental and physical health conditions had on their families.

*Means of acknowledgement*

The main means of acknowledgement recommended by submitters included publicity designed to educate the public about Veterans service and treatment in Viet Nam and since their return and the effects of their exposure to Agent Orange and other dioxins. The majority of Veteran submitters did not recommend medals as a means of acknowledgement but preferred to see Government action in the form of services and support.

**Health related services**

Health related recommendations were the highest priority for all submitters. The three main areas of health care submitters talked about were: health cover, health checks and access to health services.

*Health cover*

Submitters recommended that Veterans, their children and descendants should be fully covered for all their health care needs. This included financial cover and access to services relating to Veterans' and their families' physical and mental health and wellbeing. Family and other submitters were particularly concerned that free health care and priority treatment be provided for all Veterans' descendants, when it could be proved their health conditions were a result of Veterans service in Viet Nam.

Around a third of Veteran submitters suggested that Veterans and their families be given priority status and provided with a health care card that would give them priority access to free health care services, and cut down on waiting times for specialists and treatment.

*Health checks*

Submitters suggested that Veterans, their families and descendants receive regular specialist health checks (including DNA or blood tests) to identify early symptoms of problems related to exposure to Agent Orange and other dioxins, and to ensure that any physical or emotional health needs are diagnosed and treated.

Submitters were concerned that any health checks on Veterans, their families and descendants, should not be limited to conditions that are currently known and associated with dioxin exposure to ensure further conditions can be recognised and treated as they emerge.

*Access to health care services*

Submitters identified the war and disabilities pension system for approvals, as a barrier to Veterans accessing appropriate and timely health care services. Submitters recommended:

- 'a whole of government approach' to improve access to health services and reduce the time involved in obtaining a pension

- Veterans and their families be given the 'benefit of the doubt' (including reverse onus of proof) in relation to healthcare benefits and pensions
- the eligibility criteria for receiving health care assistance recognises the effects of Agent Orange and other dioxins on Veterans and their families
- removing the requirement for case by case assessment and for applicants to be seen by a specialist prior to approval of pensions.

### ***Financial***

Two thirds of submitters made financial recommendations, which included compensation, reimbursement, and a review of the pension system.

#### *Compensation*

Compensation was a priority recommendation for Veterans, spouses and other submitters. Submitters recommended that compensation be paid for wrong doing on the part of Government (i.e. denial and delays), health care costs, reduced earnings and lack of financial security experienced by Veterans and their families.

Veteran submitters expressed a view that compensation should be paid directly to the individuals affected rather than to a fund distributed by an organisation or company. Some suggested a lump sum payment.

Veterans were also concerned that any compensation payments made should not be full and final, to ensure their descendants could be compensated for their yet unforeseen needs.

A common recommendation for calculating the level of compensation payments was to use the existing War Disability Pension percentages system. Veterans also noted that it was important that compensation payments were not subject to any form of means testing or taxation.

#### *Reimbursement*

Submitters suggested that Veterans and their families be reimbursed for health care and support costs. These included a range of costs such as specialist fees, transport costs for medical treatment and assessments, and respite care for dependents.

Under a quarter of Veterans believed the tax Veterans paid while in service in Viet Nam should be returned to Veterans, and/or their families in cases where the Veterans is deceased.

#### *Pension system*

Almost a third of all submitters recommended the current War and Disabilities Pension system be reviewed. Veteran submitters wanted the system to be more timely, streamlined, consistent and compassionate towards Veterans and their families' needs. Submitters also recommended that the pension system be more transportable, in recognition that some New Zealand Veterans live outside New Zealand.

Submitters wanted the following aspects of the pension system reviewed:

- The eligibility criteria for a pension, specifically the over 65 year age barrier
- Taxation and benefit reduction in relation to pension recipients who also work
- Provision of a widows pension
- Level of provision for funeral and death grants to families of deceased Veterans.

### ***Information***

Submitters recommended that research and information about the effects and treatment of exposure to Agent Orange and other dioxins be provided to Veterans and their families, medical professionals, and the Government and its agencies.

These recommendations included:

- Discontinue use of or reliance on 'discredited' reports such as the Reeves, McLeod reports
- Establish a register of Viet Nam Veterans and their families to enable the provision of information to and from Veterans and their families regarding health and well-being issues and the provision of services
- Establish a morbidity and mortality register of Veterans, their families and descendants
- Regular reviews of international research and information, on the effects and treatment of Agent Orange and other dioxins, to inform Government, medical professionals and Veterans and their families
- Maintaining close links with Australia and the United States for information exchange
- The pro-active provision of information to Veterans and their families, about services available to them.

Further, submitters recommended that medical professionals, who deal with Veterans and their families, are trained and have some understanding of the experiences, specific conditions, treatments and needs of Veterans and their families. This included an understanding of the reverse onus of proof as outlined in the Act. Submitters also considered it important that support staff and volunteers who work with Veterans and their families are trained and have an understanding and empathy for the needs of the Veteran community.

### ***Delivery of services***

Over a quarter of submitters made recommendations about the need for changes to service delivery for Veterans and their families.

#### ***Restructure of service delivery***

Veterans expressed views that the current services are complex and uncoordinated and could be improved by restructuring.

Their suggestions included providing a service that:

- is a greater advocate for Veterans
- is more proactive and streamlined

- has greater resources including more highly trained staff
- an independent review process and
- has more appropriate accountability.

Submitters also suggested that Veterans services be consolidated into a one-stop shop or a Government agency in its own right. They believed this would cut down on bureaucratic delays and create a staff and environment specifically designed to meet Veterans needs.

Related to this point, submitters suggested the administration of the Veterans Pension be removed from Work and Income New Zealand (WINZ) and the pension promoted as an earned entitlement rather than a benefit.

*Secretary of War Pensions role*

Submitters recommended that the positions of Secretary of War Pensions and Director of Veterans' Affairs be separate and staffed by two independent people to reduce any perceived conflict of interest and increase accountability.

## **Introduction**

In 2004, the Health Committee delivered its findings to the Government. The Committee's report found that New Zealand service men and women were exposed to a toxic environment, including herbicides such as Agent Orange, during their service in Viet Nam.<sup>2</sup>

Following an approach by both the Ex-Viet Nam Services Association (the EVSA) and the Royal New Zealand Returned and Services' Association (the RNZRSA), the Government established a Joint Working Group (the JWG) to make recommendations on a package of measures to address the health and well-being needs of Viet Nam Veterans and their families.

The JWG comprised representatives from the EVSA, the RNZRSA, and officials from the Offices of the Minister of Defence and the Minister of Veterans' Affairs. Former State Services Commissioner, Michael Wintringham chaired the Working Group and officials from the Department of Internal Affairs provided administrative services (see Appendix A for Terms of Reference and Guidelines for Consultation Process).

The JWG sought the views of Viet Nam Veterans and their families to help it formulate recommendations to the Government. After registering, Veterans and family members either wrote submissions and/or spoke to the JWG during nationwide meetings. These included four videoconference meetings with New Zealand Veterans living in Australia. The consultation process occurred between November 2005 and mid March 2006.

Submissions and transcripts from the JWG consultation process, provided to the Research and Evaluation Services team of the Department of Internal Affairs, were analysed for this report.

## **Submitters**

Three hundred and eight written submissions to the consultation process on concerns of Viet Nam Veterans were provided by the JWG to the researchers. Written submissions included documentation such as personal stories, personal health and other records, correspondence, poetry, photographs and drawings.

**Table 1. Submission types**

	No.	%
<i>Written</i>	308	73%
<i>Oral</i>	225	53%
<i>Total</i>	421	

<sup>2</sup> Government Response to Report of the Health Select Committee. 'Inquiry into the exposure of New Zealand defence personnel to Agent Orange and other defoliant chemicals during the Viet Nam War and any health effects of that exposure.' Presented to the House of Representatives in accordance with Standing Order 251. October 2004.

The JWG provided a further 225 submissions, including 19 from private hearings, transcribed from the oral submission process undertaken between November 2005 and March 2006. Both oral and written submissions were made by 112 submitters.

There were 421 submitters in total.

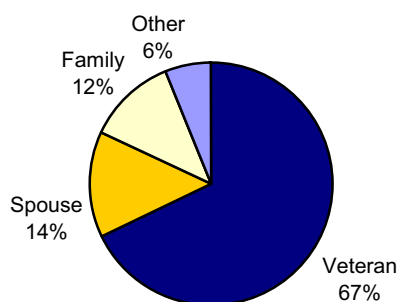
A further 46 participants (creating a minimum of 467 submitters and participants) were observed in the transcripts as having contributed to the consultation process by joining in discussions during oral submission meetings.

As the following table and graph show, over two-thirds of all submitters were Viet Nam Veterans (284). Fourteen percent of all submitters were Veterans' spouses (61) and a further 12% were Veterans' children or close family members (49). The remaining population of 27 submitters (6%) included four medical professionals, three non-combat workers and eight concerned others as well as other submitters whose status was unable to be identified through the information provided to the researchers.

**Table 2. Total submitters**

	No.	%
<b>Veteran</b>	284	<b>67%</b>
<b>Spouse</b>	61	<b>14%</b>
<b>Family</b>	49	<b>12%</b>
<b>Other</b>	27	<b>6%</b>
<b>Total</b>	<b>421</b>	

**Graph 1. Total submitters**



### **Group submission**

Twenty submitters were identified as having used substantial parts of the same document in the body of their submissions. It appeared these submitters had cut and pasted and edited the base document and often added personal details including individual health concerns.

For coding and analysis purposes, these submissions have been treated as separate submissions but are identified as 'group submission' when quoted.

### **Organisational Submissions**

There were three organisational submissions:

- **The Royal New Zealand Returned and Services Association (RNZRSA) – representing 40,000 war veterans (including Viet Nam Veterans) throughout New Zealand.**
- **The Ex-Viet Nam Veterans Association (EVSA) – representing 1700 Viet Nam Veterans throughout New Zealand.**
- **The Ex-Viet Nam Veterans Association – Australian representative: representing approximately 90 New Zealand Veterans living in New South Wales, ACT, South Australia, Victoria, and Tasmania.<sup>3</sup>**

**Because these were organisational submissions each representing a large group of people, these submissions were not treated as individual submissions or counted in the analysis.** Instead organisational submissions were analysed separately from the individual submissions. **Personal information provided in one of the organisational submissions (about its author) was coded and included in the analysis of individual submissions.**

A description of each organisational submission along with a summary of some of the key similarities and differences to the individual submissions is provided in Appendix C.

### **Data analysis and report writing process**

This section describes how the coding framework was developed for the analysis of submissions, and how it shaped the presentation of information in this report.

#### **Coding framework**

Each submitter was given a unique identifier number. Where people made both written and oral submissions, the written submissions were matched with submitters' oral contributions to create a complete submission.

Written submissions and oral transcripts were analysed using a detailed coding framework developed initially from a base of twenty randomly chosen written submissions. The framework was expanded as researchers collectively agreed upon adding codes as new data emerged from submissions. The coding framework was designed to capture the range and complexity of data as provided by submitters (for the coding framework see Appendix B). Ten percent of the coded written submissions were peer reviewed to ensure consistency between coders.

All data was coded using a three part coding system. One part of the code identified the general issue being talked about by the submitter and another identified it in more specific terms. The third part of the code was used to identify the intended subject or submitter by type. This coding system made it possible to analyse the data in terms of submitter type and subject (e.g. whether a specific recommendation regarding pensions related to a Veteran or their spouse).

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<sup>3</sup> *In the submission, 90 signatories were represented as: '65% of 139 Veterans'.*

While the coding system included nine types of submitters these were collapsed for reporting purposes. The types of submitters referred to in the report include:

- Veterans (both individual and general)
- Spouse
- Family (child, grandchild, Veteran's family and Veterans' families general)
- Veterans and their families
- Concerned other

During the coding process quotes were identified that illustrated submitter's views. Selected quotes are used wherever possible in the report to provide an authentic first hand account of submitters' views and illustrate those commonly expressed by submitters.

Quotes are indicated by indented, italicised text. The following terms are used to describe the author of a selected quote: Veteran, spouse, adult child of Veteran, relative of Veteran, concerned other, group submission and unidentified.

### ***Structure of report***

While there was a huge range in style and detail presented in submissions, many did address the different topic areas suggested in the guidelines for submissions provided by the Joint Working Group. In turn the data from the submissions informed the development of the coding framework. The structure of the report reflects both the coding framework and the topic areas outlined in the guideline for submissions. The coding framework was comprised of detailed descriptors under each of the following areas:

- background to concerns of Veterans
- responses to problems Veterans face
- health of Veterans and their families
- effects of ill health and
- recommendations

Generally the data is reported around numbers of submitters who talked about any one issue. Occasionally references are also made to the frequency of submitters' comments, which tend to be a larger number as they often refer to multiple subjects.

The data has also been reported by percentage of total submitters to provide an overall picture followed by analysis based on percentages of submitters who commented on a particular area (e.g. percentage of submitters who made recommendations relating to health against all submitters who made recommendations).

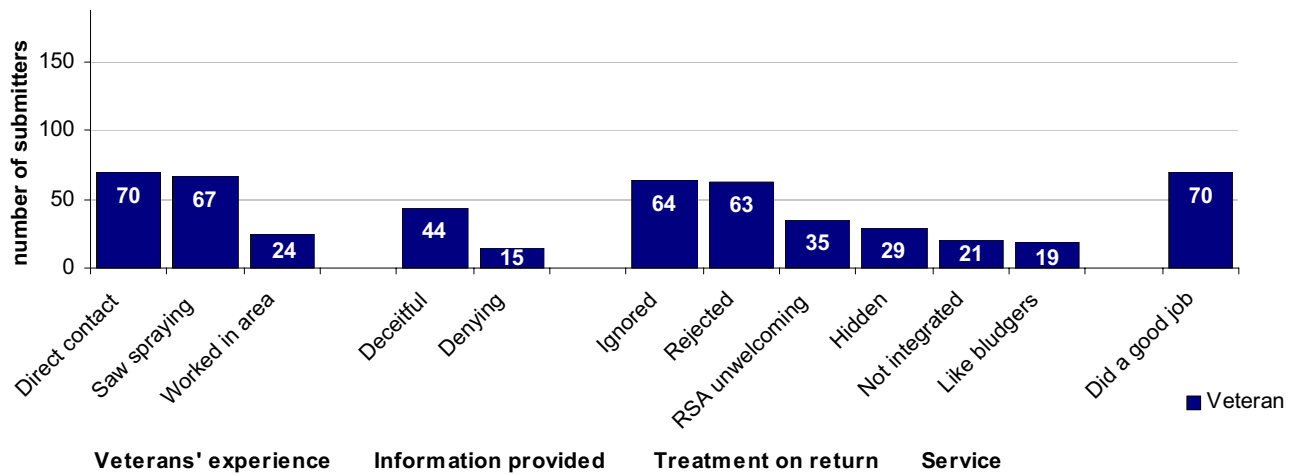
Graphs have been used to provide an overview for each section. Where more than fifteen Veteran submitters talked about an issue, these numbers are included in the graphs. Additional figures can be found in the summary tables in the report.

## Experience of Viet Nam Veterans

This section provides a description of the background to Viet Nam Veterans' concerns, as described essentially by two thirds (187) of Veteran submitters. Graph two below shows the main concerns Veteran submitters talked about in relation to their background experience. This is followed by more detailed presentation of these concerns under the following four headings:

- Veterans' experience of Agent Orange and other defoliant chemicals
- Information provided at the time of the Viet Nam War
- Treatment of returned Veterans and
- Veterans' view of service for their country.

**Graph 2. Veterans' background experience**



## Experience of Agent Orange and other defoliant chemicals

Veteran submitters talked about their experience of Agent Orange and other defoliant chemicals during their tour of duty in Viet Nam. Their experiences ranged from direct exposure through living and working in defoliated areas and witnessing spray operations. Selected extracts from Veterans' submissions below illustrate the experiences referred to by many during the submissions process.

**Table 3. Veterans experience of defoliant spray**

	Veteran submitters	
	No.	%
<i>Direct contact</i>	70	37%
<i>Saw spraying</i>	67	36%
<i>Worked in area</i>	24	13%
<b>Total Background</b>	<b>187</b>	<b>66%</b>

Of the 187 Veteran submitters who talked about their background concerns, 70 (37%) described their direct exposure which included being sprayed by allied aircraft both while on manoeuvres and in the compound, feeling, smelling and tasting the substance(s) on and around them.

*The cold clammy mist descended on us, soaking us to the skin, a diesel like smell. The whole jungle underground was soaked, dead birds were everywhere. It happened very quickly, while the patrol commander was making enquiry by radio, birds were falling out of the trees. The whole jungle died on that day right before our eyes.* Veteran

*During the first week of being shown around the area, while on patrol with members of the company we were to relieve, we were sprayed with defoliant. We were instructed not to look up into the spray and also to make sure sleeves were down and not to rub or scratch areas of the body that felt itchy. About six weeks after my company had arrived ... we were sprayed again, by four aircraft that were C123s. This was a dense spray.* Veteran

Other Veterans described direct exposure through their clothing and skin being soaked with spray as they carried out orders to spray areas around the compound or other areas where they worked, mostly using back pack-type spray equipment. Lack of protective clothing, inadequate and often leaky spray equipment and lack of information about safety appear to have been common factors in Veterans' exposure.

*My next direct exposure to 245T was Nui Dat in November 1970 at [the] NZ Component spraying and cleaning their grounds with a knapsack and sprayer - this was a brass copper type sprayer - which was carried on the back....I was not told to wear any protective gear or issued any - not that they had any in [the] country. ... A pair of footy shorts, boots, socks, shirt, and jungle hat was the only clothing I wore. The seals at the joints leaked all over my back and legs, plus I breathed in the misting spray.* Veteran

Sixty-seven Veterans (36%) described their exposure through living and working in areas that had been sprayed. This included exposure through sleeping, eating and drinking water in areas contaminated with defoliant sprays and breathing dust stirred up by helicopter rotor blades.

*We often trekked through the jungles that had been sprayed with defoliant substances like Agent Orange, and were required to camp out in contaminated areas. Our drinking water consisted of rainwater that had filtered through the trees, which was collected off the corner of our tents. We would also drink water from the streams and creeks that had been contaminated with Agent Orange. Our ration packs contained dehydrated food that we had to mix with water in order to prepare our meals.* Veteran

Twenty-four Veterans (13%) talked about witnessing spray operations carried out by allied aircraft. Several submitters also provided copies of photographs showing aerial spraying.

*A C130 Hercules American aircraft ... was spraying a chemical solution from what appeared to be two apertures on each fixed wing with the spray being targeted along the jungle fringe. ... That chemical had a strong chemical residual smell that created some concern amongst the patrol members. The spray had an oily consistency and the smell lingered on our equipment for some days. ... we did not effectively wash, on occasions for weeks at a time.*

Veteran

Some Veterans also provided information they had gained from investigations regarding the use of Agent Orange and other defoliant chemicals in Viet Nam during the war including New Zealand's role in supplying chemicals. It was evident that some Veterans had spent a lot of time researching and documenting such information in an effort to vindicate Veterans' claims that exposure did occur and that the effects may be either from direct or indirect exposure.

*In order to understand exposure to Dioxin one must also understand how it moves within the environment and into the food chain and the population. It has the characteristic of binding wonderfully to fine dust particles and is moved by rain and dust into watershed areas, fish then into the human population through the food chain. In other words if Vietnam Veterans were exposed to dust in defoliated areas or drank water from streams fed by defoliated areas then they were most certainly subject to some degree of contamination.*

Veteran

*In the case of Dioxin exposure it has been established that Agent Orange when mixed with diesel oil as a surfactant, which was often the case, increased toxicity by 50% and dermal absorption to 62%.*

Veteran

## Information provided at the time

Veteran submitters commented on the information provided to them at the time regarding use of and/or exposure to Agent Orange and other defoliant chemicals.

**Table 4. Information provided**

	Veteran submitters	
	No.	%
<i>Deceitful</i>	44	24%
<i>Denying</i>	15	8%
<b>Total Background</b>	<b>187</b>	<b>66%</b>

Around a quarter of Veteran submitters (44) who talked about background concerns, with the benefit of hindsight, talked about being deceived and lied to, and some talked specifically about receiving a lack of or incorrect information. A prevalent explanation some Veterans said they were given about the spraying, particularly around the compounds, was that it was for mosquitoes. Others were told the aerial spraying and resulting defoliation of the jungle was to enable them to better see the enemy.

*... I walked from the Sgt's tent line down to the Orderly Room where I worked, and virtually walked into an area thick with a wet cloud of spray. I ... observed a team working from the back of a truck spraying ... the rubber trees between our perimeter and the Task Force HQ. The detail was completely covered from head to foot with black over suits, goggles, gloves and gumboots. .... I walked into the orderly room, trying to clean myself up from this muck which was stinking to high heaven and asked the occupants ... what was going on out there. [One] said that the Australians were spraying the mosquitos. It must be realised that no-one had any idea at all that insecticides were being used in any type of warfare at that time. ... Later that tree line was completely defoliated as photo's taken in that area reveal.* Veteran

A further 15 Veterans (8%) described how any possible risks associated with their exposure to Agent Orange or other defoliant chemicals had been ignored, minimised and/or specifically denied. Many of these Veteran submitters also expressed deep concern that their superior officers and the Army with whom they trusted their lives had deceived them.

*I can well remember an American Captain during the Viet Nam conflict, appearing on the six o'clock news, drinking a glass of Agent Orange out of a 44 gallon drum (although the liquid was clear as water and not coloured orange). The purpose was to re-assure the news-watching world that the herbicide was safe for human consumption, as questions about safety had been raised even back then.* Veteran

*Throughout my Army career I placed my trust in [the] NZ Defence Force to support and care for my health, particularly while serving overseas ... I never asked what the effect to my health might be, I trusted my superiors.* Veteran

*We soldiers were aware of Agent Orange (and the others) and we believed what we were told; that this was harmless to humans.* Veteran

*They had been sprayed and betrayed.* Spouse

Many of the Veteran, spouse and family submitters believed not only had they been deceived at the time, but that ongoing denial by successive governments that soldiers had been sprayed and may experience ill health effects as a result, added insult to injury. Submitters believed this situation has prevented Veterans and their families receiving appropriate help and support.

*For 30 years I was told by my own government that I was not sprayed with chemical defoliant and therefore had little chance of several medical areas of concern being accepted and attributable to military service. I had photographed US C-129 cargo aircraft overhead with spray streaming out behind and can still smell and taste the agent settling on my body. I was told it was harmless and of no concern.* Veteran

## Treatment of returned Veterans

When Veteran submitters commented on the treatment of returned Veterans, the majority of their comments described negative treatment which ranged from Veterans being ignored, hidden, their service not being acknowledged, through to rejection, ridicule, public criticism and lack of support from the RSA, to being expected to return to civilian life, and being seen as bludgers and war criminals.

**Table 5. Treatment on return**

	Veteran submitters	
	No.	%
<i>Ignored</i>	64	34%
<i>Rejected</i>	63	34%
<i>RSA unwelcoming</i>	35	19%
<i>Hidden</i>	29	16%
<i>Not helped</i>	21	11%
<i>Seen as bludgers</i>	19	10%
<b>Total Background</b>	<b>187</b>	<b>66%</b>

Just over a third of Veteran submitters (64) who talked about background concerns, described the treatment of returned Veterans. They described how they felt ignored and that their service to the country by going to Viet Nam had not been acknowledged in a positive way by the Government or its agencies, the army, the public or the media.

*And our government really abandoned us from the moment we arrived back on New Zealand soil.* Veteran

*They have had to wage a lonely campaign for help and justice and recognition: by themselves, disbelieved, branded as liars, deceived, and left to fend for themselves* Concerned other

*The sum total of this attitude was that "we were not to be seen and not to be heard" and this attitude has prevailed to a certain extent and in varying degrees ever since that war.* Veteran

Aligned with this, 35 (19%) of this group of Veteran submitters described the lack of welcome and support offered to them by the RSA. Some gave accounts of open hostility or rejection by RSA clubs around the country.

*I remember going into the RSA and getting abused and being told to leave, refused service, continually being asked to prove who I was and that I was a Viet Nam vet. I had an awful job even becoming a member.* Veteran

*... I would like to say that it is really strange to hold this hearing in a RSA Clubrooms, considering that we as returned Vietnam Veterans were not made welcome in any RSA Clubrooms, actually we were not even acknowledged, in fact we were shunned.* Veteran

*The Royal New Zealand Returned and Services Association lost its way in the early 1960s. It has at best been unhelpful, and at times obstructive, of Vietnam Veteran efforts to redress ongoing concerns. It is not set up to promote or monitor veteran welfare. Its late desire to become involved in the present initiative is proving to be divisive and it should therefore be excluded from the debate.*

Veteran

Sixty-three Veteran submitters (34%) talked about a variety of ways in which they experienced rejection, ridicule and/or public criticism. At the time there was strong public opinion against New Zealand's involvement in Viet Nam and many returned Veterans described how they felt the brunt of this via both personal and public attacks.

*I was physically beaten up on two occasions after the war because of my association to Vietnam.*

Veteran

*It was a very strange sinking feeling to return home a stranger in one's own country, a stranger in one's own family, a political embarrassment to the government, a war criminal in the ignorant ill informed eyes of a large number of one's own countrymen...*

Veteran

*... when we had our welcome home parade in Wellington, I read in the paper that morning a letter written by a lady and she finished it by saying, I hope every Viet Nam veteran dies a horrible death, for that's what they deserve. Well, she's probably going to get a wish because a lot of us have died horrible deaths and a lot will, I imagine.*

Veteran

Related to this, 29 Veteran submitters (16%) described how their return home from their tour of duty had been managed in ways to minimize public attention.

*New Zealand Viet Nam Veterans were flown home and dispersed often in the middle of the night after the first batch home were spat on in the streets, had pig's blood thrown at them, and vilifications shouted at them.*

Unidentified

*When I returned to New Zealand in December 1971, I was ordered not to proceed on leave in uniform.*

Veteran

Nineteen Veteran submitters (10%) referred to being treated as bludgers or war criminals within their communities and by members of the public. The following spouse submitter's experience illustrates the level of hostility some Veterans, spouses and their families faced.

*Our daughter was born in May 1970 in a civilian hospital. During my hospital stay families came to visit their wives and new babies, and only husbands were allowed to visit at night. My room mates noticed that no-one came at night to see me and asked, where is your husband? I was so proud to say, "Oh he's in Vietnam with the NZ Army", wrong thing to say. Unbeknown to me her husband was protesting against the war at the time. When he came in he said*

*to me, how does it feel knowing your husband's killing babies in Vietnam and your baby is alive, safe?* Spouse

A further 21 Veteran submitters (11%) commented on how they were expected simply to return to civilian life, but were given little or no assistance to achieve that.

*...his parents were saddened as they no longer understood him, and were fearful of his reactions, and his community simply had no understanding of his suffering.* Spouse

## Veterans' service for their country

Seventy Veteran submitters talked about their perceptions of Veterans service in Viet Nam. Of this group 63 (90%) said they believed they had done a good job and the job they were asked to do for their country. Veteran submitters also pointed out that the conditions they were exposed to while on service in Viet Nam were not what they signed up for or expected.

*Our role as soldiers is outlined in the Oath when sworn in. You do as you're told for Queen and Country. The difference between a professional soldier and someone conscripted is only experience! In war both are paid, both have the same function seeking the same result. Vietnam was part and parcel of a soldier's job. It's what you train for. Refusing a tour to Vietnam was rare.* Veteran

*... everything of our overseas tour was a political order from the Government. There is no other way troops can be deployed in another country.* Veteran

*I volunteered to go to Vietnam quite prepared to give up my life for my country whether by bullet, bomb, booby trap or bayonet. The prospect of being poisoned by my own allies was never factored into the equation.* Veteran

Most Veteran submitters shared the belief that their service for the country would and should be acknowledged and recognised by the Government providing them with ongoing care and appropriate support upon their return. The experiences they described in this regard from the thirty plus years since their return from Viet Nam show the difference between their expectations and reality.

*We go away [and] we do what our country asked us to do, we swear allegiance to the flag and to the Queen and everything like that and as soon as we get back the military wipe us completely. I think the military has probably got as much to blame for this as the Government.* Veteran

*The recognition we want is something that will start a healing process and will also serve as a beacon for those still to accept "the Queen's shilling," knowing that their country does respect their service and acknowledges that they may sacrifice their youth, their health and future wellbeing in the service of their country, but that they will be looked after in their twilight years.* Veteran

## Responses to the problems

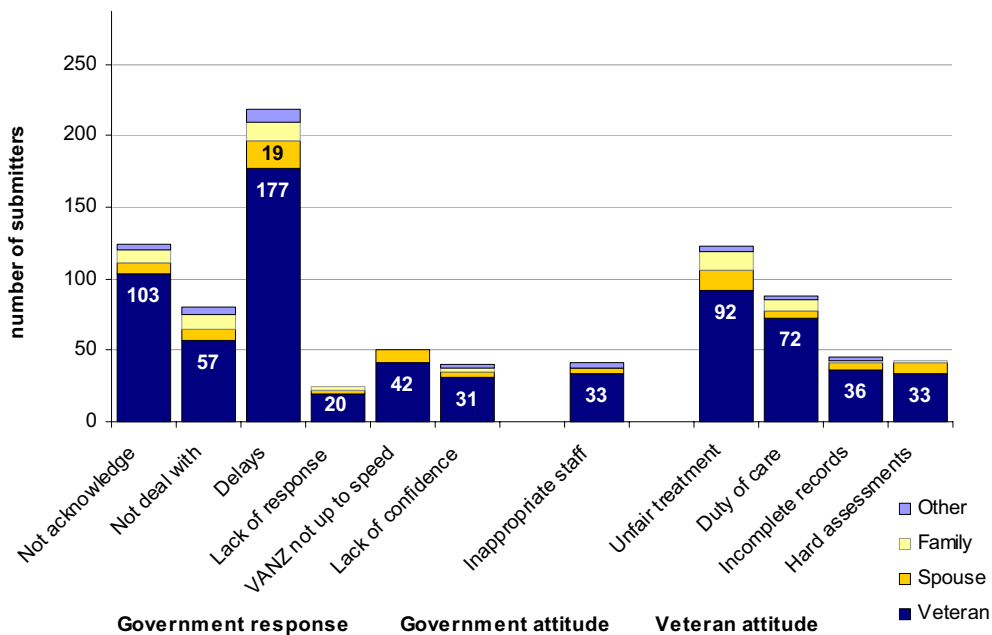
This section describes the views and experiences of two thirds of the submitters' (287) who commented on the problems returned Viet Nam Veterans face. Of this total, 211 (74%) were Veteran submitters, 37 (61%) spouse submitters, 24 family and 15 other submitters.

Submitters' views are grouped under the following three headings:

- Government and agency response
- Attitudes of Government and agencies, and
- Veterans' attitudes to Government solutions.

Sub-headings are also used according to the range and type of submitters' comments although there is often overlap between the issues submitters talked about. Graph three introduces the headings and main sub-headings that are discussed in turn below. Government response appears in chronological order rather than by submitter numbers.

**Graph 3. Responses to the problems**



## Government response

Submitters' perceptions of Government / agencies response to the problems returned Viet Nam Veterans face fell into five main groups which are presented in the following order and in Table 6 below:

- Government did not acknowledge Veterans exposure to Agent Orange or other defoliant chemicals
- Government did not deal with the problem
- Delays in dealing with the problems Veterans face

- Office of Veterans Affairs NZ (VANZ) is not up to speed and
- Lack of confidence in Veterans' organisations.

**Table 6. Government and agency response**

	Veteran		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<i>Lack of acknowledgement</i>	103	49%	8	22%	9	38%	4	27%	<b>124</b>	<b>43%</b>
<i>Not deal with problem</i>	57	27%	7	19%	11	46%	5	33%	<b>80</b>	<b>28%</b>
<i>Delay in dealing with</i>	177	84%	19	51%	13	54%	9	60%	<b>158</b>	<b>55%</b>
<i>Lack of govt response</i>	20	9%	2	5%	2	8%	1	7%	<b>25</b>	<b>9%</b>
<i>VANZ not up to speed</i>	42	20%	8	22%	0	0%	1	7%	<b>51</b>	<b>18%</b>
<i>Lack of confidence</i>	31	15%	4	11%	3	13%	2	13%	<b>40</b>	<b>14%</b>
<b>Total what happened</b>	<b>211</b>	<b>74%</b>	<b>37</b>	<b>61%</b>	<b>24</b>	<b>49%</b>	<b>15</b>	<b>56%</b>	<b>287</b>	<b>68%</b>

**Government did not acknowledge Veterans exposure to Agent Orange**

One hundred and twenty four submitters (43% of those who talked about response to the problems Veterans face) identified the Governments' lack of acknowledgement or acceptance that Veterans were exposed to Agent Orange as a fundamental issue which lead to other concerns.

Within this group, around a half of Veteran submitters (103) expressed anger and frustration about the present and past successive Governments' lack of acknowledgement or acceptance, that Viet Nam Veterans were exposed to Agent Orange or other defoliant chemicals during the War. Veteran submitters also described various ways in which the Government has given mixed or contradictory messages over the years during and since the Viet Nam War about Veterans' exposure to Agent Orange.

In addition Veteran submitters who have watched how allied countries have treated their returned Viet Nam Veterans and those who now live in Australia also commented on the New Zealand Government's response in comparison with those allied countries. These views are illustrated by the following quotes from Veteran submitters.

*I also acknowledge ... that these hearings are very much about old grievances, the root of which lies in the calculated and reprehensible denial by previous and the present New Zealand Governments that any problem exists.*  
 Veteran

*Firstly that the New Zealand Agent Orange Trust Board was established in 1985 to manage and disburse money from the class action lawsuit against the Government of the United States of America for defoliants sprayed in Vietnam. I ask, "Why did the NZ government accept \$747,561 from the US when it did not believe its veterans were ever sprayed?"*  
 Veteran

*Despite the Health Select Committee finding that the NZVVs had indeed been exposed to a hazardous toxic environment during operational service in South Vietnam, [the] Government did not accept any degree of responsibility,*

*accountability, or restitution for their historical wrong doing which resulted in preventable deaths and chronic illness.* Spouse

*Politicians and their servants are still investigating the "possible" effects of Agent Orange on humans with no resolution in sight - when in doubt, form another committee or conduct another investigation! The Americans and Australians have long since recognised the horrendous dangers of Dioxin and have compensated and treated their Servicemen accordingly...* Veteran

### **Impacts**

Fifty-three submitters mentioned premature death as an issue related to Agent Orange and other dioxin poisoning. Submitters believed the early deaths and pain experienced by returned Veterans could have been reduced or prevented had the Government ceased its denial earlier and put measures in place to address the problems faced by Veterans and their families. The following quote from a Veteran submitter illustrates this common view.

*Too many veterans have already died, some in circumstances of great pain often made worse by a feeling that their work did not receive the recognition for excellence that it deserved. The hiding of the obvious with respect to Agent Orange has only added to their misery.* Veteran

### **Government did not deal with problems**

Eighty submitters (28%) identified Government / agencies lack of dealing with the problems Veterans and their families face as a concern. This group comprised 57 Veteran submitters (27%) and 18 spouse and family submitters combined.

Their concerns included Veterans' feeling uncared for, forgotten and betrayed by their Government. Veterans also described the sort of solutions they expected the Government / agencies to provide for them and their families. Twenty submitters quoted the following as part of expressing their views about Government not dealing with Veterans' problems.

*When war is near and danger nigh, God and soldier is the cry. When war is done and danger righted, God forgot and soldier slighted.* Group submission

*My concerns relate to ... lack of follow up by the various agencies involved after the veteran returned to New Zealand. These include post deployment medical examinations, maintaining communication in the following years, guidance as to where assistance may be forthcoming if health and/or welfare issues occurred including families and dependants.* Concerned other

### **Delay in dealing with problems**

One hundred and seventy seven Veteran (84%), 19 spouse (51%), 13 family (54%) and nine other (60%) submitters, expressed concern and/or anger about the Government / agencies delay in dealing with Veterans' problems.

The problems Veterans talked about included:

- lack of positive Government response

- War Pensions processes
- onus of proof
- role of medical professionals and
- impacts of delays

### **Lack of positive Government response**

Twenty Veteran submitters (9%) expressed cynicism about why successive Governments continued to deny that Viet Nam Veterans had been exposed to Agent Orange or other defoliant chemicals. A popular view amongst these submitters was that Government denial and delays would continue until such time as the majority of affected Veterans were dead, thereby reducing the number of Veterans seeking a resolution from Government.

*At the rate the government is moving to fairly address these issues, we'll all be dead and there it will end and our children and grandchildren, whose genes have been damaged, ... will no longer be heard.* Veteran

### **War Pensions processes**

Veteran and other submitters gave examples of the lengthy, 'bureaucratic', frustrating and often unhelpful processes involved in Veterans applications for the War Disablement Pension.

*It is a continual backtrack, two steps back in order to go one step forward. This is the most stressful and does not help with our physical well being or mental state. I believe there are a lot more Veterans who cannot face this barrage of paper war and basically walk away.* Veteran

*When I was involved for a number of years with working with pensions, the average time it took me to get a pension through was ... two and a half to three years ... and in that time sometimes I would be sitting beside that particular veteran who I was trying to assist as they took their last breath.*

*Adult child of Veteran*

### **Onus of Proof**

Thirty two Veteran submitters (11%) were concerned that Veterans have had the onus of proving their conditions are a result of their service in Viet Nam, in order to gain War Disablement Pension approval. Veteran submitters described this as a frustrating, time consuming, often expensive and impossible task for many of them. The following Veterans' comments illustrate these views.

*It is a continual battle with War Pensions, WINZ for assistance that makes our lives very difficult. It is the constant denial that any of our illnesses are attributed to our war service, even when there are huge amounts of anecdotal evidence and scientific evidence supporting our claims.* Veteran

*Why does each soldier have to provide medical evidence at their own recognizance to refute confidential medical opinion to the Pension panel?*

*Veteran*

A range of submitters argued for a reverse onus of proof and benefit of the doubt approach to War Disablement Pensions. In addition a number of Veteran submitters talked about being required to repeatedly state their case and present their health conditions to War Pensions in order to gain approval, whether for 'new' disabilities or review of accepted ones. Several Veteran submitters proposed a more generic approach to managing these applications based on accepted cases, which would provide benchmarks for more expedient pension approval processes.

*Our government to its shame steadfastly resisted efforts of RSA and Vietnam veterans for a fair and impartial recognition that if independent cases (without collusion) show large numbers of soldiers exhibit similar symptoms resulting in identical medical conditions, then each and every soldier shouldn't be challenged to prove their condition and/or levels of debilitation.* Veteran

### **Role of medical professionals**

Forty-eight Veteran submitters (41%) who were concerned about delays and onus of proof also identified the role of medical professionals (whose opinion must be sought for War Pensions claims) as a factor that contributed to their difficulties. Veteran submitters' comments related to medical professionals either not being aware of Agent Orange conditions or failing to recognise symptoms as being related to exposure to Agent Orange and other dioxins. The following quotes highlight the issues Veteran submitters raised.

*The British doctor who saw me ... had no experience of this so it was just an unknown cause. I was subsequently referred to the Conference of Asian Dermatologists and the guy from Hong Kong walked in and said ... "this is dioxin poisoning, I've seen it before". And so that was in 1972 I was diagnosed with dioxin burns.* Veteran

*... He stopped going to the doctor after that because they made him feel stupid and there were no answers.* Spouse

Several Veterans also talked about the difficulties some medical specialists have working with or meeting the requirements of the War Pensions disability assessment system, as illustrated by the following quote.

*His [a medical specialist] major problem was, having to use guidelines set down by the War Pensions that did not correlate at all with the types of injuries that war veterans were presenting with when they arrived at his clinic.* Veteran

### **Impacts**

Veteran submitters made references to the sort of impacts the delays have had on their lives including emotional stress and frustration, inability to address health and disability issues in a timely or pro-active way, strain on relationships and financial hardship. The following Veteran submitters' comments illustrate some of the human costs of Government / agencies delays, while further impacts are described in the section on the Effects of Health on Veteran's and their Families.

*I mean, we've seen 34 years and like I mean it's just come too late for a lot of people. A lot of marriages could have been saved.* Veteran

*...the case of my best friend whose family received a letter over a year after his burial acknowledging that maybe he was entitled to medical treatment and pension .....*  
Veteran

### **Office of Veterans Affairs (VANZ) not up to speed**

Fifty-one submitters (18%) gave examples of experiences, which demonstrated to them that the Office of Veteran Affairs (VANZ) was either, not up to speed or lacked compassion and service provision to adequately address Veterans' problems.

Some of the shortcomings submitters described included the current case management approach, which does not seem to be working as intended and disturbing correspondence regarding pensions. The following quotes each from a Veteran, spouse and other submitter illustrate these concerns.

*VANZ [Veterans Affairs New Zealand] however was created only recently, based on a case managed model similar to ACC [Accident Compensation Corporation]. However, this model creates a number of barriers to treatment, which is hard for many veterans to negotiate. Some procedural concepts such as the use of the AMA guidelines [American Medical Association] for the assessment of impairment, which should help trigger pension payments and or treatments is not working. Those who have to administer this policy have no training in the use of this assessment method and therefore it creates problems and further barriers.*  
Concerned other

*We received a letter telling us we were allocated a Case Manager who would be familiar with our case to help where necessary, but when we needed her, we found she had left the service. We were not informed, nor told of a replacement. Apparently we no longer have a Case Manager. No-one is familiar with our case history so far as we know. We cope alone as best we can, like many Veterans.*  
Spouse

*Severely shocked that his treatment was to be withdrawn, which would have a dramatic and detrimental effect on his life expectancy, he wrote and also phoned VANZ - in a bit of a panic. ... This is not an isolated case - This sort of daft correspondence occurs frequently. Every single person I am representing here has received similarly wrong and thoughtless letters that cause alarm, confusion, anxiety and stress.*  
Concerned other

### **Lack of confidence in Vet organisations**

In addition to the above concerns, 40 submitters (68%) described experiences, which lead to their lack of confidence in Veteran organisations including VANZ and War Pensions Services. Their concerns also related to administrative procedures, the agencies approach to service provision and case management. The following Veteran submitter's views reflected the views expressed by others.

*Interaction with Veterans Affairs and War Pensions Services - these two departments give every impression of having been designed by a committee operating under rigid instructions to confuse the customer while minimising expenditure. The morale of many of the personnel with whom I have come in*

*contact is low and staff turnover (I guess) is high. In consequence, I never made contact with the same person twice.* Veteran

*... each encounter, of necessity, started from scratch, and each carried the same opportunity for error and misinformation. I have spent the last year working my way through the "system" to have my deteriorating health and need for financial support addressed. At no time have I been offered advice as to my best course of action or been given the benefit of any doubt. However, some 11 months after the event which precipitated my need, I am now in receipt of an 80% War Disability Pension and a 50% Veteran's Pension.* Veteran

## Government attitude

In addition to the responses to problems Viet Nam Veterans face described earlier, submitters identified two further concerns regarding attitudes from Government / agencies. The first related to agency staff members who deal with Veterans issues, and the second to attitudes of minimizing Veterans' experiences.

### **Government / agency staff**

Thirty three Veteran submitters (16%) who talked about responses to problems Veterans face, expressed concern that staff (i.e. Work and Income NZ, War Pensions Services and VANZ) who were either dealing with their applications for assistance or managing their case were inappropriate or unsuitable. Veteran submitters gave the following reasons for this view, that staff:

- are too young to know about the Viet Nam War
- are inexperienced
- lack training or
- do not 'know' about the issues/problems Veterans and their families face.

**Table 7. Government attitude**

	Veteran		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<i>Inappropriate staff</i>	33	16%	4	11%	1	4%	3	20%	<b>41</b>	<b>14%</b>
<i>Get over it</i>	16	8%	2	5%	0	0%	0	0%	<b>18</b>	<b>6%</b>
<b>Total what happened</b>	<b>211</b>	<b>74%</b>	<b>37</b>	<b>61%</b>	<b>24</b>	<b>49%</b>	<b>15</b>	<b>56%</b>	<b>287</b>	<b>68%</b>

Apart from the first quote, which is from a spouse submitter, the following quotes from Veteran submitters illustrate the sort of attitudes they have experienced from Government / agencies, and in some cases their response to those experiences.

*... we should instead be treated with respect and not ignorance and contempt. Veterans and their families have been through enough and should not have to deal with any incompetent "upstarts" who do not have a clue nor care about the Vietnam War or the issue of chemicals being dumped there.* Spouse

*... having to be humiliated as a Sickness Beneficiary due to the hostile attitude of a Department of Social Welfare staff member, who stated she was anti Vietnam anyway and I didn't qualify, end of story.* Veteran

*Over the past years many Vietnam Veterans were informed that they did not qualify for Pensions, mainly because the RSA Welfare Officers were not fully trained to understand the War Pension Act 1954 and Regulation 1956 especially "the benefit of the doubt clause" and they instead took the advice of the Department of Social Welfare.*

*Vetera*

*(A) counsellor / advisor must have a background of Operational military service.*

*Veteran*

Another specific concern Veterans raised, was about VANZ staff, who are not medically trained, upgrading files and making decisions about disability assessments without medical opinion. The following 'concerned other' submitter's comment reflected this concern.

*I have been an approved consultant for over 30 years. The department refers for assessment of possible service related disorders. An assessment is made of the percentage disability and recommendations re follow up ... It has surprised me that the reports are handled by lay staff and that no medically qualified person sees them initially. It is understood that the appeal committee may include a doctor.*

*Concerned other*

### **'Get over it'**

Sixteen Veteran submitters (8%) also talked about attitudes they experienced from the army, Government / agencies and the public toward Veterans service in Viet Nam. The key messages they referred to were to 'get over it' and move on. They felt these attitudes minimized their military service, experiences in Viet Nam and the effects that many still suffer. The following quotes from Veteran submitters illustrate these attitudes.

*Following my return to New Zealand I continued to serve in the Military. There was no form of post tour counselling, or rehabilitation training for PTSD [Post Traumatic Stress Disorder] at that time. We were expected to "just get over it". I recall taking about six months to shrug off the mental and emotional after effects of active service.*

*Veteran*

*When I returned to service life in New Zealand the pervading attitude was "What war? 'Get over it and move on'. In fact we, (the army), will change the dress code so you won't have to embarrass those of us who did not go to war by not allowing you to wear those medals, except only on very formal occasions!*

*Veteran*

## **Veterans attitude to Government solutions**

In contrast to the previous section, which described submitters' views and experiences of Government / agencies attitudes toward Veterans, this section presents Veteran submitters' attitudes to Government / agencies solutions, as described by submitters. They are presented in descending order of prevalence:

- unfair/shameful treatment
- Government duty of care

- incomplete/destruction of medical records
- difficulty with disability assessments
- lack of counselling
- Government supplied defoliant chemicals and
- Veterans do not seek help

Submitters also commented on the submission process itself.

**Table 8. Veteran attitude to Government solutions**

	Veteran		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<i>Unfair treatment</i>	92	44%	14	38%	13	54%	4	27%	<b>123</b>	<b>43%</b>
<i>Duty of care</i>	72	34%	5	14%	8	33%	3	20%	<b>88</b>	<b>31%</b>
<i>Incomplete records</i>	36	17%	5	14%	2	8%	2	13%	<b>45</b>	<b>16%</b>
<i>Difficult assessments</i>	33	16%	9	24%	1	4%	0	0%	<b>43</b>	<b>15%</b>
<i>Lack of counselling</i>	19	9%	6	16%	7	29%	2	13%	<b>34</b>	<b>12%</b>
<i>Govt supply chemicals</i>	17	8%	2	5%	2	8%	1	7%	<b>22</b>	<b>8%</b>
<i>Not seek help</i>	14	7%	5	14%	0	0%	0	0%	<b>19</b>	<b>7%</b>
<b>Total what happened</b>	<b>211</b>	<b>74%</b>	<b>37</b>	<b>61%</b>	<b>24</b>	<b>49%</b>	<b>15</b>	<b>56%</b>	<b>287</b>	<b>68%</b>

**Unfair/shameful treatment**

Ninety-two Veterans (44% of those who talked about the response to the problems Veterans face), 14 spouse (38%), 13 family (54%) and four other (27%) submitters believed the Government / agencies had treated them unfairly or shamefully.

Veteran submitters' attitudes of anger and frustration toward Government / agencies reflected their experience of years of denial and delays in addressing Veterans' problems. Related to this, Veterans expressed concern that while they undertook to abide by certain principles of conduct as soldiers in the New Zealand Army, their experience of Government / agencies response to them as returned Veterans had not been consistent with such principles. This difference appeared to compound Veterans sense of betrayal.

Veteran submitters also made comparisons between their situation and how they have been treated as returned Veterans, with Australian and US Veterans, and other groups in society such as ACC claimants, criminals and immigrants. In these scenarios Veteran submitters believed they had not been treated as well as the comparison groups.

*I was proud to have received a Queen's Commission from the New Zealand Government. This commission required that I act legally, honestly and in good faith at all times. Implicit with this commission was that my superiors and the New Zealand Government would do the same. The Governments of New Zealand clearly did not and are culpable of at worst deceit and at best extremely poor leadership.*

Veteran

*The Government intentionally withheld existing Agent Orange evidence and supplied falsified information that deliberately condemned veterans and their children to a premature death.* Veteran

*And here we are 34 years down the track, professional soldiers coming second to rapists, drug dealers, child molesters, etc, and our attempt to get help for ourselves, our families, after our Government, which knowingly allowed a chemical cocktail to be first made in New Zealand and secondly used in the area of operations where we applied our trade. Then to add insult to injury, denied all knowledge of it [for] 30 plus years until they were exposed* Veteran

*We fought under the command of the Australians, under their flag, in the same areas, ate and drank the same food and water. So why are we New Zealanders treated so differently?* Veteran

*There is a burning simmering hate within me for the heartache and distress caused by so-called responsible individuals and institutions with respect to myself, my wife and my family and my brothers and aunts. I cannot stress that ... too much. I would use another word if it didn't, if it struck that intensity; that's what I feel, is a hate for the system. Not a dislike for the bloody system, a hate for it.* Veteran

### **Government duty of care**

Seventy-two Veteran submitters (33%) believed the Government has a duty of care for them as returned Veterans. Veteran submitters described duty of care generally as meaning Government having the responsibility to diagnose and treat injury or conditions, which are a result of service, and Government pro-actively serving Veterans and families in the best way possible in recognition that Veterans volunteered to serve their country. 'Care' as described by Veteran submitters included physical and mental health, financial security and quality of life issues.

Veteran submitters' views about duty of care were generally underpinned by their expectations and belief that, as returned soldiers who served their country, they would and should be cared for by the Government and its agencies as a matter of right. Many expressed anger and talked about feeling betrayed by the Government that their problems have not been acknowledged or adequately addressed. The following quote from a Veteran submitter reflected the situation described by others.

*[I] feel that I am not getting the support or assistance that is due to me. All I'm asking for is help to assist me in the remainder of my days, to deal with the problems caused by my service to my country, and would hope that I could try to improve the quality of what is left of my life.* Veteran

A group of submitters outlined their shared view of what Government duty of care meant to them.

*Completing the circle, the principle of Whaka Noa, ... [requires] deliberate policy [by] Government ... [for] taking back ... troops and reintegrating them into their communities with a cleansing of the offensive roles they were required*

*to undertake. This means to: detach from the role of soldier and to deliberately reacquire the role of civilian, undo or mitigate acquired harm, visibly acknowledge services performed and provided on behalf of the community, remove the barriers to self healing, provide the means required for health and the pursuit of happiness, [and] provide the means to restore the damaged Wairua.*

*Group submission*

### ***Incomplete/destruction of medical records***

Thirty-six Veteran submitters (17%) spoke of their concerns about Veterans' medical records being deliberately destroyed or having particular items removed. In those cases, Veterans would have no historical record or proof of medical conditions they suffered during their tour of duty in Viet Nam. The following quotes from Veteran submitters portray these concerns.

*On my medical file, I knew the days that I was in and all the rest of it, and there's not one record on my medical file to say that I was ever in any of those incidents.*

*Veteran*

*I was therefore surprised to discover my old Vietnam Medical notes on this patient's skin rashes were missing from his medical file. Further checking revealed the Medical Directorate was at the time going through all the medical files and removing the old A5 treatment cards.*

*Veteran*

*Information lost during the purging included vital clinical notes made by New Zealand Medical Personnel ... Those notes, made on field and treatment room medical cards, referred to skin conditions and other symptoms, which demonstrated a diagnostic signature of chemical poisoning, and in particular likely exposure to the chemical agent Dioxin - the principle highly toxic agent found in all defoliants.*

*Veteran*

### ***Difficulty with disability assessments***

Thirty-three Veteran submitters (16%) talked about the difficulties they experienced with disability assessment processes. Their difficulties involved not only medical specialist assessments, which some Veteran submitters described as 'brutal' or "uncaring", but also the administrative processes and paper work associated with war and disability pension applications. These issues are illustrated by the following quotes from Veteran submitters.

*1986 - My health started to deteriorate [and I] was advised to apply for a War Pension. Following are examples of some of the questions (specialists asked during my assessments) and why I walked out and didn't bother. ... Orthopaedic Specialist - "Can you honestly say that these injuries were as a result of active service?" Psychiatrist - "How would you feel if you found out that your section had just killed a child?" Eye, Ear and Throat Specialist - "Were these scarred perforations of both your ears attributable to your war service?"*

*Veteran*

*In 2003 ... I applied for a veteran pension and I went through the mill ... I had to apply for my records and archives in Trentham and then I had to apply to the veteran pension and then after three months or so they said "Oh you've got to*

*go and see the specialist for an interview" ... and [I was] so embarrassed because the questions were asked as though they'd never served overseas. I was so frustrated to have to go through all that.* Veteran

### **Lack of counselling**

Nineteen Veteran submitters (9%), six spouse (16%) and seven family (29%) submitters were concerned about the lack of counselling support offered not only to Veterans upon their return, but also to their families. While specific concerns about the consequences of this lack of support for Veterans and their families are described in the section on the Effects of health on Veterans and their families, the issue described here is the lack of provision, as illustrated by the following submitters' quotes.

*I recall getting a letter from - I'm not sure - but it offered our family some counselling. Ha what a joke, one hour for three children and one hour for me! What an insult. I had coffee with my designated counsellor; we agreed that one wouldn't dare open this can of worms and try to deal with it in an hour!* Spouse

*There have been at least two Vets in the local ... area alone who have died suddenly in the last 18 - 24 months who I feel would almost certainly ... have benefited and still been alive had they had such help.* Veteran

### **Government supplied defoliant chemicals**

Seventeen Veterans (8%) talked about New Zealand's role in selling defoliant chemicals to the United States for use in Viet Nam during the War. While the Government denied this at the time and continued to do so, some Veterans referred to evidence that confirmed the Government's knowledge of and role in supplying chemicals.

*The refusal by this Government to accept that Agent Orange was manufactured in New Zealand for United States military use during the Vietnam War.* Group submission

### **Veterans do not seek help**

Fourteen Veteran submitters (7%) talked about the difficulties or reluctance they see other Veterans to seek help such as applying for a pension or getting health assistance. These Veteran submitters described a range of barriers to Veterans' seeking help.

*While a number of veterans are in receipt of veteran's pension or war disability pensions, there are many who would or should qualify but have not taken the steps to apply for a variety of reasons, and we know them all. They include - their state of health, the bureaucracy, the misguided belief that the problems they have are related to the ageing process, they haven't even considered the effect of service. And they don't want to be seen by their peers as ripping off a system or being bludgers.* Concerned other

*Too many vets ... have died in less than happy circumstances through their fierce self - pride - one of the qualities which made the vets such good soldiers when they were required.* Veteran

***Submitters views about the submission process***

The submission process attracted comment from 113 submitters. While 31 submitters regarded the submission process as positive and timely, submitters were more commonly disillusioned (64) or concerned (47) with previous research processes. Details of their views can be found in Appendix E.

## **Health related concerns overall**

Many of the Veteran and family submitters included full medical histories of themselves and/or members of their family. This sometimes came in the form of letters and medical notes relating to applications for disability pensions and benefits. Twenty-four of the written submitters attached a full medical history to their submission while others included a summary of medical conditions within the body of their submission.

Submitters included their medical history for a variety of reasons including:

- to show the complexity and degree of disability they and their family suffered
- to demonstrate that they and their family had been suffering from conditions that were now considered attributable to Veterans service in Viet Nam and
- to illustrate the inconsistencies and unfairness of the pension/benefit systems.

The information submitters provided on their medical histories has been used to indicate some of the main health issues Veterans and their families face. The small sample size, the voluntary nature of the submission process and the wide variety in detail and content of submissions, meant the data could not be analysed in terms of statistical significance.

The following quote by a 'concerned other' submitter sums up both Veteran and their family submitters main mental and physical health issues, and the effects they have had on their lives.

*All kinds of stories need to be told and listened to otherwise there is no reconciliation possible without corresponding truths. The requirement of such a story is that it starts to validate the experiences of those afflicted directly by war and of those, who by proxy, are affected by the consequences of living with those, who still have the war within them.*

*Stories come in many forms. It comes from statistics, such as the suicide rates of sons of Viet Nam veterans in Australia being four times higher than those of sons born to fathers who never went to that conflict. The suicide rate amongst returning Viet Nam veterans as compared to their civilian counterparts. The death rates of vets in their fifties and sixties as compared to a control non war sample. The rate and range of birth deformities among the children of vets as compared to a national non war cohort. The rate of disease processes, skin disorders, mental health problems, alcoholism, diabetes, musculoskeletal disorders, hearing loss, tinnitus in this sample as compared to a national control group. The rate of divorce, violence, and the crime rate as compared to a control group. The rate of chemical sensitivity in this group as compared to a control group. The rate of chronic and complex PTSD.*

*The problems of veterans unaided to address and manage the symptoms that give rise to many secondary symptoms. They have fears about their own physical viability, fears of the unfolding of future birth defects, shame and*

*despair over their matrimonial violence, domestic violence, alcoholism, substance use and abuse. The veterans, mainly due to the effects of PTSD are living lives where they are unable to bond to wives, partners and children, for fear of getting close ... intimate and committed and then losing them. Consequently they lead empty, lonely ... isolated and often destructive lives. Each new bodily change brings with it further fears of the time bomb within exploding.*

*Concerned other*

Many of the spouse and family members who participated in the submission process did so in support of a Veteran who also submitted. In these cases the health concerns of any one individual could be represented several times in the data.

To avoid multiple counts of the same individual the primary analysis of the data is based on what Veteran submitters said about themselves and their family's health. The spouse, family and other submitters' comments are used to augment this data.

Where fewer than ten submitters mentioned any particular health issue relating to Veterans, spouses or their families these numbers have not been included in the tables within this section of the report. Where relevant the issues are discussed in the body of the report. More detailed information about the health conditions described by submitters can be found in Appendix D.

Health related concerns have been discussed in two broad categories:

- Mental health related concerns (Veterans and children)
- Physical health related concerns (Veterans, spouse and children).

## Mental health related concerns

Veteran, spouse and children submitters were particularly concerned with Veterans' mental health related issues. The following table shows the overall number of submitters who mentioned mental health issues. The table also shows the number of comments made by submitters in relation to mental health.

**Table 9. Individual and general mental health**

<b>Submitter</b>	<b>About Individual</b>		<b>About General</b>		<b>Total No.</b>	<b>Comments No.</b>	<b>Comments per respondent</b>
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>			
<i>Veteran</i>	132	46%	161	57%	<b>284</b>	<b>384</b>	2.4
<i>Spouse</i>	45	74%	45	74%	<b>61</b>	<b>172</b>	3.8
<i>Family</i>	32	65%	36	73%	<b>49</b>	<b>70</b>	1.9
<i>Other</i>	2	7%	9	33%	<b>27</b>	<b>11</b>	1.2
<b>Total</b>	<b>211</b>	<b>50%</b>	<b>251</b>	<b>60%</b>	<b>421</b>	<b>637</b>	<b>2.5</b>

Two hundred and fifty one submitters (60% of all submitters) mentioned the mental health related conditions Veterans and their families suffer as a result of Veterans service in Viet Nam.

Half of submitters (211) described mental health and related concerns as experienced by an individual they knew personally including themselves, a family member or the person they were representing.

Spouse submitters were particularly concerned about their husband / partner's and their families' mental health:

- A higher proportion of spouse (74%) and family (65%) submitters described individuals with mental health and related concerns than Veteran (46%) and other submitters (7%)
- Spouse submitters were also more likely to describe either multiple mental health issues or issues experienced by more than one family member. There were approximately twice as many comments coded per spouse submitter (3.8 per spouse) than other groups of submitters (between 1.2 and 2.4).

Unless otherwise specified the following information is based on mental health concerns expressed about specific individuals rather than those expressed about Veterans and their families in general. The following table shows which individuals submitters mainly talked about.

**Table 10. Individual mental health related concerns**

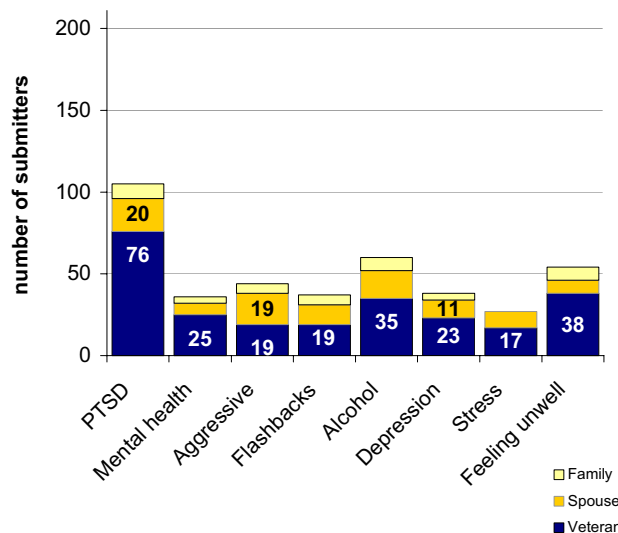
Submitter	About Individual					Comments
	About Veteran	About Spouse	About Child	About Grandchild	About Family	
Veteran	305	15	54	7	3	<b>384</b>
Spouse	131	20	20	0	1	<b>172</b>
Family	55	3	3	9	0	<b>70</b>
Other	4	0	0	1	6	<b>11</b>
<b>Total</b>	<b>495</b>	<b>38</b>	<b>77</b>	<b>17</b>	<b>10</b>	<b>637</b>

Most of the comments about mental health related issues were about Veterans (495 comments) or the submitter's child (77). The next section describes the main mental health issues identified by submitters for these two groups.

Only 38 comments were made about the mental health related conditions of spouses, 17 comments about grandchildren and 10 about the submitter's family.

**Veterans' mental health related concerns**

**Graph 4. Individual Veterans' mental health**



The Veterans' mental health concern mentioned most frequently by all submitters was Post Traumatic Stress Disorder (PTSD). Seventy-six Veteran submitters (58% of Veterans to talk about mental health) and 20 spouse submitters (44%) described Veterans as suffering from PTSD. Some Veterans expressed relief at finally having a recognised name for many of the mental health issues with which they and their families had been struggling.

**Table 11. Veterans' main mental health related concerns**

	Veteran		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Post Traumatic Stress Disorder</b>	76	58%	20	44%	9	28%	0	0%	<b>105</b>	<b>50%</b>
<b>Mental health issue</b>	25	19%	7	16%	4	13%	0	0%	<b>36</b>	<b>17%</b>
<b>Aggressive / Violent</b>	19	14%	19	42%	6	19%	0	0%	<b>44</b>	<b>21%</b>
<b>Flashbacks / Nightmare</b>	19	14%	12	27%	6	19%	0	0%	<b>37</b>	<b>18%</b>
<b>Panic Attacks</b>	13	10%	7	16%	2	6%	0	0%	<b>22</b>	<b>10%</b>
<b>Alcohol</b>	35	27%	17	38%	8	25%	1	50%	<b>61</b>	<b>29%</b>
<b>Depression</b>	23	17%	11	24%	4	13%	0	0%	<b>38</b>	<b>18%</b>
<b>Stress General</b>	17	13%	10	22%	0	0%	1	50%	<b>28</b>	<b>13%</b>
<b>Memory / concentration loss</b>	13	10%	6	13%	1	3%	1	50%	<b>21</b>	<b>10%</b>
<b>Feeling unwell generally</b>	38	29%	8	18%	8	25%	1	50%	<b>55</b>	<b>26%</b>
<b>Veterans' mental health</b>	<b>132</b>		<b>45</b>		<b>32</b>		<b>2</b>		<b>211</b>	

Submitters described how Veterans, who otherwise coped, could be unpredictably triggered and have extreme reactions in their domestic environment as a result of their experiences in Viet Nam. Nineteen Veteran and spouse submitters alike talked about Veterans' violence. Forty two percent of spouse submitters who talked about mental health, described how the Veteran could be uncharacteristically aggressive or violent. Veteran, spouse and family submitters (19, 12 and 6 respectively) all described how Veterans suffered flashbacks and nightmares relating to their war experience. Thirteen Veteran submitters described themselves as being anxious or having panic attacks. The following quotes provide some insight into the effect of Veterans' war experience on them, and their families' daily lives.

*One night I picked her [his spouse] up and threw her out of the bed because I thought we were under attack, and gave her a bit of a rude shock*      *Veteran*

*He often wakes soaked with sweat, shouting and struggling and with a wildly beating pulse. Hardly a day goes past when he doesn't relive the moment ... Sometimes after startling himself awake he is too wired and unable to sleep again that night. He is constantly tired and irritable.*      *Spouse*

*We kind of view him as a walking lethal weapon in a way because he gets flashbacks and nightmares and we've had to wrestle him off my mother.*      *Adult child of Veteran*

Thirty-five Veteran submitters (27%), and 17 spouse submitters (38%) described Veterans' excessive alcohol consumption as both a problem and an attempt by them to escape from their problems:

*Alcohol had been a welcome way of relieving the stress of stints in the jungle, and periods of R&R leave had been just a long booze-up to drown, relax and forget. Alcohol had become his way of suppressing the horrors and feeling relaxed, his "crutch" to live normally.* Veteran

Both Veteran and spouse submitters described Veterans as suffering from a range of mental health issues that affected their quality of life including depression (23 Veterans, 11 spouses) feeling under stress (17 Veterans, 10 spouses). Thirty-eight Veteran submitters (13% of all Veterans) described themselves as feeling unwell. Veteran submitters also described themselves as having mental health issues (25), as feeling suicidal (8) and moody (7).

*He simply could not master the incredible anxiety and deep bouts of depression that he was to suffer for the rest of his life.* Veteran

### **Child mental health related concerns**

Veteran submitters had some concerns that their children also suffered mental health related conditions as a result of living in a household with a Veteran. Seventy-seven comments were made about mental health issues relating to children. Ten Veteran and eight spouse submitters described their children specifically as having mental health issues. These included children suffering depression and being withdrawn. The following quotes by Veterans' adult children describe some of the stress children experienced.

*We haven't had to kill people for the sake of freedom. And yet we still fight our father's battles, as well as our own. This is due to the toxic chemicals our fathers were exposed to and consequently run through our veins. It is also due to the psychological damage inflicted upon our fathers during the war and afterwards, which was subsequently passed on to the families.*

*Adult child of Veteran*

*I am left with a strong sense of the pain my father had inside him, that drove him to escape it finally by ... drowning himself. The past few years I have felt more compassion for him than frustration, and that only grows with an increased understanding that there may be other Vietnam veterans out there with similar problems. I believe that veterans and their families will benefit from simply hearing about cases similar to their own, and recognising many personal problems as post Vietnam trauma. This makes it easier to see the problems as separate to the person, and begin dealing with them compassionately.*

*Adult child of Veteran*

### **Physical health related issues**

Two hundred and eighty three submitters (67%) mentioned Veterans' and their children's physical health issues. Submitters presented a wide range of information and detail about physical health issues. This included submitters mentioning physical health issues in passing to providing detailed information on Veteran's and/or a family member's particular physical health concerns. For instance, at one extreme, submitters attached copies of multiple correspondences from medical

professionals and medical notes. It was not uncommon for a submitter to describe the physical health conditions of one or more family members.

The terminology submitters used to describe Veterans' and their families' physical health conditions ranged from common descriptions and broad categories such as 'cancer' or 'heart condition' to specific medical terms and diagnoses.

The type of physical health concerns submitters talked about also ranged from only those they thought were attributable to the Veterans exposure to Agent Orange and other defoliant chemicals in Viet Nam, to complete medical histories as had been provided for pension or benefit applications. Other submitters also included Veterans' physical health conditions that they believed were a result of their actual combat service in Viet Nam.

Fifty-five Veterans (19%) indicated that they attributed their own ill health and/or that of their children, to their exposure to Agent Orange or other defoliant chemicals. The following quote illustrates how for many, they have only recently made the connection between their health concerns and service in Viet Nam:

*I just didn't connect weed killer with soldier killer! ... However, a look at a list of symptoms used by the US Dept of Veterans Affairs, which I recently had sent to me, revealed that of ten items listed, I could answer truthfully and affirmatively that I am affected by seven!* Veteran

*This is the list here, which I still have, and it tells you the different diseases that have been associated with Agent Orange in the veterans, in their wives and in their children. So what happened was I took it home to ... and we went through [it] and the penny dropped.* Veteran

Physical health issues were coded under 17 general categories including those relating to the head, back, skin, heart, abdomen, reproduction, lungs, ears, eyes and joints.<sup>4</sup>

To provide some indication of the complexity of health issues submitters mentioned, the following table shows how many submitters identified health issues relating to more than two and more than five categories, as well as the number of submitters who mentioned these issues.

**12. Physical health related concerns**

<b>Submitter</b>	<b>About health</b>		<b>physical</b>		<b>&gt; 2 categories</b>		<b>&gt; 5 categories</b>	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
<i>Veteran</i>	195	69%	123	63%	53	27%		
<i>Spouse</i>	45	74%	31	69%	15	33%		
<i>Family</i>	33	67%	22	67%	4	12%		
<i>Other</i>	10	37%	5	50%	1	10%		
<b>Total</b>	<b>283</b>	<b>67%</b>	<b>181</b>	<b>64%</b>	<b>73</b>	<b>26%</b>		

<sup>4</sup> A coder who has medical knowledge was used to code the medical / health conditions presented by submitters, to ensure accuracy and consistency of coding.

The majority of those who mentioned Veterans' and their families' physical health concerns described multiple health issues. One hundred and eighty one submitters (64%) described more than two categories of health issues and seventy three (26%) described more than five categories. The following table shows the number of comments coded about physical health issues broken down by submitter type and the individuals about whom the submitters were concerned.

**13. Physical health related concerns – frequency of comments**

<b>Submitter</b>	<b>About Individual</b>					<b>Comments</b>
	<i>About Veteran</i>	<i>About Spouse</i>	<i>About Child</i>	<i>About Grandchild</i>	<i>About Family</i>	
<i>Veteran</i>	787	54	245	27	2	<b>1115</b>
<i>Spouse</i>	184	50	90	3	6	<b>333</b>
<i>Family</i>	66	1	102	25	1	<b>195</b>
<i>Other</i>	7	0	15	2	2	<b>26</b>
<b>Total</b>	<b>1044</b>	<b>105</b>	<b>452</b>	<b>57</b>	<b>11</b>	<b>1669</b>

The majority of physical health comments (1044) related to Veterans, which represented 63% of all comments. Veterans themselves made 787 comments (75%) about their own physical health.

Veteran and spouse submitters mainly described the health issues experienced by Veterans (787 and 184 comments respectively) followed by those of their children (245 and 90 respectively) then those of spouses (54 and 50 respectively).

Family submitters commented more often on Veterans' children's health issues (102 comments) than on Veterans (66 comments).

**The following sections**

The following sections outline Veterans, spouses and Veterans' children's main physical health related concerns as described by submitters. As stated in the introduction to this section of the report, health issues have been analysed primarily in relation to Veteran submitters' comments and spouse and/or family submitters' comments as they relate to specific individuals health concerns rather than Veterans and their families health concerns generally.

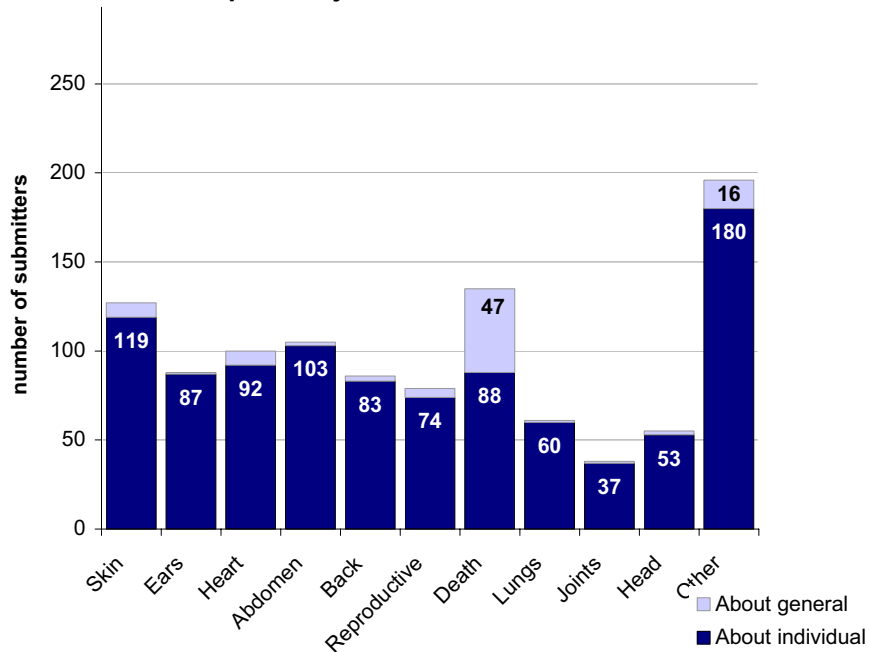
To create a meaningful picture of the main physical health concerns that Veterans and their families experience, the data presented in the following tables and the accompanying analysis includes only those issues where 10 or more Veterans or other submitter groups mentioned the specific health issue. Each category of health issues is presented in descending order of frequency with which they were mentioned.

It is important to remember, these issues are indicative only given the voluntary nature of the submission process and the wide variety of submissions. More detailed information can be found in the tables in Appendix D along with a copy of the full coding sheet in Appendix B.

**Veterans’ physical health issues**

Veterans suffered from a wide range of physical health concerns. Graph 5 and table 13 below shows the number and type of submitters who talked about Veterans’ and their families’ main physical health issues. The table and graph show the numbers of submitters who talked about individual as opposed to general health issues.

**Graph 5. Physical health overview**



**Table 13. Main physical health issues by category**

Category	Submitter						Submitter			
	Veterans		Spouse		Family		About individual		About general	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Skin</b>	80	28%	20	33%	15	31%	119	28%	127	30%
<b>Ears</b>	60	21%	21	34%	6	12%	87	21%	88	21%
<b>Heart</b>	65	23%	18	30%	7	14%	92	22%	100	24%
<b>Abdomen</b>	65	23%	21	34%	14	29%	103	24%	105	25%
<b>Back</b>	59	21%	12	20%	11	22%	83	20%	86	20%
<b>Reproductive</b>	52	18%	15	25%	6	12%	74	18%	79	19%
<b>Premature death</b>	51	18%	25	41%	11	22%	88	21%	135	32%
<b>Lungs</b>	42	15%	12	20%	6	12%	60	14%	61	14%
<b>Joints</b>	30	11%	6	10%	1	2%	37	9%	38	9%
<b>Head</b>	30	11%	8	13%	13	27%	53	13%	55	13%
<b>Other</b>	120	42%	35	57%	21	43%	180	43%	196	47%
<b>Total submitters</b>	<b>202</b>		<b>49</b>		<b>35</b>		<b>267</b>		<b>293</b>	

The general health related problem most frequently mentioned by submitters was premature death (135 or 32% of all submitters). The category ‘premature death’ includes both the early death of Veterans from health problems (as opposed to suicide or accidents), as well as miscarriages and stillborn babies.

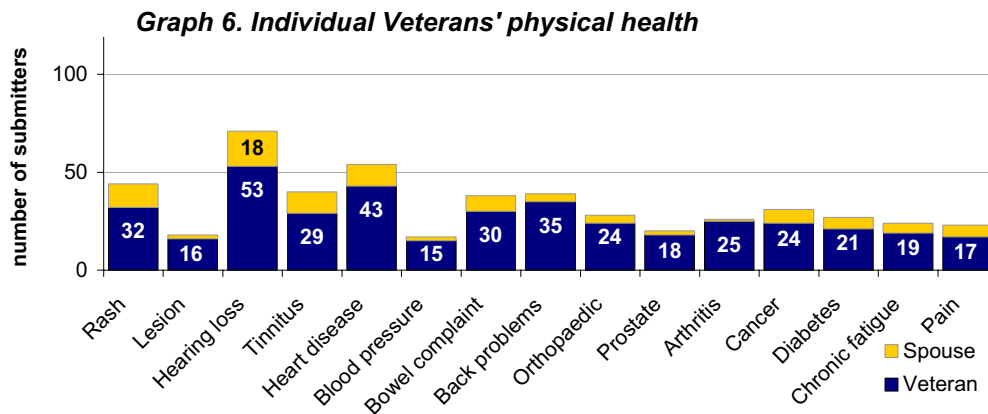
More submitters commented about premature death generally (135) than individual premature death (88). Fifty-one Veterans (18%) mentioned Veterans dying

prematurely. Some specifically talked about the numbers of their fellow Veterans who have died in comparison with the number of deaths among their cohort who did not serve in Viet Nam.

For the other physical health categories submitters tended to talk more specifically about individuals they knew. Other categories frequently mentioned by submitters about individuals included skin (119), abdomen (103) and heart conditions (92).

Table 13 above also shows that a higher percentage of spouse submitters described reproductive and premature death issues (25% and 41% respectively) than Veterans (both 18%).

The following graph (Graph 6) and table (Table 14) shows the main physical health issues that Veterans described themselves as suffering. Each of these issues is then described in turn after the table including information on the frequency with which these issues were mentioned.



**Table 14. Veterans' main physical health issues – by issue**

Category	Issue	Submitter			
		Veteran	Spouse	Family	Other
<b>Skin</b>	<b>Rash</b>	32	12	3	1
	<b>Lesion</b>	16	2	0	1
	<b>Skin problem</b>	12	3	2	0
<b>Ears</b>	<b>Hearing loss</b>	53	18	3	0
	<b>Tinnitus</b>	29	11	1	0
<b>Heart</b>	<b>Heart disease</b>	43	11	3	1
	<b>Blood pressure</b>	15	2	1	0
	<b>Heart attack</b>	10	3	0	0
<b>Abdomen</b>	<b>Bowel complaint</b>	30	8	1	0
	<b>Stomach complaint</b>	13	5	0	0
<b>Back</b>	<b>Back problems</b>	35	4	2	0
	<b>Orthopaedic condition</b>	24	4	2	1
<b>Reproductive</b>	<b>Prostate</b>	18	2	0	0
	<b>Impotence</b>	14	2	0	0
<b>Lungs</b>	<b>Chronic obstructive airways</b>	14	4	0	0
<b>Joints</b>	<b>Arthritis</b>	25	1	0	0
	<b>Joint pains</b>	10	3	0	0
<b>Head</b>	<b>Headaches</b>	14	1	1	0
<b>Other</b>	<b>Cancer</b>	24	7	4	1
	<b>Diabetes</b>	21	6	2	0
	<b>Chronic fatigue/lethargy</b>	19	5	0	0
	<b>Pain</b>	17	6	1	0
	<b>Immune system</b>	14	1	0	0
	<b>Excessive sweat</b>	10	1	1	0
	<b>Deteriorating health</b>	10	2	7	0
<b>Total submitters</b>		<b>284</b>	<b>61</b>	<b>49</b>	<b>27</b>

**Skin:** The main skin conditions which Veterans described themselves as suffering were skin rashes (32), lesions (16) and general skin problems (12). Twelve spouse submitters also described their Veteran as suffering from skin rashes.

Other skin conditions experienced by Veterans included lumps and cysts (8), eczema (8) and blisters, cracks and bleeding skin (6).

For some Veteran submitters the skin problems occurred as reactions to heat or chemicals and were for some limited to a few months or years after their return from Viet Nam. For others it was a more serious and lasting condition.

A few Veteran submitters also observed that the first time they experienced a skin condition was after being in contact with defoliant sprays in Viet Nam and that the areas of skin that were affected corresponded to the areas that were exposed to the sprays.

*Most of my skin cancer is developing on my scalp now but it has had a good go at me all over, except my legs. It is significant to remind one that that area was fully covered when I got sprayed.* Veteran

Other Veteran submitters noted that the medical professionals whom they had consulted about their skin conditions had found them difficult to diagnose and treat effectively.

*I had a rash that appeared down one side of me from neck to chest. It felt like it was burning into my flesh from a naked flame. The rash came and went. After many exhaustive tests and no conclusive results, this eventually just disappeared after about three and a half years* Veteran

**Ears:** Fifty three Veteran submitters described themselves as suffering from hearing loss and 29 described themselves as having tinnitus. Spouse submitters also described Veterans as having these conditions (18 and 11 respectively).

Some Veterans explained that their exposure to loud noises during combat in Viet Nam was responsible for their hearing loss.

**Heart:** While 43 Veteran submitters described themselves as having general heart disease or cardiac problems, 15 talked about blood pressure problems such as hypertension and other Veterans talked about having heart attacks (10) or a stroke (5).

**Abdomen:** Thirty Veteran submitters described themselves as having a bowel complaint (seven said they had major bowel surgery) and a further 13 had a stomach complaint such as diarrhoea, vomiting and indigestion. Seven Veteran submitters had a problem with their kidneys and a further six had a liver complaint.

**Back:** Thirty five Veteran submitters described themselves as having back problems and for 24 this included orthopaedic conditions.

**Reproductive:** Eighteen Veteran submitters described themselves as having prostate cancer; a further 14 described themselves as impotent and eight as sterile.

**Lungs:** Fourteen Veteran submitters described themselves as suffering from chronic obstructive airways disease and a further seven Veterans had sleep apnoea. Seven Veteran submitters had Asthma.

**Joints:** Twenty five Veteran submitters described themselves as suffering from arthritis and ten had joint pains. Some attributed these conditions specifically to combat duties such as carrying heavy equipment and jumping out of helicopters during their tour of duty.

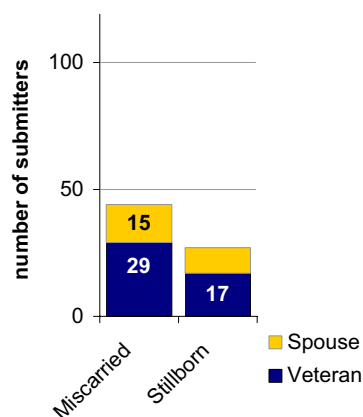
**Head:** Fourteen Veteran submitters described themselves as having headaches and a further six had migraines.

**Other:** Veteran submitters also described themselves as suffering a range of other physical health conditions. These included cancer (24), diabetes (21), chronic fatigue or extreme lethargy (19) and feeling pain (17), immune system problems (14), reactions to Dapsone (12), excessive sweating (10) and deteriorating health (10).

**Spouses' physical health issues**

Graph 7 and Table 15 shows the main physical health issues that spouse submitters have experienced, as described by Veteran and spouse submitters.

**Graph 7. Individual Spouses' physical health**



**Table 15. Spouses' main physical health issues**

Category	Issue	Submitter			
		Veteran	Spouse	Family	Other
<b>Premature death</b>	<b>Miscarried</b>	29	15	1	0
	<b>Stillborn</b>	17	10	0	0
<b>Total submitters</b>		<b>284</b>	<b>61</b>	<b>49</b>	<b>27</b>

**Premature death:** The main physical health issues that spouses faced, was around the birth of their children. Twenty nine Veteran submitters and 17 spouse submitters talked about having experienced miscarriages. Many of these described multiple miscarriages.

*Then for the next four years my wife suffered repeated miscarriages. Veteran*

*I have more dead babies by miscarriage than I do live ones - and I have five children - five beautiful children. Adult child of Veteran*

Seventeen Veteran and 10 spouse submitters talked about having a stillborn baby. Alongside the grief of losing a child, submitters described their concerns for the deformities and disabilities these babies would have suffered if they had survived.

*Our first and fifth babies, daughters, were sadly stillborn and both were deformed. Between our two surviving daughters, my wife miscarried a child at four months.*  
 Veteran

*The inability to successfully father children remains a mystery and I still carry a deep sense of guilt about my children who were stillborn or miscarried. On reflection perhaps that is a blessing as many other veterans have had [a] lifetime of difficulties with their children's health and well being where they have been born deformed and disabled.*  
 Veteran

**Children's physical health issues**

The following graph shows the main physical health issues experienced by Veterans' children, and described by Veteran, spouse and family submitters.

**Table 16. Children's main physical health issues**

Category	Issue	Submitter			
		Veteran	Spouse	Family	Other
<b>Other</b>	<b>Deformity/birth defects</b>	60	17	17	5
	<b>Epilepsy</b>	30	9	9	1
<b>Skin</b>	<b>Rash</b>	32	11	11	2
	<b>Lumps / cysts</b>	14	6	2	1
<b>Abdomen</b>	<b>Major bowel operation</b>	28	9	12	1
<b>Premature death</b>	<b>Miscarried</b>	22	11	3	0
	<b>Sterile</b>	17	10	10	1
<b>Reproductive</b>	<b>Gynaecological problems</b>	11	6	4	0
<b>Head</b>	<b>Migraines</b>	9	6	11	2
<b>Lungs</b>	<b>Chronic obstructive airways</b>	16	5	5	0
	<b>Tuberculosis</b>	10	3	4	0
<b>Back</b>	<b>Orthopaedic condition</b>	14	4	10	0
<b>Heart</b>	<b>Congenital heart failure</b>	10	5	7	1
	<b>Total submitters</b>	<b>284</b>	<b>61</b>	<b>49</b>	<b>27</b>

**Other:** The main health condition submitters talked about affecting Veterans' children was deformity or birth defects (60 Veteran, 17 spouse and 17 family submitters). Related to this, epilepsy was also identified by 30 Veteran, 17 spouse and 17 family submitters as a health issue for Veterans' children.

**Skin:** The same number of Veterans who talked about their own skin rashes and conditions, also talked about skin rashes in their children (32). Eleven spouse submitters and family submitters each also talked about skin rashes as being a problem for Veterans' children.

Fourteen Veteran submitters described their children having had lumps or cysts on their skin, eight had shingles and seven suffered from general skin problems such as eczema.

**Abdomen:** Twenty eight Veteran submitters described their child as having undergone a major bowel operation, having urinary tract infections (8) and a liver complaint (7).

**Premature death and Reproduction:** Twenty two Veteran submitters commented that their adult children had miscarried babies. Seventeen Veteran submitters had children who were sterile and 11 described their daughters as having a range of gynaecological problems.

*Our two daughters both have fertility problems, one daughter having suffered the harrowing experience of having six miscarriages and the other not being able to produce any children at all.*  
Spouse

**Head:** Nine Veteran submitters described their children as having migraines and 11 family submitters described Veterans children as having migraines.

**Lungs:** Sixteen Veteran submitters described their children as suffering from chronic obstructive airways disease and ten Veterans said their children had tuberculosis.

*[One baby] died at 12 weeks of an unexplained breathing disorder. [It was] referred to as a "cot death". Overseas studies now show there is a higher than normal incidence of infant death among Viet Nam veteran's children.*  
Spouse

**Back:** Fourteen Veteran submitters described their children as having orthopaedic conditions. A further 10 Veterans' children had general back problems and six suffered from paralysis.

**Heart:** Ten Veteran submitters talked about their child having congenital heart failure and five of their children had problems with blood pressure.

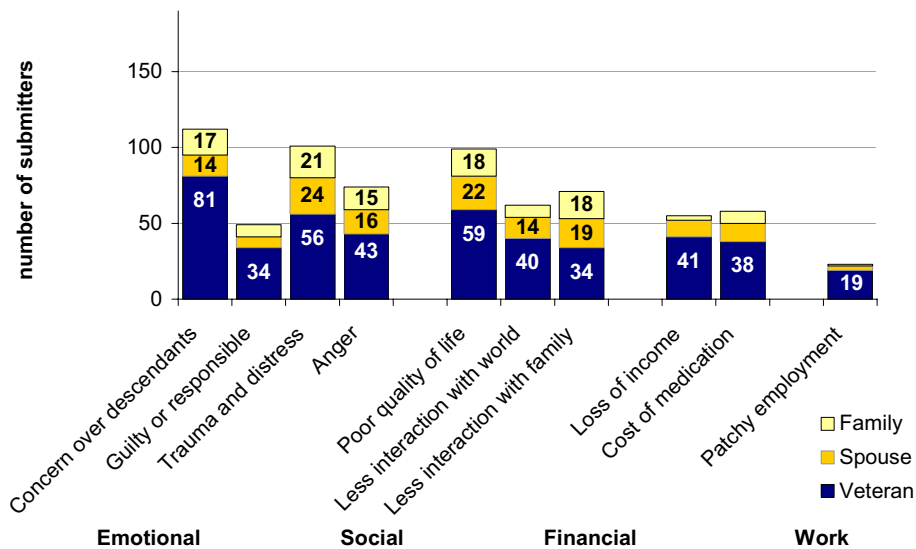
## Effects of health on Veterans and their Families

This section describes the effects of Veterans' ill health on themselves and their families essentially from the Veterans' perspective and including spouse and family submitters' views as applicable. Graph nine shows the main effects of ill health described by submitters, which included:

- emotional
- social
- financial and
- work-related effects.

This section also includes submitters' descriptions of how Veterans found ways of coping with their ill health.

**Graph 9. Effects of ill health**



### Emotional

Submitters talked about the emotional effects of the Veterans' ill health, and specifically their exposure to Agent Orange and other defoliant chemicals, on the Veteran themselves and their family. The main emotional effects that submitters described are shown in the table 16 below.

**Table 16. Emotional**

	Veteran		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Concern over descendants	81	40%	14	26%	17	40%	6	43%	118	37%
Guilty or responsible	34	17%	7	13%	8	19%	3	21%	52	17%
Trauma and distress	56	27%	24	44%	21	49%	2	14%	103	33%
Anger	43	21%	16	30%	15	35%	1	7%	75	24%
<b>Total effect of ill health</b>	<b>205</b>		<b>54</b>		<b>43</b>		<b>14</b>		<b>315</b>	

**Concern / grief over future generations**

The passage of time and growing evidence of the affects of exposure to Agent Orange and other defoliant chemicals, not only on the Veterans themselves but on their off spring, was a big concern expressed by many Veterans and their families.

One hundred and eighteen submitters (37% of submitters who talked about the effects of ill health) expressed concern about future generations. Eighty one Veteran submitters (40%) talked about their concerns and grief for future generations who they believe are likely to suffer the ongoing effects of the Veterans' exposure to Agent Orange and other dioxins. Linked to this, 34 Veteran submitters (17%) talked about feeling guilty and responsible for bringing the sort of health conditions as outlined in the previous section on health related issues. This in turn caused further emotional stress for many of them.

Veteran and spouse submitters shared deep concern for their children, grandchildren and future generation's health, as well as grief for the babies they had lost through miscarriages. Some talked about how their concerns impacted on their choices about having children. Of the total (54) spouse submitters who talked about effects of ill health, 14 (26%) talked about their concerns for future generations. Of the total (43) family submitters, 17 (40%) expressed similar concerns.

A further common concern Veteran, spouse and family submitters expressed, related to either the lack of information or lack of acceptance and recognition by Government / agencies of international evidence about the effects of exposure to Agent Orange and other dioxins, and the potential effects on future generations. Veteran submitters in particular, talked about the importance to them that Government / agencies put measures in place that recognise and address the ongoing effects of Agent Orange on future generations before the Veterans themselves are all gone.

The following quotes from submitters illustrate the concerns outlined above.

*After the birth of this child my [then] pregnant wife sought advice and after assessment by staff of Otago University and the Canterbury District Health Board they recommended that the pregnancy be terminated and a hysterectomy done to prevent further pregnancies. Subsequently my wife underwent mental stress that continues today.* Veteran

*I also hate feeling helpless as my son's wife or our daughter become pregnant and then [I] worry for nine months what their child will be like when it is born.* Veteran

*We now have the added trauma of knowing that dioxin never breaks down in the body, it remains in the fat cells and indeed may linger through - seven generations - this is totally unacceptable and has caused us much stress especially now as our oldest daughter plans to start a family.* Spouse

*Unfortunately the information, which now has become available warns that the symptoms of AO may not manifest themselves for years - and may in fact not appear until ... has children or even grandchildren, which is not the*

*legacy I wish for any of my family. Needless to say I do not intend to have any more children of my own.*

Veteran

*What matters to us is that the after affects of that hazard are identified and effective counter measures are immediately provided to mitigate and/or remove the impact/s.*

Veteran

*Veterans have children, grandchildren and great grandchildren that suffer from disabilities. While veterans will fade away, this legacy will remain. If the descendents of veterans have disabilities attributable to Agent Orange, there is no process in place to acknowledge and provide support for those descendents.*

Veteran

### **Trauma and distress**

Fifty-six Veteran submitters (27%) referred to trauma and distress both as effects of their ill health and as a result of military service in Viet Nam. A comparatively larger proportion of spouse and family submitters talked about the trauma and distress they experienced in relation to the Veteran in their lives. Of the total (54) spouse submitters, 24 (44%) talked about this, while of the total (43) family submitters, 21 (49%) talked about it.

Spouse and family submitters talked mainly about the flow on effects of the Veterans' trauma and distress on their lives, and in some cases how Veterans' adult children have come to better understand the reasons for their fathers' trauma and distress.

*I found if I touched on subjects that had the slightest emotional content I would be on the verge of tears and somewhat near a nervous breakdown. I could not understand this and why this was happening to me.*

Veteran

*He told me about his return home from Vietnam - of feeling dumped, and suddenly ashamed of serving in a war that was now very unpopular; finding no way of reintegrating back into undirected civilian life with no one giving orders; with no way of processing what he'd been through and seen; and no way of coping with his shocking memories and stress.*

Veteran

*The trauma of being an infantry man in active jungle warfare is bad enough, knowing you have to kill or be killed, of seeing your mates killed, of never knowing if each day will be your last, of trying to stay sane in a situation which is inhuman without being poisoned by your own side and then later having that denied.*

Spouse

*My father would have cold sweats and scream in his sleep, he still does from time to time. I have witnessed this. One memory I have is; our mother would gather my siblings and I to sleep in one bedroom. Then she would ... prevent the door from opening and our father from coming in.*

Adult child of Veteran

*We were constantly under huge stress as the house had to always be spotless and in pristine order (with four children?) and we never knew which mood [Veteran] would be in. We were all pretty scared of [Veteran] at times.*

*Spouse*

*I am proud that my father volunteered to serve his country, but the effects of PTSD and exposure to defoliants has ruined not only his quality of life but also that of mine, and my son's. We are all victims of his war service.*

*Adult child of Veteran*

### **Anger**

Forty-three Veteran submitters (21%) talked about anger as an effect of their ill health and military service in Viet Nam. As discussed earlier, many Veterans and other submitters alike also expressed anger about successive Governments continued denial of Veterans' exposure to Agent Orange and other defoliant chemicals in Viet Nam, and the delay in dealing with the effects of this on Veterans and their families. Those expressions of anger are not represented here. This section presents the number and experiences of submitters' as they talked specifically about Veterans' anger or violence as a result of their ill health and service in Viet Nam.

Sixteen spouse submitters (30%) talked about Veterans' anger, and of the total (43) family submitters, 15 (35%) talked about this. Spouse and family submitters alike talked about their experiences of the Veterans' anger and their response to it. Many of these family members also described the fear they had as children of their Veteran father. Some family submitters (i.e. Veterans' adult children) also talked about developing a better understanding of their fathers' behaviour as they learned more about Veterans' experiences during the Viet Nam War and since they returned.

*In the end hitting out came easy, getting back became the norm, breaking laws and jaws, lessened the pain of deteriorating health conditions. Veteran*

*My wife was constantly picking up broken dishes, plates and food, which I had thrown. I could not stand the sound of a child crying so would hit my children to make them stop crying. Veteran*

*The fighting was intense and often over minimal things such as dinner not being good enough or the house wasn't up to scratch. I have never been as terrified of anyone else in my life as I have been of my own father, or for the safety of my mother and brothers. Feelings of heartbreak and helplessness were overwhelming. Many times my siblings and I would cry ourselves to sleep or lay tossing and turning with anger and frustration always wishing we were big enough to stop the fighting. Adult child of Veteran*

*I have read the 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 the] Report to the Health Committee October 2004. I was deeply saddened by it, I felt angry and hurt*

*and I cried for my father. It helped me understand what it had been like for him and made me determined to support him in getting closure.*

*Adult child of Veteran*

## Social

Of the total (421) submitters, 172 (40%) submitters talked about the social effects of the Veterans' ill health on the Veteran themselves, their relationships and their families. The main social effects submitters described are shown in the table below.

**Table 17. Social**

	Veteran		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<i>Quality of life</i>	59	29%	22	41%	18	42%	2	14%	<b>101</b>	<b>32%</b>
<i>Less interaction with world</i>	40	20%	14	26%	8	19%	0	0%	<b>62</b>	<b>20%</b>
<i>Less interaction with family</i>	34	17%	19	35%	18	42%	3	21%	<b>74</b>	<b>23%</b>
<i>Marriage break up</i>	20	10%	3	6%	3	7%	2	14%	<b>28</b>	<b>9%</b>
<b>Total effect of ill health</b>	<b>205</b>		<b>54</b>		<b>43</b>		<b>14</b>		<b>315</b>	

### Quality of life

For Veterans, spouse and family submitters, Veterans' quality of life was the most prevalent social issue. Fifty-nine Veteran submitters (29%) talked about how their ill or deteriorating health had negatively impacted on their quality of life. Twenty-two spouse submitters (41%) talked about Veterans quality of life, and 18 (42%) of the (43) family submitters were concerned about this.

The quality of life issues submitters referred to included physical limitations and pain, emotional pain and distress, strained or broken relationships, reduction in work capacity, limitations due to loss of income and social isolation. Submitters also talked about quality of life issues in relation to Veterans' children who suffer ill health and disabilities as a result of their father's exposure to Agent Orange.

*In recent years we have had to adjust our lifestyle to fit around [Veterans] poor health. Both [he] and I are keen outdoor type people ... All these activities have greatly reduced, and some are now even out of the question for us to do as a couple ... One big reason for this is [his] health has deteriorated to the extent he can no longer physically do these activities comfortably.*  
*Spouse*

*I had a call from a veteran friend three weeks ago who I had not seen for about 14 years. He asked me how I was health-wise etc., well after telling him all my ailments he said "Like me ... every morning when I wake up I think, hell I've got another day on this planet" Doesn't say much for a 57 year old, eh?*  
*Veteran*

*At 22 I have an unusual perspective on the price I have paid for this war. I cannot begin to explain how much pain I have been through, how many tears, how much my dignity has suffered and how many days of my childhood have*

*been lost to Agent Orange. ... I can't explain how hard it is to swallow one's pride every day and keep one's head up high and ignore the comments and sniggers of an ignorant public. I cannot imagine what it would be like to walk into a bar or restaurant without people staring.* Adult child of Veteran

*It is saddening, and at the same time somewhat frightening, to watch fellow vets dying of cancers, and I doubt that because of the time elapsed between the conflict and the present, those of us with psychological and emotional problems will ever be 100% normal again.* Veteran

### **Interaction with the outside world**

Forty Veteran submitters (20%) talked about their loss of social interaction with the outside world. Fourteen spouse submitters (26%) talked about Veterans' loss of social interaction and of the total (43) family submitters, eight (19%) talked about this. Veteran, spouse, family and other submitters talked about Veterans' withdrawal from social situations, isolation, and how much his personality had changed since his service.

*His family later told me that on his return from service, he simply sat, chin in hand, gazing at nothing, withdrawn and morose. This was a huge change from the happy-go-lucky, sociable young man they'd sent overseas. He became estranged from his family and disappeared to ... under a different name.* Veteran

*I am now totally disabled in that I cannot take part in normal social and recreational activities. I have not been able to do so for more than thirty years. I cannot fall in love, marry and have a family of my own. I cannot work for a living, I am unemployable. I cannot live with anyone else, I have no option but to live alone and as a consequence spend more than 95% of my time totally alone. Christmas is the hardest time as it reminds me that I have no family of my own and never will have.* Veteran

### **Interaction with family**

Thirty-four Veteran submitters (17%) talked about the difficulties they had with relationships with partners/spouses and children. In contrast, of the total (54) spouse submitters, 19 (35%) described their concerns about the Veteran's behaviour and relationship with them and their family. Of the total (43) family submitters, 18 (42%) expressed similar concerns from their experiences of growing up with a Veteran father.

Some of the issues Veteran, spouse and family submitters talked about in relation to difficulties they experienced with the Veteran's behaviour and level of interaction within the family included the Veteran's: withdrawal / isolation, moodiness / mood swings, lack of emotional connection or availability, violence and physical and/or verbal abuse. The number of separations and divorces amongst Veterans indicates in part the stress these difficulties placed on their relationships. Twenty-eight submitters talked about marriage breakdown as a result of the effects of ill health.

*The only time we have some issues or when things get a little bit awful is [when we] get notification when someone [another Veteran] is ill or they've*

*passed on. And at those times [Veteran partner] gets quite isolated and withdrawn. He will lose himself from our relationship and it's almost like a line just goes straight up the middle and [our son] and I are just on the side and that can last days, it can last for weeks. [We] have got used to that and we just leave him alone.*  
Spouse

*...for me, it's the multiple relationships. It's also the breaking up of relationships and the trauma that went with them, the trauma that I received from that...the trauma that I've caused other people. The trauma that's been inflicted on my kids and it's still ongoing. The social issues and the family issues are still ongoing. They just don't stop.*  
Veteran

*.... This kind of behaviour carried on for several years, long enough for all of my children to grow up in fear of their father. They all left home at a very young age and went to live with other people.*  
Veteran

*Mum runs me around but cannot always be there when I need her, due to Dad's illness. I feel one of the reasons I collapsed mentally was because Mum and Dad weren't emotionally available to me when I needed it.*  
Adult child of Veteran

*She saw first hand the effects of my Dad's illness and in turn became an innocent victim of Agent Orange. Only God knows the huge impact that my Dad's illness had on my Mum, and the burdens that she carried. No doubt she was able to shield us away from a lot of Dad's sickness initially.*  
Adult child of Veteran

## Financial

Of the total (284) Veteran submitters, 75 (26%) talked about how their health had affected them and their families financially. Of the total (61) spouse submitters, 23 (38%) talked about the financial impact of the Veteran's health on their family and 11 (22%) of family submitters talked about this. The main financial effects described by submitters are outlined in table 18.

**Table 18. Financial**

	Veteran		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<i>Loss of income</i>	41	20%	11	20%	3	7%	1	7%	<b>56</b>	<b>18%</b>
<i>Cost of medication</i>	38	19%	12	22%	8	19%	3	21%	<b>61</b>	<b>19%</b>
<i>Inability to buy house</i>	12	6%	1	2%	0	0%	0	0%	<b>13</b>	<b>4%</b>
<b>Total effect of ill health</b>	<b>205</b>		<b>54</b>		<b>43</b>		<b>14</b>		<b>315</b>	

Forty-one Veteran submitters (20%) talked about loss of income, 38 (19%) talked about the cost of medication and medical specialists, and 12 (6%) talked about their inability to buy a house or maintain mortgage payments on their house.

While 11 (20%) of spouse submitters talked about loss of income as a financial effect of the Veterans' ill health. Twelve spouse submitters (22%) and eight family submitters (19%) also talked about the cost of medication and medical specialists. The financial effects described by submitters compounded the emotional stress these families were already experiencing and impacted on their quality of life.

*At that time I was on a government work and income invalid benefit, which was insufficient to support my wife and child.* Veteran

*The biggest problem that I'm having is always trying to get medical treatment. I suffer from ... conditions and just trying to get into a bloody hospital takes me two - three months at least, and then I had to sell a lot. I have to sell my Harley to get medical treatment.* Veteran

*We are bankrupt, broken, feel abused and maliciously neglected by the system. The "system" in our case is Veterans Affairs and our Income Protection Providers ... There has been a degree of one provider playing off the other while we tried to get help* Spouse

## Work related

Veteran submitters talked about how their health had affected their capacity to work. Table 19 shows the main work related effects in descending order of prevalence.

**Table 19. Work related**

	Veteran		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<i>Unable to stay employed</i>	19	9%	3	6%	1	2%	0	0%	23	7%
<i>Resign early</i>	13	6%	1	2%	1	2%	0	0%	15	5%
<i>Retire early</i>	13	6%	0	0%	1	2%	0	0%	14	4%
<i>Time away from work</i>	12	6%	0	0%	3	7%	0	0%	15	5%
<b>Total effects of ill health</b>	<b>205</b>		<b>54</b>		<b>43</b>		<b>14</b>		<b>315</b>	

Of the Veteran submitters who described the effects of their ill health, 19 (9%) talked about being unable to stay employed for long periods due to their health. Thirteen (6%) respectively said they either had to resign from their employment or retire early for health reasons, and 12 (6%) talked about having to take time away from work for a variety of health-related reasons, including medical specialist appointments, hospitalisation, or general illness. Veteran submitters also referred to the financial stress (loss of income) that generally accompanied changes in their work capacity.

*I decided to leave the army (having served 20 years) and set my family up in the event of my perceived oncoming demise. I was at that time also contemplating suicide.* Veteran

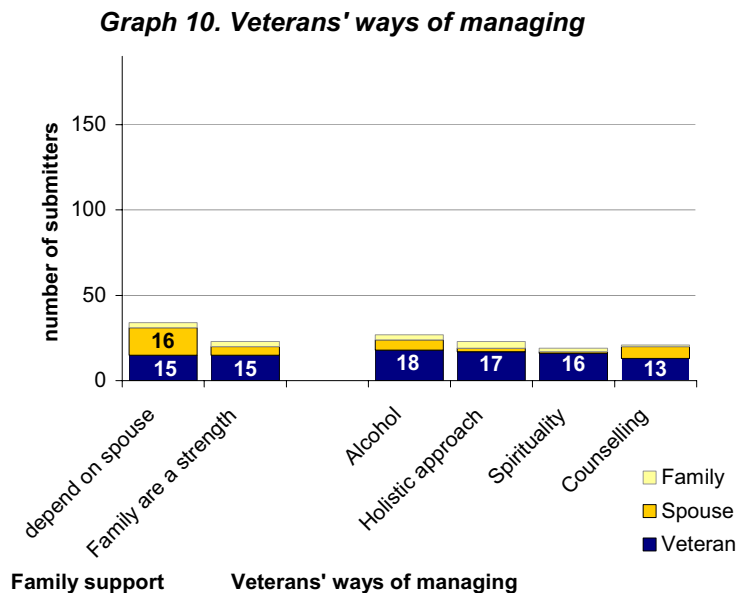
*We have had to make huge changes in our lifestyle since I had to give up work ... before, we were both working [and] bringing in good wages.* Veteran

... in our mid to late 50s and 60s, it's usually the period of time that partners and their husbands prepare for their retirement. It's usually the time that they have their overseas trip, they upgrade their car, put money aside for their retirement. With a lot of us who have been forced from the work environment, we've never had the chance to do that and we never expected not to have a working life, a normal working life, we never expected to have it shortened.

Veteran

## Veterans' ways of coping

As a result of their ill health Veterans sought help and support from other sources. The following graph (Graph 10) shows the main sources of support Veterans used in trying to cope with their problems.



### Reliance on family and spouse

Spouse and Veteran submitters talked about the Veterans' dependence on their spouse/partner as a result of their ill health. Fifteen Veterans (7%) acknowledged their partners' strength and forbearance in coping with them and the effects of their ill health particularly on the relationship and fifteen spouse submitters (30%) spoke about Veterans' reliance on them. Fifteen Veterans also acknowledged the strength of their family and continued support, which helped them cope.

**Table 20. Family strength**

	Veteran		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Depend on spouse	15	7%	16	30%	3	7%	0	0%	34	11%
Family are a strength	15	7%	5	9%	3	7%	0	0%	23	7%
<b>Total effect of ill health</b>	<b>205</b>		<b>54</b>		<b>43</b>		<b>14</b>		<b>315</b>	

A further seven spouse submitters talked about needing outside help to assist them, the Veteran and their family to cope with the stresses associated with the Veterans' ill health. Counselling was generally the sort of outside help to which spouse and Veteran submitters referred.

*Over the years these pressures in my life have culminated in compassion fatigue, otherwise known as caregiver burden. In one study it was noted, about half of the partners of veterans with PTSD indicated that they felt "on the verge of a nervous breakdown."* Spouse

*I didn't have a husband, I had another son.* Spouse

*My story could so easily be that of many Viet Nam Veterans' wives/partners. For years some wives have not had a normal marital relationship with their husbands, their partnership being more ... one of a patient and caregiver. This means some wives cannot be in paid employment but must remain unpaid caregivers. There is a financial, physical and emotional toll paid by these women, and it goes unrecognised by the government and society in general.* Spouse

*... when he really got sick he asked me if I would stay at home from work to look after him. Now, I used to earn about a thousand dollars a week, now I'm on 150, alright. Now, that's about four or five years ago. ... it hasn't been an easy life. It's been really tough. And I am one of the very few, Regular Force soldiers, that have stayed with their husbands, one of the very few.* Spouse

*There was one really bad patch that we really had and I left for a weekend, had a good think about things, and came back and said we have to work through this, it was hard. And I wish at that time there was a group.* Veteran

*Without her help, I don't know where I'd be. I'd probably be gone by now.* Veteran

### **Veterans solutions**

Veteran submitters described a range of tools they used as part of their way of coping and adjusting to life since their return from Viet Nam. The reality many submitters described, was that neither the Government / agencies or the Army, made any provision to help Veterans deal with the experiences they had during their service, or adjust to civilian life upon their return. Many Veterans commented they felt they were on their own. The main approaches Veterans talked about are outlined in the following table in descending order of prevalence included:

**Table 21. Veterans actions**

	Veteran		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<i>Alcohol</i>	18	9%	6	11%	3	7%	1	7%	<b>28</b>	<b>9%</b>
<i>Holistic approach</i>	17	8%	2	4%	4	9%	2	14%	<b>25</b>	<b>8%</b>
<i>Religion/spirituality</i>	16	8%	1	2%	2	5%	2	14%	<b>21</b>	<b>7%</b>
<i>Counselling</i>	13	6%	7	13%	1	2%	0	0%	<b>21</b>	<b>7%</b>
<b>Total effect of ill health</b>	<b>205</b>		<b>54</b>		<b>43</b>		<b>14</b>		<b>315</b>	

Eighteen Veteran submitters (9%) talked about their excessive use of alcohol as a means of coping, blocking memories, pain and stress (35 Veterans in total mentioned alcohol as a health issue). Of the 40 spouse submitters who gave a perspective on responses to the problems Veterans face, six (15%) also talked about their Veteran husband / partner's excessive drinking as a concern.

Seventeen (8%) of Veteran submitters said they had used some sort of holistic healing to address their health concerns and 16 (8%) had used religion / spirituality as a means of coping. Thirteen Veteran submitters (6%) and seven spouse submitters (13%) talked about counselling as a means of helping them cope. Six Veteran submitters also talked about the benefits they had experienced from talking about their war experience to various groups including school children. Just three Veteran submitters and two spouse submitters talked about the Veteran's use of drugs as a means of coping.

*Alcohol had become his way of suppressing the horrors and feeling relaxed, his "crutch" to live normally. He still had no idea how to live "straight".* Veteran

*When you were working amongst people who'd all been there, problems were solved fairly quickly. The greatest number of personnel who had problems – when I'd gone back through the records – got out after about a month and disappeared. Then the trouble started.* Veteran

## Recommendations

This section describes submitters' suggestions and recommendations about what they believed could best be done to help Veterans and their families. Recommendations are presented and discussed under the following categories and sub-categories:

### **Acknowledgment**

- Subject of acknowledgments
- Means of acknowledging

### **Health**

- Cover for health care
- Health checks
- Access to services

### **Financial**

- Compensation
- Pensions

### **Information**

- For Government agencies
- For medical professionals
- For Veterans and their families

### **Delivery of Veterans services**

Table 22 shows the number of submitters' recommendations coded under each of these categories (see graph 17 on page xx). The percentages against each recommendation category and submitter group are calculated against the total number of submitters in each submitter group. This approach is taken throughout this section of the report.

**Table 22. Overview of recommendations**

<b>Category</b>	<b>Veteran</b>		<b>Spouse</b>		<b>Family</b>		<b>Other</b>		<b>Total</b>	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
<i>Acknowledgment</i>	173	61%	33	54%	27	55%	16	59%	<b>249</b>	<b>59%</b>
<i>Health</i>	205	72%	32	52%	29	59%	19	70%	<b>285</b>	<b>68%</b>
<i>Financial</i>	177	62%	31	51%	27	55%	19	70%	<b>254</b>	<b>60%</b>
<i>Information</i>	145	51%	26	43%	17	35%	13	48%	<b>201</b>	<b>48%</b>
<i>Service delivery</i>	91	32%	12	20%	8	16%	10	37%	<b>121</b>	<b>29%</b>
<i>Other</i>	45	16%	8	13%	3	6%	6	22%	<b>62</b>	<b>15%</b>
<b>Total</b>	<b>284</b>		<b>61</b>		<b>49</b>		<b>27</b>		<b>421</b>	

Veteran, family and other submitters most commonly made recommendations related to health. These included: Veteran submitters 72%, family 59% and other submitters 70%. Financial recommendations were a second priority for these groups: Veteran

submitters 62%, family 55% and other submitters 70%, followed by acknowledgement 61%, 55%, and 59% respectively.

Around half of spouse submitters made recommendations about acknowledgements, health and finance.

All four submitter groups identified the need for more information about the effects and treatment of exposure to Agent Orange and other dioxins, as the fourth most common recommendation as follows: Veteran (145 or 51%), other (13 or 48%), spouse (26 or 43%) and family submitters (17 or 35%).

All four submitter groups made suggestions about service delivery to Veterans and their families as their fifth most common recommendation as follows: Veteran (91 or 32%), other (10 or 37%), spouse (12 or 20%) and family submitters (8 or 16%).

A comparatively smaller number of all four submitter groups (62) also made recommendations, which included the need for adequate resources to respond to the problems Veterans face, and the establishment of an independent review process. These are referred to as 'other' recommendations made by 45 Veteran, eight spouse, three family and six other submitters.

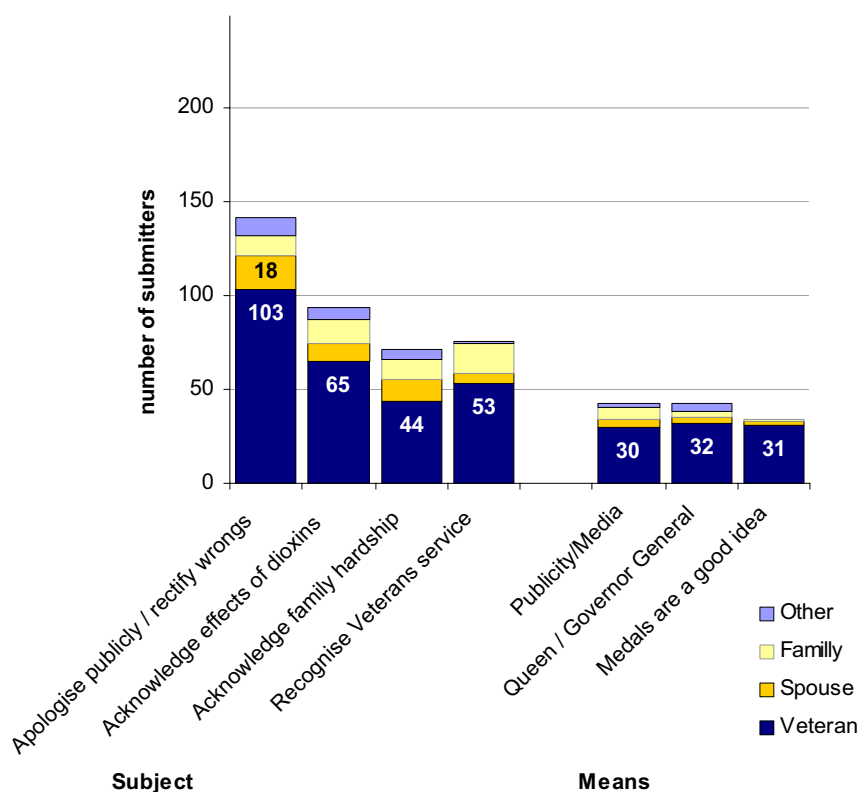
## Acknowledgement

Acknowledgment was seen by Veteran submitters as an important part of the process of rectifying past wrongs. Most commented that any acknowledgment given could only be meaningful if backed by Government / agencies action through the provision of services, resources and information that Veterans and their families felt they need. Two hundred and forty nine submitters (59% of all submitters) recommended various forms of acknowledgement.

### ***Subject and substance of acknowledgment***

Graph 11 and table 23 shows submitters' most frequent recommendations about the subject and substance of acknowledgment, which are in turn discussed below.

**Graph 11. Acknowledgment**



**Table 23. Subject and substance of acknowledgment**

<i>Recommendation</i>	<i>Veterans</i>		<i>Spouse</i>		<i>Family</i>		<i>Other</i>		<i>Total</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
<b><i>Apologise publicly and rectify wrongs</i></b>	103	60%	18	55%	11	41%	10	63%	<b>142</b>	<b>57%</b>
<b><i>Acknowledge effects of dioxins</i></b>	65	38%	9	27%	13	48%	7	44%	<b>94</b>	<b>38%</b>
<b><i>Acknowledge difficulties of families</i></b>	44	25%	11	33%	11	41%	5	13%	<b>71</b>	<b>29%</b>
<b><i>Recognise Veterans service to country</i></b>	53	31%	6	18%	15	56%	2	13%	<b>76</b>	<b>31%</b>
<b><i>Total submitters</i></b>	<b>173</b>		<b>33</b>		<b>27</b>		<b>16</b>		<b>249</b>	

**Apologise publicly**

For 103 Veteran submitters (60%), a public Government apology to Veterans generally was their most frequently suggested form of acknowledgement.

Eighteen spouse submitters (55%) also regarded this form of apology as their top priority, although they believed it should be to both Veterans and their families.

For eleven family submitters (41%), a Government apology aimed at Veterans generally was ranked third equal with acknowledging difficulties experienced by Veterans’ families.

Veteran submitters stressed that it was important that the apology be full and frank. It was suggested that the Government admit that they had denied the truth and acknowledge the difficulties the delay in recognition had caused Veterans and their

families. They also stressed that for any apology to be meaningful, it needed to be backed up with action.

***Admit that the Government denied the truth***

Submitters suggested that the Government formally acknowledge they had provided misinformation and denied the truth. Submitters believed a full apology which acknowledged this, would be valuable to restore Veterans' trust in the Government as well as to address public misconceptions about Veterans as the following quotes illustrate.

*Formally acknowledging that the Government and its Agencies have misled the general public over the Viet Nam issues, including the Agent Orange saga. This will go some way to reach some credibility again.* Concerned other

*Formally acknowledge Government irregularities, falsehoods, denials, deceptions and perversions of natural justice of the past forty years in relation to New Zealand's involvement in the Vietnam War and the treatment of its servicemen and servicewomen.* Group submission

***Admit delayed recognition and acknowledge health consequences***

Veteran submitters recommended that the Government acknowledge that the years of denial (that Veterans were exposed to Agent Orange in Viet Nam) and lack of acknowledgement of the problems Veterans and their families face, has resulted in long, often painful and increasingly fatal delays in meeting Veterans' needs. Submitters were keen to see the Government take some responsibility for the health consequences Veterans and their families have suffered as a result of these delays.

*A public apology - for the years of medical neglect, pain and suffering Vietnam vets endured post Vietnam service.* Veteran

*The following wording would meet our concerns: that Government delivers a full apology to Vietnam veterans for the delayed recognition that they were exposed to aerial delivered herbicides, Agent Orange and others, on at least 350 occasions.* Veteran

*The apology should include, that the long delays were unacceptable and have further endangered Veterans' health ... It also endorses that they were deliberately exposed to Agent Orange.* Veteran

***An apology requires action***

While 142 submitters (57%) thought a public apology was important, they also made it clear that an apology that did not result in action would be meaningless and would only serve to increase distrust between Veterans and the Government. For Veteran submitters an apology was seen as an admission of guilt or wrong doing that would lead to action by the Government to put this right.

*An apology without substance is merely empty rhetoric, and yet again serves to demonstrate the level of contempt politicians and bureaucrats have for the Veteran community at large. Any apology must come with a concrete list of government intentions aimed at rectifying 35 years of neglect and abuse.*

*These must also include a timeframe for implementation and funding allocations.* Veteran

*We believe that in order for any apology to be accepted by the Vietnam community as genuine and meaningful, it must be accompanied by ... definitive action on a range of issues identified by the Select Committee and by individual veterans in their submission to the enquiry.* Veteran

*How many of our colleagues would be alive today if government had moved immediately to implement free annual medical examinations? Vietnam veterans see words as cheap: actions speak louder.* Veteran

### **Do not apologise publicly**

Sixteen submitters thought a public apology was inappropriate. One of the main reasons given was that the time for an apology had passed and that actions would be more meaningful.

*Receiving Formal Apologies - These will be words only, uttered by vote seeking politicians, and therefore of no meaningful or practical value.* Veteran

*An apology now would serve only to exacerbate the anger and frustration of being treated as liars, layabouts and wimps all these years, despite evidence to the contrary. We don't need more weasel words. What we need is action and quickly. Most of us are aged over 60 now and our life expectancy appears less than the norm - the common thread is Vietnam service...* Veteran

*The Veterans I represent do not want a public apology from the Prime Minister. ... The Veterans want to move on and achieve recognition for their service plus tangible benefits for their wives/partners and their children.* Veteran

### **Acknowledge the effects of dioxins**

Acknowledging the effects of Agent Orange and other dioxins was the second highest priority for Veteran submitters (65 or 38%). Their concern was evenly split between acknowledging the effects on Veterans personally, Veterans in general, and Veterans and their families.

Acknowledging the effects of Agent Orange on Veterans and their families was the second highest priority for 13 family submitters (48%) and for submitters overall (38%).

*We have veterans and children who have spent years trying to cope with catastrophic disabilities without help, now that we know who is responsible, we want the people who sold them to go to prison for it - they're criminals. They knew!* Spouse

*It was a war crime. The war crimes committed against the future children.* Adult child of Veteran

### **Recognise Veterans Service to their country**

Seventy-six submitters, comprised of 53 Veteran submitters (31%) and 15 family submitters (56%), believed it was important that there was a wider appreciation of the contribution New Zealand Veterans made in serving their country. Public recognition was seen as a useful way of changing public attitudes and addressing past wrongs as the following Veteran explains.

*...one Anzac Day my daughter and my family ... always go to the cenotaph, and my daughter said "come on Dad, we'll take the family down and we'll have breakfast at Denny's". And I was sitting there eating my meal and a young man came along to me and he just shook my hand and he said, "thank you for what you have done". Now, that's what we want. ... I think this would be (the) most healing thing. What we want is healing. The most healing thing would be for people to appreciate what we did and why we did it. We don't want to still be remembered as baby killers.*

Veteran

### **Acknowledge difficulties experienced by families**

Seventy-one submitters (29%) including 44 Veterans, 11 spouse and 11 family submitters believed it was important to recognise the huge effect returned Veterans' mental and physical health issues had on their families. The following quotes illustrate this view.

*Acknowledge the secondary and tertiary "soldiers" - the wives and families of the troops - who have suffered alongside those who came back; unacknowledged, disbelieved, despised, hurt, diseased, genetically damaged, and who collectively fear the time bomb which may affect each family for generations to come.*

Group submission

*In short, common decency calls for an acknowledgement of the fact that the wives have also played a major role in trying to keep their veteran husbands from going off the rails.*

Veteran

*We have not been to war nor handled the weapons our fathers used. We haven't had to kill people for the sake of freedom, and yet we still fight our fathers' battles, as well as our own. This is due to the toxic chemicals our fathers were exposed to, and (which) consequently runs through our veins. It is also due to the psychological damage inflicted upon our fathers during the war and afterwards, which was subsequently passed on to the families. I've only recently begun to realise the full impact the Viet Nam war has had on my family, especially my father. He still lives the war day and night because of what he sees happening to his family. He continues to stand up at meetings like this and has been to the media to present our case. He strips himself and his family bare in a fight for simple recognition.*

Adult child of Veteran

### **Means of acknowledgment**

Table 24 below shows other recommendations concerning acknowledgement where submitters have described some of the forms an acknowledgment might take. These suggestions are outlined in more detail below.

**Table 24. Means of acknowledging**

<b>Recommendation</b>	<b>Veterans</b>		<b>Spouse</b>		<b>Family</b>		<b>Other</b>		<b>Total</b>	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
<b>Publicity/Media</b>	30	17%	4	12%	6	22%	3	19%	<b>43</b>	<b>17%</b>
<b>Queen / Governor General</b>	32	18%	3	9%	3	11%	5	31%	<b>43</b>	<b>17%</b>
<b>Medals are a good idea</b>	31	18%	2	6%	1	4%	0	0%	<b>34</b>	<b>14%</b>
<b>Medals are not a good idea</b>	11	6%	3	9%	0	0%	0	0%	<b>14</b>	<b>6%</b>
<b>Memorial erected</b>	13	8%	4	12%	1	4%	0	0%	<b>18</b>	<b>7%</b>
<b>Total submitters</b>	<b>173</b>	<b>61%</b>	<b>33</b>	<b>54%</b>	<b>27</b>	<b>55%</b>	<b>16</b>	<b>59%</b>	<b>249</b>	<b>59%</b>

**Publicity**

Forty-three submitters (17%) believed acknowledgement in the form of publicity would help to both educate the public and vindicate Veterans' of any wrong doing in relation to their service in Viet Nam. Suggestions were that publicity include information about the Viet Nam War, Veterans' exposure to Agent Orange and its effects on Veterans and their families, and the treatment of Veterans since their return.

*I would like the story told of how these men were treated, not just when they were in Viet Nam, but when they came back to New Zealand.*

*Relative of Veteran*

**Queen / Governor General should acknowledge**

Forty-three submitters (17%) suggested that the apology should not come from a politician but rather from the Queen or Governor General. The main reasons for this suggestion were that some Veterans believed they had been let down by successive Governments while others saw themselves as soldiers of the Crown rather than the Government.

*I'd be happy for the Queen to come out and do it. I don't believe that the leader of a political party, unless there are the three or five, or however many leaders we've got there, should be there.*

*Veteran*

*To have any meaning and mana to Vietnam veterans, any apology should be delivered by no other person than the Governor General. We swore allegiance to the Crown, the Queen/King her/his heirs and successors, and not to any Government or political party.*

*Veteran*

**Medals are a good idea**

Thirty-one Veteran submitters (18%) believed it would be appropriate to have a New Zealand medal acknowledging Veterans' service in Viet Nam. One submitter included detailed designs of what such a medal would look like and several others believed the medal should have their name and service number engraved on it.

*... the New Zealand Government should issue medallic recognition to those that served their country in Viet Nam. This is a war that kept NZ servicemen and women on active service for a period of about seven years. This was the longest operational involvement in our country's history.*

*Veteran*

*... it is a bitter irony that successive governments have not awarded medallic recognition to us for service to our country, when other countries have done it on our government's behalf, or in lieu of our government doing it. While I personally don't require yet another bloody medal, it would in fact form part of an apology process, and in a way something towards a homecoming.*

Veteran

### **Medals are not a good idea**

Eleven Veteran submitters said they were opposed to having medallic recognition. Their main point was that meeting Veterans' current and future health and financial needs was a greater priority to them as the following comments illustrate.

*Another medal at this stage would not mean anything, and probably be better used to frighten birds from a garden, than it would be worn with any pride.*

Spouse

*We don't need another medal. It is a cheap way for the Government to shut us up. It won't provide food on the table for the disadvantaged vet.*

Veteran

*Medallic Recognition - There is no bauble or trinket large enough or valuable enough that will make me feel better about my bowel or urinary condition.*

Veteran

*It is too late for more medals. The most lasting memorial to the dead and dying Veterans of the Viet Nam War would be for an honourable Government to care for the remaining survivors.*

Spouse

### **Memorial erected**

Thirteen Veteran submitters talked about having some kind of permanent memorial erected to acknowledge Viet Nam Veterans service.

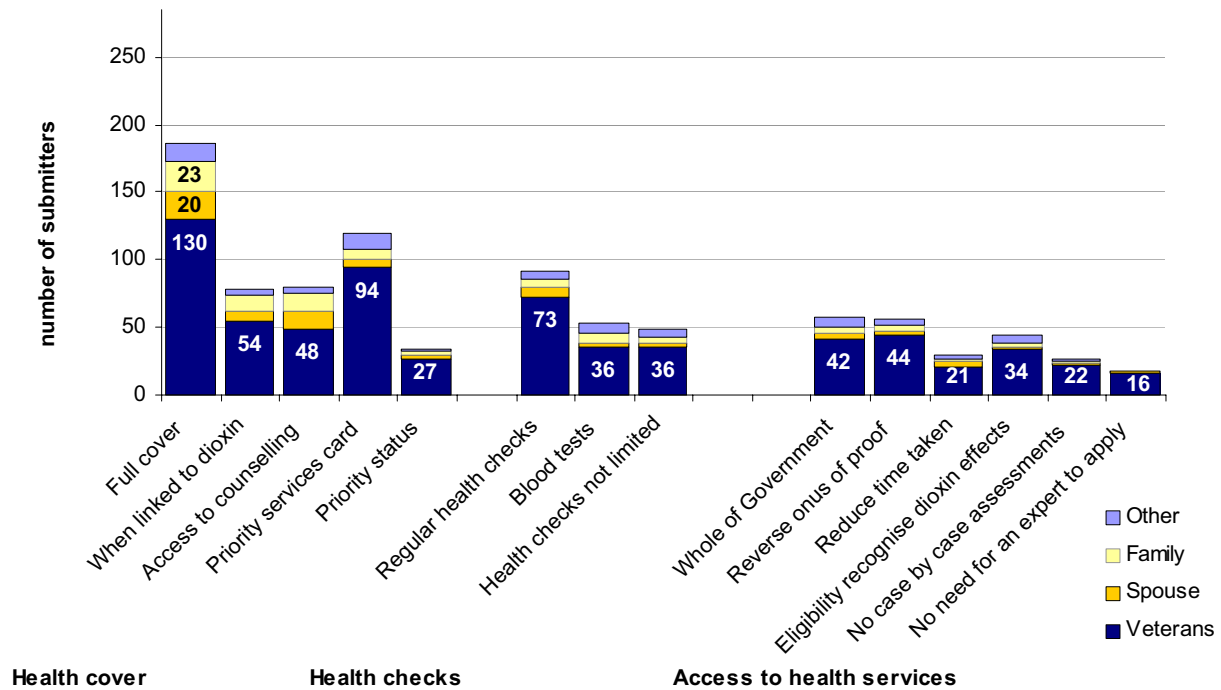
## Health related services

Over two thirds of submitters (285 or 68% of all submitters) made suggestions relating to health services. A higher percentage of submitters made recommendations about health care than about compensation (60%) and acknowledgment (59%).

The three main areas of health care submitters talked about are discussed in this section on health. They include:

- health cover
- health checks and
- access to health services

**Graph 12. Health recommendations**



**Health cover**

The following table shows the main recommendations submitters made concerning health cover. They include general recommendations around providing full cover for health care and counselling as well as giving Veterans and their families’ priority status.

**Table 25. Health cover**

Recommendation	Veterans		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Full cover for health care costs</b>	130	63%	20	63%	23	79%	13	68%	<b>186</b>	<b>65%</b>
<b>Expenses paid when dioxin link</b>	54	26%	8	25%	12	41%	5	26%	<b>79</b>	<b>28%</b>
<b>Access to counselling</b>	48	23%	14	44%	13	45%	5	26%	<b>80</b>	<b>28%</b>
<b>Priority services card</b>	94	46%	6	19%	8	28%	12	63%	<b>120</b>	<b>42%</b>
<b>Priority status</b>	27	13%	2	6%	4	14%	1	5%	<b>34</b>	<b>12%</b>
<b>Total submitters health</b>	<b>205</b>	<b>72%</b>	<b>32</b>	<b>52%</b>	<b>29</b>	<b>59%</b>	<b>19</b>	<b>70%</b>	<b>285</b>	<b>68%</b>

**Full cover for health care costs**

Nearly two thirds of submitters (186) who made health recommendations suggested Veterans, their children and descendants should be fully covered for all their health care needs. This included financial cover and access to services that related to both the physical and general wellbeing of Veterans and their families, as the following quotes illustrate.

*The treatment of families, at Government expense, for all health issues, including intergenerational effects, associated with the veterans Vietnam service.*  
 Unidentified

*Naturally, NZVVs [Viet Nam Veterans] and their spouses, already burdened with the guilt of having conceived and birthed disabled children, will need to be assured that the care of their descendants will be underwritten by this and future government Administrations.*

*Group submission*

*...as long as we are tracking these people down and making sure they're alright, and giving them whatever it is that they need to feel useful, valued members of this society.*

*Veteran*

Fifteen submitters suggested the government assist Veterans and their families in accessing health insurance because of the high risk loadings relating to their background and experiences.

*...life assurance policies are now "loaded" with clauses to preserve companies' position in the event of claims. My client estimates that she is paying an excess premium of about \$40.00 per month due to this risk loading.*

*Adult child of Veteran*

### **Expenses paid when link made to dioxin**

Twelve family members (41%) and 25 other submitters (26%) recommended that health expenses be paid and priority treatment be given for children, grandchildren and all Veterans' descendants, when it could be proved their health condition(s) was a result of Veterans service in Viet Nam.

*The children and grandchildren of Viet Nam veterans suffering from any conditions known to be associated with exposure to arterially deservd herbicides, receive an enhanced level of medical support over and above that available to the general public, including the reimbursement of ... expenses associated with the condition.*

*Concerned other*

*Will you help our children if they have health problems or will they be starting this process in 30 years?*

*Adult child of Veteran*

### **Access to counselling**

Nearly a third of submitters (80) who made health recommendations, mentioned the need for access to counselling. Submitters considered counselling valuable for Veterans to help them deal with their war experiences. Fourteen spouse (44%) and 13 family submitters (45%) also suggested that counselling be available to Veterans' families.

*... this type of service [counselling] should be made available to all Veterans to assist in such issues as: marital or family difficulties, alcohol and drugs, violence, grief and sickness, anxiety – guilt.*

*Veteran*

*All Veterans need to be counselled as they should have been on returning to New Zealand at the end of their service, and return to civilian life. The range of psychological, emotional and social problems that they faced then, alone with no support, in most cases, are not resolved even now, all these years later. It is obvious when the numbers of diagnosed PTSD [Post Traumatic Stress Disorder] are considered.*

*Spouse*

*Support services provided either directly or indirectly from the RNZRSA [Royal New Zealand Returned Services Association] to assist families with the trauma of a sick family member, and after the death of a family member (namely an ex Vietnam Veteran).*

*Adult child of Veteran*

*Veterans recommend that wives/partners must be eligible for the complete range of services provided by the Vietnam Veterans Counselling Service in Australia.*

*Veteran*

### **Priority services card and priority status**

Thirty-four submitters (12%) recommended that Veterans and their families be given priority status in relation to health care. Nearly half of all Veterans (94) who made health recommendations suggested that Veterans and their families be provided with a form of health care card that would give them priority access to health services including dentistry, and cut down on waiting times for specialist. Many of the submitters referred to the Australian 'gold card' as an example of how Veterans and their families could be given priority access to services in New Zealand. These views are illustrated by the following Veterans' quotes.

*Australian Vietnam Veterans in my situation have a Gold Card which entitles them to additional benefits and privileges. Some of these are as follows:*

- 1. Total cover for ALL medical expenses for ALL conditions including non war-related illnesses.*
- 2. Priority hospital treatments including full private hospital costs if public hospital beds are not immediately available.*
- 3. Two free return trips per week on public transport to the nearest hospital.*
- 4. One free return trip per month to any destination within the state.*
- 5. Partners travel at half price.*
- 6. Concession rate on vehicle registration.*
- 7. Reduced Government duty on new vehicle purchases every two years.*
- 8. Concession on all local body rates.*

*Veteran*

*The card should say, "This man's a Veteran, he is liable to get these diseases and they are recognised." So he goes straight to his doctor, he says there it is, and [the doctor refers] ... him straight to a specialist, then War Pensions picks up the bill.*

*Veteran*

### **Health checks**

The table below shows the three main recommendations Veterans made about health checks, including having regular health checks and specific tests such as blood tests.

**Table 26. Health checks**

<b>Recommendation</b>	<b>Veterans</b>		<b>Spouse</b>		<b>Family</b>		<b>Other</b>		<b>Total</b>	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
<b>Regular health checks</b>	73	36%	7	22%	6	21%	6	32%	<b>92</b>	<b>32%</b>
<b>Blood tests</b>	36	18%	3	9%	7	24%	7	37%	<b>53</b>	<b>19%</b>
<b>Health checks not limited</b>	36	18%	3	9%	4	14%	5	26%	<b>49</b>	<b>17%</b>
<b>Total submitters health</b>	<b>205</b>		<b>32</b>		<b>29</b>		<b>19</b>		<b>285</b>	

**Regular health checks**

Nearly a third of submitters (92) who made health recommendations, suggested that Veterans, their families and descendants receive regular health checks by specialists. They suggested these checks should be designed to pick up early symptoms of problems related to Agent Orange and other dioxin exposure and to ensure that any physical or emotional health needs would be diagnosed and treated.

*An annual medical check that all Vietnam veterans undergo - an annual "wellman" check by a specialist in that field - ... paid for by the Ministry of Health [and] including spouses, children and grandchildren for at least seven generations.* Veteran

*Provide and resource a division of DVA to monitor descendants of NZVVs, for a minimum of seven generations, with a mandate to provide genetic counselling, and specialist advice and treatment as required.* Group submission

*That all deceased vets' families be contacted and included in any medical checks or compensation that may arise in the future.* Spouse

**Blood tests**

Fifty three submitters (19% of submitters who made health recommendations) specified DNA or blood tests be given to Veterans and their families, to check for symptoms of dioxin exposure in Veterans and to determine whether any related health conditions have been passed down to subsequent generations.

*Dioxin gene testing - Vietnam veterans presenting with certain symptoms of possible dioxin poisoning to be eligible for a special dioxin blood test. Where a veteran is found to have dioxin poisoning above "normal" levels, then their family members [should] be offered specific gene/blood testing to check for inter-generational effects.* Adult child of Veteran

*Analyses of blood samples, is a fundamental tool in identifying disease and determining treatment. There has been overwhelming evidence available internationally to show that those who served in Vietnam were poisoned by dioxin. Claims, that any data sample drawn from NZ servicemen would be too small to be statistically significant, ignore the expedient of comparison with the US, Australian and Vietnamese data.* Veteran

**Health checks not limited**

The recognition of conditions and symptoms, as relating to dioxin exposure, is in a process of change as further health issues become apparent, are researched and accepted. Forty nine submitters (17%) were concerned that any health checks on

Veterans, their families and descendants, should not be limited to conditions that are currently associated with dioxin exposure. This was seen as important to allow, not only dioxin related health conditions but also conditions related to Veterans' exposure to other substances, to be recognised as they emerge.

*The question of exposure to other substances should be included as of necessity to qualify future needed assistance. This includes the ministering of Dapsone which I was given as an anti-malarial drug, and its long term after effects to my health.*  
 Veteran

### Access to health services

Table 27 shows a range of other recommendations that submitters made relating to access to health services. The main issues submitters talked about concerned the way the war disability pension system should function (also see recommendations about pensions in the following financial section).

**Table 27. Access to health services**

<b>Recommendation</b>	<b>Veterans</b>		<b>Spouse</b>		<b>Family</b>		<b>Other</b>		<b>Total</b>	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
<b>Whole of Government</b>	42	20%	4	13%	4	14%	7	37%	<b>57</b>	<b>14%</b>
<b>Reverse onus of proof</b>	44	21%	3	9%	4	14%	5	26%	<b>56</b>	<b>13%</b>
<b>Reduce time for pension</b>	21	10%	4	13%	2	7%	3	16%	<b>30</b>	<b>7%</b>
<b>Eligibility recognise dioxin</b>	34	17%	1	3%	4	14%	5	26%	<b>44</b>	<b>10%</b>
<b>No case by case assessments</b>	22	11%	1	3%	2	7%	2	11%	<b>27</b>	<b>6%</b>
<b>No need for an expert to apply</b>	16	8%	1	3%	1	3%	0	0%	<b>18</b>	<b>4%</b>
<b>Total submitters</b>	<b>205</b>		<b>32</b>		<b>29</b>		<b>19</b>		<b>285</b>	

### Whole of Govt approach

Fifty seven submitters (14%) recommended 'a whole of government approach' to health and related services, such as a 'one stop shop,' to improve access to health services and reduce the time involved in obtaining a pension. There was an overlap of 32 submitters who were also recorded as requesting a whole of government approach regarding finance under pensions.

### Reverse onus of proof

Forty four Veterans (21%) and 12 submitters from all other submitter groups, suggested that Veterans and their families be given the 'benefit of the doubt' in relation to getting healthcare benefits and pensions. Submitters talked about the need for reverse onus of proof especially in relation to Veterans having to prove that medical conditions were related to their service in Viet Nam.

*The proviso in the Act, that the Veteran should be accorded "The benefit of Doubt," has been a joke, in my case being totally ignored in many instances.*  
 Veteran

**REVERSE ONUS OF PROOF SHOULD APPLY and Agent Orange association should only be discounted IF PROOF CAN BE PROVIDED THAT THERE WAS**

NO CHANCE WHATSOEVER THAT F.(Fybromyalgia) WAS CAUSED BY AGENT ORANGE. Veteran

*Reimbursement of out of pocket expenses is the principal recommendation, that in assessing the condition of children and grandchildren of Viet Nam veterans, they receive the same benefit of doubt and the same reverse onus of proof. ... that means that if their problem is something other than spina bifida and ... isn't on the list, then the benefit of the doubt and the reverse onus of proof in accepting their condition or disability is exactly the same as applies to servicemen and service women who served in Viet Nam.* Concerned other

### **Eligibility criteria for health services recognises the effects of dioxins**

Forty-four submitters (10% of submitters who made health recommendations) suggested the eligibility criteria for getting healthcare assistance should recognise the effects of Agent Orange and other dioxins on Veterans and their families.

### **Reducing the time taken**

Thirty submitters specifically recommended that the time be reduced for processing a request for healthcare assistance and addressing the identified needs. Submitters suggested the following three mechanisms by which this could be achieved:

- recognition for eligibility, of the effects of Agent Orange and other dioxins (44 submitters)
- removing the requirement for case by case assessment (27 submitters) and
- removing the requirement for applicants to be seen by a specialist before being accepted by the war pensions systems (18)

The following quotes illustrate the frustrations Veterans talked about in relation to the delays and expense incurred by the requirement that they see a specialist.

*Within the claims procedure the "benefit of doubt" is negated by the requirement of a specialist report and this must be rectified.* Veteran

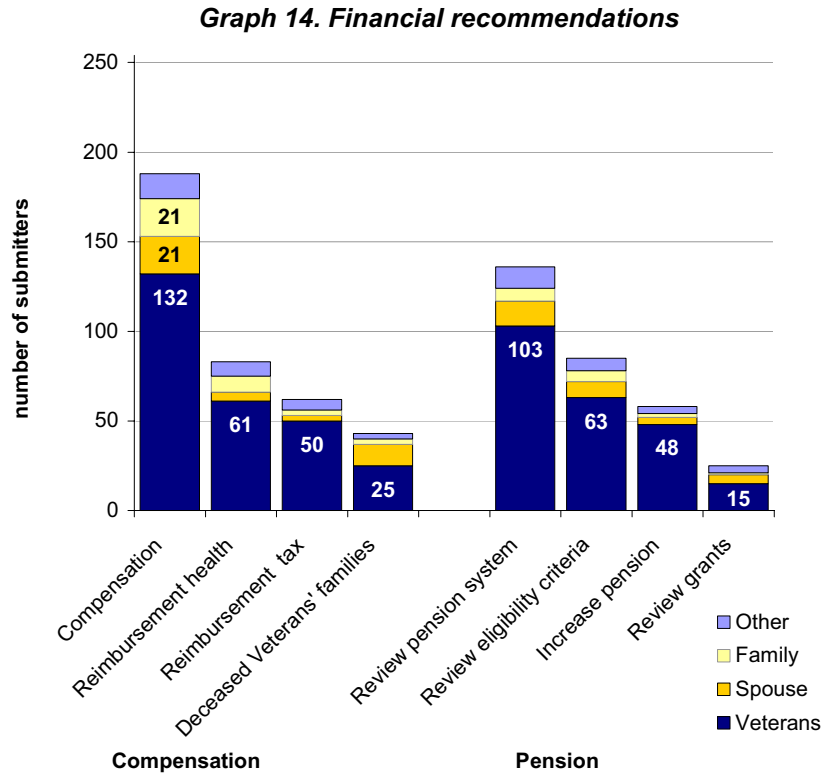
*They come back and say well, we'll have to bloody think about this. And then they finally thought about it and said okay go and have the operation. So I had the operation and after the operation they come back and say well we'll have to get some more medical opinion to see if it's related. And I thought, shit, how many times do I need to go.* Veteran

*(At the moment, I suspect that some specialists receive more from War Pensions than the veterans receive). From my own experience I have known more about the effects of dioxin etc, than the specialists seem to.* Veteran

## **Financial**

This section presents submitters' recommendations in relation to financial issues which, included compensation (to living, and deceased Veterans' families) and reimbursement of health care costs and tax payments. It then describes submitters' recommendations for a review of the War and Disabilities Pension system.

Two hundred and twenty submitters (66%) made financial recommendations, including suggestions for changes to the Pension system. Graph 14 and Table 28 show submitters' most frequent recommendations.



**Table 28. Compensation and reimbursement**

Category	Veterans		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Compensation</b>	132	75%	21	68%	21	78%	14	74%	<b>188</b>	<b>74%</b>
<b>Reimbursement of healthcare costs</b>	61	34%	5	16%	9	33%	8	42%	<b>83</b>	<b>33%</b>
<b>Reimbursement of tax payments</b>	50	28%	3	10%	3	11%	6	32%	<b>62</b>	<b>24%</b>
<b>Compensation to deceased Veterans families</b>	25	14%	12	39%	3	11%	3	16%	<b>43</b>	<b>17%</b>
<b>Total submitters</b>	<b>177</b>		<b>31</b>		<b>27</b>		<b>19</b>		<b>254</b>	

**Compensation and reimbursement**

The greatest number (188) of Veteran, spouse and other submitters (74%) mentioned compensation for Veterans or for Veterans and their families, than any other recommendation. For family submitters, compensation came a close second to full cover for health care.

Alongside general statements that some form of compensation should be paid, submitters also described why compensation should be paid, to whom it should be paid, how the payment should be made and how much people should be paid. Their views are outlined under these sub-headings below.

### **Why compensation should be paid**

Submitters gave a range of reasons why Veterans should receive compensation. These included compensation for wrong doing on the part of the Government, for the health care costs, reduced earnings and lack of financial security experienced by Veterans and their families. The following quotes illustrate submitters' views on compensation.

*The apology is an admission of guilt and denotes the Government's requirement to compensate.* Veteran

*The veterans' community broadly wants the Government to pay (in a literal sense) for the harm caused medically, and also in recognition of the lies and deceit perpetrated over the years.* Veteran

*The Vietnam Veterans grouping MUST receive compensation - were we not willingly exposed to dangerous sprays like Agent Orange and other poisons?* Veteran

*Retrospectively apply restitution to those NZVVs [New Zealand Viet Nam Veterans] who are able to demonstrate loss attributable to Vietnam service through: additional care requirements for self and/or family members; reduced earning capacity as a result of ill health, and increased cost of living due to marital/family dysfunction.* Group submission

*...I have no financial security except the Veteran's Pension for the rest of my life, and to give a one-off payment would compensate for that loss of earnings for preparing for retirement.* Veteran

Some submitters also recognised the complexity of the compensation issue. The following quote highlights some compensation-related questions with respect to Veterans' children and future generations.

*A) If a couple seek specialist advice (such as genetic counselling) will they be offered blood tests to determine potential chromosome damage and dioxin levels in their systems? B) Should there be children born with disabilities following professional genetic advice, will the onus of responsibility for all future medical costs be fully acknowledged and met by the NZ Government? C) If a couple is advised not to have children following Genetic Counselling, are they then to be recognised and compensated for the fact they should not have children as a result of chemicals used in Vietnam? D) If a couple are advised not to have children but make the choice to have them anyway, would these children (if they are disabled) still be automatically recognised by the NZ Government and compensated for future medical expenses?* Spouse

### **Who should be paid**

Veteran submitters expressed a view that compensation should be paid directly to the individuals affected rather than to a fund distributed by an organisation or company.

*I've heard recently that people want to form another fund if there's any pay-out. I'm dead against this [and] I will fight this in the High Court. There is to be no pay-out made to any outfit, be it the EVSA or the RSA, it will not be accepted and it's an individual thing for each Veteran alone.* Veteran

*This closure settlement is not transferable to a private commercial service provider such as insurance companies.* Veteran

*... if Government considered establishing a Trust Fund with a realistic capital injection, this would be considered in a negative light by the vast majority of the veterans community due to past experience.* Veteran

However, fewer Veteran submitters suggested that money provided to the youth development trust fund or put aside for their children and descendants would be considered a good investment.

*The [EVSA Youth Development] Trust had the confidence of the Vietnam veteran community. It is established with a track record of success. It is all about the Vietnam veteran community helping itself. If the Government were to consider assisting the Trust in the furtherance of its work, as part of the reconciliation process, it would be a gesture of goodwill that would resonate with the Vietnam veteran community.* Veteran

*A Trust Fund should be established with an amount of \$25 million. While I do not have any children of my own - all mine are step children - I believe a trust fund with a finite period of 80 years should be established ... to take care of medical problems that can be linked back to service in VIETNAM. This of course, [would be] only for the children and grandchildren. The fund [would] live off the interest from secure investments.* Veteran

Veterans were also concerned that any compensation payments made were not full and final payments, to ensure their descendants would be able to be compensated for their yet unforeseen needs in the future.

*There is no statute of limitations on claims, thus it will be possible for a great, great, great grandchild of a veteran, who can demonstrate a physical or mental disability or congenital deformity attributable to the exposure of an ancestor to a known toxin.* Veteran

*I do not want to see a full and final payment to dependants. That's suicide for our children, our grandchildren and our great, great grandchildren. They should be looked after for life.* Veteran

### **How much should be paid**

While one Veteran submitter suggested using the Police early retirement fund ('Perf') as a model for compensation, a more common suggestion was to use the existing War Disability Pension percentages system to work out entitlements as the following comments demonstrate:

*That all Vietnam veterans who are in receipt of a War Disability Pension for any condition attributable to service in SVN receive a one off lump sum payment of \$25,000 Tax Free and for every 10% of pension \$10,000 Tax Free. Veteran*

*I would therefore suggest that any Vietnam veteran suffering from any of those 11 conditions, plus post traumatic stress disorder which may be exacerbated by the way this whole thing has developed, be compensated by way of a one off payment calculated on the basis of \$1,000 for every percentage point that particular conditions is assessed for all disablement pension purposes. That is to say: a person assessed at 20% level for say, type two diabetes would receive \$20,000. If a veteran has multiple conditions, that payment would be cumulative. The payment would be additional to the standard war disablement pension payment. Veteran*

Nearly a quarter of Veteran submitters' (46 out of 199), comments about compensation, suggested lump sum payments. Submitters indicated there were many variables that needed to be considered when working out how much money should be paid to individuals, as the following quotes show:

*I still think there should be a lump sum payment. I know it goes against what the RSA are saying, but it just says to the veteran we got it wrong and the tax on you and the lies about you people have finished. It doesn't have to be a significant lump sum. Some of the guys went through hell. Some will have to sort out their lives too. Some of their wives are heroes, because they've kept families together. And a lump sum might buy the wife a nice dress or a nice coat or something like that. And another reason there should be a payout to the veteran is because of the guilt, the guilt that we've fathered an offspring that has got problems due to where we've been. Okay. The wives need some money. And if they were in any other group in society they would have got paid out. Veteran*

*The question then for veterans wishing to pursue a lump sum payment as a form of compensation, is how does one cater for the variables that must be considered in order to come up with a fair and just series of solutions that is acceptable to all? As I have already stated in writing elsewhere, those variables include the following:*

- The veteran, in terms of illness suffered as a result of exposure to TCDD*
- The child, in terms of disability or deformity, and*
- The mother, in terms of emotional, financial, and traumatic stress in giving birth to a deformed child and raising it to adulthood, along with the father. Veteran*

The following quotes illustrate a range of suggestions Veteran submitters made about the amount of payment that they felt would be appropriate.

*The amount of payment should be calculated on a minimum of \$2000 per year since the veteran returned from service in Vietnam. This equates to under \$40 per week and is less than 25% of a War Pension.* Veteran

*That the New Zealand Government in recognition of [Veterans] exposure to defoliants - an unconventional war injury, issues appropriate ex gratia payments to the Vietnam Veterans. This sum should be no less than one hundred thousand dollars (\$100, 000.00) not payable to any trust fund but issued direct to the ex-serviceman or his immediate family in the event the serviceman or woman is deceased.* Veteran

*Make reparation of \$2 million to each Vietnam veteran.* Veteran

Veterans also noted that it was important that compensation payments were not subject to any form of means testing or taxation as the following quotes outline.

*Compensation payments are to be non taxable nor subject to any other lien or levy. They are in no way to reduce an existing pension or payment to the claimant.* Veteran

*Any agreed compensation settlement needs to include a clear Government statement that any such payment would not affect existing or future pension claims or reviews and must also be "tax free"* Veteran

*Universally pay the Viet Nam Veterans, effective from the individual's date of departure from South Vietnam. The pension to be in the form of a non-means tested, non-taxable, non-assessable lump sum, but not subject to "use of money" provisions.* Concerned others

### **Reimbursement**

Sixty one Veteran submitters (34% of submitters who made financial recommendations) and 22 submitters from all other submitter groups recommended that Veterans and their families be reimbursed for health care and support costs. These included a range of costs such as specialist fees, transport costs for medical treatment and assessments, and respite care for dependents.

*Meanwhile certain treatments, which were not (and are still not) offered at public hospitals and, by accepting these treatment options, veterans were left seriously out of pocket. In all cases where the acceptance of a disability has been delayed by the administrative process, reimbursement should be made for private treatment recommended by specialists but unavailable in the public system.* Veteran

*Some of the people I've been talking to have trouble with their children. They never get a break and maybe we should be saying well, they need respite, maybe the Government should be paying (for) that. Someone can come in and give them their weeks holiday or two days off or something. They've got to look after these people 24/7 for the rest of their lives some of them.* Veteran

### **Reimbursement of tax payments**

Fifty Veteran submitters (28% of submitters who made financial recommendations) and 12 submitters from other submitter groups strongly believed the tax Veterans had paid while in service in Viet Nam should be returned to Veterans and/or their families, in cases where the Veterans is deceased. Most of these submitters noted that neither their Australian or American counterparts were taxed during their service in Viet Nam. Some Veteran submitters also stated they believed this reimbursement should take inflation and interest into account.

*Finally I would like the tax I paid, while being sprayed with chemicals and fighting a horrendous war and serving my country ... BACK with 39 years INTEREST PLEASE!* Veteran

*No other government taxed their soldiers serving in that theatre. So the fair and proper compensation I see as being fit is the return to each soldier, whether living or dead, the tax paid plus a use of money interest at 10% compound rate.* Veteran

*That a refund of the taxation paid whilst serving in South Vietnam, be paid to all Veterans, in current equivalent dollars. That is, that salaries paid in say 1967, be calculated at the current rate of pay for equivalent rank and qualification, and the equivalent tax deduction be refunded to the Veteran concerned.* Veteran

### **Compensation deceased**

Twenty five Veteran (14%), 12 spouse (39%) and six submitters from other submitter groups, requested compensation for the families of deceased Veterans.

*... that there must be some compensation if our husband's just dropped dead suddenly. Hey, what about us? What about the children and the next generation.* Spouse

*Government to pay each family who lost a husband, father or son, compensation based on the amounts paid by the allies who deployed forces to Vietnam.* Veteran

*All living Viet Nam veterans to be awarded a disability pension of 70% - making them and their spouses/partners eligible for a Veteran's Pension, and their spouses/partners eligible for the Surviving Spouse's Pension after the death of a veteran.* Veteran

### **Pension system**

This section presents submitters' recommendations for a review of the current War and Disabilities Pension system. More specific recommendations included reviewing the eligibility criteria, increasing the pension and reviewing death and funeral grants.

The following table shows submitters' recommendations relating to the pension system.

**Table 29. Main financial recommendations - pension**

Category	Veterans		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Review war disability pension system</b>	103	58%	14	45%	7	26%	12	63%	<b>136</b>	<b>54%</b>
<b>Review eligibility criteria</b>	63	36%	9	29%	6	22%	7	37%	<b>85</b>	<b>33%</b>
<b>Increase / appropriate pension</b>	48	27%	4	13%	2	7%	4	21%	<b>58</b>	<b>23%</b>
<b>Review death and funeral grants</b>	15	8%	5	16%	1	4%	4	21%	<b>25</b>	<b>10%</b>
<b>Total submitters</b>	<b>177</b>		<b>31</b>		<b>27</b>		<b>19</b>		<b>254</b>	

**Review the War Disability Pension system**

A recommendation that the current War and Disabilities Pension system be reviewed and changed was among the top five recommendations made by all submitters (136 or 54%). One hundred and three Veteran submitters (58%), 14 spouse (45%), and 12 other (63%) submitters recommended a review. Veteran, spouse and other submitters made proportionately more recommendations concerning pensions than family submitters (7 or 26%). Veteran submitters wanted the system to be more timely, streamlined, consistent and compassionate towards Veterans and their families' needs.

*An urgent review and upgrading of the war disability pensions application, grants, review and appeal processes [is needed], so as to provide more timely and enhanced medical and pension payments support to Vietnam Veterans and their families.* Veteran

*A good place to start helping these former servicemen is implementing a system that allows some dignity, improved quality of life in our declining years, and a system where we don't have to go cap in hand through an indifferent, uncaring bureaucratic maze.* Veteran

*Despite my doctor and I signing the application form as being true and correct, I received a letter by the first of 13 persons who would contact me from War Pension Services requesting that I "provide medical evidence for...". Again I was distressed to learn that my "personal and very sensitive" medical information was known to others and that I had to suffer the humiliation of raising the matter again with my doctor. The current Pension Application procedure should be reviewed and simplified to somehow avoid duplication of consultations and examinations by appointed Medical Specialists and the veteran's General Practitioner.* Veteran

*You know, once you've been diagnosed with this stuff, you should not have to go annually to keep on qualifying to say that you're sick.* Veteran

*[...] has had his PTSD accepted, but on a temporary basis for one year. This is ridiculous and typical of the so-called help provided by War Pensions and WINZ. Why only one year? If it was going to cure itself in that time it would have done so years ago. It has not.* Spouse

*I find it hard to understand how a veteran could have (for example) 20% PTSD or 5% emphysema etc. I can understand a veteran having PTSD or*

*emphysema, but a percentage? When a veteran passes away could he be classed as only 40% dead, and continue to collect his pension?* Veteran

Submitters also suggested that the treatment Veterans and their families receive through the War Pension system should be equivalent to that received by someone on a comparable benefit through ACC (Accident Compensation Corporation).

*There is a major disparity between an ACC benefit and a comparable benefit paid by War Pensions for the same degree of disability. ... It should be a matter of principle that no Veteran be worse off under the War Pensions Act, 1954 than a comparable case under ACC. The NZG [New Zealand Government] would appear to be in breach of article 3 of the Bill of Rights.* Veteran

*Chemical absorption that occurs over a longer period may be accepted for cover as a 'gradual process' injury if the exposure is primarily work related. Whilst this criteria, does not exactly fit the problem facing Vietnam veterans and children it indicates that such an event is viewed as an accident which covers all medical treatment and 80% of the victims wage. [It is] a far cry to any entitlements to Veterans and children. I find it ironic that the ACC is a "no faults" system which caters to drunks, drug dealers and in certain circumstances, other criminal acts. "Agent Orange" was a poison inflicted upon men who were serving their country in good faith. Yet they have been treated dishonourably.* Veteran

Submitters recommended that the AMA Guidelines (American Medical Association) should not be used in the manner they are currently.

*The adoption of the AMA has actually corrupted the process in a sense where a doctor says "give the guy 25 percent or 30 percent", it goes to Veteran's Affairs, they say "no, no we'll give him 10 because the American Guidelines say." And this is happening.* Veteran

*Currently there is no prime references within the War Pensions Act 1954 that can either guide Claims Panelists or Health Professionals as to what is or is not claimable as a war disability. It is accepted that they use the AMA Guidelines, 4th Edition to confirm claimable disabilities and award percentages. It is understood that this is used because ACC use the AMA's 4th Edition. Using this reference creates several problems; 1. The AMA Guidelines have been superceded by a 5th Edition but VANZ [Veterans Affairs New Zealand] and RNZRSA [Royal New Zealand Returned Services Association] continue to use the 4th Edition. 2. The AMA Guidelines 4th Edition do not contain all accepted disabilities. 3. The AMA Guidelines do not list NZ High Court rulings or other overseas court rulings that have overturned the status quo in the AMAs. 4. The AMA's 4th Edition, Chapter 1, Impairment Evaluation, paragraph 1.5, states in part "It must be emphasised and clearly understood that impairment percentages derived according to Guides criteria should not be used to make direct financial awards or direct estimates of disabilities." Currently many*

*Health Professionals and the Claims Panelists and RNZRSA advocates are doing exactly what they should not.* Concerned other

Submitters also asked that the pension system be more transportable.

*Facilitate the transportability of Veterans' pensions (without age bar) to Commonwealth countries.* Group submission

### **Review eligibility criteria and increase pension**

One of the top ten suggestions made by 63 Veteran submitters (36%) and 22 submitters from other groups, was that the eligibility criteria used for the Pension be reviewed.

Forty eight Veteran submitters (27%) and 10 submitters from other groups recommended the pension be increased, or that Veterans and their families be provided with an appropriate pension to meet their needs.

### **Eligibility criteria**

The eligibility criteria for a pension, that applicants must be over 65 years of age was seen as an arbitrary barrier, and inappropriate given the premature ill health and death experienced by the Veteran community. Veterans also considered the eligibility criteria put them in a position of having to ask for a benefit rather than receiving it as an entitlement.

*Recognise that few, if any, veterans have achieved the age of 65 at the time of their disablement and remove the age barrier. Treat the Veterans' Pension as a pension earned by service, not as a benefit.* Veteran

*If you qualify for a war pension at 57 or something, then you should get the full war pension that somebody else gets. You shouldn't get a lesser one.* Veteran

*So it's a bit like the old thing that if you're 55 and can't get a job you get this sort of benefit and when you get to 65 you get a pension. And I think that is a grave insult to put us in the same category as that unemployment.* Veteran

### **Taxation**

Veteran and spouse submitters commented that the current pension system is discouraging of those who need some support but also want to work. Both groups wanted to see changes made to the system in relation to taxation and penalties (e.g. benefit reduction) incurred by pension recipients who also work part time to support themselves or their family.

*I mean, the guy I work for would like to pay me but it just doesn't work that way because if I start doing that and War Pensions get hold of it and say you've earned money, they lower my pension, I'm back to square one again.* Veteran

*The current Veterans Pension allowance for persons to work (variable tax levels, up to 70c in each dollar being deducted), be revisited and the levels of*

*allowable work income to be raised considerably, and the tax rates to be zero rated.* Veteran

*I'm only allowed to earn \$80 a week and that is because I get a disablement pension and a war pension.* Veteran

*... under 65 they're means tested and this penalises the family quite dramatically, because if the wife has a small part-time job for her own sanity or for whatever. ... we actually get quite upset if she gets a cost of living allowance, because if she gets \$20 a week cost of living allowance we lose \$30 out of our pension. By the time we take tax off her \$20, we've gone backwards quite dramatically.* Veteran

### **Widow's pension**

Submitters also considered it important that Veterans' widows have the privileges and status of having a war pension rather than being left to their own devices.

*War Widows Pension to be reinstated and back paid to the times they were cancelled.* Veteran

*I think that all wives, spouses and partners of veterans now dead, should receive the surviving spouse's pension. Again, whether a man died of gunshot wounds or of an illness later in life, his folk require and deserve full support.* Veteran

*These women have been left to support themselves either on a WINZ [Work and Income New Zealand] benefit or find employment. This I feel is unfair and insulting to those widows/partners who may have spent a number of years taking care of their sick husbands and children. These women have lost the recognition of being a veteran's widow and as a consequence come under the responsibility of WINZ which is degrading. They deserve better.* Spouse

*Likewise introduce a universal "New Zealand Vietnam Veterans Widows' War Pension" (NZVWWP) and strike a rate commensurate with 100% of the current War Pension Allowance. Universally pay the pension to widows of NZVVs [New Zealand Viet Nam Veterans] already deceased, of attributable conditions effective from the individual NZVVs' [New Zealand Viet Nam Veterans] date of departure from South Vietnam, the pension to be in the form of a non-means tested, non-taxable, non-assessable lump sum, but not subject to "use of money" provisions.* Group submission

### **Review grants**

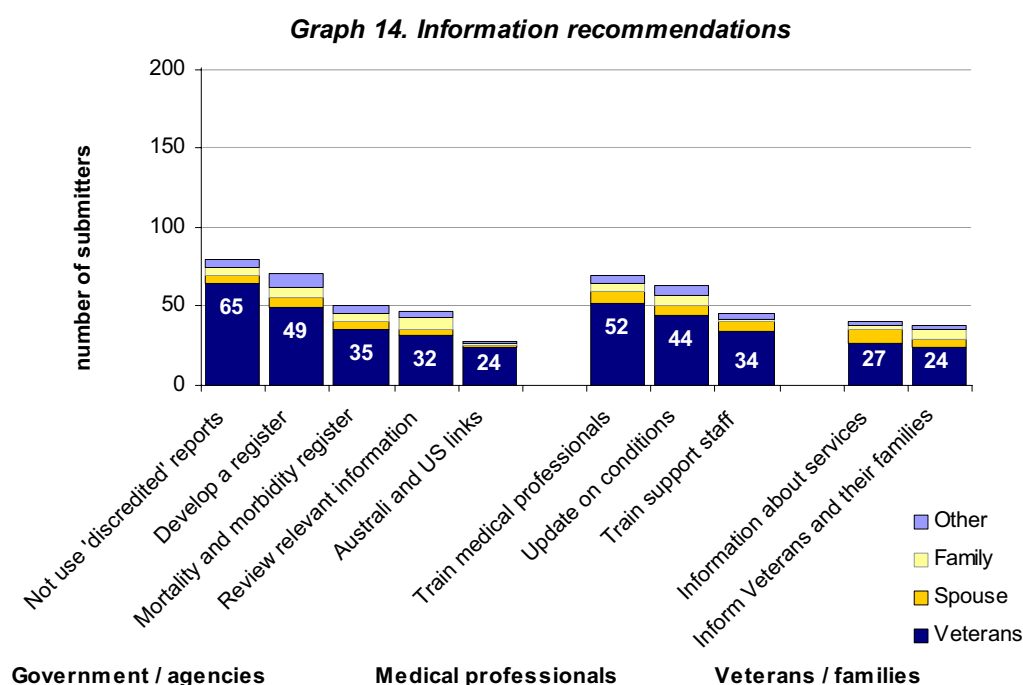
Fifteen Veteran submitters (8%) and 10 other submitters suggested that the grants available to Veterans and their families be reviewed. They talked specifically about increasing provision of funeral and death grants.

*Provision to have Vietnam veterans remains returned to New Zealand, where immediate family request and at cost to the state.* Veteran

## Information

This section describes the recommendations submitters made about the gathering and use of information in relation to Viet Nam Veterans and their families. The information included: medical research about the effects and treatment of exposure to Agent Orange and other dioxins, developing a register of all Veterans (living and deceased) and their families, and the provision of information about the services available to Veterans and their families.

Submitters recommended that various types of information be provided for Veterans and their families, medical professionals, and the Government and its agencies. Graph 15 and table 30 on the following page shows the three recommendations most frequently made by all respondents.



**Table 30. Main information recommendations - govt agency**

Category	Veterans		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Discontinue use/reliance on 'discredited' reports</b>	65	45%	4	15%	5	29%	6	46%	<b>80</b>	<b>40%</b>
<b>Develop a register of Veterans and their families</b>	49	34%	7	27%	6	35%	9	38%	<b>71</b>	<b>25%</b>
<b>Mortality and morbidity register</b>	35	24%	6	23%	4	24%	5	46%	<b>50</b>	<b>40%</b>
<b>Review relevant information on health effects of dioxins</b>	32	22%	3	12%	8	47%	4	31%	<b>47</b>	<b>23%</b>
<b>Maintain close links with Australian and US for info exchange</b>	24	17%	1	4%	1	6%	2	15%	<b>28</b>	<b>14%</b>
<b>Total submitters</b>	<b>145</b>		<b>26</b>		<b>17</b>		<b>13</b>		<b>201</b>	

### ***Don't use discredited reports***

For Veterans who made recommendations on information provision, their top priority was that use or reliance on 'discredited' reports such as the Reeves and McLeod reports be discontinued. This recommendation was within the top priorities for other respondent groups, but did not feature as highly. Sixty-five Veteran submitters (45%) and nine spouse and family submitter were concerned about the use of flawed Government reports. Twenty-five submitters also mentioned the Evatt report.

Submitters' recommendations ranged from suggesting these reports are destroyed and an apology given for their past use, through to putting systems in place to ensure that they are not referred to for any further policy or research work in this area.

*The real tragedy of the Reeves report apart from the unanimous disbelief by the veteran's community as to the report findings, was the contempt held towards the Government and its agencies for concealing evidence and deliberately misleading the formal "Inquiry".* Veteran

*The Vietnam veterans are not bloody liars, they are, and until that [an apology] happens, my mind won't rest or I will bloody die with it. ... Get them to apologise to the nation, say [they] made the mistake.* Veteran

*That the McLeod report be rejected as providing a basis for policy action. In this respect we note the Select Committee enquiry condemned the report as lacking credibility, containing serious flaws and I quote now, "does not provide a sound basis for advice to government on the formation of policy relevant to children of New Zealand Vietnam veterans" unquote.* Veteran

### ***Develop a register***

One of the top priorities for all respondent groups was that a register of Viet Nam Veterans and their families be established. This included 49 Veteran submitters (34%), 13 spouse and family submitters, and nine other submitters (38%).

A register was intended to enable the provision of information going both to and from Veterans and their families regarding health and wellbeing issues and the provision of services.

A further 35 Veteran submitters (24%) and 15 submitters from other submitter groups recommended that some form of mortality and morbidity register of Veterans, their families and descendants be established.

The following two quotes summarise the reasons submitters gave for establishing a register that would primarily enable Veterans', their families' and descendants' current and future needs to be identified and met.

*Government and its departments are further encouraged to apply sufficient and appropriate resources to identifying NZVVs [New Zealand Viet Nam Veterans], whether living or deceased, and locating, and assisting NZVVs and the family members of those NZVVs, to ensure that entitlements and support are appropriate, meaningful and delivered in a timely manner.* Group submission

*The purpose of this register is to produce high grade statistics of medical and health problems; and secondly, to see that incapacitated people are properly looked after when their carers pass on; and thirdly, to provide readily accessible information to veterans' descendants and carers of medical and health issues, rather than go to the local GP [General Practitioner] who has no background needs to have access to a centralised skill centre.* Veteran

*Scoping the Problem: Establish a concise list of New Zealand Vietnam Veterans (NZVVs). Identify deceased NZVVs and identify the real cause of death, e.g. "prostate cancer" as opposed to a terminal condition such as "congestive heart failure". Identify and locate the surviving widows and former spouses (whether or not remarried), and children of deceased NZVVs. Identify divorced/separated wives and children of NZVVs. Identify and locate living NZVVs within New Zealand. Establish a concise list of NZVVs known to be resident outside New Zealand. ... Government and its Departments are further encouraged to apply sufficient and appropriate resources to identify the NZVVs, whether living or deceased, and locating, and assisting NZVVs and the family members of those NZVVs, to ensure that entitlements and support are appropriate, meaningful, and delivered in a timely manner. ... Provide and resource a division of VANZ to monitor descendants of NZVV, for a minimum of seven generations, with a mandate to provide genetic counselling, and specialist advice and treatment as required.* Group submission

#### **Review relevant information on health effects of dioxins**

Reviewing all relevant information on the effects of Agent Orange and other dioxins was the most prevalent information recommendation made by family submitters. Thirty two Veteran submitters (22%) and 15 submitters from all other submitter groups recommended that international research and information on the health effects of Agent Orange and other dioxins be regularly reviewed and updated, to inform Government, medical professionals and Veterans and their families of the most current information possible.

*Maintain and promulgate a library of scientific findings in relation to genetic responses to the effects of defoliant toxins and other chemicals and unconventional weapons of war.* Group submission

*That VANZ [Veterans Affairs New Zealand] in conjunction with EVSA [Ex-Vietnam Service Association] reviews on a regular basis, and not less than annually, the list of diseases and conditions that may have been caused by aerial delivered herbicides during the Vietnam war and updates and extends it whenever international research indicates it is appropriate to do so.* Veteran

*Continually monitoring and publicising to relevant NZ veterans' organisations, studies into the health status of US and Australian VN [Viet Nam] veterans, rather than devoting resources to relatively statistically insignificant studies of NZ veterans; and to give them the status and level of acceptance gained in their countries of origin.* Unidentified

**Maintain close links with Australian and US for information exchange**

Twenty four Veteran submitters (17%) noted that as Veterans and their families in Australia and America have been dealing with the same problem, it would be beneficial to ensure that policies, research findings and solutions are shared between the countries.

**Table 31. Main information recommendations - medical professionals and staff**

Category	Veterans		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Ensure medical professionals are trained</b>	52	36%	8	31%	4	24%	5	38%	<b>69</b>	<b>34%</b>
<b>Update medical professionals re dioxins</b>	44	30%	7	27%	6	35%	6	46%	<b>63</b>	<b>31%</b>
<b>Train all support staff/volunteers</b>	34	23%	6	23%	2	12%	3	23%	<b>45</b>	<b>22%</b>
<b>Total submitters</b>	<b>145</b>		<b>26</b>		<b>17</b>		<b>13</b>		<b>201</b>	

**Ensure all medical professionals are informed and trained to standards**

Fifty two Veteran submitters (36%), eight spouse submitters (31%) and nine submitters from other groups recommended that medical professionals, who deal with Veterans and their families, are trained and have some understanding of the experiences, specific conditions and needs of Veterans and their families. This included an understanding of the reverse onus of proof as outlined in the Act.

*We need actual doctors and specialists specifically allocated in this country to deal with veterans and their families, whether they're the surviving spouses who are having difficulties or the sick children or grandchildren, whoever they may be. But we need trained people where veterans can go in comfort knowing that they are understood. ... in many cases veterans are just not understood at all, and they give up.*  
*Adult child of Veteran*

*I totally concur with the Select Committee's recommendations that a pool of medical practitioners be identified that have the core requisite knowledge to conduct the (annual) examinations. It simply cannot be left to the family GP [General Practitioner].*  
*Veteran*

*This "benefit of doubt" and "reverse onus of proof" is poorly understood by the medical fraternity (possibly intentional directives being given?) and thus the need to be pro active and promulgate to ALL doctors and specialists the intent of the act.*  
*Veteran*

**Ensure all support staff and volunteers are trained**

Thirty four Veteran submitters (23%) and 11 submitters from other submitter groups considered it important that support staff and volunteers who work with Veterans and their families are also trained and have an understanding and empathy for the needs of the Veteran community.

*But any registered nurse can be taught the process functions, I mean it doesn't take a rocket scientist to know how to apply for a pension ... but it does take someone with a degree of empathy and compassion and understanding to*

*identify that there may be a problem with this veteran and encourage them and advise them. And that's not [currently] happening.* Veteran

*One remedy for resolving part of the current situation would be a change in the attitude of War Pensions/WINZ [Work and Income New Zealand]. That a veteran seeking help should not be made to feel he must beg and grovel; that his claim should not be treated as if he is lying and cheating.* Spouse

**Update medical professionals of the conditions associated with dioxins**

Forty four (30%) of Veteran submitters and 24 submitters from other groups recommended that medical professionals (including GP's) are informed and updated with conditions associated with Agent Orange and other dioxins, so they can make informed decisions when they diagnose and treat Veterans and their families.

*Keep the medical community updated with developments in the diagnosis and management of attributable conditions in NZVVs [New Zealand Viet Nam Veterans], and later veterans and peacekeeping personnel.* Spouse

**Information about services**

Over a quarter of submitters recognised the need for Veterans and their families to be provided with more information about the services available to them and how to access those services. Transcripts from the oral submissions process in particular, which consistently showed exchanges of information between submitters themselves and between submitters and members of the JWG (e.g. correcting misinformation and/or providing new information), suggest there is a need for a more pro-active approach by Government / agencies to ensure Veterans and their families are adequately informed.

**Table 32. Main information recommendations - Veterans and families**

Category	Veterans		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Information about services</b>	27	19%	9	35%	2	12%	3	23%	<b>41</b>	<b>20%</b>
<b>Inform Veterans and their families</b>	24	17%	5	19%	7	41%	2	15%	<b>38</b>	<b>19%</b>
<b>Total submitters</b>	<b>145</b>		<b>26</b>		<b>17</b>		<b>13</b>		<b>201</b>	

Twenty seven Veteran submitters (19%), nine spouse (35%) and five submitters from other groups, recommended that Veterans and their families are supplied with information about the range of services (including health and welfare) available to them.

*All soldiers, on leaving the services, should receive a pamphlet as part of a demob pack, explaining how to access forms to apply for pensions, specialist appt etc.* Veterans

*The veteran needs to be assisted with knowledge and if needed, actual help by an advisor to know how the various agencies of government can be accessed to help alleviate some of the problems he/she may be experiencing, especially, when no help is forthcoming from either War Disabilities and or Veterans Affairs. The system must understand that the veteran is always at a*

*disadvantage and vulnerable and unlikely at times to redress. The Act is weighted in favour of the veteran.* Veterans

**Research information**

Twenty four Veteran submitters (17%) and 14 submitters from other submitter groups recommended that Veterans and their families be regularly provided with information from research related to the effects and treatment of exposure to Agent Orange and other dioxins.

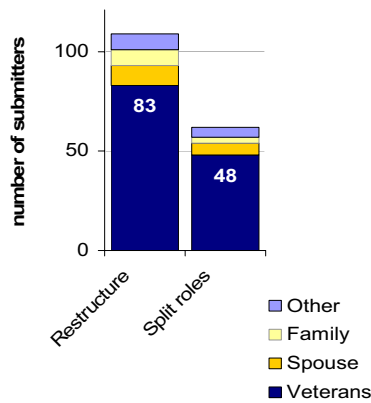
*All veterans to be supplied with a list of specific conditions and sorts of conditions that would be considered for a disability pension.* Veterans

**Delivery of services**

This section presents the recommendations submitters made about restructuring the delivery of current Veterans Services.

One hundred and nine submitters (90% of all submitters who made recommendations about service delivery) recommended changes to the delivery of services for Veterans and their families. Graph 16 and table 33 below shows the two recommendations most frequently made by all submitters.

**Graph 16. Service delivery recommendations**



**Table 33. Service delivery recommendations**

Category	Veterans		Spouse		Family		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Restructure vet services</b>	83	91%	10	83%	8	100%	8	80%	<b>109</b>	90%
<b>Split roles</b>	48	53%	6	50%	3	38%	5	50%	<b>62</b>	51%
<b>Total submitters</b>	<b>91</b>		<b>12</b>		<b>8</b>		<b>10</b>		<b>121</b>	

**Restructure of current delivery of Veteran services**

One of the top ten recommendations for all submitter groups involved restructuring the current delivery of Veterans services. Eighty-three (91%) of Veteran submitters,

ten spouse submitters and eight family submitters (80% respectively) made suggestions for restructuring these services.

Veterans expressed views that the current services were complex and uncoordinated and could be improved by restructuring. Their suggestions included providing a service that was a greater advocate for Veterans through repositioning the existing services and by creating a more proactive and streamlined service with greater resources, more highly trained staff and greater accountability.

Submitters suggested that the philosophy and culture of Veterans service delivery needed to be more specifically focused on the Veteran community and their needs.

*Veterans Affairs should be for veterans and it should be run by veterans.*  
Veteran

*That a fairer deal be provided for veterans ex Vietnam, and from elsewhere in the future, by expanding the capacity and competencies of Veterans Affairs NZ to resolve significant concerns without delay now and in the future.* Veteran

*The Department of Veterans' Affairs needs a total overhaul. It should be disestablished and replaced with an organisation tasked with giving effect to the 1954 Act. Its objective should be the proactive delivery of prescribed services to veterans. A formal link of some sort to Defence seems to be indicated.*  
Veteran

*Such restructuring would by necessity involve a redefining of the philosophy and objects of any altered structure. Furthermore an altered structure would be a stand alone institution with a greater emphasis upon the families of all war veterans coupled with a commitment to research and subscribing to a user friendly culture.*  
Veteran

Submitters also suggested that Veterans services be consolidated into a one-stop shop or a Government agency in its own right. They believed this would cut down on bureaucratic delays and create a staff and environment specifically designed to meet Veterans needs. An additional 25 submitters mentioned the need for one streamlined system to ensure easier and more timely access to health care for Veterans and their families.

*And I believe our Veterans Affairs ... should be a one-stop shop, and that's what I hope we can look forward to - setting up a one-stop shop where we can go and get the services that we need, with people that can talk at our level, and deal with the things immediately.*  
Veteran

*The current system needs to be simplified and streamlined. The bureaucratic bunglers need to be removed and in their place a system that recognises Veterans and their needs should be employed. Removing the bullshit and double-handling, to say the least, will free up the funds required to give services to the Veterans and their families.*  
Veteran

*There must be one department responsible for all aspects of veteran administration and accountable to a Minister who is accountable to Parliament. In short, a fully functioning one-stop-shop, as was promised by the PM [Prime Minister] some years ago, needs to be established as a matter of urgency.*  
Veteran

*A first step I believe is that Veteran's Affairs/War Pensions needs to be separated from, and be totally independent of the influence of both WINZ [Work and Income New Zealand] and Defence. In short, it needs to be a fully-fledged government department in it's own right with its own vote from the annual budget with clearly stated mission goals that truly reflect this country's debt of honour to all of its servicemen and women be they war veterans or not.* Veteran

Submitters also suggested that the administration of the Veterans Pension be removed from Work and Income New Zealand (WINZ) to ensure that Veterans and their families are provided with an income which is presented as an earned entitlement rather than a benefit, and which recognises Veterans' and their families' specific needs and circumstances.

*Restructure VANZ [Veterans Affairs New Zealand] and War Pensions Services to provide a single administrative facility, and specifically: Separate the appointments of Secretary of War Pensions and Director of Veterans Affairs to resolve the potential conflict of interest. Remove Veterans' administration from Work and Income New Zealand (WINZ), and create a separate entity within VANZ to facilitate the administration of veterans' pensions.* Spouse

*I feel that this must proceed. We are not beneficiaries, we are War Veterans with different needs, and should be dealt with separately.* Veteran

### **Secretary of War Pensions**

Forty-eight Veteran submitters (53%) and 14 submitters from other submitter groups recommended that the positions of Secretary of War Pensions and Director of Veterans' Affairs be two separate and independent people, to reduce any perceived conflict of interest and increase accountability.

*Appointing one official to the posts of Secretary of War Pensions and Director of Veterans' Affairs is administratively unsafe. It results in the decision as to eligibility for a pension, a seat on the Appeals Board, and ultimately power of veto, being vested in one person. This has lead, possibly unfairly in some cases, to widespread suspicion of the soundness of some of the incumbent's decisions.* Veteran

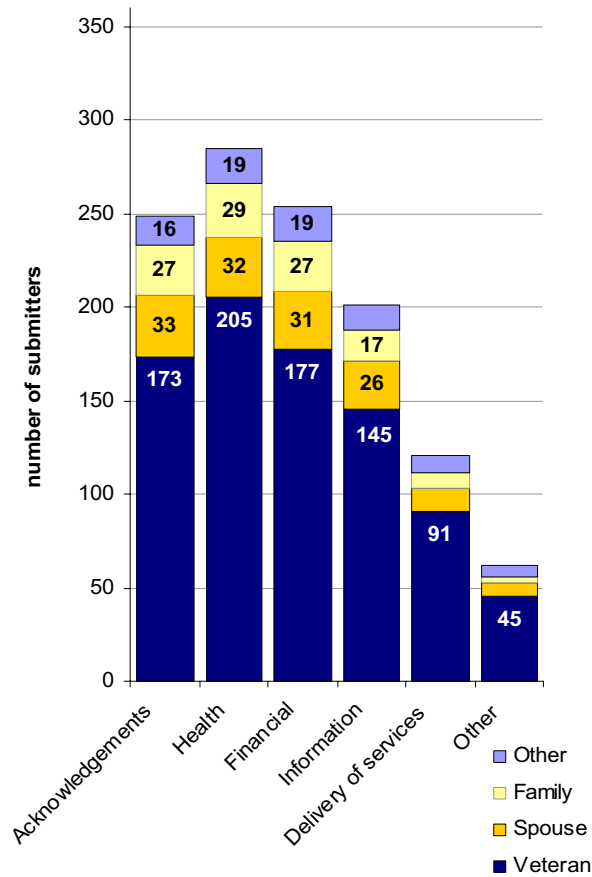
*Separate the appointments of Secretary of War Pensions and Director of Veterans Affairs to resolve the potential for conflict of interest. In any event, remove the current incumbent who has lost the confidence of veterans. Remove veterans' administration from Work and Income New Zealand (WINZ), and create a separate entity within DVA to facilitate the administration of veterans' pensions.* Group submission



## Overview of recommendations

Graph 17 shows an overview of the six main categories of submitters' recommendations (see Table 22, page 64). This graph shows that the main recommendations submitters made related to health (285 or 68%) followed by financial (254 or 60%) and acknowledgment (249 or 59%). Submitters also made recommendations on information (210 or 48%), delivery of services (121 or 29%) and other (62 or 15%).

**Graph 17. Recommendations overview**



**Appendix A      Guidelines for Consultation process**

## **Part 1 – About the Consultation Process**

### **Contents**

- 1. Background**
- 2. Consultation Process**
  - **Written Submissions**
  - **Spoken Presentations**
  - **Privacy**
- 3. Report and Recommendations**
- 4. Consultation Meetings**
  - **The Setting**
  - **Working Group Composition**
  - **Meeting Structure**
  - **Potential Locations****Response Form**
- 5. Timeline**

## 1. Background

In 2004, the Health Select Committee delivered its findings to the Government. The Committee's Report found that New Zealand Service men and women were exposed a toxic environment, including herbicides such as Agent Orange, during their service in Viet Nam.

Following an approach by both EVSA and RNZRSA the Government established a Joint Working Group to make recommendations on a package of measures to address the health and well being needs of Viet Nam Veterans and their families.

The Joint Working Group comprises representatives from the Ex-Vietnam Services Association (EVSA) and the Royal New Zealand Returned and Services Association (RNZRSA), and officials from the Offices of the Minister of Defence and the Minister of Veterans Affairs.

Former State Services Commissioner, Michael Wintringham, chairs the Working Group.

## 2. Consultation Process

The Joint Working Group is now seeking the views of Viet Nam veterans and their families to help it formulate its recommendations to the Government.

Registrations of Interest have been sought from Viet Nam veterans and their families.

**Written Submissions.** Having registered, veterans and family members can make submissions in writing direct to the Joint Working Group office. Guidelines for written submissions are outlined in Part 2 of this Information Pack.

**Spoken Presentations.** There will also be opportunity for registered veterans and family members to make a spoken presentation to the Joint Working Group during a series of consultation meetings. Spoken presentations will be tape-recorded. Guidelines for spoken presentations are included in Part 2 of this Information Pack.

**Privacy.** Written submissions and recordings of spoken presentations will be treated in accordance with the Privacy Act 1993. Where additional privacy is required, requests will be respected by the Joint Working Group.

## 3. Report and Recommendations

Following consultation the Joint Working Group will prepare a Report and Recommendations to the Government taking into account submissions and representations from the consultation process.

The Government requires this report by 31 March 2006 for its consideration.

## 4. Consultation Meetings

It is anticipated that consultation meetings will commence in November 2005.

**The Setting.** Each consultation meeting will be relatively informal and will provide a supportive environment for those who wish to make a submission.

Presenters may choose to make their presentation to the Working Group in a group session attended by other veterans and families, or in a private session.

Every endeavour will be made at each venue to ensure sufficient space for family/whanau supporters who may accompany a presenter.

People are asked to indicate on the **Response Form at Part 3**, their preferred setting (i.e. group or private) and their location preferences for participating in a consultation meeting (see list of potential meeting locations below). Based on this information the itinerary (locations, dates and timings) will be published and all registered parties will be notified.

**Light refreshments will be provided appropriate to the scheduling of the meeting.**

**Working Group Composition.** The Working Group will be represented at consultation meetings by the Chair (Michael Wintringham) and one representative each from EVSA and RNZRSA.

The Joint Working Group Executive Officer (Marama Paki) will also attend meetings in an administrative capacity.

**Meeting Structure.** The structure of consultation meetings will generally be as follows:

- Meet and greet informally with the Working Group prior to the advertised start time (may be over tea)
- Speaking order will be notified in advance
- Participants seated in the meeting room
- Introduction and guidelines for the meeting process
- Presentations by those opting for a group meeting (including questions)
- Conclusion of the group meeting
- Informal time with the Working Group (may be over tea)
- Private meetings as scheduled
- Conclusion of the consultation meeting

**Potential Locations.** Following is a list of **potential locations** where consultation meetings may be held:

Whangarei	Tauranga	New Plymouth	Greymouth
North Shore	Ruatoria	Palmerston North	Christchurch
Papakura	Gisborne	Lower Hutt	Dunedin
Hamilton	Napier	Nelson	Invercargill

Please indicate your first and second preference on the **Response Form in Part 3 of this Information Pack**.

## 5. Timeline

The anticipated timeline is:

15 October 2005	Public Notices for Registration of Interest and notification through EVSA and RNZRSA channels
11 November 2005	Registrations Close (Extended from 28 October)
18 November 2005	Consultation meeting Response Forms to be mailed before this date
22 November 2005	Itinerary for consultation meetings notified
November/December 2005	Consultation meetings
9 December 2005	Written Submissions close
31 March 2006	Report and Recommendations to the Government

## **Part 2 – Guidelines for Written Submissions and Spoken Presentations**

### **Contents**

- 1. Background**
  - **Consultation Process**
  - **General Guidelines**
- 2. Written Submissions**
- 3. Spoken Presentations**

## 1. Background

**Consultation Process.** The Joint Working Group has commenced a Consultation Process with people or groups, in particular Viet Nam Veterans and their families, who want to make submissions to help it formulate its recommendations to the Government.

Registrations of Interest commenced 15 October and close 11 November 2005.

**Once registered, people have the opportunity to make a written submission to the Joint Working Group or make a spoken presentation at a consultation meeting, or both.**

**General Guidelines.** In preparing a written submission or spoken presentation, it is recommended that you focus on putting forward **suggested remedies**, which in your view would help address concerns and issues that you have as a result of Viet Nam service. This may include positive aspects of current policy or services you would like to see more of.

You may need to briefly describe the issues concerning you in order to set the scene for your proposed remedies.

The following general headings may help you in preparing your submission and presentation:

- Veterans' Health and Well Being Issues
- Health and Well Being Issues for Veterans' Families
- Reconciliation Issues (Putting it right)
- Delivery of Services to Veterans and Families
- Other Concerns or Issues Relating to Viet Nam service

**These headings are offered as a guide only and are not intended to limit or restrict the scope of your submission.**

Where possible, submissions should be made **by the person or persons directly affected**. However it is understood that in some cases a submission may need to be made on behalf of someone who for some reason is unable to make a submission personally.

## 2. Written Submissions

Following registration, submissions can be made in writing to:

Address: **Joint Working Group on Concerns  
of Viet Nam Veterans  
PO Box 10-916  
The Terrace  
Wellington**

Email: [info@vietnamvetSWG.govt.nz](mailto:info@vietnamvetSWG.govt.nz)

Fax: 04 460-2218

***Written submissions close on Friday, 9 December 2005.***

## Suggested Headings for Written Submissions

The following headings may assist you in preparing your written submission. You may like to use this document as a template by writing your comments under each of the headings. ***Please attach further pages and/or supporting documentation as necessary.***

---

### **Title of the submission**

### **Name of person making this submission**

### **Background**

To set the context for your submission, list or describe here key issues or concerns you have experienced directly or indirectly related to Viet Nam service.

### **Proposed Remedies for Resolving Your Issues and Concerns**

This may include positive aspects of current policy or services you would like to see more of.

### **Veterans' Health and Well Being Issues**

List or describe here from your personal experience the issues and recommended solutions related to veterans health and well being (For example, physical, psychological, emotional and social problems related to Viet Nam service that are not already being recognised or addressed satisfactorily, etc.)

### **Health and Well Being Issues for Veteran's Families**

List or describe here from your personal experience the issues and recommended solutions related to the health and well being of veterans' family members (For example, physical, psychological, emotional and social problems related to Viet Nam service that are not already being recognised or addressed satisfactorily; monitoring and actioning of intergenerational effects etc.)

**Reconciliation Issues (Putting it right)**

List or describe here from your personal experience the issues and recommended solutions related to “putting right” unresolved situation/s resulting from Viet Nam service or the way in which you feel you have been treated since.

**Delivery of Services to Veteran’s and Families**

List or describe here from your personal experience the issues and recommended solutions related to the delivery of services to Viet Nam veterans and families (For example, services from Veterans Affairs [VANZ], WINZ, War Pensions, medical practitioners/specialists, veterans’ organisations and welfare support etc.)

**Other Concerns or Issues Relating to Viet Nam Service**

List or describe here from your personal experience any issues and recommended solutions not addressed under other headings in your submission (For example, medallic issues, commemoration and memorial issues, etc.)

**Key Recommendations**

List here the 2 – 3 major actions you feel would help put things right.

**Attachments**

List here any additional pages or supporting documents you have attached to your submission.

**References**

List here any references, sources or authorities quoted or referred to in your submission.

## 1. Spoken Presentations

People who have registered their interest will have an opportunity to make a presentation to the Working Group.

As a guide, 10 – 12 minutes will be allocated each speaker to enable them to present their key issues and suggested remedies.

The following notes are provided as guidelines to assist people who intend giving a spoken presentation at a consultation meeting.

- a. **Basis of Presentation.** It is preferable, but not essential that presentations are based on a written submission that has already been lodged with the Working Group or that will be lodged by 9 December 2005.
- b. **Time for Presentations.** Speakers will have a realistic amount of time to present. Depending on the number of speakers and the time available, we will be as flexible as possible in allowing you to have your say. Taking into account the needs of others who also wish to be heard, you should target your presentation to a maximum of 15 minutes. Additional time may be required for questions from the Working Group.
- c. **Present your key points.** To achieve the best result with your spoken presentation it is recommended that you present your key points and proposals/recommendations. These could be based on your written submission if you have made one.
- d. **Plan your presentation.** If you have not made a written submission, in order to achieve maximum benefit from your 10 – 12 minutes presentation time, please plan and structure your presentation and prepare notes from which to speak. Focus on 2 – 3 major actions you feel would help put things right.
- e. **Recording of Presentations.** The Working Group will arrange for audio recording of all presentations at consultation meetings. In addition, key points of presentations will be recorded in writing by the Executive Officer. These recordings will be treated in accordance the Privacy Act 1993. A transcript will not be produced from the audio recording unless required for use by the Joint Working Group.
- f. **Supporting Documents.** Should they wish, presenters may provide additional documents etc. to the Working Group in support of their presentation.
- g. **Te Reo Maori.** The Working Group acknowledges that some presenters may wish to present part or all of their submission in Te Reo Maori. If this is your preference, please indicate on the **Response Form Part 3**. Also please indicate whether you will be providing an interpreter.
- h. **Disability Assistance.** If you or a person accompanying you have a disability and will require special assistance, please state the assistance required when completing the **Response Form Part 3**.

### Part 3 - Response Form for Attending a Consultation Meeting

**To be posted before 18 November 2005**

(If your posting may not meet this deadline please email your response to [info@vietnamvets.govt.nz](mailto:info@vietnamvets.govt.nz) or phone 0800 838-372)

*If you intend making a presentation at a consultation meeting please complete and return this Response Form. You are not required to have made a written submission in order to present at a consultation meeting, however you must have registered your interest and sent in a completed Consultation Meeting Response Form.*

1. Name: .....
2. I want to attend a consultation meeting to make a spoken presentation to the Working Group (Tick one) –
 

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------
3. My preferred meeting locations are (enter locations from list above):
  - (1) .....
  - (2) .....
4. The setting in which I prefer to present my submission to the Working Group is (Tick one):
  - a group session attended by other veterans & families
  - a private session
5. Members of my family etc will accompany me to the meeting (Tick one).
 

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

If **YES** insert approx. number .....
6. I prefer to present my submission in Te Reo Maori (Tick one) –
 

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

and I will provide an interpreter (Tick one) –

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------
7. I (or a person accompanying me) have a disability and will require special assistance (Tick one) –
 

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

If yes, please state assistance required:  
.....



Staple here to close

**Freepost detail**

**Joint Working Group on Concerns  
of Viet Nam Veterans  
Free post  
PO Box 10-916  
WELLINGTON**

phone: 0800 838-372  
email: [info@vietnamvetSWG.govt.nz](mailto:info@vietnamvetSWG.govt.nz)  
web: [www.vietnamvetSWG.govt.nz](http://www.vietnamvetSWG.govt.nz)

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## Appendix B      Coding framework

**Vietnam Veterans Submissions Final Coding Sheet 17 March 2006**

<b>00 / 0 / 00</b> No. / Subject / Detail (code on right)	<b>SUBJECT</b>	
<b>00 / 0 / 00 q</b> (for Quote code on left) No. / Subject / Detail q(box quote)		
	1) Veteran	
	2) Spouse of Veteran	
	3) Child(ren) of Veteran	
	4) Grandchild(ren) of Veteran	
	5) My family	
	6) Veterans generally	
	7) Veterans families generally	
	8) Concerned other	
	9) Veterans and their families	
<b>11) Coded by</b>	01) Frances	<b>11 / 0 / xx</b>
	02) Glenna	
	03) Jacqueline	
	04) Vicki	
	05) Amanda	
<b>12) Submission form</b>	01) Written	<b>12 / 0 / xx</b>
	02) Oral	
	03) Written and oral (coded as one complete submission)	
	04) Form submission	
	05) Form and written submissions	
	06) Form and oral submissions	
	07) Form, oral and written submissions	
<b>13) Author type</b>	01) Individual	<b>13 / 0 / xx</b>
	02) Group	
	03) Anonymous	
<b>14) Author Status</b>	01) War Veteran	<b>14 / 0 / xx</b>
	02) Spouse of Veteran	
	03) Child of Veteran	
	04) Relative of Veteran	
	05) Medical professional	
	06) Representative	
	07) Non combat worker - Viet Nam	
	08) Concerned other	
	09) N/A	
	10) N/K	
<b>15) Gender</b>	01) Male	<b>15 / 0 / xx</b>
	02) Female	
	03) N/A	
	04) N/K	

<b>16) Age of Veteran</b>	<b>01) Under 30 years of age</b> <b>01) Under 30 years of age</b> <b>02) 30 to 60 years of age</b> <b>03) Over 60 years of age</b> <b>04) N/A</b> <b>05) N/K</b>	<b>16 / 0 / xx</b>
<b>17) Marital status of Veteran</b>	<b>01) Single</b> <b>02) Divorced</b> <b>03) Widowed</b> <b>04) Married/de facto</b> <b>05) Multiple marriages</b> <b>06) Separated</b> <b>07) N/A</b> <b>08) N/K 09) Single – never married</b>	<b>17 / 0 / xx</b>
<b>18) Length of service in Viet Nam (Veterans only)</b>	<b>01) Less than 2 years</b> <b>02) 2 to 5 years</b> <b>03) Over 5 years</b> <b>04) N/K</b>	<b>18 / 0 / xx</b>
<b>19) Length of service in Armed Forces (Veterans only)</b>	<b>01) Less than 2 years</b> <b>02) 2 to 5 years</b> <b>03) 5 to 20 years</b> <b>04) Over 20 years</b> <b>05) N/K</b>	<b>19 / 0 / xx</b>
<b>20) Veterans Pension</b>	<b>01) Applied for</b> <b>02) Receives</b> <b>03) Did Receive</b> <b>04) Didn't receive</b> <b>05) Applied for but didn't receive</b> <b>06) Other grants e.g. funeral</b>	<b>20 / No. / xx</b>
<b>21) War Disablement Pension</b>	<b>01) Applied for</b> <b>02) Receives</b> <b>03) Did Receive</b> <b>04) Didn't receive</b> <b>05) Applied for but didn't receive</b> <b>06) Other grants e.g. funeral</b> <b>07) Received after review</b>	<b>21 / No. / xx</b>
<b>22) Government Superannuation</b>	<b>01) Applied for</b> <b>02) Receives</b> <b>03) Did Receive</b> <b>04) Didn't receive</b> <b>05) Applied for but didn't receive</b>	<b>22 / No. / xx</b>
<b>23) Benefit</b>	<b>01) Applied for</b> <b>02) Receives</b>	<b>23 / No. / xx</b>

- 03) Did Receive
- 04) Didn't receive
- 05) Applied for but didn't receive

**24) Current Employment Status** 24 / No. / xx

- 01) Employed
- 02) Employed full time
- 03) Employed part time
- 04) Unemployed – retired
- 05) Unemployed – resigned
- 06) Unemployed
- 07) Unemployed – Unable to work

**BACKGROUND**

**25) Experience of Agent Orange** 25 / No. / xx

- 01) Direct contact - felt/tasted spray
- 02) Saw spraying happening
- 03) Worked/lived in areas that were sprayed
- 04) Descriptions of fighting in defoliated areas
- 05) Lack of wellbeing/illness attributed to AO

**26) Information provided at the time** 26 / No. / xx

- 01) Lacking
- 02) Deceitful and lying
- 03) Denying
- 04) We questioned if it was safe

**27) Treatment of returned Veterans** 27 / No. / xx

- 01) Ignored/not acknowledged
- 02) Hidden
- 03) Seen as bludgers/ war criminals
- 04) Rejected/ostracised
- 05) Expected to return to civilized life
- 06) Ridicule
- 07) Constant criticism in press/public
- 08) Current soldiers also hidden its sad to see
- 09) Lack of RSA welcome and support

**28) RESPONSE TO THE PROBLEMS THAT VEIT NAM VETERANS FACE**

**28) ACTION Government/agency** 28 / No. / xx

- 01) Govt not acknowledge
- 02) Govt not aware of problem
- 03) Govt not deal with (concern with early death of Vets)
- 04) Delay in dealing with (ie pensions board)
- 05) Lack of priority/status for services
- 06) Gave conflicting messages on whether exposure happened or not
- 07) Onus on Viet Nam Vets to prove received injury during service for War Pension (impossible for many)
- 08) War Pensions board not acknowledge conditions a result of Agent Orange

- 09) Positive – Government did provide some rehab
- 10) Many symptoms not recognised as being related to Agent Orange/medical professionals don't know
- 11) Lack of coordinated govt agency response
- 12) Failure of medical professionals to recognise and respond to vets issues
- 13) Lack of confidence in vets organisation
- 14) Viet Nam fatalities not officially memorialised
- 15) Investigation bill defeated
- 16) No formal acknowledgement of Veterans
- 17) No medals
- 18) Government not having updated list of AO conditions
- 19) Medical professionals not aware of AO conditions but their opinion has to be sought
- 20) Office of Veterans Affairs not up to speed/lacks compassion

**28) ATTITUDE Government\agency** **28 / No. / xx**

- 21) Govt not accept it happened
- 22) Previous anti-war supporters are now in parliament/ or other positions of authority in other agencies
- 23) That was the way it was at the time
- 24) Attitude of 'Get over it'
- 25) Attitude of others who have fought don't have these problems
- 26) The people dealing with this are too young/inexperienced/inappropriate to know about it / high turnover

**28) ACTION Veteran** **28 / No. / xx**

- 40) Sought holistic approach
- 41) Acupuncture
- 42) Physiotherapy
- 43) Indian holistic medicine
- 44) Religion/spirituality
- 45) Medication
- 46) Counselling
- 47) Alcohol
- 48) Drugs
- 49) Talked to schools and other groups
- 50) Establish trust for Vets families

**28) ATTITUDE of Vet to Govt/agency solutions** **28 / No. / xx**

- 60) Unfair treatment from govt/agency
- 61) Government selling defoliant to Viet Nam
- 62) US lied about chemical effects
- 63) Lack of counselling/support made it worse
- 64) Shameful/obscene treatment of vets and families by Govt
- 65) Government has a duty of care
- 66) Incomplete notes relied on for subsequent assessments

- 67) Deliberate destruction of medical records to avoid culpability
- 68) Not want to seek help
- 69) Happy with status quo re medical services
- 70) Happy with status quo re pensions

**29) Submission process**

**29 / No. / xx**

- 01) Previous process made not difference
- 02) Short time frame for submissions
- 03) Disillusioned when previous submissions and reports recommendations are not carried through
- 04) Concern over previous research processes
- 05) Objects to Whg group membership
- 06) Believes that ESVA does not represent Viet Nam Veterans in Australia
- 07) People who weren't there can't appreciate what it is like
- 08) The submission process is positive/timely
- 09) No funding tagged by govt to implement recommendations
- 10) NZ Vet population too limited for reliable medical research
- 11) Submission process venue needs to be more appropriate for Maori

**30) Perceptions of Veteran services**

**30 / No. / xx**

- 01) That the Veterans did a good job that they were asked to do for their country/government

**HEALTH OF VETERANS AND THEIR FAMILIES**

**31) No health problems**

**31 / No. / xx**

**32) Died**

- 01) Miscarried
- 02) Stillborn
- 03) As a young child
- 04) Suicide
- 05) Ill health
- 06) Deceased

**32 / No. / xx**

**33) Whole person health issue**

**33 / No. / xx**

- 01) General unwellness/physical ill health
- 02) Mental health issue
- 03) Depression
- 04) Stress General
- 05) Deteriorating health
- 06) Multiple health issues
- 07-19)
- 20) PTSD – Post Traumatic Stress Disorder
- 21) Aggression/volatile temper
- 22) Violence
- 23) Alcohol
- 24) Drugs
- 25) Suicidal
- 26) Panic Attacks

	27) Anxiety Neurosis / anxious	
	28) Black outs	
	29) Mood swings / mood disorder	
	30) Flashbacks/Nightmare	
	31) Smoking	
	32) Intellectual impairment	
	33) Memory / concentration loss	
	34) Irritability	
	35) Gambling	
<b>34) Whole body health issues</b>		<b>34 / No. / xx</b>
	01) Deformity/birth defects	
	02) Epilepsy	
	03) Diabetes	
	04) Chronic fatigue/lethargy	
	05) Sleep problems	
	06) Cancer (multiple myeloma	
	07) Turners syndrome	
	08) Medication side effects	
	09) Gout	
	10) Chronic viral infection	
	11) Pain	
	12) Cerebral palsy	
	13) Excessive sweat	
	14) Excessive thirst	
	15) Fybromyalgia	
	16) Terminal illness	
	17) Aspergers syndrome	
	18) Dercunis disease	
	19) Autism	
	20) Infection/immune system	
	21) Poor balance	
	22) Scrub Typhus	
	23) Downs syndrome	
	24) Schwachman Diamond Syndrome (SDS)	
	25) Leukemia	
	26) Non Hodgkin Lymphoma	
	27) Multiple sclerosis	
<b>35) Eyes</b>	01) Vision effected/impaired/blind	<b>35 / No. / xx</b>
	02) Degenerative vision	
	03) Cateracts (UV damage)	
<b>36) Ears</b>	01) Hearing loss	<b>36 / No. / xx</b>
	02) Tinnitus	
	03) Sensory Neuro deafness	
	04) Removed due to skin cancer	
<b>37) Head/brain</b>	01) Migraines	<b>37 / No. / xx</b>
	02) Headaches	
	03) Peripheral Neuropathy	
	04) Lock jaw	
	05) Brain cancer	
	06) Mouth/jaw cancer	
	07) Acute neuropathy	

	<b>08) Sub arachnoid haemorrhage</b> <b>09) Hydrocephalus</b> <b>10) Dental/teeth problems</b> <b>11) Head injuries</b>	
<b>38) Back/spine</b>	<b>01) Orthopaedic condition</b> <b>02) Narrow vertebrate gap</b> <b>03) Degeneration of cervical spine</b> <b>04) Spinal fusion</b> <b>05) General back problems</b> <b>06) Paraplegia</b>	<b>38 / No. / xx</b>
<b>39) Skin</b>	<b>01) Rash /psoriasis</b> <b>02) Lumps</b> <b>03) Chemical burns</b> <b>04) Granulae Anulae</b> <b>05) Neuro dermatitis</b> <b>06) Lesions</b> <b>07) Blisters / cracks / bleeding</b> <b>08) Cancer</b> <b>09) Eczema</b> <b>10) Skin problem</b> <b>11) Shingles</b>	<b>39 / No. / xx</b>
<b>40) Heart</b>	<b>01) Leaking aortic valve</b> <b>02) Congenital heart failure</b> <b>03) Heart attack</b> <b>04) Heart disease/cardiac problem</b> <b>05) Hypertension</b> <b>06) Blood pressure</b> <b>07) Stroke</b> <b>08) Haemachromotosis</b> <b>09) Heart transplant</b> <b>10) Varicose veins</b> <b>11) High cholesterol</b> <b>12) Oedema</b> <b>13) Circulation poor</b>	<b>40 / No. / xx</b>
<b>41) Abdomen</b>	<b>01) Major bowel operation</b> <b>02) Stomach complaint</b> <b>07) Allergies</b> <b>08) Liver complaint (including cirrhosis)</b> <b>09) Bowel complaint</b> <b>10) Gall bladder complaint</b>	<b>41 / No. / xx</b>
<b>42) Reproduction</b>	<b>01) Sterile</b> <b>02) Endometriosis</b> <b>03) Abnormal smear</b> <b>04) Hysterectomy</b> <b>05) Prostate</b> <b>06) Entopic pregnancy</b> <b>07) Abortion</b> <b>08) Impotence</b> <b>09) Polycystic ovaries</b> <b>10) Gynaecological problems</b>	<b>42 / No. / xx</b>

<b>43) Joints</b>	<ul style="list-style-type: none"> <li><b>01) Arthritis</b></li> <li><b>02) Joint pains</b></li> <li><b>03) Knee internal derangement</b></li> <li><b>04) Knee/wrist injury</b></li> </ul>	<b>43 / No. / xx</b>
<b>44) Lungs</b>	<ul style="list-style-type: none"> <li><b>01) Chronic obstructive airways disease</b></li> <li><b>02) Sleep apnoea</b></li> <li><b>03) Chest infection</b></li> <li><b>04) Asthma</b></li> <li><b>05) Pulmonary hypertension</b></li> <li><b>06) Tuberculosis</b></li> <li><b>11) Hay fever</b></li> <li><b>12) Breathing difficulties</b></li> <li><b>13) Narcolepsy</b></li> </ul>	<b>44 / No. / xx</b>
<b>45) Limbs</b>	<ul style="list-style-type: none"> <li><b>01) Tingling (Ulna – Neuro – Praxia)</b></li> <li><b>02) Foot problem</b></li> <li><b>03) Numbness</b></li> <li><b>04) Injured arm</b></li> <li><b>05) Injured legs</b></li> <li><b>06) Cramps</b></li> </ul>	<b>45 / No. / xx</b>
<b>46) Blood disorder</b>	<ul style="list-style-type: none"> <li><b>01) Blood disorder general</b></li> <li><b>02) ITP</b></li> <li><b>03) Leukemia</b></li> <li><b>04) Blood transfusion</b></li> </ul>	<b>46 / No. / xx</b>
<b>47) Ear Nose and throat</b>	<ul style="list-style-type: none"> <li><b>01) Infection</b></li> <li><b>02) Cancer</b></li> <li><b>03) Oesophageal reflux</b></li> <li><b>04) Teeth disorder</b></li> <li><b>05) Nose bleeds</b></li> <li><b>06) ENT problems</b></li> </ul>	<b>47 / No. / xx</b>
<b>48) Premature death</b>		<b>48 / No. / xx</b>
<b>49) Undiagnosed</b>	<ul style="list-style-type: none"> <li><b>01) Creepy feeling over body</b></li> <li><b>02) Malarial type illness</b></li> <li><b>03) Malarial medical ie Dapsone side effects</b></li> <li><b>Glandular fever</b></li> </ul>	<b>49 / No. / xx</b>
<b>50) Other</b>	<ul style="list-style-type: none"> <li><b>01) Sciatic nerve/ Sacral plexus</b></li> <li><b>02) Neuro motor (Motor neuron disease)</b></li> <li><b>03) Diverticular disease</b></li> <li><b>04) Haemorrhoids</b></li> <li><b>05) Problems with internal organs</b></li> <li><b>06) Piles/haemorrhoids</b></li> <li><b>09) Toxic poisoning</b></li> <li><b>14) Renal/kidney</b></li> <li><b>15) Peroxia</b></li> <li><b>16) Surgery</b></li> <li><b>17) Breast feeding problems</b></li> <li><b>07) Weight loss</b></li> <li><b>08) Urinary tract infection</b></li> </ul>	<b>50 / No. / xx</b>



## RECOMMENDATIONS

- 90) Acknowledgement** **90 / No. / xx**
- 01) Government should apologise publicly, admit guilt
  - 02) Publicity/Media
  - 03) Govt should acknowledge AO effects #
  - 04) Recognition of Veterans service to country (and 11)
  - 05) Medals – have them
  - 06) Medals – don't have them
  - 07) Acknowledge difficulties experienced by Vets families
  - 08) Memorial graves for Veterans
  - 09) Memorial service/ANZAC parade
  - 10) Memorial erected
  - 11) Acknowledge of Vets service to country
  - 12) Government should not publicly acknowledge (15)
  - 13) Queen/Governor General acknowledge
  - 14) Repatriation of vets if family wishes
  - 15) No government apology
  - 16) No government compensation
  - 17) No memorials and services

- 91) Health and related services** **91 / No. / xx**  
**COVER**

- 01) Gold/white card for Health/dental
- 02) Full cover of health care costs (5, 25)
- 04) When Viet Nam Veterans link made to ill health of adopted, step and biological children all health expenses are paid
- 05) Full cover of health care costs for Families and grandchildren of Veterans
- 06) Medical insurance / private care if needed
- 07) Reverse onus of proof/benefit of the doubt (12)

### HEALTH CHECKS/TESTS

- 10) Annual / regular health check
- 11) Should be offered blood screens/testing/DNA, dioxin levels
- 12) Health checks should not be limited to known disabilities
- 13) Health survey of all NZ and Australian vets and families

### ACCESS TO SERVICES

- 20) Access to counselling and support (21, 22)
- 21) Money for counselling
- 22) Money for mental health services
- 23) Whole of Government Approach
- 24) One stop shop
- 25) Medical assistance/will look after
  
- 30) No longer need to do case by case assessments
- 40) Shorten application process – no need for an expert

- 41) Ease of access/ reduce time taken to get pension
  - 42) Priority status
  - 43) Assessment of eligibility to services recognise impacts of AO and dioxins
- 92) Financial 92 / No. / xx
- 01) Compensation (5, 10)
  - 02) Compensation to deceased Veterans families
  - 03) Remuneration of tax payments
  - 04) Reimbursement of healthcare and support costs
  - 05) No full and final payment
  - 10) Lump sum payments (compensation)
  - 11) Lump sum for terminal illness
- PENSION**
- 20) Increase in pension / or appropriate pension
  - 21) Full cover for those on War Pensions
  - 22) All should receive a War Pension after 65 yrs of age
  - 23) Shorten wait for review of pensions
  - 24) Family are able to apply for Disability Pension when this is a result of the war
  - 25) Remove 70% eligibility for War Pension
  - 26) Increase grants eg funeral
  - 27) Review current war disability pension system (include legislation and tax breaks, housing assistance)
  - 28) Review eligibility criteria (before 65 yrs)
  - 29) Review grants, eg death and funeral grants (26)
- 93) Information 93 / No. / xx
- INFORM VETS AND FAMILIES**
- 01) Provide research information to inform Viet Nam Veterans and their families
  - 02) Information about services
  - 03) Provide research to inform public
- INFORM MEDICAL PROFESSIONALS**
- 20) Inform and update medical professionals including GPs of conditions associated with Agent Orange
  - 21) Ensure medical professionals are informed and trained to agreed assessment standards
- INFORM GOVT/AGENCIES**
- 30) Mortality and morbidity register
  - 31) Develop a register of Viet Nam Veterans and their children/families
  - 32) Destroy/disregard Reeves Report
  - 33) Destroy/disregard McLeod Report
  - 34) Review all relevant information on effects of AOs and other dioxins
  - 35) Insure all support agency staff/volunteers are adequately trained
  - 36) Destroy/disregard Evatt report
  - 37) Discontinue use/reliance on fraud commission reports

- 38) Maintain close links with Australian and US vet departments for info exchange
- 39) Don't do more reports
- 96) Delivery of services
  - 01) Secretary of war pensions and director of vet affairs should be 2 different people
  - 02) Independent committee to hear all grievances/Royal commission
  - 03) Increase resourcing to review and appeal process and staffing case management
  - 04) Restructure of current delivery of vet services
  - 05) Year clasp on medal not issued
  - 06) Acknowledge health select committee findings
- 97) Attachments
  - 01) Report 97 / No. / xx
- 98) References
  - 02) Website
  - 03) Newspaper clipping
  - 04) Article
  - 05) Book extract
  - 06) NZ Benefit tables
  - 07) Australian Benefit tables
  - 08) USA Benefit tables
  - 09) Ministerial/letters to MPs / MP speeches
  - 10) Personal medical documentation/ death certificate
  - 11) Personal documentation for benefit application
  - 12) Official memorandums
  - 13) Proposed bills
  - 14) Select Committee findings
  - 15) Photos
  - 16) Personal memoirs/will/poetry
  - 17) Lists of vets
  - 18) Cartoon
  - 19) Report
  - 20) Correspondence
  - 21) Maps
  - 22) Abridged version attached of written and oral
  - 23) List of references
  - 24) Personal biography
  - 25) Official documents
- 99) Additional information missing 99 / No. / 01

Appendix C      Summary of RSA and EVSA reports

There were three organisational submissions:

- **The Royal New Zealand Returned and Services Association (RNZRSA).**
- **The Ex-Viet Nam Veterans Association (EVSA).**
- **The Ex-Viet Nam Veterans Association – Australian representative.**

**Because these were organisational submissions each representing a large group of people, these submissions were not treated like individual submissions or counted in the main analysis.**

Overall the three organisational submissions aligned with that of the individual submitters in their understanding of the broad issues of concern and the needs of Viet Nam Veterans and their families.

The organisational submissions also put forward suggestions and recommendations that supported and complimented those provided by individual submitters while they were differences in the details.

The key differences between the organisational submissions and those submitted by individuals were as follows:

- *The RNZRSA* also included a detailed chronology of events and a matrix calculating reparation costings and health compensatory measures. They expressed regret concerning the treatment by the RSA of returned Viet Nam Veterans and suggested that the Defence and Army should also address their less than satisfactory performance.
- *The EVSA* alongside other recommendations, suggested maintaining a closer working relationship with the Australian Department of Veterans Affairs to provide efficient and effective VANZ and War Pensions services to New Zealand Veterans living in Australia.
- *The EVSA - Australia* also suggested closer links of New Zealand Veterans Services (VANZ and WPNZ) with their counterparts in Australia to ensure timely approval for cover and access to services for New Zealand Veterans living in Australia.

A summary of each organisational submission is provided below that describes who was represented. It also outlines a brief description of the contents of the report followed by an outline of the key recommendations that were made in each submission. These were broken down by key issues that align with the body of individual and group submissions provided to the JWG and where there are key differences these have been identified.

### **Royal New Zealand Returned and Services Association (RNZRSA)**

The RNZRSA is represented on the JWG by the National President, John Campbell, and by a member of the National Executive, Robin Klitscher. This organisational submission is made by RNZRSA to the JWG to represent 40,000 war veterans (including Viet Nam Veterans) throughout New Zealand.

The submissions states that the: *recommendations are based on RNZRSA's connection, at the 'front line' with Vietnam veterans, other Veterans' Groups, and veterans themselves. The recommendations are 'bottom up' and represent the views of veterans.*

#### **Summary of content:**

This extensive submission is structured in 55 sections containing proposals and recommendations for 'Putting it right.' The sections outline in detail some of the broader societal and political issues related to Viet Nam Veterans issues, including outlining the health and welfare needs of Viet Nam Veterans and their families alongside associated recommendations.

The report begins with 'setting the scene' about the background to and purpose of the JWG and goes on to outline a full chronology of the history relating to exposure from the deployment of troops in 1965 through to the establishment of the JWG in 2006. The report also lays out the foundational concepts in terms of the Governments and societies duty of care that has been undermined by years of denial and delay.

The submission ends with a summary of recommendations and concluding statements suggesting that it is important that the Government take this opportunity to generously compensate veterans and their affected children for a *disproportionate degree of early mortality, disability, illness and social disadvantage, that is directly attributable to service in Viet Nam, and the exposure of a complex cocktail of chemicals.*

#### **Key recommendations that align with individual submissions:**

##### *Acknowledgement*

- That an apology be delivered by the Prime Minister (endorsed by the Opposition) to Viet Nam Veterans and their families.
- That the impact of the high mortality rate of Viet Nam Veterans and the impact of this on their children and families be taken into account.
- That a medal be authorized and awarded to New Zealand Viet Nam Veterans and that Gallantry Awards made to New Zealand Troops during their service in Vietnam be increased and officially recognized.

*Health and related services*

- That a prescribed list of conditions relating to exposure to dioxins be automatically linked as attributable to Viet Nam service and entitlements are retrospective from the date of diagnosis.
- That legislation is introduced through the War Pensions Act to provide cover for descendants of Veterans who were exposed to nuclear, biological or toxic environments.
- That all Viet Nam Veterans be provided with a free annual medical examination.
- That a Veterans card be introduced that recognizes the status of Veterans and provides health and welfare benefits.
- That wives and partners of Viet Nam Veterans be entitled to free counseling services as required.

*Finance*

- That reparation payments be made to surviving Viet Nam Veterans with a life threatening 'Prescribed Condition' (\$35,000), surviving spouses/partners of deceased Viet Nam Veterans where their death can be linked (\$25,000), families with children with accepted conditions (\$50,000) and all surviving Viet Nam Veterans (\$7,500).
- That funeral grants and lump sum payments on the death of a Veteran's Pensioner or spouse be increased.
- That the system for reimbursement be examined to ensure that a speedy turn around in cost reimbursement is ensured.
- That a tax free, ex-gratia lump sum payment be made to all those who served in Vietnam as a compensatory payment for the treatment they were accorded in the tax and allowance areas.

*Pension*

- That the legislation in relation to The War Pensions Act and the War Disablement Pension be reviewed including: baseline payments to all Surviving Viet Nam Veterans for mental anxiety and stress, automatic qualification for maximum payment for prescribed conditions.
- That PTSD (Post Traumatic Stress Disorder) and chronic stress be recognized as a consequence of service within the War Disability framework.
- That a surviving spouse or partner whose partner dies during active, operational or emergency services continue to be paid the Surviving Spouse Pension as a lifetime entitlement regardless of remarriage or a new relationship and that the entitlement and eligibility criteria be reviewed.
- That the Veteran under 65 financial/work abatement policy be abolished and that the entitlement to a Veterans Pension be automatic for all Veterans on the attainment of the age of 65.
- That a monitoring data base be established with inbuilt reporting time-lines and alarms to properly measure the time taken to process each claim from presentation to finality.

### *Information*

- That the Parliamentary Health Select committee report,<sup>5</sup> be the authoritative reference for any further investigations and/or inquiries. That the Reeves and McLeod reports are withdrawn from Parliamentary literature.
- That regular monitoring, updating and reporting take place around a list of diseases and conditions that may have been caused by herbicide exposure.
- That VANZ (Veterans Affairs New Zealand) develop information sheets (vetted by Veterans) for medical specialists with background information on a particular war or emergency prior to them making their assessment. Also that GPs, specialists and pharmacists are aware of their responsibilities towards the Veteran who carried a War Pensions Treatment card.
- That overseas research be accepted as evidential research concerning the health of Viet Nam Veterans and their progeny.
- That a national register of Viet Nam Veterans and their families be established (including those Veterans and families effected by nuclear testing).

### *Service delivery*

- That an Independent Review be undertaken on VANZ particularly in relation to the 'one stop shop issue' core and non core activities and core values. That this review consider the inter-departmental issues involved in Veterans employment matters.
- That a Commissioner of Veterans be appointed.
- Review the composition of the War Pensions Advisory Board and separate the roles of the Secretary for War Pensions and the Director of VANZ. That the State Service Commissioner appoint the Secretary for War Pensions.

### ***Key differences or issues:***

#### *Acknowledgement*

- The RNZRSA acknowledges the untiring work of those who fought on behalf of the Viet Nam Veterans to have the truth exposed.
- Defence and Army should address their less than satisfactory performance in relation to Viet Nam Veterans.
- Regret was expressed in the submission concerning the treatment of returned Viet Nam Veterans by the RSA. It was acknowledged that Viet Nam Veterans had not been accorded the privileges or recognition of those before them and the RSA did not do enough to assist Viet Nam Veterans in the toxic environment issue. However, it was noted that the RSA had joined the EVSA in a partnership that sought to provide closure in this matter.

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<sup>5</sup> The Health Select Committee Inquiry Report into the Exposure of New Zealand Defence Personnel to Agent Orange and Other Defoliant Chemicals during the Vietnam War, and Health Effects of that Exposure.

*Financial*

- The submission includes a detailed Matrix that shows Reparation rationale and costing and Health Compensatory Measures and their linkages. It has also provided an estimate of the costs.
- That a sum of \$100,000 per annum be allocated from Vote Veterans' Affairs to subsidise the costs incurred in the RNZRSA Welfare Office activities.

***Ex-Vietnam Services Association Inc (EVSA) - Australia***

This organisational submission was prepared by the EVSA Representative based in Braidwood NSW, Australia. In January 2006 63% of the 139 NZ Veterans living in New South Wales, ACT, Victoria, South Australia and Tasmania were surveyed in preparation for making this submission.

***Summary of content:***

This submission was presented in two parts. Part one described five critical factors, which the submitter considered crucial to the "investigation", and part two outlined recommendations.

*The five critical factors included the:*

- New Zealand Government's attitude toward the Viet Nam War (e.g. lack of recognition of Veterans' service)
- Condition of Viet Nam Veterans' health and wellbeing (i.e. Veterans living below the poverty line on inadequate pensions, and suffering ill health conditions such as: depression, cancer, Post Traumatic Stress Disorder, diabetes and alcoholism)
- Health and wellbeing issues experienced by Veterans' wives/partners and families
- (i.e. the wife/partner is often the essential person who is the glue that holds the family together and often suffers high levels of stress as a result of the Veterans problems)
- Government's responsibility for duty of care of Veterans who were exposed to defoliant chemicals and administered with Dapsone – the "dangerous anti-malarial drug" – during their service in Viet Nam
- Government's failure in its Duty of Care of Veterans (i.e. Governments' refusal to accept that Veterans were sprayed, and ignored the health problems Veterans and their families face as a result of the Veterans' exposure to defoliant chemicals)

***Key recommendations that align with individual submitters:***

*Acknowledgement*

- No public apology, rather, Veterans wanted to move on and achieve recognition for their service plus tangible benefits for their wives/partners and children
- Acknowledgement and public education about what happened in Viet Nam

- That the New Zealand Government erects a memorial to Viet Nam Veterans in NZ as a form of acknowledgement of their service

*Health and related services*

- The provision of a gold card for all Veterans to cover their health and dental needs for life
- The provision of a white card, funded by the New Zealand Government, for Veterans' wives/partners and children, which covers any illness or depression attributable to Veterans' exposure to toxic chemicals

*Financial*

- That financial compensation be paid for Veterans' exposure to toxic chemicals, in the form of a \$275,000 ex-gratia payment to all Veterans who served in Viet Nam and received the Viet Nam Campaign Medal (i.e. served for six months or more)

*Pension*

- Increase War Pension payments to enable Veterans to "live in dignity"
- That Veterans' wives/partners must be eligible for the complete range of services provided by the Viet Nam Veterans Counseling Service in Australia, paid for by the NZ Government

*Service delivery*

- Centralise and restructure the offices of VANZ and WPNZ to ensure more effective service delivery, with claims procedures based on the 'benefit of doubt' principle and replacing the present requirement for specialist reports

*Key differences with individuals submissions:*

- This submission described the lack of administrative coordination between NZ Veterans Services (VANZ and WPNZ) with their counterparts in Australia, which makes it difficult for NZ Veterans living in Australia to get timely approval for cover and access to the services they or their families need.

***Ex-Vietnam Services Association Inc (EVSA)***

This organisational submission was prepared in February 2006, by the National President of the Ex-Vietnam Services Association. It was *based on the experiences of EVSA members, including those members working as unpaid volunteers in the EVSA War Pension and Welfare structure throughout New Zealand and in Australia.*

***Summary of content:***

This submission provides a background to what is described as more than 35 years of New Zealand Viet Nam Veterans and their families being *lied to, mistreated and betrayed by politicians and officials alike* through apparent *inaction and oversights by officials, including senior military personnel charged with the responsibility of looking after the interests of those who serve.* It acknowledges the physical, mental and emotional suffering of the Viet Nam Veteran community resulting not only from

Veterans' exposure to defoliants, but also the delays, neglect and active interference in addressing the problems Viet Nam Veterans face.

The submission also outlined a recent history which described a range of events from 'cover-ups' by Government or its officials (including the Director of VANZ), the Health Select Committee Report 2004, followed by the Government responding to a joint approach by VANZ and the RNZRSA and establishing the Agent Orange Joint Working Group (JWG). The JWG's mandate included not only Agent Orange issues but also the wider concerns of Viet Nam Veterans and their families relating to Viet Nam service.

EVSA also described three underlying principles, which it considered important in how the concerns of the Viet Nam Veteran community are addressed. The submission provided a comprehensive range of recommendations, and acknowledged some could be implemented immediately while others would require time and further consideration.

### ***Key recommendations that align with individual submitters***

#### *Acknowledgement*

- Formal public apology and acknowledgement made jointly by the Governor General, Prime Minister and Leader of the Opposition, together with a statement of remedies to be implemented
- The Government officially states as part of the formal apology that the Reeves and McLeod Reports are not to be used as a basis for government policy and are superseded by the Report of the Health Select Committee, October 2004
- Erection of a Viet Nam War Memorial

#### *Health and related services*

- Provide Veterans with a NZ War Veterans Card which accords priority status for health care, activates information about entitlements and health conditions related to service
- Provide Veterans' families with NZ War Veterans Card which accords priority status for health care, activates information about entitlements and health conditions related to Veterans' service
- Free annual medical health checks for Veterans and their families, linked with the War Pension system
- Apply the benefit of doubt and reverse onus of proof in health care assessments of Veterans children and grandchildren

#### *Financial*

- Reimbursement to Veterans of actual and reasonable, or independently assess, health care costs paid for service related conditions
- A payment of \$5,000 to each Veteran or their estate as reimbursement of taxes paid during operational service in Viet Nam

- A lump sum compensation payment of \$30,000 be paid to each Veteran of their estate for more than 30 year of mental and emotional anguish resulting from official denial and mistreatment
- Restitution payment to Veterans or family members (if the Veteran is deceased), where they have been financially disadvantaged as a consequence of service related health issues (amount to be determined by an independent actuarial assessment on a case by case basis)
- The provision of a War Pension linked top-up scheme for those suffering health conditions connected to exposure to a toxic environment
- War Pension top-up scheme for those suffering health conditions connected with exposure to a toxic environment

#### *Pension*

- An external review of VANZ and the War Pensions Administration and a review of the War Pensions Act 1954

#### *Information*

- Establish a register of New Zealand Veterans of all wars and operational deployments

#### *Service Delivery*

- Restructure VANZ and War Pension Administration, where VANZ would be removed from the Defence Department and established either as a stand alone department or part of the Department of Social Development, with a focus on War Pensions and Veterans' health and welfare functions
- Replace the War Pension Advisory Board with a Veterans Affairs Board, to provide policy advice to the Minister of Veterans Affairs

#### **Key differences or issues:**

In addition, this organisational submission made a number of further recommendations, which were not represented in the Veterans and their families individual and group submissions. These ranged from specific acknowledgement of individuals through financial, pension and service delivery recommendations, as follows.

#### *Acknowledgement*

- Acknowledge the significant role and contributions Veterans Victor Johnson and John Moller have given in keeping the Agent Orange issue alive

#### *Financial*

- That the Government makes an ex-gratia payment of \$250,000 to the cost of establishing a National Centre for PTSD at Ranfurly Veterans Centre, Auckland, and an ongoing annual contribution to its operating costs

- An ex-gratia payment of \$1 million to the EVSA Youth Development Trust to enable it to continue its work
- That the Government reimburses EVSA and RNZRSA for actual and reasonable costs incurred directly associated with developing and implementing the consultation and reconciliation process.

*Service delivery*

- Establish and maintain working relationships with the Australian Department of Veteran Affairs to provide efficient and effective VANZ and War Pensions services to New Zealand Veterans living in Australia.

*Information*

- That the core school curriculum includes programmes and resources to educate students about military service

*Other*

- The proposed Veterans Affairs Board oversees the implementation of the package of remedies arising from the JWG consultation and reconciliation process
- That Government continues to support the development of an official history of the Viet Nam War

*Information*

- That the Parliamentary Health Select committee report,<sup>6</sup> be the authoritative reference for any further investigations or inquiries Reeves and McLeod reports are withdrawn from Parliamentary literature.
- That regular monitoring, updating and reporting take place around a list of diseases and conditions that may have been caused by herbicide exposure.
- That VANZ develop information sheets (vetted by Veterans) for medical specialists with background information on a particular war or emergency prior to them making their assessment. Also that GPs, specialists and pharmacists are aware of their responsibilities towards the Veteran who carried a War Pensions Treatment card.
- That overseas research be accepted as evidential research concerning the health of Viet Nam Veterans and their progeny.
- That a national register of Viet Nam Veterans and their families be established (including those Veterans and families effected by nuclear testing).

*Service delivery*

- That an Independent Review be undertaken on VANZ particularly in relation to the 'one stop shop issue' core and non core activities and core values.

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<sup>6</sup> *The Health Select Committee Inquiry Report into the Exposure of New Zealand Defence Personnel to Agent Orange and Other Defoliant Chemicals during the Vietnam War, and Health Effects of that Exposure.*

That this review consider the inter-departmental issues involved in Veterans employment matters.

- That a Commissioner of Veterans be appointed.
- Review the composition of the War Pensions Advisory Board and separate the roles of the Secretary for War Pensions and the Director of VANZ. That the State Service Commissioner appoint the Secretary for War Pensions.

## Appendix D      Additional tables

**Veteran physical health concerns**

	<i>Submitter</i>			
	<i>Veteran</i>	<i>Spouse</i>	<i>Family</i>	<i>Other</i>
<i>All Hearing loss</i>	53	18	3	0
<i>All Heart disease/cardiac problem</i>	43	11	3	1
<i>Rash /psoriasis</i>	32	12	3	1
<i>All General back problems</i>	35	4	2	0
<i>Tinnitus</i>	29	11	1	0
<i>Bowel complaint</i>	30	8	1	0
<i>All Cancer</i>	24	7	4	1
<i>All orthopaedic condition</i>	24	4	2	1
<i>Diabetes</i>	21	6	2	0
<i>Surgery</i>	21	5	2	0
<i>Arthritis</i>	25	1	0	0
<i>Chronic fatigue/lethargy</i>	19	5	0	0
<i>Pain</i>	17	6	1	0
<i>Vision effected/impaired/blind</i>	19	1	1	0
<i>Prostate</i>	18	2	0	0
<i>All Lesions</i>	16	2	0	1
<i>Deteriorating health</i>	10	2	7	0
<i>All Blood pressure</i>	15	2	1	0
<i>Chronic obstructive airways disease</i>	14	4	0	0
<i>All Stomach complaint/diarea, vomiting, indigestion</i>	13	5	0	0
<i>Skin problem</i>	12	3	2	0
<i>Impotence</i>	14	2	0	0
<i>Headaches</i>	14	1	1	0
<i>Deceased</i>	3	7	6	0
<i>All Infection/immune system</i>	14	1	0	0
<i>Heart attack</i>	10	3	0	0
<i>Joint pains</i>	10	3	0	0
<i>Dapsone</i>	12	0	0	0
<i>Excessive sweat</i>	10	1	1	0
<i>All Renal/Kidney</i>	7	3	2	0
<i>Multiple health issues</i>	6	6	0	0
<i>Sterile</i>	8	3	0	0
<i>Medication side effects</i>	9	1	0	0
<i>Lumps/cysts</i>	8	1	1	0
<i>Sleep apnoea</i>	7	2	1	0
<i>Asthma</i>	7	2	1	0
<i>Liver complaint (including cirrhosis)</i>	6	2	1	1
<i>All Eczema</i>	8	0	1	0
<i>Foot problem</i>	7	1	1	0
<i>Blood disorder general</i>	6	2	1	0
<i>Major bowel operation</i>	7	1	0	0
<i>Poor balance</i>	7	0	1	0
<i>Terminal illness</i>	6	2	0	0
<i>Migraines</i>	6	1	1	0
<i>Premature death</i>	4	2	2	0

**Veteran physical health concerns - continued**

	<i>Submitter</i>			
	<i>Veteran</i>	<i>Spouse</i>	<i>Family</i>	<i>Other</i>
<b>Breathing difficulties</b>	6	0	1	0
<b>Blisters / cracks / bleeding</b>	6	0	1	0
<b>Stroke</b>	5	1	1	0
<b>Black outs</b>	4	1	2	0
<b>Injured legs</b>	6	0	0	0
<b>Deformity/birth defects</b>	5	1	0	0
<b>Epilepsy</b>	3	2	1	0
<b>Injured arm</b>	5	0	0	0
<i>Tingling/numbness (Ulna – Neuro – Praxia)</i>	4	1	0	0
<b>Gout</b>	4	1	0	0
<b>All Leukemia</b>	3	2	0	0
<b>All Paralysis</b>	3	1	1	0
<b>Dental/teeth problems</b>	3	1	1	0
<b>Chest infection</b>	3	0	2	0
<b>All Neuropathy</b>	4	0	0	0
<b>Malarial type illness</b>	4	0	0	0
<b>Allergies</b>	3	1	0	0
<i>Urinary tract infection</i>	2	2	0	0
<b>ENT problems</b>	3	0	0	0
<b>High cholestrol</b>	2	1	0	0
<b>Nose bleeds</b>	2	1	0	0
<b>Tuberculosis</b>	2	0	0	0
<b>Cramps</b>	1	1	0	0
<b>Weight loss</b>	1	1	0	0
<b>Sub arachnoid haemorrhage</b>	1	0	1	0
<b>Gambling</b>	0	2	0	0
<b>ITP</b>	1	0	0	0
<b>Blood transfusion</b>	1	0	0	0
<b>Stillborn</b>	1	0	0	0
<i>As a young child</i>	1	0	0	0
<b>Infection</b>	1	0	0	0
<i>Removed due to skin cancer</i>	1	0	0	0
<b>Congenital heart failure</b>	1	0	0	0
<b>Hayfever</b>	1	0	0	0
<i>Narcolepsy</i>	1	0	0	0
<i>Chemical burns</i>	1	0	0	0
<b>Shingles</b>	1	0	0	0
<b>Chronic viral infection</b>	1	0	0	0
<b>Excessive thirst</b>	1	0	0	0
<b>Scrub Typhus</b>	1	0	0	0
<b>Multiple sclerosis</b>	1	0	0	0
<b>Toxic poisoning</b>	1	0	0	0
<b>Miscarried</b>	0	1	0	0
<b>Suicide</b>	0	0	1	0
<b>Ill health</b>	0	0	1	0
<b>Cancer</b>	0	0	1	0
<b>Lock jaw</b>	0	0	1	0

**Spouse physical health concerns**

	<i>Submitter</i>			
	<i>Veteran</i>	<i>Spouse</i>	<i>Family</i>	<i>Other</i>
<i>Miscarried</i>	29	15	1	0
<i>Stillborn</i>	17	10	0	0
<i>Deformity/birth defects</i>	6	13	0	0
<i>Major bowel operation</i>	6	5	0	0
<i>As a young child</i>	6	3	0	0
<i>Rash /psoriasis</i>	5	3	0	0
<i>Sterile</i>	3	5	0	0
<i>Congenital heart failure</i>	3	3	0	0
<i>Lumps/cysts</i>	3	3	0	0
<i>Turners syndrome</i>	3	3	0	0
<i>Allergies</i>	3	2	0	0
<i>Cerebral palsy</i>	1	4	0	0
<i>Terminal illness</i>	3	0	1	0
<i>Multiple health issues</i>	1	0	3	0
<i>Breast feeding problems</i>	1	2	0	0
<i>Chemical burns</i>	2	0	0	0
<i>Abnormal smear</i>	1	1	0	0
<i>Prostate</i>	0	2	0	0
<i>Multiple health issues</i>	0	2	0	0
<i>All Stomach complaint/diarea, vomiting, indigestion</i>	1	0	0	0
<i>Urinary tract infection</i>	1	0	0	0
<i>Suicide</i>	1	0	0	0
<i>Abortion</i>	1	0	0	0
<i>Vision effected/impaired/blind</i>	1	0	0	0
<i>Migraines</i>	1	0	0	0
<i>Hydrocephalus</i>	1	0	0	0
<i>Deteriorating health</i>	1	0	0	0
<i>All Heart disease/cardiac problem</i>	1	0	0	0
<i>Chronic fatigue/lethargy</i>	1	0	0	0
<i>Poor balance</i>	1	0	0	0
<i>Black outs</i>	1	0	0	0
<i>Liver complaint (including cirrhosis)</i>	0	1	0	0
<i>Bowel complaint</i>	0	1	0	0
<i>All Renal/Kidney</i>	0	1	0	0
<i>Deceased</i>	0	1	0	0
<i>Premature death</i>	0	1	0	0
<i>All Hearing loss</i>	0	1	0	0
<i>Tinnitus</i>	0	1	0	0
<i>Arthritis</i>	0	1	0	0
<i>Joint pains</i>	0	1	0	0
<i>Epilepsy</i>	0	1	0	0
<i>Diabetes</i>	0	1	0	0
<i>All Cancer</i>	0	1	0	0
<i>Aspergers syndrome</i>	0	1	0	0
<i>Pain</i>	0	0	0	1
<i>Scrub Typhus</i>	0	0	0	1

**Child physical health concerns**

	<i>Submitter</i>			
	<i>Veteran</i>	<i>Spouse</i>	<i>Family</i>	<i>Other</i>
<i>Deformity/birth defects</i>	60	17	17	5
<i>Rash /psoriasis</i>	32	11	11	2
<i>Major bowel operation</i>	28	9	12	1
<i>Epilepsy</i>	30	9	9	1
<i>Sterile</i>	17	10	10	1
<i>Miscarried</i>	22	11	3	0
<i>All orthopaedic condition</i>	14	4	10	0
<i>Migraines</i>	9	6	11	2
<i>Chronic obstructive airways disease</i>	16	5	5	0
<i>Lumps/cysts</i>	14	6	2	1
<i>Congenital heart failure</i>	10	5	7	1
<i>Breast feeding problems</i>	11	6	4	0
<i>Tuberculosis</i>	10	3	4	0
<i>Vision effected/impaired/blind</i>	9	2	4	1
<i>Urinary tract infection</i>	8	2	4	0
<i>All General back problems</i>	7	2	4	0
<i>Skin problem</i>	7	2	4	0
<i>Shingles</i>	8	1	3	0
<i>All Paralysis</i>	6	2	4	0
<i>All Blood pressure</i>	5	3	3	0
<i>All Hearing loss</i>	4	4	3	0
<i>Tinnitus</i>	4	4	3	0
<i>Turners syndrome</i>	7	1	2	0
<i>Liver complaint (including cirrhosis)</i>	7	2	1	0
<i>Blood disorder general</i>	6	0	3	1
<i>All Renal/Kidney</i>	5	3	2	0
<i>Stillborn</i>	4	2	3	0
<i>Allergies</i>	4	1	2	2
<i>Abnormal smear</i>	3	2	3	1
<i>Headaches</i>	2	2	5	0
<i>Suicide</i>	6	2	0	0
<i>ITP</i>	5	0	3	0
<i>Diabetes</i>	4	2	1	0
<i>As a young child</i>	3	4	0	0
<i>Tingling/numbness (Ulna – Neuro – Praxia)</i>	2	3	2	0
<i>Terminal illness</i>	4	2	0	0
<i>Narcolepsy</i>	4	2	0	0
<i>Head injuries</i>	3	1	1	1
<i>Chemical burns</i>	2	1	2	1
<i>Chronic fatigue/lethargy</i>	4	1	0	0
<i>Prostate</i>	2	0	3	0
<i>Cerebral palsy</i>	2	1	2	0
<i>All Cancer</i>	2	1	1	1
<i>Infection</i>	2	2	0	1
<i>Injured arm</i>	1	2	2	0
<i>Bowel complaint</i>	2	0	2	0
<i>Arthritis</i>	2	1	1	0
<i>Stroke</i>	2	0	1	1
<i>Poor balance</i>	1	1	1	1

**Child physical health concerns- continued**

	<i>Submitter</i>			
	<i>Veteran</i>	<i>Spouse</i>	<i>Family</i>	<i>Other</i>
<b>Heart attack</b>	2	0	1	0
<b>Ill health</b>	2	1	0	0
<i>Hyperadrenalism</i>	1	1	1	0
<b>Dental/teeth problems</b>	1	2	0	0
<b>Hysterectomy</b>	1	2	0	0
<b>All Stomach complaint/diarea, vomiting, indigestion</b>	2	0	0	0
<b>Ectopic pregnancy</b>	2	0	0	0
<b>Sleep apnoea</b>	2	0	0	0
<b>Black outs</b>	2	0	0	0
<b>Lock jaw</b>	1	0	1	0
<b>Hyperthyroidism</b>	1	0	1	0
<b>Injured legs</b>	1	1	0	0
<b>Joint pains</b>	0	1	1	0
<b>All Neuropathy</b>	0	0	1	1
<b>High cholestrol</b>	1	0	0	0
<b>All Eczema</b>	1	0	0	0
<b>Medication side effects</b>	1	0	0	0
<b>Aspergers syndrome</b>	1	0	0	0
<b>Dercunis disease</b>	1	0	0	0
<b>All Infection/immune system</b>	1	0	0	0
<b>All Leukemia</b>	1	0	0	0
<i>Non Hodgkin Lymphoma</i>	1	0	0	0
<b>Multiple sclerosis</b>	1	0	0	0
<b>Toxic poisoning</b>	1	0	0	0
<b>Hydrocephalus</b>	0	0	1	0
<b>Breathing difficulties</b>	0	0	1	0
<b>Cancer</b>	0	1	0	0
<b>All Heart disease/cardiac problem</b>	0	1	0	0
<b>All Lesions</b>	0	1	0	0
<b>Blood transfusion</b>	0	0	0	1
<b>Blisters / cracks / bleeding</b>	0	0	0	0

**Grandchild physical health concerns**

	<i>Submitter</i>			
	<i>Veteran</i>	<i>Spouse</i>	<i>Family</i>	<i>Other</i>
<i>Deformity/birth defects</i>	8	1	5	0
<i>Rash /psoriasis</i>	8	1	4	0
<i>Epilepsy</i>	6	1	3	0
<i>Vision effected/impaired/blind</i>	3	0	4	0
<i>Lumps/cysts</i>	3	1	1	0
<i>All Hearing loss</i>	1	0	3	0
<i>Tinnitus</i>	1	0	3	0
<i>Chronic obstructive airways disease</i>	1	0	3	0
<i>Skin problem</i>	2	0	1	0
<i>Tuberculosis</i>	1	0	2	0
<i>Migraines</i>	0	0	3	0
<i>Congenital heart failure</i>	2	0	0	0
<i>Chemical burns</i>	1	0	1	0
<i>Shingles</i>	1	0	1	0
<i>Diabetes</i>	1	0	1	0
<i>Poor balance</i>	1	0	1	0
<i>Miscarried</i>	1	1	0	0
<i>Major bowel operation</i>	1	0	0	1
<i>Infection</i>	1	0	0	1
<i>Headaches</i>	0	0	2	0
<i>Liver complaint (including cirrhosis)</i>	1	0	0	0
<i>Suicide</i>	1	0	0	0
<i>Heart attack</i>	1	0	0	0
<i>All Blood pressure</i>	1	0	0	0
<i>All Eczema</i>	1	0	0	0
<i>All orthopaedic condition</i>	0	0	1	0
<i>All General back problems</i>	0	0	1	0
<i>Head injuries</i>	0	0	1	0
<i>Narcolepsy</i>	0	0	1	0
<i>Terminal illness</i>	0	1	0	0
<i>All Renal/Kidney</i>	0	0	0	1

**Family physical health concerns**

	<i>Submitter</i>		
	<i>Veteran</i>	<i>Spouse</i>	<i>Family</i>
<i>Deformity/birth defects</i>	1	1	1
<i>Epilepsy</i>	1	0	1
<i>Sterile</i>	1	0	0
<i>Abnormal smear</i>	1	0	0
<i>Rash /psoriasis</i>	0	2	0
<i>Miscarried</i>	0	1	0
<i>Stillborn</i>	0	1	0
<i>Congenital heart failure</i>	0	1	0
<i>All Heart disease/cardiac problem</i>	0	1	0
<i>Chronic obstructive airways disease</i>	0	1	0
<i>Tuberculosis</i>	0	1	0
<i>Skin problem</i>	0	1	0
<i>Shingles</i>	0	1	0
<i>Diabetes</i>	0	1	0

Appendix E      Submitters views about the submission process

The submission process itself attracted comment from 113 submitters including both oral and written. Some expressed their scepticism about the process while others saw it as a positive step and were encouraged by it. The range of views submitters expressed is presented in descending order of prevalence below with the number of submitters expressed as a percentage of all submitters who talked about the submission process (113). Each of the views is then illustrated by quotes from submitters as appropriate.

***Disillusionment, previous process made no difference***

Sixty four submitters (56%) including 47 Veteran submitters (41%) expressed disillusionment and scepticism that this process would be any different to previous occasions where submissions, reports and recommendations have made no difference to the problems Veterans and their families face.

*Despite the Health Select Committee finding that the NZVVs [New Zealand Viet Nam Veterans] had indeed been exposed to a hazardous toxic environment during operational service in South Vietnam, Government did not accept any degree of responsibility, accountability or restitution for their historical wrong doing which resulted in preventable deaths and chronic illness.*  
Group submission

*I believe there are a lot more veterans who cannot face this barrage of paper war and basically walk away. I know of at least 3 veterans who served with me who have not put in a submission because they feel they have been insulted enough, and do not wish to endure another round.*  
Veteran

*I do not have any faith in these committees. I feel you are all just waiting for the veterans to die. The sons, daughters and grandchildren of Vietnam veterans are not going away. We are proud, we are determined and every generation will continue until we have justice.*  
Adult child of Veteran

***Concern over previous research processes***

Forty seven submitters (41%) including 38 Veteran submitters (27%) talked about their concern over previous research processes which included the publication and subsequent use by Government, of reports (e.g. McLeod and Reeves) that were based on inaccurate and limited information. Submitters also talked about how these reports had discredited Veterans and contributed to mixed messages being given by Government / agencies. They also talked about how the limitations of other research processes did Veterans a disservice.

*Research by John Moller found that over 3 years there were 23 male children of Vietnam vets with the same complaint. This was referred to the Reeves Commission with the answer "That's just coincidence".*  
Veteran

*Dioxin poisoning is the issue; Sth Vietnam is where the exposure occurred; current reports from Vietnam should be the core doctrine of the effects of exposure and including local studies and findings as directly related to the group of veterans and their families. While this has been done, the core*

*reference has been to relate it to our NZ society and the findings being expected incidences within normal limits. The comparative index should be the population of the local Vietnamese people, living within the areas that we operated in and were exposed - since they were also sprayed by aircraft and had their habitat defoliated by dioxin poisoning.* Veteran

*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. In light of opposing information, why did the Crown suddenly accept this responsibility? The Reeves report dismissed problems with our children, the McLeod report was uncompromising.* Veteran

*The Government ignored clear and documented advice that some of the evidence used in the Reeves and the McLeod reports was known to be fraudulent as demonstrated in legal proceedings conducted in the United States of America.* Spouse

**Submission process is positive and timely**

Thirty one submitters (27%) including 24 Veteran submitters regarded the submission process as positive and timely. They were hopeful that it would help progress the communication of Veterans' concerns to Government with a view to reaching some resolution.

*I believe the approach I have seen personally here and have heard about in the previous hearings is a very healthy approach and I believe it is going to go a long way to satisfy some of the concerns.* Veteran

*The advent of the Health Committee report, whilst not diminishing suspicion, has nonetheless produced a guarded conciliatory stance within part of the veterans' community to engage once more in dialogue. ... I myself regard the Working Group as an important conduit to effectively communicate the real concerns of the veterans' community to Government ...* Veteran

*In addition it is strongly submitted that the goal for the long term should be to leave in place for the future a structure which can allow processes to avoid the frustrations some veterans have experienced this time round.* Veteran

**No funding tagged by Government**

Twenty one submitters (18%) including 16 Veteran submitters believed and were concerned that there had been no Government funding tagged to implement recommendations from the Joint Working Group (JWG).

**Objections to the composition or terms of reference of the JWG**

Fourteen submitters (12%) including 11 Veteran submitters expressed concern and cynicism about the JWG. Their main concern was over its composition, that it did not include particular Veteran advocates who have credibility amongst the Veteran community while including others who do not have credibility. Two other concerns Veteran submitters expressed were about the JWG terms of reference and the

venues where the oral submissions processes were held. Some thought the RSA was an inappropriate venue given its history of lack of support for Viet Nam Veterans. Others expressed a preference to have held these meetings at the local marae as a more appropriate venue particularly for Maori Veterans.

*A perception of bias in the composition of the JWG. I consider the appointed chairman unsuitable and potentially hostile to Veterans' interest. I further consider that his statement "we must be fair to all veterans" as a carefully crafted weasel clause that will allow the JWG [to] not accept or pass to government any recommendation that does not suit the government's requirements. ... There are a number of Vietnam Veterans whose expertise and experience gained over a long period [of] time on this issue that makes them far better credentialed to chair the AOJWG.* Veteran

*At a meeting of the Working Group's EVSA representatives and veterans at ... this year, vigorous input from the floor lead to the Group's co-opting of John Moller and Vic Johnston as sources of essential information. The Chair of the day undertook to keep both these gentlemen "in the loop". They have failed to do that, having initiated no communication with either person. For an undisclosed reason, the working group has chosen to isolate itself from considerable amounts of information and evidence crucial to its considerations. Such deliberate alienation of honest and informed veterans is inexcusable.* Veteran

*The AOJWG consultation role should be one of garnering maximum input from Vietnam Veterans and their families - not to conduct yet another inquiry with a preordained "status quo". ... My understanding of the role of the AOJWG is to collate Vietnam Veteran feedback, including input from the "road show meetings" and subsequently include "ALL" that input into its "report card" back to Government. Any attempt to pre-empt outcomes of the process is clumsy at best and totally unacceptable in terms of ensuring Vietnam Veterans' views and aspirations finally receive a fair and open hearing.* Veteran

**RNZRSA Advocacy** *The Royal New Zealand Returned and Services Association lost its way in the early 1960s. It has at best been unhelpful, and at times obstructive, of Vietnam Veteran efforts to redress ongoing concerns. ... Its late desire to become involved in the present initiative is proving to be divisive and it should therefore be excluded from the debate.* Veteran

*Most burials for Maori Vietnam Veterans (cost to their own whanau not the crown) have been on the Marae, yet this is being denied by this JWG committee to Veterans that are still living, for some Maori this is a more safe environment to grieve and heal with our whanau after so many disturbed years.* Veteran

*The NZST [New Zealand Surgical Team] spent 12 years in the Binh Dinh Province as servants of the New Zealand Government. ... Recently the New Zealand Government recognised the services of NZST members by*

*issuing the NZ Operational Service Medal. Therefore, could the JWG suggest to the Government that the ToR is "amended" to include the New Zealand Surgical Team.*

*Concerned other*

**Concern over the short time frame for submissions**

Eleven submitters (10%) including 10 Veteran submitters expressed concern and objections to the short time frame set for submissions. Several talked about not receiving any official notification of the oral submission hearings, and others had heard about the meeting at very short notice through their own informal Veterans' network. Others were concerned that the timeframe did not allow proper timing for Veterans to consider and prepare their submissions given the sensitive and painful nature of the issues.

*Submissions take time to research, produce and write. YEARS of suffering needs to be recalled, documented and condensed into a few minutes presentation. In these circumstances, haste is not a good thing. ... I hope the rights of the Vietnam vets are not washed away ... Time frames don't allow one to discuss the future, which realistically is what needs to be analysed for the best possible results for the Vets.*

*Veteran*