

*Please treat this information with respect, and honour the privacy of everyone who has had the courage to participate*

**Submission to People's Inquiry – 81**  
**Exposure: lived in extended spray zone**  
**Oral testimony transcription only**

*End*

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## **Submission to People's Inquiry – 82 – see also submission 119**

**Exposure: lived in extended spray zone**

**Sue Berman**

**Oral testimony: Yes**

**(Submission is copies of letters to AerAqua and Max Wilde Manager of Field Services Waitakere City)**

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Dear [...] –

Having talked to Paul, we thought it easiest to put down on paper issues relating to previous spray days

### 1. Previous Spray Days reviewed and Accounts

As you are fully aware from conversations with myself, and Dr [...]’s conversations with my partner Paul Ketko, evacuation and accommodation for unknown lengths of time are stressful, costly and taking a toll in and of itself – on our family’s health and well being – let alone the effects from the spray!

#### **Blanket Spray March 10th**

Due to the unsuitable nature of the accommodation – which resulted in a sleepless night – coupled with the delay of the spray programme due to poor weather, I eventually arranged with [...] (Aeraqua nurse) to take care of immediate accommodation needs myself. This was so that I would have some flexibility [...] was having a hard time finding accommodation due to high demand in Auckland at the time). She agreed that I could organise my own accommodation based out West – for which I would receive reimbursement. I had intended to go to the Aio-Wira Retreat Centre, but unfortunately they had no places available. Luckily I was able to stay with friends and their teenage family and then head off up north over the weekend. Essentially the nights spent at my friends in Bethells saved Aeraqua the cost of our accommodation for that extended spray round. As a way of saying thank you to them for housing us, we paid for take away Thai dinner for our two families on the Friday evening. I also bought a bunch of flowers. I would like reimbursement for these costs (receipts attached). This is in lieu of accommodation costs.

\$10 – flowers

\$73 – Thai Takeaway to feed 4 adults, 2 teenagers and 1 child.

### **Total \$83**

You would be welcome to contact the Wilson Family to verify that we were there.

#### **Hot Spot Sprays**

With the first of the extended Hot Spot sprays being in Swanson/Ranui (close but not as close as the blanket spray for me) I stayed at my parents for the night and did not return home until after midday of the morning that spray took place. May I add that there was the usual level of misinformation and misunderstanding that has dogged this campaign between your service, and the “information line” in terms of distance from the spray etc. This adds an incredible level of frustration and anxiety when we are unable to gain a clear understanding and have good communication. I did not have any major symptoms (headaches, respiratory etc) but did have itchy eyes and skin. I assumed that I would be okay to stay home for the next spot spray (8<sup>th</sup> April) – as I assume you did too – given that no arrangements were considered for evacuation during spot spraying. However I did have the burning nose feeling, throat, asthma sore chest, vague headiness and for days after and still (11<sup>th</sup> April) very itchy eczema skin. Thank goodness I am working in Wellington for the final scheduled hot spot so will hope to miss it – how I manage, if hot spots continue to be sprayed after April, will certainly require further consideration between Aeraqua and myself.

#### Blanket Spray Monday 31<sup>st</sup>

Preparation and actioning evacuation for this spray was fraught with difficulty and stresses. If this was the sole thing going on for my family it would be somewhat more easy to manage (as you say – forward

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planning, food in the freezer etc – of which I can say I do a fair amount! Organising enough clothes, entertainment and my work considerations is a task and a half) The reality is that we are a working family, with a middle income and high financial commitments. Beyond the stresses of meeting monetary obligations we hold social and organisational voluntary commitments as well. Our time is precious and every moment spent dealing with the business of avoiding the spray (in order to stay physically well) is done with a sense of anger and resentment as it takes away from any quality time reserved for the family. Even tonight I sit to work this stuff out, with my partner about to go away for two weeks tomorrow, when I would rather be spending time with him. Once again the spray becomes a priority. I wish I could afford not to worry about the burden of finance that this is causing or the fact that exposure makes me sick or that we are being subjected to something which is morally wrong. I wish every night that this will end.

So a review of the last spray then. I agreed to take a room in the Domain Lodge with a shared kitchen and without guarantee of a full stay in order to be close to my sister and to stay in a clean, quiet and convenient location. The accommodation was such an improvement on previous places and a relief. The reality of not having kitchen facilities was more difficult than I had thought it would be; also I did not bring enough food to sustain us for all the meals required during the extended stay (4 nights). Our sense of exhaustion and frustration around the experience of disruption and uncertainty to our lives resulted in a melt down in communications and our ability to cope. Paul went to talk to Dr [...] as a result.

Dr [...] offered assistance to help with compensating the material and emotional costs incurred. From this discussion with Dr [...] on Tuesday 1<sup>st</sup> April, and my subsequent conversation with you that day, we expected the costs incurred to us for buying quality meals and travel during our stay would be met with a food cheque and petrol vouchers. Although there is no way of truly compensating having to evacuate from your home for unknown number of days on end with a four year old, reschedule appointments, swimming lessons, washing, work etc – this level of assistance and compensation did take some pressure off us at the end of the working day. I provided breakfasts. So we anticipate full reimbursement for the following, minus the \$65 you've already sent to Paul.

|  |                       |
|--|-----------------------|
| Dinner (and Bella and Paul's lunch for the following day)  | \$29 (Café Karadeniz) |
| Lunch for Sue – Sushi                                      | \$5.95                |
| Dinner and Lunch for all including next night dinner for B | \$68 (Gobble)         |
| Missed Swimming lesson - prepaid – not refundable          | \$12                  |
| Appointment with my Doctor to discuss spray issues         | \$50                  |
| Extra Childcare costs                                      | \$33                  |
| Dinner and lunch for Sue and Bella                         | <u>\$27</u>           |
| <b>Total</b>   | <b>\$224.95</b>       |

May I add – that the only reason why I managed to have a place to stay on the Thursday night, that did not require me to move motels, was that I managed booking the extra night myself. [...] (Aeraqua nurse) called at 12:30pm on Thursday apologising for not having anything arranged for me and was deeply relieved that things had worked out the way they did – the burden of organisation ultimately should not fall to me. I understand that your service has many others to care for too, however if as workers you are unable to do what is required of the service in meeting those needs, then the management needs to know that they should provide better resourcing and people power to manage the work load.

### ***Management Plan for Spray Upcoming***

Paul will be out of town for the upcoming spray. Bella and I would like to be accommodated at the Domain Lodge again from the night before proposed sprays. We do not require a kitchen or the size of an apartment room if you will agree once again to re-imburse us for meals ordered in or bought out over that time. The room we had was near to perfect (NOTE number 318 - close to the car park lift, ground floor at the end of a corridor and quiet). Although Paul will be away there maybe times when another support person will come to stay (i.e. my mum or a friend) to support our evacuation.

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At this point – having spent an evening doing this... I think we will call it done. You can call me to discuss anytime. I will be out doing tasks tomorrow and home in the afternoon.

Regards  
Sue Berman

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Paul Ketko (See also submission 119)  
*Swanson, Waitakere City*

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Max Wilde  
Manager of Field Services  
Waitakere City Council, Private Bag 93109, Henderson

05 February 2003

Dear Mr Wilde

I would like to register a formal complaint about the aerial spraying currently occurring at regular intervals in West Auckland, North Shore and Auckland City. Although my family and I live about 200 metres outside the direct spray zone, our property is very much in the drift zone, inside the vegetation zone and directly under the flight path of the plane as it turns back for its next run.

Being unsure of the potential dangers of the spray cocktail, we have grudgingly let our usually abundant vegetable garden go to ruin this season; this has cost implications with respect to the extra vegetables we need to purchase.

As the sun rises each week day morning I choose to meditate before driving to work in Auckland City. Low flying aircraft over our home disturb my meditation, quite smothering the experience on spray days. I rely on my meditation practise as contributing to my well-being.

Almost without fail I am then subjected to one or more dousings on my drive to work. The residue is particularly difficult to remove from my car. Although MAF says the spray is water soluble and will just rinse off, they ignore, in this advice, the fact that, by definition, a spray day is usually a sunny day upon which such residue hardens quickly. It seems to me unwise to stop my car on the North Western motorway to quickly wash off my car. (Furthermore, I tend not to carry sufficient water in my vehicle for this to be remotely feasible.)

As of the last round of spraying, my partner and four year old daughter are now evacuated on spray days as a consequence of both having experienced various symptoms related to this regular aerial poisoning. While their 4am courtesy call from Aer'Aqua is welcomed in one respect it is loathed by me for waking me even earlier than I already rise (5:25am – not long enough to get back to sleep). The impact on my daughter's health is of great concern to me. I believe that chemical toxicity is generally measured in relation to an adult male weighing at least 70kgs. My daughter is more like 15kgs and surely, therefore, much more vulnerable than reckoned by MAF, Aer'Aqua, ERMA or the Government. My partner (~55kgs) has always been chemical sensitive and now develops eczema, a wheeze, itchy eyes and high levels of stress during and after each spray.

While, superficially, I am lucky to be free from adverse physical health impacts as a result of the spray, I have grave concerns about the inevitable toxic-chemical build up each of us is subjected to throughout this whole ordeal.

Overall, we all find the whole thing very stressful. Regular aerial spraying of an urban population seems an absurdly excessive reaction to the problem of knocking out what MAF's own trapping is showing to be a very small population of caterpillars. If the forestry industry has the most to lose to this supposed pest, why are *they* not spraying their own crops if, and only if, the painted apple moth actually becomes a problem for them?

As a citizen and ratepayer of Waitakere City I urge the Council to take a more proactive stance to abate the nuisance caused by this nonsensical method of pest control.

Yours sincerely

Paul Ketko

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Sue Berman  
Swanson, Waitakere

Waitakere City Council

18 February 03

Dear Mr Wilde,

My apologies for the delay in sending this information to you as the Regulatory Officer for WCC. I hope that you will be able to make use of the information below in making a case of 'causing a nuisance' under the Health Act.

I live in the immediate spray drift zone (100 metres from the red line on the MAF provided maps), and within the vegetation control zone. Although I have this proximity to the spray zone, I received no literature through my letter box from MAF about the spray programme until I took the initiative and rang to request information. I checked with my neighbours and it transpires that they had not been informed about the spray either.

My health has been identifiably affected by the spray since the beginning of the blanket spraying in October. Initially I had what I considered at the time to be a mild reaction; this included stinging watery eyes followed by a mild conjunctivitis (sticky pus eyes); a strange metallic like taste in my mouth; a tight throat and an inflamed eczema condition on my legs. I am one who usually manages my own health, and have a good understanding of physiology and how to stay well. Using natural cream products and homeopathic remedies I managed to return each time to health. I did not seek the advice or treatment of a doctor for the first 3 instances of my spray related condition. This was mainly due to the fact that I self care but also because a doctor's visit is prohibitively expensive. I have no doubt about the connection of the spray to the symptoms I experienced each time, which progressed to include a tired, fuzzy lethargic head and body.

I did however take my daughter to see the doctor after the first spray. She formed a blister on her nostril. It was odd as it was not in relation to any other symptom. This took some time to heal, we went out of town and on my return when it had still not healed I took her to see the doctor. The doctor thought that it might be a type of bacterial infection that can cause a blister - so she took a swab to see before prescribing an anti bacterial cream. The nurse rang a few days later to say that the doctor was surprised to find that there was no bacterial infection. We did not pursue the matter further, but I strongly suspect that it was caused by hand contact with the spray which she then put to her nose. It eventually got better with manuka bee balm cream. I have been very concerned to keep my daughter out of the spray.

Avoiding the spray is not easy. I take my daughter across town for childcare and work on the Northshore at AUT as a research officer in the area of Midwifery and Women's Health. On spray days this has involved making a dash through the spray zone in the times that in theory the planes do not fly. I am acutely aware of the risks to our health from the spray drift so each journey is a journey of risk and inevitably I have had a symptomatic response of some kind.

On the spray of January the 15<sup>th</sup> I had a more severe reaction than usual. This time I had what I can only describe as an asthma attack. Just after the planes came over the house I began experiencing an incredible and uncomfortable tightness of my chest. This forced a dry cough like reaction in order to breathe. My sinus was blocked, I had a tight/sore throat and I had sneezing. There was no precondition to this attack. I rang the MAF medical help line and spoke with a nurse who suggested that if I felt that it was acute I should go and see my own doctor. She made me an appointment to see the MAF appointed doctor in two days time.

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Although I was concerned about the extent of my reaction to the spray which progressed by 9:30 to include the metallic taste in my mouth, an achy body and a headache, I decided to take some homeopathic remedy and get out of the spray area for the day. In hindsight I wish I had dug deep into my pocket and gone to see my own doctor.

Many of the symptoms abated on leaving the spray zone. Although my chest was still sore I did not have the real difficulties earlier experienced with breathing. When I returned to Waitakere some 6 hours later, I found that a visit into an air-conditioned building bought back the chest complaint.

The next day the chest complaint had reduced but my whole body felt achy, heavy and lethargic. I have also noticed a looser bowel movement after sprays

When I went to see the MAF doctor 2 days after the attack, I still had a mildly sore chest and throat. Interestingly the spray on this round did not as severely aggravate my eczema. I am at a loss to explain?

The MAF doctor recorded my symptoms and asked a few questions about allergy related conditions. There was no identifiable allergic reaction for me (i.e. I do not have an allergy to soy or fish) and so it was decided that there was something in the spray that acted as an irritant which was causing an asthma like symptom. The doctor acknowledged that she did not know what was in the spray. When I asked her how she expected to do her job if she did not even know what was in the spray, she shrugged sympathetically.

My symptoms were such that it was decided I should be evacuated out of the spray zone and stay out for at least a day after the spray. I have now done this twice and have found it to be incredibly difficult and stressful. Getting up before dawn with a preschooler to be organised for kindy, work and life in a motel where you have to provide your own food, clothes, entertainment; where I do not have access to a computer for work (much of which I do from home in the evenings), where I end up being physically separated from my partner (due to his work schedule), have sleepless nights due to the noises of an unfamiliar motel situation, and on and on. This scenario adds an unbearable stress to an already stressful situation. The stress as a by product of evacuation is substantial enough to not be ignored as a health condition in its own right, let alone the other physical manifestations as a result of the spray.

To add to the stress is the inability to fully comprehend the physical illness I am suffering due to the lack of disclosure of the spray ingredients. Due to my active interest in this issue I do know that one of the chemicals in the spray (benzoic acid) knows no safe level if inhaled (see Dr M Watts report), and I wonder about the short and long term effect this is having on my families health.

I have found that returning to my home (which can not be sealed) brings a mild symptomatic reaction, stinging eyes and tight chest. I have not yet reported this to the Aeraqua doctors since the last spray this week, (16/2) but I intend to.

The only record of my reporting of symptoms is held with the Aeraqua doctors. I am more than happy to have those file notes released.

I hope that Waitakere City Council will be acting soon and that this account aides you in your evaluations of the fact that peoples health is at risk and highly compromised by the nuisance caused through MAF's aerial spraying of Foray48B.

Yours sincerely  
Sue Berman

***End***

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**Submission to People's Inquiry – 83**  
**Exposure: Auckland City exposure**  
**Mr J. Daya**  
**Oral testimony: No**

**Copy of 2 letters - submitted as testimony**

1. 21<sup>st</sup> October 2002

**From:**  
**Cameron Parr,**  
**Group Manager, Recreation and Community Services.**  
**Auckland City**

Dear Mr Daya

**Re Pesticide Application in West Auckland**

Thank you for your letter dated of 23 September 2002 to the Mayor of Auckland City expressing your concern about using Foray 48B in the programme to eradicate the Painted Apple Moth (PAM). It has been forwarded to me by the Director of customer Services for response on behalf of the Mayor as I have functional accountability for these matters.

As the programme to eradicate PAM is funded and managed by Central Government, you need to address your concerns to the Ministry of Agriculture and Forestry (MAF). However, Auckland city has been assured by MAF, following a Health Risk Assessment of the spray carried out by the Auckland District Health Board's Public Health Protection Service, that the spray is safe for use in urban areas.

The MAF number to call is 0800 969696, or you can visit their website at [www.maf.govt.nz/painted-apple-moth](http://www.maf.govt.nz/painted-apple-moth) for information relating to the spray programme. Alternatively for health related uses, you can contact the PAM eradication programme's health advisory service on (09) ... ..

Yours sincerely,  
 Cameron Parr.

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2. 26 Nov 2002

**From: J Daya**  
**To: Auckland City - Cameron Parr**

Dear Mr Cameron Parr

I thank you very much for prompt reply - your Log No .... Dated 21-Oct-02. Pesticide Foray 48B West Ak.

Firstly I apologize for the delay due to contractual work spare time has been very scarce. It is with regret that MAF is propagating the belief Foray 48B is safe, and leading the masses including Ak City to be assured that the pesticide is harmless.

As a matter of fact I did contact MAF addressing my concerns and its effect on present and post asthmatic sufferers (in case you are not aware Mr Parr NZ already has exceeding asthma victims and costing NZ millions of dollars at alarming rates). I had asthma for 15 years, and a never before infliction of 3 wk bronchitis combined with four week nose bleeding has lead me to believe Ak in particular is setting itself to be a place no longer with safe air but added pollution to create many new illnesses. Ak has known to be at

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the forefront for environmental management and highly active with recreation if authorities do not come to their sense and research alternative pest control or similar, we may severely damage the above.

Over the last several months many friends, family have complained of illnesses not normally experienced, medication which fails to work effectively, only to be administered higher or newer doses of drugs not normally taken, which in turn damages the bodies normal/natural immune system. In light of all this fraction of information respected Mr Parr it should be obvious it does not require a degree holder that such sprays released into our atmosphere (in spite of considerable disapproval from public) is a serious cause for concern in later or near future blood contamination for even the seemingly healthy gym person! If the obvious is still not apparent to you and your colleagues, I have attached some documentation both local and overseas which with a simple degree of understanding should open eyes! The information is just a small fraction of what Pesticide/toxins can and will do; its implication need your urgent attention, and let us remind that the following were also deemed safe, Asbestos, 25T, the Contraceptive Pill, (in most cases the products side effects were already known, but since money more important toxic hazards were withheld from public) .... the list can go on, even our beaches are as u know are under threat from pollution! Just how long should we put up with these money driven projects? which are threatening our environment more so than an insect! History has shown false propaganda to the public only results in more serious repercussions for both yourself, and the coming generations.

Worldwide medical history has shown when new substances are introduced, money is the issue, provide a false sense of security to the masses. The assurances provided by MAF to you, now passed to me (Aucklanders) is by no means contradictory to the above.

If MAF together with Ak City Council believes the spray is indeed tonally safe, why is then Mr Parr to date no official has hesitated to stand with their entire family, friends, new borns, expectant mothers, etc directly exposed to the very spray (or any other pesticide applied over our skies ) in question, each time during the application? Why has no speaker whom assures the public it is safe held a pump spray and sprayed it on themselves? Or group of children? Particularly those with lung disorders? .....

Being an associate for Community & Recreation I must inform you Mr Parr, myself and thousands of others no longer feel safe when stepping out doors, no longer do I trust such combined idiosyncrasies being demonstrated by current Parliament (sacrificing the safety, health, when in a workplace OSH can sue for similar poisoning, her we are directly exposed) not to mention the millions spent on false and/or misleading information coupled with exuberant radio, TV, Paper, mail, advertising. You should note MAF is continually stating Foray Spray is harmless, and yet when I spoke on their helpline the same organisation advised me as a post asthmatic sufferer not to be outside, close all windows etc, stands to reason that it is harmful!! MAF believes in wiping an insect, one does not a degree to see that in reality no gain is to be made, more so the opposite, useful insect predators will suffer increasing the need for more stronger pesticides, public health declines (we already have one of worlds highest cancer rates in addition to various lung diseases) contamination in food chains, loss in tourist revenues as more people discover Ak's suffering from pesticides, the case can go on. I reiterate if Mr John Banks is indeed concerned for the health and safety of his citizens and the very people who voted in his favour, then he should have no hesitation in expediting a long-term survey commencing immediately and prove the validity and safety provided by MAF and associated bodies.

Thanking your time in reading this letter, I sincerely hope to prevent epidemics or worse this matter is taken seriously with delay.

Yours faithfully  
J. Daya



**Submission to People's Inquiry – 84****Exposure: worked in spray zone****Oral testimony: Yes**

During the Painted Apple Moth programme I was working in Rosebank Road in Avondale which was in the spray zone for the eradication programme. I regularly did not work on the days that the spray was being done in that area to avoid being sprayed. Luckily I was contracting and so was able to do this, but of course I did not receive any income during that time. On many occasions however, I would take the day off only to find that the spraying did not happen and the next day when I went to work they would spray anyway. I was regularly on the phone in the mornings having to wait for long periods to be told if the spray would be happening that day – often to no reply.

I and other members of my team very quickly started to notice feelings of nausea and headaches during these times as well as a general malaise. Our cars were parked outside and were constantly covered in a sticky substance, after the spraying, which was difficult to remove.

On one particular day, I was travelling into work later to avoid the spray and whilst going down Titirangi Road the spray plane was going backwards and forwards over the road, each time right over the car as I went down. I then stopped at the bank in New Lynn and as I got out of my car the plane came over right at that moment and I was completely covered in the spray.

During the night I woke unable to breathe (something I had never suffered with before) and I was bringing up very sticky white small blobs of phlegm. I had never experienced anything like this before and was literally fearful that I might die. Eventually over the next few days I recovered. However several things still continue. I started very soon after to get scabs in my nostrils which just didn't clear up. They are actually quite painful. I still have them today, but I have learned to live with them. In the past 6 months they are slightly better due to some natural products that have alleviated it. Whenever I laugh I have trouble breathing and at the same time I have these same pieces of phlegm coming up which are totally different to any phlegm I have ever had before – very distinctive.

During the programme I phoned up several times to get information on the spray and found that it was virtually impossible to be put through to anyone who could or would answer my questions re the ingredients etc. On one occasion I was much more insistent and refused to be white-washed until I could speak to someone with more knowledge. Eventually they put me through to a lady who told me that she was not allowed to reveal the ingredients, but finally did tell me at least some of them. Two were corn and soy derivatives. I understand that the ingredients were a secret as it was commercially sensitive and that the Department of Health approved this. I find it obscene that our Department of Health permitted entire populations to be sprayed with a toxin, the identity of which, even it was unaware of. This same department is now trying to impose legislation that will ban many harmless natural substances if they gain a reputation for healing serious illnesses.

The Health Department has left me with a chronic respiratory condition and is now trying to regulate out of existence the natural products I rely on for relief.

***End***

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**Submission to People's Inquiry – 85****Exposure: spray zone at work****Health and Safety Coordinator, Douglas Manufacturing****Oral testimony: Yes****SUBMISSION TO THE PEOPLE'S INQUIRY**

Results of two staff surveys conducted during the aerial spray programme for the Painted Apple Moth eradication programme

Effects noticed by Douglas Manufacturing Staff surveyed on the 20<sup>th</sup> November 2002 and the 2<sup>nd</sup> December 2002

**20<sup>th</sup> November 2002 aerial spray**

106 employees available

The employees were asked:

1. If they lived in the spray area.
2. If they or their immediate family noticed any effects they attribute to the spray.
3. If they had any concerns regarding the spray programs.

1. 52% of Douglas Manufacturing Staff live in the spray zone.  
6% live in the drift zone.  
42% live outside the spray zone.
2. 15% of the employees experienced health effects or had family that suffered health effects.  
5% were unsure if the non-specific health effects were due to the spray.  
80% did not observe any health effects.

29 health effects were reported. The types of effect suffered expressed as a percentage include:

- 35% suffered eye problems (itchy, watery or sore eyes)
- 38% suffered lung and/or respiratory problems. (Difficulty breathing, asthma attack, respiratory irritation, nosebleeds, sinus pain and sneezing, pre-existing allergies had worsened).
- 7% suffered skin burning or irritation.
- 10% developed headache.
- 3% suffered swelling of the face and eyes.
- 7% had to obtain medical attention and treatment.

3. 80% of staff living in the spray zone had concerns about the program.  
83% living in the drift zone had concerns about the program and  
40% who live outside the spray zone had concerns about the program.

The main concerns were that individuals did not know what the ingredients were in the spray, and whether the product's long-term safety had been investigated. Many were concerned about the long-term health of their children.

**2<sup>nd</sup> December 2002 aerial spray**

111 employees available.

1. If they or their immediate family noticed any effects they attribute to the spray.

27 health effects were reported. The types of effect suffered expressed as a percentage include:

- 26% suffered eye problems (itchy, watery or sore eyes)
- 37% suffered lung and/or respiratory problems. (Difficulty breathing, asthma attack, respiratory irritation, nosebleeds, sinus pain and sneezing, pre-existing allergies had worsened).
- 15% suffered skin burning or irritation.
- 11% developed headache.
- 4% had to obtain medical attention and treatment.
- 7% suffered nausea, or upset stomach.

The effects noticed follow the trend observed during other spray programs conducted over inhabited areas. Organ damage, cancer, genetic damage, or foetal damage cannot be observed or reported by the individual at this time.

**Four other reports were received from associates of Douglas Manufacturing.**

1. A contractor reported that during the spray program in late November 2002 he developed breathing difficulties, something he had never suffered from in the past. He consulted a doctor who failed to determine what was wrong. Treatment cleared the problem up in 7-10 days.

They spray performed on 2/12/02, this worker was caught outside as he did not hear the plane approaching. This time, skin irritation immediately developed, he found breathing difficult, and his eyes were sore. The problems had not resolved by 4/12/02.

2. A Douglas Pharmaceuticals Ltd worker reported that his eyes became irritated, swollen and sore during each spray, even though he was able to avoid going outside while it sprayed and two hours after.
3. A Douglas Pharmaceuticals Ltd worker reported he was caught outside during the spraying. Several days later he developed an ulcer on his eye. A condition he had never suffered from before. His partner developed conjunctivitis about the same time. A condition she had never experienced previously.
4. An employee of a Te Atatu business develops severe breathing difficulties while and after spraying is performed. She has found she has to evacuate the area, and cannot attend work during these periods. She is concerned at the potential time she will have to take off work if the spray program is extended.

Toni Hipperson BSc (Pharmacology)

Health and Safety Coordinator, Douglas Manufacturing Ltd, Central Park Drive, Lincoln, Auckland. PO Box 45 234, Auckland 1230, New Zealand.

***End***

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**Submission to People's Inquiry – 86****Exposure: worked in spray zone****Oral testimony: Yes**

I still find it incredible that a government department can spray me (and the rest of the city) with a chemical cocktail, without telling me what it is, or getting my consent.

My husband developed Nasal Polyps during this period causing blood spotting from the nose, nasal congestion and pain. He saw our GP who advised us that normally you see these polyps in elderly men and thought it was unusual, and potentially related to the acidic spray used against the painted apple moth. He wrote this in his medical file.

I got my husband to contact AerAqua where he got the major run around and no assistance. They did ask for copies of his medical record for the past 5 years, and we sent these off to AerAqua as requested, they did not see him in person or have him examined by one of their doctors. I followed up with them after hearing nothing for months, and found they had "Lost" his records during their move. We did not provide additional copies due to concerns about his privacy and their competence.

My cat died late last year of liver cancer. Not sure what the incidence of this was in west Auckland before spraying (no pre exposure epidemiology studies were probably done), but seemed unusual for a previously very health cat. The liver is the prime organ for removal of toxins from the body. My cat's illness started with an overactive thyroid condition. He was treated with thyroxine tablets. I have seen data that associated an increased incidence of this conditions in humans after spray programs in other areas. When he died he had both liver and intestinal cancers. Perhaps the medication caused these cancers, or the spray may have acted additively with the medication.

I tried to keep him inside during the spraying, but given the extended period and number of sprays, cancellations and delays he did get caught out. Short of keeping him as an inside cat (wrong nature for this), I don't think keeping him in would have made much difference as he was short, walked through bushes and grass thus coming in contact with the spray residues. These residues he then licked off since he was a cat.

This must have added to his bio burden of toxins, and perhaps even overloaded his liver with toxins leading to the cancer. I just wonder how many other animals developed such illnesses, and what is normal for an unsprayed environment.

***End***

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**Submission to People's Inquiry – 87****Exposure: multiple – see below****Joanne Kench****Oral testimony: No****Spray Submission March 2006**

Firstly a BIG Thank you, and to those of you from overseas, welcome to New Zealand.

My name is Joanne Kench, I am a naturopath practising herbal medicine from my home clinic in Glen Eden, West Auckland. I hold a diploma in Herbal medicine and a diploma in Naturopathy.

I would like to offer my thoughts and experiences of the effects of the aerial spray campaign on myself, and a number of my clients who wished to be part of this inquiry.

The majority of my clientele are women and children.

During the spray campaign, the majority of children presenting to me were suffering with skin complaints - rashes and exacerbation of previous skin ailments.

**Client #1** - experienced a stillbirth of a baby girl in July 2003 during the spray campaign. Upon examination, the cause of death was unknown. She has requested that her baby be a statistic in a positive form, in the hope that aerial spraying will not be used on populated areas in the future.

**Client#2** - is the mother of 3 children. The eldest child, an 8 year old girl presented to me with hormonal disruption in the form of glandular swelling/lymphatic congestion of the axilla region.

Her second child suffered with what is naturopathically termed "toxic heat of the blood". Herbs that "cool down" this toxic heat are primarily lymphatic cleansers/alteratives, optimising the body's ability to clear toxins through the blood and then through the skin.

**Client #3** - has a son with a rare genetic disorder, which affects the use of his lower body. He presented to me, after completion of the spray campaign, for digestive problems when he was 2 years old. Although I believe that there is a combination of factors involved with this particular disorder, his mother believes conceiving during the aerial spray campaign would not have helped the situation regarding the health of her son.

**Client#4** - experienced 2 miscarriages, one at 9 1/2 weeks the other at 7 1/2 weeks, during the spray campaign. (June 2002 and November 2002). She presented to me with her husband for fertility treatment with the aim of preventing more miscarriages.

With the support of herbal medicine their first child was conceived naturally and arrived safely May 2004.

My experience with women who have had difficulty conceiving, is that they believe any more children they may want, will take just as long as the first one! – not so!

Not even a year after the birth of their first child, this mother was pregnant again.

Baby number two, with the support of herbal medicine, arrived safely September 2005.

Like client no 1, this mother would like her miscarriages to be included in statistics for the anti spray campaign, so that her two lost "babies" were not in vain.

**Client #5** - wished to be part of this submission, as she believes in the anti aerial spray ethos. Although she had colds during the aerial spray campaign, both her and I attribute this more to the fact that she was studying for her nursing degree, which can be stressful and depleting to the immune system. She also lived on the very border of the spray zone in Titirangi, a suburb next to Glen Eden.

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**My personal experience** was one of compromised immunity and disruption to my menstrual cycle.

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Everyone has coughs and colds (even without an aerial chemical onslaught) this is O.K, it keeps our immune systems from getting too lazy!

However, as a woman, and as a naturopath, I regard the invasive effects of the aerial spray campaign on my hormonal system as a total violation of my body.

Prior to the aerial spraying, and since then, I will have a “cold” around springtime, which naturopathically speaking is the general time for the body to detoxify.

During the spray campaign I experienced cold-like symptoms every 8 to 12 weeks.

During the spray campaign my menstrual cycles were anywhere from 35 to 42 days long. I have **never** in all my menstrual history (I am 35 years old) had such abnormally long cycles. This lengthening of my cycle suggests major hormonal disruption via the ovary/pituitary feedback mechanism.

My usual menstrual cycle prior to, and since the aerial spraying is 29 days – normal!

In today's worlds the human body continually has to deal with excessive amounts of toxic substances.

The aerial spray campaign over the people of West Auckland, I believe, pushed their immune systems to the limits of endurance – some were pushed to death!

***End***

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**Submission to People's Inquiry – 88****Exposure: lived in spray zone (hot spot)****Steve McDonald****Oral testimony: Yes**

My wife and son were continually at risk from the Apple Moth Aerial Spraying as both have Asthma. My wife had to change medications at an increased dosage and found it more necessary on the spray days. Both my son and daughter were exposed on spray days at their intermediate school and both broke out in a rash, which lasted two or three days.

Wanting to stay indoors during spraying my wife would contact the phone number given and on two occasions after being told that there would be no spraying, or that spraying had been completed, found herself right in the middle of a spray zone and having spray dropping directly onto her skin and clothing. Her asthma on these days was worse.

I personally didn't get much of a reaction as at the time I worked in Penrose, so I was able to leave the area.

However during that time I did do flyer deliveries and on one day when it was reported by MAF as too windy to spray, I went out delivering in Barry's Road, Glendene. Much to my surprise, when I was halfway along Barry's Road the plane flew over very low. I was at least 1 km from my car, so couldn't take cover. Though I had no immediate affect, within two days I had continual nose bleeds and intense pain. I found the inside of my nose had split open, as though cut by a knife. I did get some relief from applying Savlon. This problem continued for months, until the aerial spraying stopped. It took at least 3 months for this problem to come right after the spraying had stopped.

During the aerial spraying we found conflicting information given by MAF at times made it extremely hard to continue to stay in the area. My wife often felt she needed to be completely out of the area during spraying, but realised that there were others whose need was greater.

We feel that the spraying was the ambulance at the bottom of the cliff and should never have happened if this Government and MAF had worked faster when it was first discovered.

Regards  
Steve McDonald

***End***

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**Submission to People's Inquiry – 89****Exposure: N/A****Dr Richard Anstiss****Oral testimony: Yes****Dr Richard Anstiss****Peoples Inquiry – Technical Testimony, March 2006**

This is a brief summary that presents some of the work we are undertaking as it relates to the Peoples Inquiry following a request from the organisers. It is particularly aimed the recommendations component of the Inquiry and specifically: models of community participation, relationships to government and research.

Globally today, there is an increasing recognition that most science and medical research must be carefully interpreted and analysed in terms of who funded the work, for what reasons, the perspectives of the authors both in terms of data collection and representativeness, interpretation and presentation - particularly with controversial public health type issues. In the majority of public health type problems these broader but technically related issues have a significant effect on the appropriateness of the research and project/development work conducted for the community.

Our recent paper [1] has developed a practical generic technically based model for science/medical input that produces appropriate community-based solutions. The model's use has been demonstrated with a case study where about 75 million people are exposed to arsenic in their drinking water up to 200 times the WHO limit causing an arsenicosis cluster that has been labelled internationally as the largest case of mass poisoning the world has seen [2]. The model is broadly applicable in public health type scenarios such as West Auckland spraying and includes the core community principles of indigenous knowledge/science input [3].

The model identifies the primary initial requirement as being a transparent and representative community body. From this base, linkages and networks with appropriate science/medical agencies/individuals are established under community control where a blending of both technical inputs from internal community (including indigenous) and appropriate external sources occurs within a collective structure. These structures initially make assessments on the current situation (including research if necessary) then programmes are decided and acted upon which are later reviewed as appropriate. Ideally under a sustainable national policy framework, these appropriate solutions are then finally bedded in within the community.

The spray in West Auckland situation could be currently viewed as already having achieved some important aspects of the first step (Figure 1) including transparent and representative community and Iwi representation with close relationships with selected science/medical individuals/groups and some assessment. In the current spray scenario achievement of appropriate community control on the process in Steps 1&2 may prove problematic (due in significant part to externally appointed technical bodies) preventing the community reaching satisfaction with actions taken (Step 3 re-assessment). Once actions are finally deemed appropriate by the community then bedding in of these structures in a sustainable manner (Step 4) could occur.

A particular problem arises when the current government agenda is at odds with the affected community as appears to be the case with the spraying issue. A dis-connect can develop between the agenda the community wants to follow in dealing with the issue versus the government's. A manifestation of this disconnect often is polarised scientific/medical positions on the issue – one group of professionals/agencies tending to represent the government status quo and the other tending to represent the community. A current blockage to implementation of the model for the spray situation appears to be the interruption in Steps 1&2 by government based processes and agencies whereby the community representation is not given appropriate and functional input and control and the community are being represented by externally appointed technical bodies that have a different agenda. Assessments (Step 1) and decisions/actions (Step 2) consequently become dominated by nonrepresentative processes resulting in actions deemed inappropriate by the community in the Step 3 re-assessment. The region can seemingly become trapped in an iteration cycle of returning to Step 2 to take decisions/actions but with no process in place for appropriate community appointed technical input yet more inappropriate decisions/actions are produced (based on inappropriate



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assessments) preventing passage past Step 3 and any successful community backed sustainable programmes from being bedded in and implemented in Step 4 (Figure 1). The reality of the current process in place is that the community are not allowed to have appropriate levels of choice and control over the technical networks that supposedly complete assessments and take decisions/actions on their behalf.

### **Recommendations**

- 1) Community to work towards having appropriate levels of choice and control over appointment and frames of reference of technical bodies acting on their behalf
- 2) Develop an ongoing functioning multi-disciplinary structure for provision of appropriate community/Iwi/technical activities that can practically instigate community-driven programmes (eg. research, screening, monitoring, decision making and actions, etc).
- 3) Extending legislative and governmental process detail to facilitate more appropriate community control of process.

### **References**

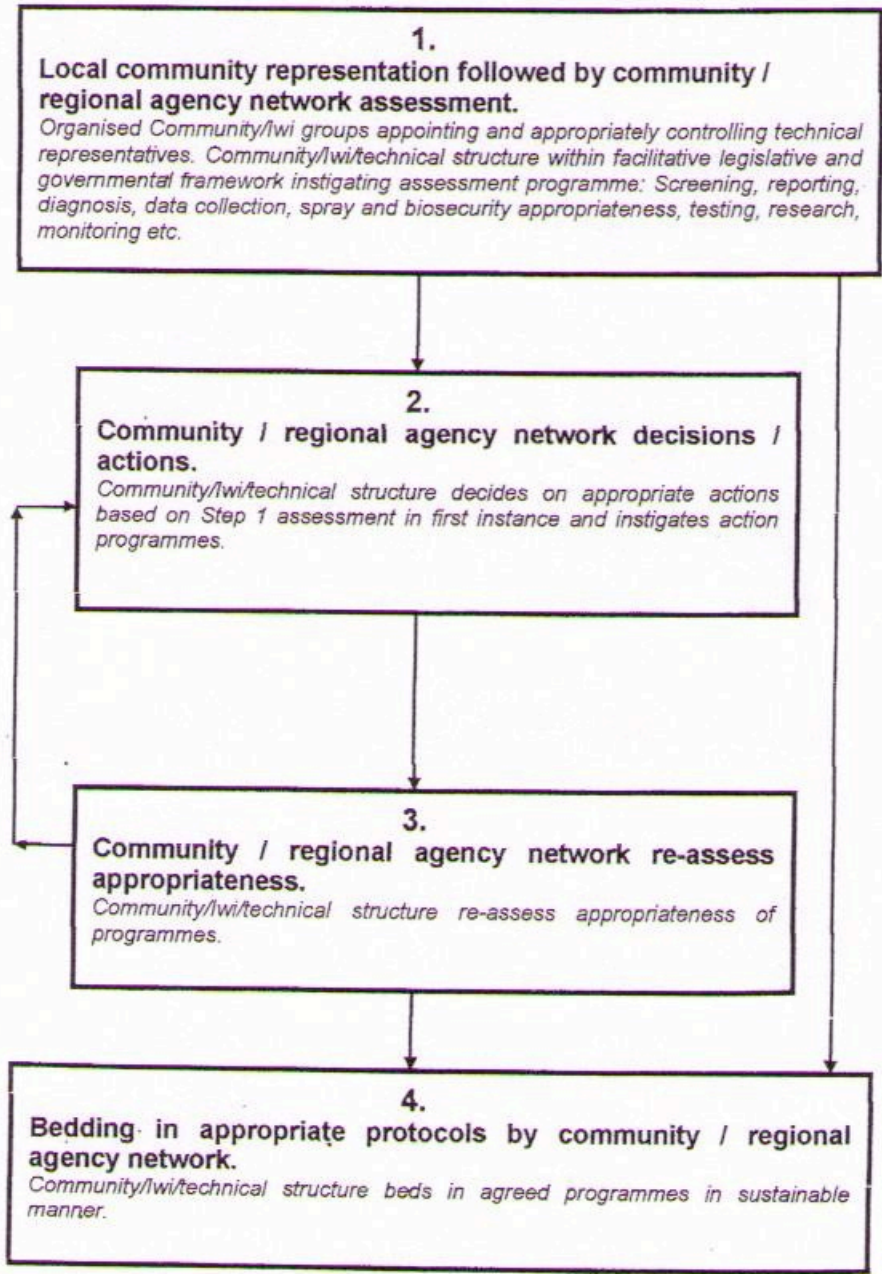
- [1] **Anstiss R.G. and Ahmed M. (2006) A conceptual model for use in community-based drinking water improvements**, *Journal of Health, Population and Nutrition [in press]*
- [2] **Anstiss R.G., Ahmed M., Islam S., Khan A.W. and Arewgoda M. (2001) A sustainable community-based arsenic mitigation pilot project in Bangladesh**, *International Journal of Environmental Health Research*, 11 p267-274
- [3] **Anstiss R.G. (2002) Bridging Science and Technology with Development In: Contesting Development: Pathways to Better Practice. Proceedings of the Third Biennial Conference of the Aotearoa New Zealand International Development Studies Network. Massey University, p79-80**

See Figure 1 below

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**Figure 1** Key steps in model process (adapted from Anstiss and Ahmed (2006) Journal of Health, Population and Nutrition [in press]). Application to West Auckland Spray issue shown in italics.

**End**

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**Submission to People's Inquiry – 90****Exposure: lived in spray zone****Oral testimony: No****Submission to the West Auckland Peoples Inquiry. Re: Painted Apple Moth Eradication Programme**

The state of my health has been extremely unbalanced since the spraying began. Previously I considered my health to be good. I have had a history of chemical sensitivity, which I have learned to keep in balance through minimising my contact, wherever I can, to substances that irritate this balance.

After the spraying began my sensitivity to allergens increased, gradually at first. I contacted the spray information service to clarify for myself the risk the spray was having on my health but every time I was given an emphatic response that the spray would not be contributing to my health. Over time it became very clear that the reactions I was experiencing were correlated to the timing of the spray, and that at the same time my overall allergic sensitivity was increasing, plus my hormone balance and bladder were changing their normal patterns. Eventually I got an appointment with one of the MAF Doctors who put forward the recommendation that I be relocated during the spraying. This alleviated some the reactions I was experiencing, but the deterioration of my overall health has only very slowly been improving as time goes by, and this only started happening long after the spraying had stopped completely. Even digging in the garden, a source of the natural spray component aggravated my symptoms.

Before the spraying I did not require any anti-histamine medication; however after the spraying started I needed to take it every day. At the time I felt that MAF's position on this was that some people needing to take medication were a small price to pay to eradicate a moth pest, but I would not agree even if I were given the choice, which I was not. My system, after the spraying began, seemed to have become dependant on anti-histamine and if I didn't take them my symptoms are so bad that I found it hard to concentrate at work, and function normally.

MAF made the decision not to allow me to be relocated when the spray zone was reduced and the spraying was supposed to be too far from our home, being only 800 metres. However the spraying on some of those occasions, because of spray drift, and because the spraying was being undertaken in windy conditions, did have an adverse effect on my health.

On the second occasion that I visited another of MAF's doctors she told me that, because she worked part time she would have time to 'get to the bottom of my health concerns'. She checked that I had given my permission to the MAF health team to access my own GP's health file, and that she would get back to me. I was not contacted by her again and when I later checked with my GP he told me that the only information MAF were interested in, in my personal file, was to verify that the symptoms I had attributed to the spraying were in my medical history. The fact of the matter is that these symptoms were not in my medical history previous to the spraying. Apart from the increased sensitivity to allergens I now have a new health condition that the MAF health team and my Doctor have information on.

This new issue is related to my hormone balance and bladder. The morning after a spray day I would wake up with the most terrible stomach cramps and diarrhoea. This was followed by various changes to the way my bladder usually behaved. Some mornings I would wake up to an enlarged lump, the size of a tennis ball, in the area of my bladder which felt like it was full of gas, after emptying this symptom was somewhat relieved. Another symptom was in the morning, again, I would wake up with a very increased sensation to pee but being unable to pass any urine at all, some mornings this was so distressing that I was unable to go to work. Usually by mid day my bladder was emptying normally again. Generally my bladder is still very variable in the way it is behaving compared to how it had previous to any spraying. I have noticed that this variability is linked to my hormone levels which change throughout my monthly cycle.

Because of my concern about these symptoms my GP recommended that I see a specialist at the local health board, however, they initially, wrote back to tell me that my health condition was not severe enough to get

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me on to the list for an appointment. They later gave me an appointment to see a specialist at Waitakere Hospital, which turned out to be a complete waste of time, as they had no answer to my symptoms other than to eliminate the fact that I did not have cancer!!

This has left me seeking help from alternative health practitioners, a naturopath with many years of experience, a homeopath and reflexologist. These have had varying degrees of success. This is a very expensive process because none of the remedies are subsidised, and I am looking at a very long process to regain my former health.

Over the past months my health has improved slightly, I have got myself off the anti-histamines, which is great. However the hormone imbalances and bladder complaints are still persistent.

Before MAF pat themselves on the back for eradicating this moth, as a job well done. I am here to say that they, MAF and the medical team commissioned to look after the health interests of West Aucklanders, have failed miserably in looking after the people on whom they have inflicted their campaign. I felt **violated** by them every time they sprayed their nasty chemical over my house. And every time they betrayed me with their lies that this spray would not affect my health. And every time their doctors told me they would help and did nothing. And every time they listened to my concerns and did nothing. When they trawled through my personal medical records only to find information that would vindicate their narrow contemptuous position, I felt akin to being raped by them once again.

It is my understanding that medical practitioners have a professional duty to uphold high standards of integrity in their dealings with people, and swear a Hippocratic Oath to practice their profession with respect, conscience, and dignity to the service of humanity.

They have failed spectacularly.

It is also my understanding that a government agency should have the people's health interests as their primary concern. Not the unsubstantiated claims of horticultural disaster that they gave themselves the warrant to undertake this absurd spray programme from

In submitting this personal information it is my hope that this people's inquiry will bring about some change in the way any future programme is undertaken.

I would like to commend the people who have instigated and have given their time in making this inquiry possible

PS Since writing this submission my health has improved further. I have also eliminated all products that contain parabens from entering my system. This made a big difference.

***End***

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