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Submission to People's Inquiry – 51

Exposure: lived in spray zone

Husband & Wife

Oral testimony: No

(WRITTEN CONSENT NOT YET GIVEN)

End

Submission to People's Inquiry – 52

Exposure: lived in spray zone (hot spot)

Andrew Harvey

Oral testimony: Yes

NOTE: See stand-alone entry for this submission due to the size of the file

My submissions are a series of letters that I submitted to certain parties throughout the spray campaign and are self-explanatory forming a diary-like list of what we went through as we went through it.

All I can add since the campaign finished one year ago is that I have had only two mild asthma attacks and the Emily (however) gets regular attacks. We feel that the spray has weakened her system through her being so young when she was made sick.

Please note that I have highlighted a section on page 2 of the letter from Dr Michael Watt, the paediatrician who gave a final consultation with Emily at the completion of the campaign. This is the closest we got from anyone involved with the spraying to a confession that the spray is detrimental to our health.

I finally add that I also have letters pertaining to a claim publicised by Jim Sutton for victims to recover medical costs. I have in my possession the original letter I sent with copies of receipts for approximately \$400.00 in costs for doctor consultations etc. Aeraqua sent back replying they would pay but that they required originals. We do not trust Aeraqua and having heard that other victim's paperwork had been 'misplaced' by them, we got all the receipts signed by a Justice of the Peace and sent them to Aeraqua. We received another reply saying these copies were still unsatisfactory and the originals were required. Thus Aeraqua are making a mockery of the Justice of the Peace system and what it stands for. We still have the originals and have received no compensation.

I hope the contained is adequate.

Yours sincerely

Andrew Harvey

End

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Submission to People's Inquiry – 53

Exposure: lived in spray zone

Two children

Oral testimony: No

CONSENT UNOBTAINABLE – GONE AWAY – NO FORWARDING ADDRESS

End

Submission to People's Inquiry – 54**Exposure: lived in spray zone****Bill Watson****Oral testimony: No**February 2006

I was one of the casualties of the spray program, and I'm sorry that I haven't put pen to paper sooner. It's been pretty depressing, but my system is finally starting to recover the strength to fight the horrific skin problems I've had to deal with.

I know people who have been affected far worse than I, and who seem to have stacks of medical reports about their condition. Although I am a trained practitioner of alternative medicine, I have little documentation to show about my own condition because I have not pursued conventional medical treatment. I have, however, used the system to diagnose. What has been frustrating about the diagnostics is that I have no previous records that would conclusively show that the damage I have sustained to my lungs and skin wasn't pre-existing.

It was an accident in January 2005 that provided some clues to the condition: I bruised ribs and tore cartilage in my left knee in a fall, and had X-rays done on the chest for possible rib fractures. The radiologist noted that there was significant scarring on my right lung, and asked if I had ever had TB.

I mentioned this to my GP, but he didn't order a CT scan until October. At that time, a lung specialist examined the scan and questioned me thoroughly about my personal history. I told her in detail events in my life that I thought could possibly have caused some lung damage, and she dismissed every one of them. In her words, the event that caused the scarring was a massive bacterial infection that my entire immune system rallied to contain. The effort was successful, and although some of my lung capacity has been lost permanently, it has not seriously impaired my breathing. The only event that explains it was the drenching I received from a direct hit of Foray 48B more than two years ago...but the last chest X-ray I had prior to that one was in the US in 1992.

The follow-on effects have been very difficult. My endocrine system went haywire, and I have been fighting systemic psoriasis that has appeared in large patches all over my legs, then spread to my back, buttocks and arms. For nearly 18 months these patches were quite out of control. They would itch terribly and if scratched in a moment's weakness would bleed. I could only sponge bathe as exfoliation would expose tender and weeping sores. Topical creams and ointments, including experiments with corticosteroids, didn't touch it, and I have gone far afield to find and import powerful herbal remedies such as Chaparral (USA) Sangre del Grado (Peru) and Winter Worm Summer Grass (China) that have brought slow but gradual improvement.

Since the spray program began, I have had numerous appointments with my GP, and have also met with a doctor provided by MAF for people affected by the spray program. For me, these sessions with establishment physicians have been one of the more depressing aspects of the overall experience: those who represent the "system" have to be in denial about the impact this toxic substance has had on a significant portion of West Aucklanders.

These days I monitor my condition closely and adjust the medication when it flares up; however, it's shown very slow but gradual improvement over the last six months. I still would not want to appear in public in shorts, but I am not despairing over the condition or being driven crazy with the itching. I appreciate the opportunity to discuss this openly, and I'm quite willing to meet with anyone associated with the enquiry if necessary to give further testimony.

End

Submission to People's Inquiry – 55**Exposure: n/a****Oral testimony: No****February 2006****Background on the submitter**

The Waitakere Ranges Protection Society is a community-based organisation with a membership of over 600 individuals and families. It is an incorporated society.

It has been in existence since 1973 and in that time has campaigned for the preservation and restoration of the Ranges through direct action in restoration planting, weed control, through interventions on both planning matters and on public works which threatened the integrity of the area. Achievements include initiating and helping secure major additions to Waitakere parkland, such as the Pae O Te Rangi, Pauroa and Lake Wainamu reserves, defending large areas of bushland from subdivision, preventing three rubbish dumps in the Ranges, helping restore the Historic Winchelsea House at Karekare, commissioning numerous ecological studies of the Ranges and obtaining protection for the Ranges through improved zoning. We have also been instrumental in the development of the Waitakere Ranges Heritage Area. The Society's Patrons are Dr John Morton, Professor Richard Bellamy and the Rt Hon. Jonathan Hunt. For more information see www.waitakereranges.org.nz

Submission

The Society would like to highlight the following points of concern with the commissioners:

1. Significance:

- 1.1. The Waitakere Ranges Protection Society believes the Painted Apple Moth represented a significant threat to the flora and fauna of the Waitakere Ranges, a unique and rare coastal habitat in New Zealand with endemic species and international significance. We regarded it as paramount that the painted apple moth was kept out of native bush in the Waitakere Ranges. Not only are many native tree species known food for the moth but the moth would have had unknown impacts on existing, endemic moth and butterfly species.
- 1.2. Had spraying been attempted in the Waitakere Ranges it could have resulted in species extinction.
- 1.3. MAF's strategy presented no third alternative to these two unacceptable outcomes.

2. Reaction:

- 2.1. MAF were exceedingly and disastrously slow to react to discovery of the Painted Apple Moth in Auckland. If control measures had been instigated quickly such large scale aerial spraying would have been avoided. Such a slow, bureaucratic and unprepared agency is a serious and ongoing concern for the region's biosecurity.
- 2.2. Even when control measures were finally instigated, MAF were too slow to remove key non-native food species, such as wattle, from the known moth areas, facilitating more rapid spread of the pest.
- 2.3. The lack of investment in research into spray-alternatives is a source of continued concern to the Society. Proactive investment in non-spray methods of control, such as pheromones, could have avoided or minimised the need for spraying.

3. The future

- 3.1. MAF failed to instigate adequate restoration when the wattle was cleared from infested areas.
- 3.2. The risk of a repeat or similar invasion remains high and yet bio-security controls remain relatively weak. For example, only sample shipping containers are checked, instead of every container. Much container checking is done by nominated staff at devanning sites. Such staff receive a nominal 3.5 hours training (see www.mti.net.nz/courses/biosecurity.html). There is also a risk they may be subject to commercial or operational pressure from bosses or employers to overlook any biological finds.
- 3.3. While the cost of such prevention is high it would be cheaper in time, money, public affairs and native species security than the current strategy of failed containment and emergency reaction.
- 3.4. The Society would like to see a species-by-species target control plan developed whereby potential biosecurity risk species are prioritised and detailed eradication methods are scoped. If necessary the appropriate investment should be made in researching and developing control methods. These may not be needed and yet such a proactive strategy is essential if our biodiversity is not to suffer further harm.
- 3.5. It is not a case of IF we will get another, similar, invasion, but rather of WHEN. And next time it could be cane toads or venomous snakes. We must be better prepared and able to react much more quickly.

4. Contact information:

Kath Dewar - Secretary

Waitakere Ranges Protection Society, PO Box 15668, New Lynn, Waitakere City

End

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Submission to People's Inquiry – 56

Exposure: lived in spray zone

Oral testimony: Yes

Dear Hana

I am writing to tell you and everyone that I had health problems during spraying.

Twice when I went to my letter box when it was not supposed to be happening over our area – and ended up in bed with a very bad head. The last time was when they were not supposed to be spraying over Waikumete Cemetery. We went there for a meeting and when we came out – the car park which has lots of small shrubs, the smell was so strong and I said it must be tom cat season. I went to our car and came home had tea and went to bed. Next morning I could not get up and spent a whole week in bed.

It has affected my memory greatly.

They moved the health office out of the area. Why!!! We are not all stupid!!!

End

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Submission to People's Inquiry – 57**Exposure: N/A****Iain McDonald****Oral testimony: No**

So many people and organisations are focused on finding a solution to the Painted Apple Moth (PAM) problem, and the majority of these solutions appear to be solely focused on a spraying solution.

They are trying to find or create a spray that will wipe out the PAM and will hopefully cause no harm to people or the rest of the environment.

That would be great; however, the organisations creating the sprays are focused on one aspect of the problem, developing a new spray, side effects they work out later.

Whilst these people are working away on their spray, no one else seems to be doing anything other than complaining about the spray, and having numerous arguments and debates about the side effects of the spray.

Probable Solution

One possible solution that no person or scientist can deny, (because it has not been tested yet) is using nature to fight its own battle.

What I am suggesting is that a programme or experiment be set up to increase as much as possible the bird and/or only the native bird population in the areas most affected by the PAM. This breeding programme could be happening while all the arguments continue. The idea is that with an increase in bird populations, the birds themselves will begin to feed on PAM and as a caterpillar. At the moment they apparently do not feed on PAM or PAM caterpillar, however there is no evidence to suggest that they won't.

Also I do not think any New Zealander would be opposed to the idea of increasing our native bird population, as there are a large number of New Zealanders responsible for the destruction and decline of our native bird population through their own self indulgence and stupidity.

How to control the over population of birds.

You don't, they do it themselves, they always have, and will always continue to do so.

Nature always has its own way of sorting and balancing things out, regardless of what we (humans) put in or on this planet, nature will respond according to its own survival instincts, that is a fact and no one can deny it.

An example of this is the case of the Cane Toad in Queensland, Australia.

The cane toad has been predator free for quite a number of years, initially snakes were suppose to control the numbers of cane toad, however as the cane toad has poison nodules on its shoulders, snakes have avoided them for quite a long time.

I lived in Brisbane for 5 years from 1989 – 1994.

Since 1993 numerous reports and discoveries had been reported that cane toad numbers although not reducing quickly, were reducing and that the cane toad had a new predator to contend with.

This predator was and probably still is the Crow (and Blackbird). Reports of both these birds attacking cane toads had been found. What was happening was the crow had found a way to pin down the cane toad with its claws and peck the cane toad around its body avoiding the poisonous sacks on its shoulders. No one knows over how long a period it took crows to discover that they could eat cane toads and not be poisoned. The fact is they did it.

Nature found a way.

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Whether it was because the crows food sources were being threatened or whether they just got smarter and braver, no one knows for certain, but it is happening and in time may well prove to be a valuable solution or at least a valuable contribution.

That really has got to be a bonus to any situation where all other possibilities are causing harm to unintended victims, be it human or environment.

I strongly recommend that this message be sent to the appropriate people and organisations involved in the PAM problem. I also welcome anyone to send me any potential problems they can see with the idea of increasing the bird/native bird population. I will work out a solution to any problem sent to me.

Regards

End

Submission to People's Inquiry – 58

Exposure: lived in spray zone (major hot spot – sprayed from 1999-2004)

Kevin O'Shaughnessy

Oral testimony: No

WRITTEN TESTIMONY OF KEVIN DAVID AND HEATHER O'SHAUGNESSY

We have lived at Sunhill Road since June 1999.

Our property is on the border of Waikumete Cemetery, and the house is set back 20 metres from the boundary. This area of the cemetery is heavily wooded and undeveloped except for a public walking track. A stand of gum trees 30 metres high is adjacent to our property.

As we are both retired and usually at home during the day we witnessed most of the PAM spraying program, by helicopter, plane and ground spraying. The planes flew very low, just above the tree tops. We could see and hear the spray landing on the foliage in our property and on the cemetery land

In September 2003 Kevin became very ill and was hospitalized at North Shore Hospital. He suffered dizziness, lack of balance, slurred speech, double vision, light sensitivity, difficulty in swallowing and severe pain. He was diagnosed by a Neurologist as having Miller Fisher Syndrome, a variant of Guillian Barre Syndrome. This is a disease in which the bodies central nervous system is attacked by its own auto immune system, damaging the Myelin sheath.

Kevin was in North Shore Hospital for 6 weeks and then at Waitakere Hospital for a further 2 weeks rehabilitation.

Prior to this illness Kevin was in good health. He was a keen gardener, played bowls, walked and swam. We visited UK in 1999 for a most enjoyable 14 week holiday. He now suffers severe fatigue and pain 2 years later.

End

Submission to People's Inquiry – 59**Exposure: lived in spray zone****John Hansen****Oral testimony: Yes**

To whom it may concern – re the Apple Moth Spray.

Below is an extract of a letter penned to the Auckland Health Board – June 2005

Attn Dr Ellis - Cardiology Outpatients

Dear Dr Ellis

1. In order to make your assessment of my present condition a little easier for you I have taken it upon myself to pen you this letter, for your own appraisal, now!
2. Following your last appraisal of my condition, I have undergone the following transformation, from really healthy, and looking forward to life, after my triple bypass, to one of utter frustration and moments of despair.
3. This has been caused when MAF started their apple moth spray: of course as you are probably aware, they were, and still are, in denial as to its effects and the toxic shock that a cardiac patient as myself can and have experienced.
4. The symptoms being, skin rashes, now stopped! Body overheating to an extreme degree, body going into uncontrollable spasms, intense breathing problems, nostrils totally blocking at times. This went on for months after each air drop. It was a matter of 5 days before I began to feel well again. Sometimes it took weeks to recover.
5. In my own opinion this has led me to being hypo allergenic to all toxins. My nostril still block from time to time and this leads to fits of depression and frustration and a great deal of post traumatic stress. Now I'm not looking for compensation just resolution, so it will never happen again.

Yours faithfully

W. John Hansen

End

Submission to People's Inquiry – 60 (See also Submission 116)**Exposure: lived in extended spray zone****Peter & Lesley****Oral testimony: Yes**

1. On receiving maps, information etc we followed it with precision.
2. March 2003. Went to our local supermarket. Parked and locked up car. Hearing an unusually loud noise we looked up only to see a plane flying dangerously low.
3. It was too late to go forwards or backwards. Trapped and nowhere to go to avoid it. With the speed and pressure the spray came down like a napalm bomb.
4. No time to get to cover it was too late. The spray had already made contact and Peter had started coughing. We were dowsed again before we could reach cover.
5. We got undercover but had to go back out in the open, and lo and behold we got sprayed again 3 times within a very short space of time.
6. By now Peter also had a really bad taste in his mouth and still coughing. Arriving home we contacted MAF.
7. Our call to MAF was followed by an appointment with [MAF] Dr [...], followed by an appointment with Dr [...] then an appointment with Dr Paul Simcock at Greenlane Hospital.

THE SPRAY THAT DAY WAS NOT ON OUR LIST OR ADVERTISED. TOTALLY UNEXPECTED.

8. With a painful throat and the continual coughing Peter then found himself with a hernia. (Confirmed by our GP. The hernia was caused through the continual coughing).
9. Then came more unpleasanties having a camera inserted through his nasal passage. So many times it became unbearable, so the Dr prescribed a sedative for future appointments.
10. Peter has a very high pain tolerance but this was about to be pushed to the limit. Going to answer the phone he lost his balance and fell cracking 3 ribs.
11. May 16th last but by no means least, Peter had a heart attack.
12. And it wasn't to be last. 2004 he had this throat operated on for the 3rd time.
13. And after being told it would cost between (\$5,000 - \$10,000) to have the hernia operated on privately.
14. Going into hospital for 3rd throat op Pete couldn't walk and I had to get a wheelchair for him.
15. After having the throat op and supposedly discharged, I told the Registrar we weren't going anywhere. This resulted in an emergency operation.
16. As the hernia lodged itself into an empty testicle sack it pulled flesh and formed a funnel on the internal wall which filled with waste and poisoned his system. The pain at times excruciating. He tolerated that for 12 months.
17. Because nobody wanted to know about hernias a locum wrote to the hospital. Reply, they were not being fixed or dealt with at the APH and to op private. (refer 13).

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18. Then when it got so bad he couldn't work (refer No 15). I nearly lost my beloved Peter for the 2nd time.
19. Plus the fact because he'd been just operated on the surgeon suggested an epidural. So Peter was conscious through the operation.
20. Another knock during all this.
Peter was offered work in a field close to his heart and it was really hard and disappointing to have to refuse. Because he could hardly talk let alone sing. He'd not sung professionally for years. (so his voice was not affected by singing as they tried to say).
21. If we hadn't followed the dates times etc on the program it would be our fault. But the spray that day was not on the program. So I believe MAF or whoever should accept responsibility.

End
