

VIETNAM VETERANS: NEW ZEALAND GOVERNMENT COMMITMENTS AND THE STATUS OF THEIR IMPLEMENTATION

On 6 December 2006 a Memorandum of Understanding (MoU) was signed between the Crown and organisations representing Vietnam veterans (the Ex-Vietnam Veterans Services Association and the Royal New Zealand Returned and Services' Association). A number of undertakings were made in the MoU. These had three objectives: acknowledging the past, putting things right, and improving services to Vietnam veterans. This document still guides New Zealand's treatment of those veterans today and it is regularly reviewed by Veterans' Affairs and the New Zealand Vietnam Veterans Association.

Commitment	Status of implementation	Comment
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<p>Status, Apology and Acknowledgement (MoU, clause 2)</p> <ul style="list-style-type: none"> • Veteran associations would assist the Crown to compile a database of Vietnam veterans. • The Crown was to make a formal public apology which would: <ul style="list-style-type: none"> a. acknowledge service to NZ of all Vietnam veterans; b. acknowledge failure of the Crown to address concerns raised by Vietnam veterans in relation to the toxic environment they were exposed to, and delays or lack of treatment after that exposure c. reiterate existing government policy in relation to treatment of Vietnam veterans affected by the toxic environment in Vietnam; and d. acknowledge that the conclusions and recommendations of the Reeves and McLeod reports do not form part of the basis of current government policies because of the limited and at times incorrect information available to the authors and there is no intention they should form the basis of future government policy in relation to the treatment of Vietnam veterans • The Crown will inform the major Parliamentary parties and invite them to support publicly the Package [set out in the MoU] 	<p>Completed</p>	<ul style="list-style-type: none"> • Beginning in 2007, and working with veteran associations, Veterans' Affairs (VA) has drawn up databases, and updated them on an ongoing basis. This work is ongoing. • Prime Minister Helen Clark made a public apology on 28 May 2008. This acknowledged service and the previous failure to recognise it; the inadequate support extended to veterans and their families after their return home; and successive governments' failure to address veterans' concerns relating to toxic exposure. • The Crown committed to adhering to the commitments in the MoU regarding treatment of veterans affected by the toxic environment in Vietnam.
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Welcome Home Ceremony and Process (MoU 2006, clause 3)

- The Crown would hold a welcome home ceremony where a senior representative of NZDF will deliver a statement to Vietnam veterans. The ceremony is to include a whakanoa process.
- A formal statement is to be made by the NZDF to acknowledge the service of all Vietnam veterans; formally welcome them back to NZ; formally remember deceased Vietnam veterans; recognise that Vietnam veterans were not well treated on return from service in Vietnam; recognise the actions of the NZDF in relation to information they had about the treatment received by Vietnam veterans after their exposure to a toxic environment, including the existence of 1980 correspondence held in NZDF which had not previously been acted on or made available for earlier reviews; and acknowledge Vietnam veterans' concerns about the disappearance of all or parts of Vietnam veterans' personal medical files.
- NZDF is to establish a Vietnam special exhibition at the venue for the Welcome Home Ceremony
- The Crown would fund travel and accommodation costs for Vietnam veterans and their families for the ceremony
- The NZDF would hold a commemorative parade at the Welcome Home ceremony.

Completed

- Ceremonies were held 30 May–1 June 2008.
- A speech by the then CDF acknowledged NZDF did not do enough to assist returning veterans and families, concerns about medical records, delays in information about exposure to Agent Orange and in response to that exposure.
- The Prime Minister's speech at Parliament focussed on reconciliation, the meaning of whakanoa, and the apology and MoU.
- Special documentaries were screened on TVNZ.
- An exhibition of New Zealand's military heritage, with special focus on Vietnam, was held.

<p>Oral History Programme (MoU 2006, clause 4)</p> <ul style="list-style-type: none"> • A programme was to be supported through the Ministry of Culture and Heritage for four years with funding of \$200,000. • The programme was to commence during 2007. 	<p>Completed</p>	<ul style="list-style-type: none"> • A four-year project from 2007 involved interviewers recording oral history interviews with veterans and families round the country. The interviews are archived at the Alexander Turnbull Library. • The project also had a digital history (website) component, allowing a variety of people to contribute to the project, and also provided educational and other historical resources on NZ's involvement in Vietnam. • A book using material gathered from the project and entitled <i>No front line: inside stories of New Zealand's Vietnam War</i>, was published in 2014.
<p>Increased medallic recognition (MoU 2006, clause 5)</p> <ul style="list-style-type: none"> • Approval would be recommended for the wearing of South Vietnamese Gallantry Awards • The Crown would consider sympathetically eligibility to wear the New Zealand General Service Medal 1992 (Warlike) with clasp "Vietnam" for veterans currently eligible for the Vietnam Medal. • The Crown would consider sympathetically extending the current battle/theatre honours criteria and their application to the 1 RNZIR South Vietnam Theatre honour, to acknowledge the service of Rifle Companies Victor 5 and Victor 6. 	<p>Completed</p>	<ul style="list-style-type: none"> • Approval was announced on 15 October 2009 for the wearing of gallantry medals awarded by the US and South Vietnam. • The Government announced on 1 October 2007 that it had agreed to extend the eligibility for the New Zealand General Service Medal 1992 (Warlike), with clasp "Vietnam" to those veterans currently eligible for the Vietnam Medal. • Battle/theatre honours were extended beyond 1970 to 1971 in order to cover Victor 5 and Victor 6, and honours were presented during the Tribute 2008 ceremony on 1 June 2008.

<p>Ex gratia payments (MoU, clause 6)</p> <ul style="list-style-type: none"> • The Crown would make one-off ex gratia payments to veterans with prescribed conditions • The Crown would make one-off ex gratia payments to spouses or partners of veterans who died of a prescribed condition without having received such a payment. 	<p>Ongoing commitment</p>	<ul style="list-style-type: none"> • As of 30 June 2022, 974 payments have been approved to veterans who had: <ul style="list-style-type: none"> chloracne non-Hodgkin lymphoma chronic lymphocytic leukaemia soft-tissue sarcoma chronic lymphocytic leukaemia (including hairy-cell leukaemia & other chronic B-Cell leukaemias) Hodgkins disease/Hodgkins Lymphoma leiomyosarcoma (soft tissue sarcoma) diffuse large B cell lymphoma which is a form of non-Hodgkin lymphoma mantle cell lymphoma which is a type of non-Hodgkin lymphoma hypertension MGUS • As of 30 June 2022, 29 payments have been approved for spouses or partners of deceased veterans who had died of a prescribed condition and had not previously received an ex gratia payment: <ul style="list-style-type: none"> chronic lymphocytic leukaemia Hodgkin disease non-Hodgkin lymphoma soft-tissue sarcoma hypertension • From December 2021, VA has had an arrangement in place to monitor for any reports of the US Academy of Sciences that could lead to further conditions being added to Schedule 1 of the MoU, thus creating eligibility for an ex gratia payment.
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<p>War Disablement Pension (WDP) (MoU, clause 7)</p> <ul style="list-style-type: none"> • Eligibility criteria would be reviewed to ensure “reverse onus of proof” is applied uniformly. • Veterans diagnosed with a terminal illness resulting from service would receive 160 percent War Disablement Pension • There would be a substantive review of the War Pensions Act 1954, with regular updates to veterans’ associations, and opportunities for them to contribute at policy and select committee stages. • The eligibility criteria for Surviving Spouse and Partner Pensions would be reviewed as part of the above. 	<p>Completed</p>	<ul style="list-style-type: none"> • When the War Pensions Act was replaced by the Veterans’ Support Act in 2014 (VSA14), section 17 of the new legislation contained the presumption that a person who is medically assessed by the NZDF as physically and mentally fit for service in the armed forces is presumed to be fit for service, and that injuries, illnesses or death occurring on qualifying operational service would be deemed to be service-related. • Claims for entitlements are to be decided on the basis of benevolence built into the Act. • Statements of Principles (SOPs) were introduced. These establish the causal link between a condition and service based on medical scientific evidence and benevolent thresholds. For qualifying operational service the more benevolent Reasonable Hypothesis SOP is to be applied, while for routine service the Balance of Probabilities SOP is to be applied. • The 160% pension was introduced in 2008 for all veterans who are terminal (with less than 12 months to live) as a result of a condition that is accepted as attributable to or aggravated by service. The VSA14 introduced the option to apply for a Terminal Lump Sum or the Terminal Rate of the Disablement Pension. • Veterans’ associations were consulted during the review of the War Pensions Act both by the Law Commission and VA; and had opportunities to contribute. • Under the VSA14, the Surviving Spouse or Partner Pension was retained for Scheme One veterans’ spouses/partners.
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<p>Expert Panel (MoU, clause 8)</p> <ul style="list-style-type: none"> • A Panel would be established which would: <ul style="list-style-type: none"> (a) assess the appropriate rates of pensions, and any consequential entitlements for Vietnam veterans suffering from a prescribed condition and for Vietnam veterans suffering from a condition listed on the United States Institute of Medicine “limited or suggestive evidence list” at Appendix 3 of the MoU. (b) focus on creating uniform standards and criteria to ensure that all veterans with equal degrees of disability are treated fairly and consistently. • Any changes to War Disablement Pension rates for specific conditions arising from the Panel’s recommendations would be back-dated to the date of diagnosis and/or other appropriate milestones identified by the Panel. 	<p>Ongoing commitment</p>	<ul style="list-style-type: none"> • The Expert Panel (known as Ministerial Advisory Group on Veterans’ Health) was established in April 2009. Its term ended in June 2011. • Ministerial agreement was sought in May 2011 for a new Specialist Advisory Panel that would include a specialist in occupational medicine, a specialist in psychiatry, an epidemiologist, the Director of Defence Health and a lay person. This changed in October 2013 to a recommendation for the establishment of an <u>interim</u> Specialist Medical Advisory Panel to be dissolved when a permanent Panel would come into being under the VSA14. • In August 2014 a Veterans’ Health Advisory Panel which offers independent advice to the Minister was established under the VSA14. • The focus on creating uniform standards and criteria to ensure fair, consistent and equitable treatment for veterans with equal degrees of disability is enshrined in the VSA14, and was the reason for adopting the Australian Statements of Principles.
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<p>Programme for children (MoU, clause 9)</p> <ul style="list-style-type: none"> • Ex gratia payments are to be provided for natural children with any one of five conditions. • The Crown would review services provided by other governments to children or grandchildren. • The Crown would consider how access to and dissemination of relevant research on intergenerational effects can be improved. 	<p>Ongoing commitment</p>	<ul style="list-style-type: none"> • As at 30 June 2022, 24 payments have been approved for the children of Vietnam veterans who had: <ul style="list-style-type: none"> acute myeloid leukaemia cleft palate cleft lip/palate spina bifida • Services in other jurisdictions have been reviewed. • The VA website links to recent NZ studies. • All children and partners of veterans have access to fully-funded counselling related to parent's Vietnam service. • All children of veterans have access to fully-funded genetic counselling. • VA promotes this entitlement through its website, expos and outreach clinics. • Reimbursements are available for out-of-pocket health expenses for those children: <ul style="list-style-type: none"> (a) with spina bifida manifesta and cleft lip/palate; and (b) those conceived after their parents' service who have adrenal gland cancer & acute myeloid leukaemia.
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<p>Lump Sum Payments for families of children who have died from one of the accepted conditions (MoU, clause 10)</p> <p>This provision is in addition to any payment made under clause 9.2.</p> <p>It provides for one-off ex gratia payments to the immediate family of a natural child of a Vietnam veteran who has died of one or more of five accepted conditions, listed in Schedule 2 of the MoU.</p>	<p>Ongoing commitment</p>	<ul style="list-style-type: none"> As at 30 June 2022, six payments have been approved for the following conditions: <ul style="list-style-type: none"> acute myeloid leukaemia cleft palate cleft lip/palate spina bifida
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<p>Ongoing research (MoU, clause 11)</p> <p>The Crown would access & sponsor international research into effects of exposure to dioxins and hazardous substances, including intergenerational effects; and this information is to be made publicly available, as permitted by law.</p>	<p>Ongoing commitment</p>	<ul style="list-style-type: none"> • Two studies (2013 & 2015) were funded by the War Pensions Medical Research Trust Fund (now the Veterans' Medical Research Trust Fund)—these did not relate to intergenerational effects. • The VA website has a link to these studies. • Three conditions have been added to presumptive list, on the basis of findings of the United States Institute of Medicine (Parkinson's disease & ischaemic heart disease in 2009, and stroke in 2014). • No conditions have been removed from the children's list of accepted conditions, despite an update by the United States Institute of Medicine, categorising all as having inadequate/insufficient evidence of association. • Grants of \$400,000 (2018) and \$450,000 (2019) were made to the Veterans' Medical Research Trust Fund to sponsor research. • The 2018 research was to focus on inter-generational health impacts of service in Viet Nam for New Zealand veterans. The 2019 programme aimed to develop information about contemporary veterans that could assist the understanding of trends identified within the Vietnam veteran cohort.
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<p>Grant to EVSA (Neville Wallace Memorial) Youth Development Trust (MoU, clause 12)</p> <p>The Crown is to make a one-off grant of \$250,000 to assist the Trust to meet its objectives.</p>	<p>Completed</p>	<ul style="list-style-type: none"> • A one-off grant of \$250,000 was made on 20 June 2007.
<p>Veterans' Cards (MoU, clause 13)</p> <ul style="list-style-type: none"> • All veterans would be eligible to apply for a Veterans' Card, to ensure access to medical services, and availability of appropriate information to medical professionals. • The Crown will establish a card for children & grandchildren of Vietnam veterans (or a mutually agreed alternative) • 	<p>Completed</p>	<ul style="list-style-type: none"> • New treatment cards were created for veterans with accepted conditions. • A Children's Card was introduced for children who register (and also issued to grandchildren if the grandchild is brought up as the veteran's child); it identifies the bearer to medical professionals as a child of a Vietnam veteran. • The Veteran SuperGold Card was introduced in 2007, for those veterans eligible for SuperGold Card.

<p>National Register (MoU, clause 14)</p> <ul style="list-style-type: none"> • The Crown is to establish a national register to include all Vietnam veterans, their spouses or partners, and children. • The register is to have the capacity to include epidemiological research, monitoring of Vietnam veterans and families, and similar information as lawful. 	<p>Ongoing commitment</p>	<ul style="list-style-type: none"> • Various forms of registers have been developed since 2007. • The aim is to record all Vietnam veterans who can be identified. • VA assigned resources to update the register in 2019. It records all who have served; and, of those, who are VA clients and who are known to be deceased. • VA has committed to regularly updating the register as information becomes available. • It is not set up to be a basis for epidemiological research (although work on the records has been acknowledged as invaluable by authors of published health studies on Vietnam veterans).
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<p>Provision of medical information (MoU, clause 15)</p> <ul style="list-style-type: none"> • VA is to provide medical information to professionals, veterans and their children, to help ensure monitoring and screening for conditions associated with service in Vietnam, including PTSD. • The Crown will work with veteran associations and with Ranfurly, Rannerdale & Monticello veterans' retirement homes, to establish centres of excellence in providing information and support for the diagnosis and treatment of particular health conditions (including PTSD) prevalent amongst veterans. 	<p>Ongoing commitment</p>	<ul style="list-style-type: none"> • VA's website lists the five accepted conditions (for children), the five prescribed conditions (for veterans) and the conclusively presumed conditions. • The establishment of a virtual (rather than a physical) Centre of Excellence was one of the options recommended to the Joint Implementation Group. • While this was not formally progressed, it has, in fact, developed over the past five years or so. • Information is now being made available to veterans through the service-directing function provided by the WeServed.nz website. • Services are being delivered to veterans in both urban and rural areas through outreach clinics. • Clinics and expos have been held for Vietnam veterans, both in-person and virtual, since 2018. • Before limitations were imposed by the COVID-19 environment, VA had staff based in the Ranfurly House Centre for a day each month, and veterans from the Auckland area were encouraged to meet there with case managers. This will resume when circumstances allow. Similar clinics are being considered for Christchurch, once COVID-19 restrictions are lifted.
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<p>Review service delivery mechanisms, integrating this work with rewriting of the War Pensions Act 1954 (MoU, section 16)</p> <p>The Crown agreed to review how services are delivered to veterans, including veterans in Australia; and the role, structure and responsibilities of VA.</p>	<p>Completed</p>	<ul style="list-style-type: none"> • There were initially two reviews of VA, with full consultation with veterans groups: an independent review by the State Services Commission, followed by a review by Defence. • From 2008, VA became a full operational unit of NZDF. • From that date, VA has had responsibility for providing veteran entitlements (except Veteran's Pension entitlements), and CDF's enduring responsibility to veterans has been recognised. • A substantive review by the Law Society of the War Pensions Act 1954 led to the passing of the VSA 2014 – a more holistic support system for veterans. • This details VA functions. • Structural efficiencies & fragmentation in VA service delivery were addressed by implementing a new operating model from 2015. • A legally mandated review of the operation of the Act resulted in the Paterson Report (2018) which made 64 recommendations; most have now been implemented.
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<p>One-off comprehensive medical assessments (MoU, clause 17)</p> <p>Vietnam veterans would receive a comprehensive medical assessment to establish eligibility for a War Disablement Pension.</p>	<p>Commitment has been extended and is ongoing</p>	<ul style="list-style-type: none"> • The MoU offered a one-off comprehensive medical assessment. • It was decided in 2008 to offer such assessments annually; and annual medical assessments (AMAs) were introduced in 2009. • For a number of years, there was limited uptake of these. • Since 2018 VA has been actively promoting them and the number of acceptances is expected to rise as the Vietnam cohort ages. • Work is currently under way to prototype a digitised version of the AMA form, and the accompanying process.
<p>Trust Fund for veterans & families (MoU, clause 18)</p> <ul style="list-style-type: none"> • The Crown, in conjunction with veterans' associations would establish a Trust fund to provide support to Vietnam veterans and their families in relation to concerns and circumstances not addressed elsewhere in the MoU Package. • The Trust would receive an endowment of \$7 million from the Crown for a period of thirty years after which the endowment will revert to the Crown. • Trust activities were to be financed by interest earned on the endowment. • The Trust was to be registered under the Charities Act 2005. 	<p>Ongoing commitment</p>	<ul style="list-style-type: none"> • The Viet Nam Veterans and their Families Trust Fund was established in August 2007. Trustees are appointed by the Vietnam Veterans' Association and the RNZRSA, and the Chair is appointed jointly by the Minister for Veterans and the Minister of Defence. The Department of Internal Affairs oversees the administration of the Trust. • The Trust has the independence and flexibility to tailor financial packages that best meet the needs of the individual veterans who apply. • The Trust's \$7 million endowment was supplemented in 2019 by a one-off grant of \$350,000, approved by the Minister for Veterans.

<p>Joint Implementation Group (JIG) (MoU, clause 19)</p> <p>The Crown agreed to establish this Group, comprising representatives of the Crown and veterans' associations, to oversee the successful implementation of the MOU Package.</p>	<p>Completed</p>	<ul style="list-style-type: none"> • The JIG was established in 2007, and involved the Ex-Vietnam Services Association and the RNZRSA, as well as government representatives. It met twice-yearly and managed oversight of progress with implementing the MOU. The last meeting was held on 30 July 2009.
<p>General (MoU, clause 20)</p> <p>This clause noted that the MoU was a statement, made in good faith by the parties; and if the parties should agree to changes which would be more effective in delivering the intent of the package, and did not compromise its intent, then those changes may be made.</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • The Crown (VA) continues close relationships with the veterans' groups (or their successors) that were signatories to the MoU, and all parties closely monitor the ongoing implementation of the MoU. • The veteran landscape has changed since the MoU was signed – for example the Rannerdale Home, mentioned in Clause 15, has closed. • Several new delivery mechanisms, not envisaged at the time the MoU was signed, have been instituted (for example medical assessments are now on an annual basis, and Vietnam veteran expos, virtual centres of excellence, and positive ageing programmes have been put in place).