

REVIEW OF 7/31 DRAFT OF PHR REPORT ON INVESTIGATIONS IN TBILISI

Matthew Meselson  
Woods Hole, MA  
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Considering that the PHR group did not arrive on the scene until five weeks after the principal event, it has done an impressive job of investigation on its own and in coordination with local authorities and specialists.

GENERAL COMMENT:

The report clearly describes the use of force by Soviet authorities to break up a political demonstration in Tbilisi on April 9, resulting in deaths and injuries. The report documents the use not only of physical force but also of chemicals, one of which, chloropicrin, was identified through the efforts of PHR in collaboration with local Georgian officials and experts. Chloropicrin is known to have more long-lasting effects than the other two chemicals, CN and CS. A chloropicrin formulation known as CNS was classified as a riot-control agent and training agent by the US Army until sometime in the 1960s or early 1970s, but now is designated as obsolete. CS and CN are still used as riot control agents in the US and other countries.

The report vividly conveys the impression that the use of chemicals had a profound psychological impact, causing fear, outrage and dismay. That is important in itself, regardless of whether or not toxic effects directly caused serious injuries and death.

The report gives no unambiguous evidence that any of the deaths or serious injuries from the events of April 9 resulted from toxic effects of chemicals. Most of the symptoms reported by patients, signs, clinical observations, and pathological findings may not have been caused by actual intoxication. Nevertheless, the wording of the report will leave the inexpert reader with the impression that chemicals (including Freon propellant) killed and seriously wounded people and contributed more to actual injuries and to reported symptoms than did trauma, suffocation, psychological effects intensified by fear of chemicals, and pre-existing conditions. Is this what you want to convey? If so, the case needs strengthening. If not, the report should more clearly state the alternative explanations of mortality and morbidity and of reported symptoms and explain the limitations and uncertainties of the available data.

In some places, sympathy and compassion for the Georgians and heavy focus on chemicals detracts from the generally objective tone of the report.

DETAILED COMMENTS:

1) Conclusion #3, page 67. Are you sure that chloropicrin was banned in the US for riot control use since the 1950's? What is the authority for this statement? The US Army still listed the chloropicrin-chloracetophenone-chloroform mixture CNS, containing 38.4% chloropicrin, as a riot control agent and training agent in the December, 1963 edition of Technical Manual TM 3-215, "Military Chemistry and Chemical Agents". By October 1975, in Army Field Manual 3-9, "Military Chemistry and Chemical Compounds", CNS is listed as obsolete, with the comment that its prolonged effects "...may be highly undesirable in training and riot control." But even here there is no statement that the CNS or chloropicrin is banned.

Also regarding conclusion #3, I did not know that there was any uniform law governing riot control agents for police use in the US. Doesn't each state or other local law-enforcement jurisdiction decide for itself? Are there any chemicals that are legally banned for riot control use by police in the US? It may be more accurate simply to say that chloropicrin was considered too harsh and fell into disuse unless you are sure of the law on this.

2) Conclusion # 4, pages 67 and 68. Citing only Freon gas as a possible cause of the initial deaths leaves an unbalanced impression. You should list each of the major possibilities, including non-chemical ones such as trauma and suffocation.

3) Conclusion # 5, page 68. Is it correct to refer to "symptoms experienced"? Are not symptoms only what a patient reports, while signs are what the examiner actually sees? If so, it would be more objective to say "...symptoms reported by...". This limitation in the data comes up at many points in the report and should be explained near the start of the report.

4) Conclusion #5. I definitely do not agree that it is "plausible" that CN, CS, or chloropicrin could remain on flowers in the Plaza in sufficient amount to intoxicate hundreds of people three weeks later. Exposures would be minute and vastly less than those resulting from direct attack three weeks earlier. The only plausible explanation is that the effect was not toxic but psychological. Lingering odors from traces of agent might have contributed to the psychological effect, although the fact that the flowers were placed in the Plaza only after the use of chemicals makes even that questionable.

The above consideration taken together with the statement in the report that the symptoms reported for April 9 were not distinguishable from those for April 28-29 would be consistent with the symptoms reported for most of the respondents from April 9 being predominantly psychological. The report should address this possibility. As implied in the comparison with radiation on page 70, the use of chemicals and the fear of chemicals can provoke intense emotion. See also the general comment on this above.

5) Conclusion # 8. Did thousands actually "require" medical attention. Would "sought" or "received" be more accurate?

6) Conclusion #10, page 70. This comparison of riot-control chemicals, even harsh ones, with nuclear weapons seems exaggerated. Instead, the report could say "...attitudes toward chemical weapons share features with attitudes toward radiation".

7) Recommendation # 1, page 70. There are no chemicals banned by the Geneva Conventions. The treaty governing the use of chemicals in war is the Geneva Protocol of 1925. The Geneva Conventions are something else. More important, the great majority of States Parties to the Geneva Protocol that have made statements on the issue hold that the Protocol prohibits the use in war of all toxic chemicals, including tear gas, riot-control agents, etc. Please do not muddy the waters by implying international agreement that some gasses are permitted in war. There is no such agreement and there are sound reasons for not wanting one, due to the difficulty of maintaining distinctions between one gas and another in war. In war, the simplest and most stable rule is "no gas".

The Geneva Protocol, by its terms, applies only to the use of chemicals in war. It does not apply to internal crowd-control. There is no international law against specific chemicals for crowd control. If you want to say on medical grounds that certain chemicals should not be used for crowd control or other police purposes, cite the specific chemicals by name, not by presumed legal status.

8) Recommendation # 2, page 70. I agree. Of course no chemical is absolutely safe, nor is any physical method of crowd control. There is a common presumption that chemicals are effective for crowd control. I think you could do a service by questioning this. In Berkeley, Harvard Square, Northern Ireland, the Gaza Strip, chemicals appear to cause rage and dismay that lingers. Is their net effect really what their users intend? Maybe the best way to inhibit the use of chemicals is to make clear that it is often counterproductive, as it seems to have been in Tbilisi.

9) Table I. This is not well explained and is not constructed usefully. Did PHR collect the information? Are these 22 patients a sub-set of those you interviewed? What is the purpose of this Table? It is arranged so that the variables male, female, physical, psychological cannot be assigned to events (4/9, 4/28, etc.) Please fix. Why not just give each of the 22 patients a separate line in the Table and list age and other variables in vertical columns?

10) Table II. Again, please separate April 9, 28-29, etc. Also, tell how many there were in each group or at least in the total group, not just percentages.

11) Table III. As above, please separate the events and give at least the total number so that percentages can be converted to numbers. The same applies to Table IV.

12) Tables I, V and in the text. The report lumps April 9 and April 28-29 into one "wave". This is not objective, since it implies similar causation. See comment # 4. The report should refer here

and elsewhere to three waves, not two. The data should be presented so the events of April 9 and of April 28-29 can be seen separately.

13) The Soviet government has officially and repeatedly stated at the Conference on Disarmament in Geneva and elsewhere that the chemical warfare agents of the Soviet Army are GB, GD, VX, H, L, and CS. Neither CN nor chloropicrin are included in this list. The PHR report refers to Soviet troops, Soviet military, Soviet soldiers, and Soviet forces. Some readers will assume these terms all refer to the Soviet Army. Do you mean to say that the Soviet Army used CN and chloropicrin? That would be to say that the Soviet statement to the Conference on Disarmament is wrong. Maybe it is. Or could the two unlisted chemicals have been used only by other forces, such as troops of the Soviet Interior Ministry (MVD), who were said in press reports also to have been present? The report should be clear on whether or not you conclude that the Army itself used CN and chloropicrin.

14) Page 7, last line. Metal clubs or spades?

15) Page 10. The implication is that the troops deliberately directed their fire on children. Are you sure of this?

16) Page 11. "The Soviet military..." Who is meant--the Army, the MVD, or can you distinguish? This relates to comment # 13 above.

17) Page 38. I had thought that CS generally displaced CN in US police departments in the 1960s, not the 1950s. I think it was not even generally available in police munitions in the 1950s. As the report says, both agents are still used.

18) Page 41. "Chemical Warfare Troops" This term is the name of a very specific Soviet Army organization. Do you really know they were present and using chemicals?

19) Page 42. "malononitrile" Also, "HN" or just "H"?

20) Page 44. "...banned for this purpose..." See comment # 1.

21) Page 45. What was the source of the chloropicrin spray? Are chloropicrin spray canisters used for riot control in Japan?

22) Page 51. "...resolve in the positive." See comment # 4. I definitely do not agree that there could still be a toxic effect three weeks afterwards from flowers placed in the Plaza after the event. An odor, perhaps. A psychological effect is plausible; but not an actual toxic effect.

23) "THE SECOND WAVE" It was the third wave, not the second. See comment # 4.

24) Page 9. Can you provide a translation of the leaflet?