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UNITED STATES GOVERNMENT
Memorandum
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TO : FILE

DATE: March 18, 1981

FROM : Henry Wilde, M.D., Regional Medical Officer *H.W.*

SUBJECT: Report on Visits to Democratic Kampuchea Hospitals

Visit to a DK village opposite Tap Phrik, Thailand

BEST COPY AVAILABLE

INTRODUCTION:

This visit was in response to press reports March 12 and again March 13 of a poison gas attack against a group of Khmer Rouge insurgents inside Cambodia as a result of which eleven individuals died. The visit was accomplished by car from Bangkok in approximately four and a half hours driving time. The village is located south of Aranyaprathet town. It is reached by following the border road southward along the Cambodian border approximately twenty-five kilometers. One passes several Thai military posts and finally crosses the border creek over a bamboo bridge, thus entering Cambodia proper. The visit was accomplished in the company of Cambodian-speaking political officer Timothy Carney. We were greeted at the bridge by a Khmer Rouge border guard who went to fetch a political cadre. The individual, Mr. Han, spoke some French, but the conversation took place in Cambodian with Mr. Carney acting as interpreter. After stating our business, we were conducted over the bridge and into the village proper.

MS # 15

APPEARANCE OF THE VILLAGE:

The village stretches along the other side of the border creek and is composed of thatched huts and a few more permanent structures. There is obviously extensive cultivation of vegetables, taro and bananas. Houses are scattered, and most are surrounded by underground shelters, obviously constructed for retreat in the event of attack. People are generally dressed either in Chinese-made green combat uniforms or a variety of very simple black peasant garments. We did not see any older people, nor did we see any children above the age of four. A few people were armed with AK-47 assault rifles. No other armament was seen. The guards at the bridge were not armed. The people we saw appeared to be well-nourished and friendly. There were no restrictions against taking pictures and Mr. Carney and I managed to shoot-up two films of candid photographs then and during the next days elsewhere. We were conducted to a meeting hut which was obviously constructed to entertain foreign visitors. After some tea was served, the doctor, Mr. Map, was fetched from the camp hospital and we were given a rendition of events by the camp spokesman as well as by the doctor, who identified himself as having graduated from Phnom Penh medical school in 1969.

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THE POISONING EPISODE:

We were informed that the event involved a group of Khmer Rouge soldiers who had gone to a mountainous terrain approximately thirty kilometers from their camp in order to fight Vietnamese units known to be present there. This incident involved a group of people who drank water from a waterhole or stream which they had used previously without ill effects. After a heavy rain had occurred, they consumed water from this hole and a large number had become rapidly ill. Of these some were said to have died within the next twenty-four hours. Initial symptoms consisted of a dry mouth, nausea, chest pain which was dull and not related to respiration, and abdominal pains. Pupils were said to have been normal and some experienced mild diarrhea without any blood in the stool. One complained of redder than usual urine for a period after becoming sick. There was no fever and no skin rashes. The individuals who succumbed to the illness were said to have not had any neurological symptoms such as paralysis, change in consciousness or coma. Most of the survivors have had some type of abdominal pain. There was no jaundice reported. We could not elicit any report that indicated marked increase in salivation or respiratory distress as one would expect from a drug that interferes with cholinesterase. The camp spokesmen and doctor stated that they did not notice any ill or dead animals around the water hole, and that there were fish in the hole, none of which appeared to have died. A larger number of individuals who drank from the water became ill on the following day. Most of these were able to return to base camp and were seen at the camp hospital. One twenty-year old soldier was quite ill upon his return with symptoms described previously, and died five days later in the hospital. This death occurred suddenly after he was thought to have recovered and had been walking around the camp. He had gone out to urinate, had returned to his cot and was suddenly dead. The doctor stated that physical examination prior to the sudden death revealed normal heart and lung function as well as no fever. This individual was also not jaundiced and had a normal urine output. His body was buried "far away." We were told that there were several secondary cases among people who cared for the ill in the hospital as well as stretcher bearers. Symptoms were the same and none died. Asked his opinion, the doctor said he had no evidence that clearly indicated use of toxic agents, but he could not explain the cases as any normal illness. We then had the opportunity to examine a few remaining patients who had been in the hospital for almost one week, and were said to have belonged to the group who had become ill after drinking water from the stream designated, "O (stream)-32."

PATIENTS EXAMINED:

#1 The first patient examined was a twenty-year old male soldier who was still complaining of dull pain in his left chest. This pain was not related to respiration or motion. He also stated that he was nauseated and that two days previously he had done some vomiting. He also had a vague deep

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aching abdominal discomfort. He stated that all his difficulties had started after drinking water from the waterhole and that his symptoms had appeared several hours later. He stated that he had been in good health up until this event. He had not been in any combat himself, although he had been at an area where combat was to be expected at any time for 15 days. On examination, this individual appeared well-nourished and in no acute distress. He did not appear to be feverish. He was not jaundiced. He had no increased salivation and had moist, normal mucus membranes. He was receiving an intravenous infusion of 5% glucose in water. The only remarkable physical finding was a spleen which was two fingers below the costal margin and was hard and slightly tender.

#2 The next patient was a twenty-year old male soldier who stated that he drank water from the same stream, but that he had boiled the water. He had been with the first patient in the field for 15 days. Despite boiling the water, he had become ill with the same symptoms which the others had described, approximately five to six hours later. He was complaining of pain over his heart and abdominal distress with inability to eat. His main complaint was nausea, extreme fatigue and a dry throat. He said he was hot, but was not in fact feverish, was not jaundiced and did not appear to be in any acute distress. He said his urine had run redder than usual for a short period after he became ill. Physical examination revealed a well-nourished male. He was also receiving an intravenous infusion of 5% glucose in water. The only remarkable physical finding was a spleen which was three fingers below the costal margin, hard and slightly tender. The doctor told me at this point that this individual, like most of the others that I examined, had blood smears that were positive from malaria on arrival at camp.

#3 The next patient examined was a thirty-year old soldier who had also been drinking unboiled water from a stream and had become ill with nausea, vomiting as well as abdominal pain two days later. Physical examination was unremarkable except for a spleen which was two fingers below the costal margin.

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Visit to the DK Village of Phum Thmey opposite the Thai village of Nong Pru

INTRODUCTION:

This village was visited on the next day (March 15) of the journey to the region with Mr. Timothy Carney. The village is located south of Aranyaprathet, when one follows the border road approximately 15 kilometers from Aranyaprathet. The village is reached by passing through a Thai military post and then crossing the border creek into Cambodia. The creek is crossed by a bamboo bridge which is guarded by a green-uniformed but unarmed Khmer Rouge trooper. Upon announcing our presence, the trooper went to fetch the village spokesman whose name was Saem. Mr. Saem is approximately 35 years old, speaks both French and English moderately well, and appeared to have been some sort of minor civil servant in Phnom Penh prior to the collapse of Cambodia. He is well-known to Mr. Carney whom he greeted profusely. We were immediately conducted across the bridge and, on the way to the hospital, were met by Mr. Lim who appears to be a senior member of the Khmer Rouge village governing committee. We were later also joined by the Democratic Kampuchea Secretary of State for Telecommunications, Mr. Chhorn Hay, and the Democratic Kampuchea Secretary of State for Science and Technology, Mr. Thiounn Mumm. These people, however, did not accompany us to the hospital.

THE HOSPITAL:

The hospital is quite spacious and consists of bamboo huts with long cots which do not have any mattresses. There must be room for several hundred patients; however, only two to three dozen were seen. Among these there were several obviously wounded, but we were led to one long hut which contained medically ill individuals. There, we were met by a young woman in the usual black Khmer Rouge dress who was introduced to us as a fully-qualified nurse. She appeared to be in charge of the hospital. We were told by village spokesman Saem, as well as by the nurse, that this village had lost eleven dead in what appeared to be a gas attack approximately 20-30 kilometers away in a mountainous region of Cambodia. The troops who were intending to attack a Vietnamese unit operating in the area, were passing through jungle when they suddenly smelled what they described later as perfume. Virtually within a 100-meter walk of first smelling the perfume, many became ill and eleven died within a few hours. The individuals who died were said to have become nauseated, vomitted, had difficulties with breathing and a dry, painful throat. They soon developed bleeding from their ears and "out of their pores." Several of these dead were "cut open" on the following morning by the unit medic and, even though less than twelve hours had elapsed, all internal organs, particularly the intestines, liver, kidney and lungs had decayed. Several of the remaining unit became ill with pain in the throat, chest and abdomen, but recovered. Several other individuals, who drank water from a well or streams located in the general area became ill. We were only able to interview three of these people who were still in the hospital. Of note is that DK authorities claimed to be puzzled over the "gas" attack because they had no idea how the substance was delivered since they had seen no aircraft spraying nor any artillery with chemical rounds fired.

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PATIENTS EXAMINED:

#1 A twelve-year old boy who said he was a messenger stated that he drank water from a small pond and that he developed pain in his throat very soon thereafter. There was no vomiting, but he developed chest pains and had difficulty in breathing. There was no fever. He arrived at the hospital on the next day and was examined by us four days later. Physical examination revealed a twelve-year old well-nourished youngster who was in no acute distress. There was slight jaundice of the sclera and the nurse claimed that the boy had been pale and jaundiced on arrival at the hospital. His spleen was four fingers below the costal margin, literally huge for a small boy of this size. The spleen was hard and only slightly tender. His blood smear was positive for malaria.

#2 An eighteen-year old soldier who drank boiled water from a creek said he developed vomiting, became dizzy and had a severe headache. He soon thereafter developed chest pains which was related to breathing. He had two loose bowel movements, but no blood in his stools. He came to the hospital the following day and was examined by us four days later (March 15). Physical examination was entirely unremarkable. There was no fever, and his spleen was three to four fingers below the costal margin, slightly tender and hard. His peripheral blood smear was tested and said to have revealed malaria organisms.

#3 A nineteen-year old soldier also stated that he drank water from a creek which he did not boil. He never was near the area where the apparent gas attack occurred. One hour after drinking the water, he became extremely tired and had hardly enough strength to walk. He became nauseated, had some increased salivation which he attributed to an inability to vomit and developed chest pain. He was taken to the hospital the following day and was examined by us four days later. This individual appeared chronically ill. He was very pale, slightly jaundiced, was receiving an intravenous infusion of glucose and water. Auscultation of the chest was unremarkable. He had a tachycardia of 100 but no abnormal heart sounds. Examination of the abdomen was entirely normal. His liver and spleen were not enlarged. He had defused mild tenderness over his entire abdomen. Bowel sounds were normal. He had scabies infestation over his lower abdomen. His blood smear was positive for falciparum malaria and I was shown his smear later.

We then engaged the nurse in a discussion of the other patients that she had seen and who had since been released. She told us that all these individuals, who were suspected to have been poisoned, were treated with intravenous glucose, were given quinine and were also given at least one injection of Lasix, a potent diuretic. This, she said, was on instruction of the French doctors from ICRC who suggested that the Lasix would help excrete any poisons that might have been ingested.

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Before leaving we were able to meet two ICRC physicians who were French. They greeted us with suspicion and were not particularly communicative or friendly. One, a young lady by the name of Dr. Nicole, stated that she was from Marseille and that she had seen quite a few patients who claimed they had been poisoned. She stated that she did not see any convincing evidence of intoxication in any of these, but that she could not exclude the possibility. Her colleague, who only mumbled his name, was approximately 35 years old, wore a set of white cotton Indian-style hippie pajamas, had a pointed beard and the demeanor and looks of a nasty, aging hippie. He made no effort to answer our questions and soon turned his back on us and walked away. Saem, the camp spokesman, overhearing Dr. Nicole's comments on the patients who had come to the camp with suspected poisoning, stated that whatever had happened in the jungle certainly had caused a considerable amount of concern among the troops; some of whom were refusing to go back to this area for fear of being poisoned, although all were eager to resume the fight against the Vietnamese. Upon leaving the camp, we were given a bottle of water which was said to have come from a bad well. Small animals were found dead around the well, claimed Saem. This water had a strong odor not unlike diesel oil. We were later able to procure another water sample from the Thai battalion commander, who stated that it came from a stream and that it was given to him by Khmer Rouge who had collected it from an area where poisoning had been suspected.

COMMENTS:

The stories from the apparently different events that were recited to us are rather confusing and inconsistent. The patients which I was able to examine appeared to be suffering from chronic malaria and/or other natural diseases as well as possible battle fatigue. It was, however, my impression that they were genuinely frightened of events that had occurred in the jungle and that, consciously or subconsciously, the events and their illness provided them with a good excuse not to return to combat. The report concerning those individuals who died following the inhalation of a perfume-like smell, are difficult to interpret. The sudden appearance of spontaneous hemorrhaging from ears and "out of pores" shortly after inhalation of some toxic substance are not very convincing. One can, nevertheless, not exclude that some gas attack had taken place, and this has resulted in a lot of fear, misinterpretation and perhaps combat unwillingness on the part of other soldiers.

RECOMMENDATIONS:

In order to assess the situation further, it is imperative to obtain accurate descriptions, water samples and tissue samples from individuals who died. This was all explained to the Cambodian camp leaders. It was suggested that field units be instructed to collect samples of water in the event further poisoning of wells and ponds is suspected. It was also suggested that field commanders instruct their staff to write down accurate descriptions of serious illnesses at the time that they occur. In the event further deaths occur, every effort should be made to obtain autopsy specimens. If no medical personnel are available, an individual most likely to have the skill should open the chest cavity and abdominal cavity of

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victims of suspected poisoning and remove twenty to one hundred grams of lung, heart, liver and kidney. These could be placed in any container, including a plastic sack, together with a solution of alcohol or formalin. If 70-80% alcohol is not available and it is impossible to transport these tissues quickly (within one day) to a place with a refrigerator, any alcohol including whiskey or gin or rice liquor should be used to preserve the tissues. These tissues should be delivered to Col. Pricha's command post at Thai Battalion Headquarters. If at all possible, they should be accompanied by an accurate and detailed description of events preceding the poisoning, along with the symptoms that the individuals experienced. We promised the camp leadership that the results of any such tests would be conveyed to them.

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