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ACTION PM-09

INFO OCT-01 ADS-00 INR-10 CIAE-00 EA-10 IO-15 NSAE-00
SSO-00 HA-06 INRE-00 ACDA-12 /063 W
-----260477 261021Z /10

O 260926Z OCT 81
FM AMEMBASSY BANGKOK
TO SECSTATE WASHDC IMMEDIATE 3765
INFO DIA WASHINGTON DC// IMMEDIATE
CSA WASHDC IMMEDIATE
CDRAARADCOM EDGEWOOD ARS MD IMMEDIATE
USAMIIA FT DETRICK MD IMMEDIATE

C O N F I D E N T I A L SECTION 01 OF 02 BANGKOK 49054

STATE FOR FRED CELEC
DT-1A FOR

B3

EO 12065: RDS-2 10/23/01 (ROY, J. STAPLETON) OR-M
TAGS: PARM, MILI, SHUM, CB, VM
SUBJ: NOTES ON OCTOBER 21 BLOOD SAMPLES TAKEN
FROM DK "GAS" VICTIMS

REFS: A. BANGKOK 48546 (NOTAL),
B. BANGKOK 47086 (NOTAL),
C. CDRUSMIIAFTDETRICKMD OR 221900Z OCT 81 (NOTAL)

1. (C - ENTIRE TEXT.)
2. BLOOD SAMPLES TAKEN OCTOBER 21 FROM INSIDE A DK ZONE AND POUCHED SAME DAY (REF A); PACKAGE INCLUDED NOTES ON PHYSICAL EXAMS. MEDICAL DOCTOR WHO SUPERVISED THE DRAWING OF BLOOD WROTE THE NOTES, NUMBERED TO MATCH WITH LABELS ON BLOOD SAMPLES. FOR CONTROL PURPOSES HE ALSO DREW BLOOD FROM PATIENTS WHO WERE NOT EXPOSED TO POISONS, AND OF SIMILAR AGE TO ALLEGED VICTIMS.

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3. PRIVATE AMCITS DOCTOR AND REGISTERED NURSE/
EPIDEMIOLOGIST WHO UNDERTOOK MISSION PERFORMED SIMPLE

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URINE TESTS IN THE FIELD (USING DIPSTICK METHOD) ON "GAS" VICTIMS. RESULTS SHOWED PROTEIN IN ALL SAMPLES (1-3 PLUS), BUT NO BLOOD. CLOTTING FACTOR SEVEN TEST ATTEMPTED AT EMBASSY MEDICAL UNIT IMMEDIATELY ON RETURN TO BANGKOK FROM BORDER WAS INCONCLUSIVE.

4. THE TWO SOURCES SAID NO CADAVERS WERE AVAILABLE AT THE DK HOSPITAL FOR AUTOPSY. THEY ADDED THAT THE DK MINISTER OF HEALTH OFFERED LIVE TISSUE SAMPLE TO BE TAKEN FROM ONE OF THE HOSPITALIZED DK VICTIMS (LIVER OR LUNG). AMCIT DOCTOR SAID HE REFUSED FOR ETHICAL REASONS: RISKS TO THE PATIENT DUE TO FIELD OPERATING CONDITIONS, POSSIBLE BLEEDING PROBLEM ASSOCIATED WITH SUSPECTED EFFECTS OF TOXIN POISONING, AND THE UNACCEPTABILITY OF OPERATING ON A POSSIBLY HEALTHY ORGAN.

5. BOTH DOCTOR AND NURSE COMMENTED THAT PATIENTS WHO HAD SUFFERED ALLEGED ATTACKS 30 DAYS EARLIER APPEARED RELATIVELY HEALTHY EXCEPT FOR AN APPARENT HEPATITIS CASE (NO. 1) AND A MALARIA CASE (NO. 2). THE NURSE SAID THAT WHILE EXAMINING ONE PATIENT HE APPEARED TO UNDERGO A PHYSICAL DISTRESS EPISODE, WITH RAPID HEART BEAT, RESPIRATORY PROBLEMS, WET CLAMMY SKIN AND TEARING. NURSE SPECULATED THAT EPISODE COULD BE CAUSED BY REACTION TO EXTENDED HYDROCORTISONE TREATMENT THOUGH DK DOCTORS SAID THAT SIMILAR "RELAPSES" OCCURRED WITH OTHER PATIENTS.

6. DOCTORS DESCRIBED REPORTED SYMPTOMS OF PATIENTS AS FOLLOWS: WITHIN ONE TO TWO MINUTES PATIENTS

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CLAIMED TO EXPERIENCE DIFFICULTY INHALING AS IF THEIR WINDPIPE WAS CONSTRICTED. THEIR STOMACH FELT HOT INSIDE; THEY VOMITED BLOOD AND DEVELOPED BLOODY DIARRHEA. THEIR HEARTBEAT BECAME FAST AND WITHIN 30 MINUTES MANY LAPSED INTO COMA. SOME PATIENTS WHO EXPERIENCED THE FULL RANGE OF SYMPTOMS RECOVERED WITH TREATMENT (OUTLINED REF A). IN DISCUSSING RELAPSE SYNDROME, DK DOCTORS CLAIMED THAT THE LAST CASUALTY TO DIE HAD APPEARED TO RECOVER AND WAS RETURNED TO HIS UNIT WHERE HE DIED TWO DAYS LATER WITH BLOODY VOMITING. DK DOCTORS SAID THAT WITH NO LABORATORY FACILITY THEY ESTABLISHED RELEASE CRITERIA FOR PATIENTS ON PHYSICAL SIGNS. THE DK DOCTORS ALSO

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SAID THAT AUTOPSIES CONDUCTED ON "GAS" VICTIMS SHOWED THAT INTERNAL ORGANS INCLUDING ESOPHAGUS, STOMACH, LUNG AND LIVER HAD BECOME "ROTTEN."

7. THE DK DOCTORS CLAIMED THAT THE ICRC HAD OBSERVED AT LEAST ONE RECENT AUTOPSY OF A "GAS" VICTIM, IDENTIFYING ICRC PERSONNEL SIMPLY AS "BERNARD" AND "CHRISTINE." A UNICEF OFFICIAL NAMED "MRS. ANDRE" WAS ALSO REPORTED PRESENT. THE DK ALSO CLAIMED THAT ICRC COLLECTED LEAF SAMPLES IN MARCH 80 FROM AN AREA CLOSE TO THE THAI BORDER THAT HAD BEEN "GASSED." THE DK DESCRIBED THE RESIDUE AS YELLOW POWDER WHICH "BURNED" LEAVES, CREATING BROWN SPOTS ON THE LEAVES WHICH EVENTUALLY DIED. COMMENT: WE ARE NOT AWARE OF ICRC SAMPLE COLLECTION, AND ARE CHECKING TO IDENTIFY ICRC/UNICEF AUTOPSY WITNESSES. END COMMENT.

8. THE AMCITS LEFT WITH DK MEDICAL STAFF SUGGESTIONS ON RETRIEVING TISSUE SAMPLES (TISSUE FROM STOMACH, LUNG, LIVER AND ESOPHAGUS) FROM CADAVERS OF NEW

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VICTIMS ALONG WITH SMALL AMOUNTS OF TEST TUBES FOR BLOOD, AND OTHER SAMPLING EQUIPMENT. SIMILAR EQUIPMENT AND SUGGESTIONS WILL BE PROVIDED BY AMCIT DOCTOR

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TO KPNLF AND SIHANOUKIST MEDICAL AUTHORITIES IN THE
FIELD. (THESE SUGGESTIONS INCLUDED IMMEDIATELY
ALERTING NEARBY THAI AUTHORITIES TO NEW SAMPLES.)

9. MS. [REDACTED] AMCIT NURSE/EPIDEMIOLOGIST
WHO UNDERTOOK BOTH THIS AND PREVIOUS VISIT TO DK
HOSPITAL AREA (REF B) IS RETURNING TO HER HOME IN
U.S. OCTOBER 23. SHE IS WILLING TO DISCUSS HER TWO
TRIPS TO THE DK ZONE WITH USG BY PHONE, OR WOULD BE
WILLING TO COME TO WASHINGTON IF USG WERE TO
UNDERWRITE THE TRIP. SHE CAN BE CONTACTED AT
FOLLOWING HOME ADDRESS: [REDACTED]

B6

(REF C ARRIVED ONLY AFTER SECOND SAMPLE COLLECTION
MISSION RETURNED FROM DK ZONE.)

10. WE WILL SEE DOCTOR OCTOBER 25 AND WILL REPORT
HIS FURTHER MEDICAL AND OTHER OBSERVATIONS SEPTEL.

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