



Department of State

TELEGRAM

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PAGE 01 USNATO 03877 181646Z
ACTION EUR-12

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E.O. 12065: N/A
TAGS: NATO, PARM, CA
SUBJECT: CANADIAN REPORT ON CU USE IN SOUTHEAST ASIA

1. AT POLADS JUNE 18 CANADIAN REP CIRCULATED COPIES OF UNCLASSIFIED CANADIAN STUDY DONE FOR THE MINISTRY OF EXTERNAL AFFAIRS BY H.B. SCHIEFER OF THE UNIVERSITY OF SASKATCHEWAN, AN EXPERT ON MYCOTOXINS. REPORT, WHICH WILL BE RELEASED TO THE PUBLIC JUNE 21, CONCLUDES THAT EVENTS IN SOUTHEAST ASIA CANNOT BE EXPLAINED ON THE BASIS OF NATURALLY OCCURRING DISEASES. STUDY INVOLVED FIELD WORK IN THAILAND IN FEBRUARY THIS YEAR, LABORATORY ANALYSIS AND INTERVIEWING. CANADIAN REP INDICATED THAT COPIES WERE BEING PASSED THIS WEEK TO THAI GOVERNMENT BY FM MACQUIGAN.

2. TEXT OF EXECUTIVE SUMMARY FOLLOWS:

BEGIN TEXT:
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PAGE 02 USNATO 03877 181646Z

1. THE EVENTS THAT ARE REPORTED TO TAKE PLACE AT

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DEPARTMENT OF STATE A/CDC/MR

4/3/88

REVIEWED BY R/kw DATE 4/3/88
 RELEASE DECLASSIFY
 EXCISE DECLASSIFY IN PART
 DENY Non-responsive info.
FOI, EO or PA exemptions
TS authority to:
 CLASSIFY as
 DOWNGRADE TS to () S of () GADR

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THE TIME OF ALLEGED CHEMICAL WARFARE ATTACKS CANNOT BE EXPLAINED ON THE BASIS OF NATURALLY OCCURRING DISEASES. NEITHER MYCOTOXICOSES NOR OTHER DISEASES OCCUR IN SOUTHEAST ASIA WHICH MIGHT BE ABLE TO CAUSE THE RAPID ONSET OF SYMPTOMS OR THE EFFECTS ON ALL SORTS OF FORMS OF LIFE (HUMAN, ANIMAL AND PLANT LIFE) THAT IS REPORTED TO OCCUR.

2. JUDGING ON THE BASIS OF EYEWITNESS REPORTS IT APPEARS THAT THREE DIFFERENT TYPES OF AGENTS HAVE BEEN EMPLOYED AS WARFARE AGENTS, ONE OF THEM BEING "YELLOW RAIN".

3. MOST OF THE FEATURES DESCRIBED WITH "YELLOW RAIN" ATTACKS ARE CONSISTENT WITH TRICHOHECENE MYCOTOXICOSIS.

4. THE SYMPTOMS DESCRIBED ARE MORE CONSISTENT WITH STACHYBOTRYOTOXICOSIS, A DISEASE CAUSED BY MACROCYCLIC TRICHOHECENES, RATHER THAN WITH SYMPTOMS ATTRIBUTED TO OTHER TRICHOHECENES.

5. ALTHOUGH CERTAIN TYPES OF MYCOTOXINS (E.G., AFLATOXIN, OCHRATOXIN AND POSSIBLY ZEARALENONE) OCCUR IN THAILAND AND PROBABLY ALSO IN SURROUNDING COUNTRIES, THERE ARE NO NATURALLY OCCURRING DISEASES WITH THE SYMPTOMATOLOGY OF TRICHOHECENE MYCOTOXICOSIS.

6. THERE IS AN URGENT NEED TO IMPROVE THE VERIFICATION AND CONTROL PROCEDURES FOR CHEMICAL AND/OR
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PAGE 03 USNATO 03877 151646Z

BIOLOGICAL WARFARE.

END TEXT. LEDOGAR

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UNIVERSAL EXPENSE FORM

Note: Receipts must be submitted to TRO within 60 days of the date expense incurred.

EMPLOYEE TYPE OR AFFILIATION

- Harvard Employee
- Affiliate/Harvard Student/Casual/Stipend- Complete Non-Employee Section
- Invited Guest/Visitor – Complete Non-Employee Section

PAYMENT TYPE (CHECK ONLY ONE)

- Out of Pocket
- GE Capital MasterCard Corporate Card

Reimbursement Method (Check only one)

- Direct Deposit
- Paper Check

Date:

Harvard ID#:	Reimbursee or Cardholder Name:	Web Voucher/PO#:
Non-Employees Complete This Section.	Social Sec/Tax ID#:	US Citizen or Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Permanent Residents - Resident Alien Card # _____ If you are not a US Citizen or Permanent Resident, provide: Visa Type: _____ Country of Tax Residency: _____

BUSINESS PURPOSE

(Detailed reason for expenditure. For travel or entertainment, include person and/or organization visited and location. Also include expense date range. List additional business purposes on page 2.)

Date(s) of expense(s)

#1		
#2		
#3		
#4		
#5		

SUMMARY OF EXPENSES (Room for additional expenses is available on page 2)

Business Purpose#	Description (date, detail, etc...)	Air/Rail Travel	Ground Trans.	Lodging	Business Meals	Other	Total
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
Subtotals from page 2, if applicable:		0.00	0.00	0.00	0.00	0.00	0.00
LESS ADVANCES		*Precede with minus sign					
EXPENSE REPORT TOTAL:		0.00	0.00	0.00	0.00	0.00	\$ 0.00

TOTAL AMOUNT OF RECEIPTS UNDER \$75

\$

REIMBURSEE: I certify that these are all legitimate Harvard University business expenses.

SIGNATURE:

Date:

Reimbursee Permanent Legal Address:

Reimbursee Check Mailing Address, if different than Legal:

I have reviewed these expenses and all are in accordance with University and Tub policy.

Preparer: Phoebe Potts
(PRINT)

Phone: 384-7507

Approver: _____
(SIGNATURE)