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THE RIGHTS OF PEOPLES TO SELF-DETERMINATION AND ITS
APPLICATION TO PEOPLES UNDER COLONIAL OR ALIEN
DOMINATION OR FOREIGN OCCUPATION

Letter dated 3 February 1984 from the Permanent Representative
of Democratic Kampuchea to the Assistant Secretary-General for
Human Rights, Centre for Human Rights

I have the honour to transmit to you herewith the text of the communication by Professor Thiounn Thoeun, Minister of the Co-ordination Committee for Public Health and Social Affairs of the Coalition Government of Democratic Kampuchea, on the syndromes and histories of persons poisoned by toxic chemicals used by the Vietnamese occupying forces in Kampuchea (communication dated 5 April 1983).

I should be very grateful if you would arrange for the text of this communication to be circulated as an official document of the fortieth session of the Commission on Human Rights, under item 9 of the agenda.

(Signed) NGO HAC TEAM
Ambassador
Permanent Representative

Annex

SYNDROMES AND HISTORIES OF PERSONS POISONED BY TOXIC CHEMICALS
USED BY THE VIETNAMESE OCCUPYING FORCES IN KAMPUCHEA

Communication by Professor Thibunn Thoeun, Minister of the
Co-ordination Committee for Public Health and Social
Affairs of the Coalition Government of Democratic Kampuchea

During the 1982-1983 dry season, as a part of their genocidal war against the people of Kampuchea, the Vietnamese aggressors have stepped up the use of chemical weapons.

To mention only the most recent cases, on 6 March 1983, at about 7.30 p.m., a Vietnamese aircraft flew a number of times over the southern area of Sisophon, in the province of Battambang, spraying yellow and white toxic chemicals on the roofs of the houses, on plastic sheeting, and on fruit, vegetables and the leaves of the trees. Hundreds of people show signs of poisoning. Initial estimates include 46 cases of serious poisoning and five cases in which death occurred so quickly that no medical treatment was possible.

On 9 March 1983, in the area of Païlin, in the same province of Battambang, several hundred people were also poisoned. Initial estimates include 36 cases of serious poisoning and two deaths.

Other regions of Kampuchea have also been affected by the spraying of toxic chemicals from aircraft or by poison-gas artillery shells fired by the Vietnamese occupation troops, as in the areas of Samlaut, West Leach and Koh Kong.



A Vietnamese soldier with a gas mask, walkie-talkie, and military map captured by the National Army of Democratic Kampuchea (January 1983).

The persons who are seriously affected die after displaying the following symptoms and syndromes:

1. Neurological syndrome, characterized by dizziness, headaches, difficulties in concentration, partial loss of memory, and in the most serious cases, loss of consciousness.
2. Thoracic syndrome, characterized by constriction in the chest, difficulty in breathing, a sensation of oppressiveness and heat behind the sternum.
3. Digestive syndrome: **an unfocused**, burning sensation in the abdomen, but the victim sometimes says that he feels a burning sensation in his stomach or intestines.

These symptoms are accompanied by recurrent vomiting and sometimes by lengthy bouts of diarrhoea and extreme abdominal pain.

In some cases blisters appear in the mouth cavity and over the entire body. These blisters burst and leave persistent chaps, which are difficult to cure and, even when the treatment produces results, they leave irremovable scars.

4. Haemorrhage syndrome: the poison seems to affect various properties of the blood, in particular coagulation, as in severe cases the haemorrhage syndrome holds sway, with haemorrhagic vomiting, abundant epistaxis, and very sharp rectal haemorrhage.

This haemorrhaging is recurrent and suggests that the poison leads to rapid blood haemolysis, which can in severe cases kill a victim in a few minutes.

Since the Vietnamese aggressor began using toxic chemicals and perhaps bacteriological substances as well (we suspect the presence of bacteria in view of the hyperthermia, since the body temperature can rise to 39° and even 41°), we have noted the following:

It is very difficult to say when the person suffering from poisoning is actually cured; apart from cases that soon prove fatal, there are cases in which the victim feels better after several days' treatment in hospital and even believes he is cured. He then resumes work and physical exertion, the above symptoms return, and he dies.

In short, in the event of a relapse, the neurological symptoms predominate: dizziness, headaches, and partial or complete loss of ability to concentrate.

All this points once again to the serious effects of the toxic substances, chemical or biological, used by the Vietnamese aggressors. It is also clear that they could only be produced by a superpower, in this case the Soviet Union.

Besides these cases, however, there are also cases of indirect poisoning by contagion or after slight symptoms: nervous symptoms, respiratory symptoms, digestive symptoms; the condition of these patients seems to improve during their stay in hospital. But when they go back to work, some symptoms return, especially the neurological symptoms and some of the digestive symptoms (a burning sensation over the stomach that sometimes spreads to the entire abdomen, with nausea and even ~~non-haemorrhagic~~ vomiting, which forces them to return to hospital).

These relapses are frequent and we have noted that such patients return not just once but several times. For this reason we stress that it is very difficult to say when a victim of poisoning has been cured.

We have also noted some cases of "persistent contamination", in which women give birth to deformed children (no jaw, no calvarium).

Our research is continuing.

These findings help to show that the effects of chemical and bacteriological substances are extremely serious and have caused many deaths among the innocent Kampuchean population, which seeks only to live in peace, with independence and full freedom to choose its own future.

Kampuchea, 5 April 1983