METHODS OF USE

During every dry season since 1979, the occupying forces have resorted to:
- the spraying of yellow or white toxic chemicals from MIG aircraft;
- the firing of poison gas shells;
- the contamination of foodstuffs;
- the contamination of springs, pools and wells with toxic substances dripped in by means of specially designed syringes.

PLACES USED:

In practice, almost all the provinces of Kampuchea have been affected:
- in western Kampuchea: Battambang, Pursat and Siem reap;
- in the centre and north: Kompong Chhnang, Kompong Thom and Preah Vilhear;
- in eastern Kampuchea: Kompong Cham and Kratie,
- in the south and south-west: Kompong Speu, Kampot and Koh Kong.

The Coalition Government of Democratic Kampuchea has periodically submitted information on this subject to the General Assembly and the Security Council.

THE MOST RECENT CASES:

- On 17 July 1986, in the district and town of Kampot in southern Kampuchea, 50 inhabitants died and 140 others were poisoned in varying degrees through the contamination of foodstuffs. The leaders of our local resistance movement helped the population to take the necessary measures and precautions to deal with the situation.
- On 27 February 1986, in the district of Sisophon in the province of Battambang in western Kampuchea, the occupying forces contaminated the springs, which are scarce in the dry season: 10 inhabitants died and 169 others were more or less seriously poisoned. A doctor attempting to treat the victims later died, while several of his colleagues were contaminated;

- Again in February 1986, in Pailin in western Kampuchea, the occupying forces fired poison gas shells killing 20 people and poisoning 80.

GAS MASKS

Our resistance forces have on several occasions succeeded in capturing members of the occupying forces with gas masks. The most spectacular case occurred in February 1983, when our National Army captured more than 100 gas masks from a Vietnamese special unit in the province of Preah Vihear in northern Kampuchea. The Japanese journalist, NAOKI MABUCHI, who covered 1,000 km on foot with our servicemen in four provinces of northwestern Kampuchea over a period of 10 weeks, filmed these masks in his 15-hour video tape and took several hundred shots. We will make this film available to any interested delegation.

SYNDROMES

We reproduce below extracts from a communication, dated 5 April 1983 from Professor THOUNN THOEUNG, Minister in charge of the Co-ordinating Committee for Public Health and Social Affairs of the Coalition Government of Democratic Kampuchea and former dean of the Faculty of Medicine of Phnom Penh, on the syndromes presented by persons poisoned by the toxic chemicals used in Kampuchea by the occupying forces:

"Persons who are seriously affected die after presenting a clinical picture consisting of the following syndromes:

1 - Neurological syndrome, characterized by dizziness, headaches, poor concentration, impaired memory, and in serious cases, loss of consciousness.

2 - Thoracic syndrome, characterized by a constriction of the chest that hampers breathing, a sensation of tightness and of retrosternal heat.

3 - Digestive syndrome: sensation of abdominal burning that is not clearly localized but the poisoned person sometimes reports sensations of gastric and even intestinal burning.

These symptoms are accompanied by repeated vomiting and sometimes by continuous diarrhoea and unbearable abdominal pain.

In some cases, bullous eruptions appear in the oral cavity and over the whole body. These eruptions burst, leaving persistent cracks that are difficult to heal, and in cases where treatment proves effective, there is always permanent scarring.
4 - Haemorrhagic syndrome: the poison apparently produces disturbances in the properties of the blood, and particularly of coagulation, for in severe cases, the picture is dominated by the haemorrhagic syndrome, characterized by bloody vomiting, heavy nose-bleeding, and very severe bleeding from the rectum.

All these haemorrhages are recurrent and appear to show that the poison produces a syndrome of rapid blood haemolysis which, in serious cases, can kill the patient in a few minutes".

HYPERPYREXIA

Our doctors often note a high degree of hyperpyrexia, with temperatures reaching 41°.

RELAPSES

Our doctors find it difficult to decide when a victim of poisoning has really been cured, because fatal relapses are unpredictable and frequent. Where relapses occur, it is the neurological symptoms which dominate the picture: dizziness, headaches, and the impairment or loss of powers of concentration.

SPECIAL CASES

a - Indirect poisoning: There are cases of indirect poisoning through contagion, with the same neurological, respiratory and digestive syndromes, vomiting etc., and relapses are frequent.

b - Monsters: Our doctors have also found a few cases of "residual contamination" in which women have given birth to monsters (with no jaw or cranial dome, etc. ...).

ORIGIN OF THE TOXINS

Our doctors are of the opinion that the chemico-bacteriological substances used in Kampuchea, given their formidable effects, could not have been manufactured by a poor country such as Viet Nam. They could only have been manufactured by a large country possessing a highly advanced biotechnological arsenal.
(a) Soldiers affected by the toxic chemical weapons of the Vietnamese occupying forces at Tuol Chrey in the province of Sisophon in western Kampuchea on 13 February 1982.

(b) Vietnamese soldier with gas mask, walkie-talkie and military identity card captured by the resistance forces at Pailin in Battambang province in western Kampuchea in January 1983.

(c) Over 100 Vietnamese gas masks captured at Preah Vihear in northern Kampuchea in February 1983 (filmed by the Japanese journalist, NAGKI MABUCHI, four months later).