



General Assembly

Distr.
GENERAL

A/38/120
21 March 1983

ORIGINAL: ENGLISH

Thirty-eighth session
Item 61 of the preliminary list*

CHEMICAL AND BACTERIOLOGICAL (BIOLOGICAL) WEAPONS

Letter dated 18 March 1983 from the Permanent Representative of
Canada to the United Nations addressed to the Secretary-General

It is with considerable regret that I find it necessary to write to you concerning a letter from the Permanent Representative of the Union of Soviet Socialist Republics (A/38/86), circulated as a United Nations document on 7 February 1983. While it purports to deal exclusively with a report by the United States Department of State to the Congress on Chemical Warfare in South-East Asia and Afghanistan, the annex to that letter contains an attack upon the objectivity and scientific integrity of a scientific study, circulated as a United Nations document on 25 June 1982 (A/37/308, annex II), by Dr. H. B. Schiefer of the University of Saskatchewan and upon the motivation of the Canadian Government in commissioning the study.

In response to your note verbale dated 26 January 1981, requesting any information that Governments might deem appropriate to provide on the allegations of the use of chemical weapons, the Canadian Government submitted four reports. One of these, the purpose of which was to study the natural occurrence of mycotoxins in South-East Asia, was carried out by Dr. H. B. Schiefer is an acknowledged expert on mycotoxins and is director of the Toxicology Research Centre at the University of Saskatchewan.

By not identifying the author as Canadian, the Soviet paper gives the misleading impression that Dr. Schiefer was working for the United States Department of State. By omission, misquotation, quotation out of context and misinterpretation, the Soviet critique attempts to undercut the objectivity of Dr. Schiefer's study.

* A/38/50.

I am enclosing an evaluation of the Soviet critique as it applies to Dr. Schiefer's study. The evaluation concludes that the deliberate attempt to mislead has destroyed whatever credibility the Soviet critique might otherwise have had.

I request that this letter and the enclosed evaluation of the Soviet critique be circulated as an official document of the General Assembly under item 61 of the preliminary list.

(Signed) Gérard PELLETIER
Ambassador and
Permanent Representative

ANNEX

Assessment of the Soviet critique (A/38/86, annex) as it pertains to the Study of the Possible Use of Chemical Warfare Agents in South-East Asia prepared by Dr. H. B. Schiefer (A/37/308, annex II)

Background

After submitting one report the previous year, in 1982 Canada submitted three reports on allegations of chemical weapons (CW) use in Southeast Asia in response to a note verbale dated 26 January 1981 from the UN Secretary-General. The first of these 1982 reports, a study by Dr. H.B. Schiefer of the University of Saskatchewan, dealt with the natural occurrence of mycotoxins in Thailand and surrounding areas, and was circulated as UN Document A/37/308 of 25 June 1982. The second report was an epidemiological investigation carried out by a preventive medicine team from the Department of National Defence. The final report contained verbatim interviews of four alleged victims of CW attacks complete with photographs and an analysis of blood samples. All three reports were made available to the Group of Experts appointed by the UN Secretary-General to investigate reports of alleged use of chemical weapons and are discussed in the final report (UN Document A/37/259 of 1 December 1982) issued by the Group.

2. On February 7, 1983 the Soviet Union submitted a letter to the UN Secretary-General (UN Document A/38/86) which included a critique purporting to address a US State Department Report to Congress on "Chemical Warfare in Southeast Asia and Afghanistan", which was circulated at the United Nations at the beginning of December 1982.

General Assessment

3. The Soviet critique itself is neither objective, nor scientific, nor fair in its treatment of Dr. Schiefer's study. Dr. Schiefer's report may have caused the USSR concern because it refutes the Soviet theory presented in an earlier critique (UN Document A/37/233 of 21 May 1982) that the medical symptoms of victims of alleged CW attacks could be explained by natural phenomena. Dr. Schiefer concluded that "the events that are reported to take place at the time of alleged chemical warfare attacks cannot be explained on the basis of naturally occurring diseases" (page 2 of Annex II of A/37/308). The Group of Experts appointed by the UN Secretary-General concluded in its final report that the review of the natural occurrence of mycotoxins in Thailand as contained in Dr. Schiefer's submission gives a "good and succinct overview of the subject".

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4. The Soviet experts have used omission, misquotation, quotation out of context and misinterpretation. Furthermore, Dr. Schiefer is referred to by name in seven paragraphs but without specifying his nationality, thus leaving the impression that Dr. Schiefer was working for the US Department of State.

5. What is most invidious is the Soviet attempt to equate lectures to 50 scientists at Chulalongkorn University and 40 veterinary pathologists at Kasetsart University as attempts to "train the 'victims' and 'witnesses' to give false testimony of better quality". This heavy-handed attempt to denigrate Dr. Schiefer's scientific integrity and to ascribe such motivation to the Government of Canada totally discredits the Soviet critique.

Detailed Analysis

6. The following comments are directed to those passages in the Soviet critique which refer to Dr. Schiefer and are made in order to correct the misleading impression which the Soviet writers have attempted to create:

(a) Soviet Critique, Page 6

Apart from these words, however, the (US) report contains no factual material. In order to give the report an appearance of "objectivity", references are made in it to Dr. H.B. Schiefer, who spent a short time in Thailand in February 1982.

Comment: The Schiefer report is referred to only once in the US report and then only as a footnote on page 5.

As was reported by Dr. Schiefer, he "visited Thailand in February 12 to 28, 1982 and conducted 'on-site' inspections close to the Thailand-Kampuchea and Thailand-Laos borders. He interviewed victims and refugees, received reports from various scientists, physicians and Thai authorities, and investigated the general disease pattern in Thailand, with particular reference to mycotoxicoses."

(b) Soviet Critique, Page 6

However, his stay in that country was devoted not to an analysis of "chemical attacks" and not to serious research, but to lecturing on mycotoxins at Chulalongkorn and Kasetsart Universities and distributing a booklet on trichothecene mycotoxicoses and various questionnaires (probably the aim of those who sent Dr. Schiefer to Thailand was to train "victims" and "witnesses" to give false testimony of better quality).

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Comment: As was also reported on page 2 of Annex II of UN Document A/37/308, during his stay in Thailand, Dr. Schiefer "gave a lecture on 'Mycotoxycosis, with Particular Reference to Trichothecene-Mycotoxycoses' at Chulalongkorn University. This lecture was attended by approximately 50 scientists. The lecture was repeated at Kasetsart University and was attended by 40 Thai veterinary pathologists who were having their regular bi-monthly meeting at the time. (Dr. Schiefer) distributed about 50 copies of a booklet: 'Mycotoxycoses - Summary of Pertinent Facts', which had been written for this purpose, and numerous copies of reprints were made available to Thai scientists and physicians in Ban Vinai Refugee Camp either through the Embassy or by direct mailing."

The allegation that the aim of Dr. Schiefer's lectures was "to train the 'victims' and 'witnesses' to give false testimony of better quality" is as absurd as the implication that the Canadian Government "sent" him for that purpose. The lectures were to acquaint Thai scientists with the various trichothecene disease aspects, of which they had had little experience. Dr. Schiefer has stated that the purpose of the booklet was to demystify the threat of mycotoxycoses. It is well known that an ailment with a name is less fearsome than an unknown one.

With respect to the questionnaires, it is not clear to what the Soviet writers are referring. There is a type of suggested questionnaire in Dr. Schiefer's report (page 40 of Annex II of A/37/308), but Dr. Schiefer developed it after his stay in Thailand.

(c) Soviet Critique, Page 7

But even the figures on "persons taken ill" shown in the table are clearly fabricated. For example, the aforementioned Dr. Schiefer indicates in his report that, as a result of a "chemical attack" of February 13 in the Khao Din region, 17 people became ill. In table 3 of the report, this figure has already been increased to 100.

Comment: In this reference to Dr. Schiefer's report, the Soviet critique attempts to discredit the US report by pointing to discrepancies between the figures used in the two reports. Dr. Schiefer's report contains comments which are relevant. He notes that the UN Group of Experts, in its first report to the Secretary-General (UN Document A/36/613 of 20 November 1981 - paragraphs 48 and 49),

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"described the difficulties with respect to the evaluation of the alleged gas attacks in a very succinct manner. It was pointed out (in the Experts Group's report) that it is difficult to judge second-hand information; without having access to the site of an alleged attack, without having the opportunity to examine victims or take samples, or having to rely on eyewitness reports. For obvious reasons, this investigator (Dr. Schiefer) was hampered by the same conditions when conducting interviews."

Dr. Schiefer's report, in the section entitled "Khmer Rouge", states that he visited, on February 19, 1982, a Khmer Rouge camp on the Thailand-Kampuchea border, close to Nong Pru. He was told of "the latest attack" occurring "on February 13, 1982, at 1800 hours, about 30 kilometers from the camp" where "about 17 soldiers became ill" (underlining by Canadian officials). The US report contains a table which indicates, under "Kampuchea", that a "reported attack" occurred on the "border near Khao Din", where the "persons taken ill" is shown as 100 (underlining by Canadian officials).

The Soviet critique clearly implies that the two reports are referring to the same incident, a piece of information which the Soviet authorities may have. However, the Canadian authorities are not in a position to know this, or whether there was more than one incident in the general area indicated by the two localities described in the two reports. If there were a number of separate incidents on the same day, in the same area, no contradiction would exist between the two figures given. It might be relevant that the February 17, 1982 editorial in the Bangkok newspaper, The Nation, reported that on February 13, 1982 "the Vietnamese forces fired artillery shells with gas cannisters into areas around Khao Din (Kampuchea)" (underlining by Canadian officials).

In summary, it is not possible to conclude that either the figure given to Dr. Schiefer or the figure given in the US report is inaccurate unless a great deal more information is available; any attempt to do so without this information is clearly politically motivated. If the Soviet analysts are aware of what happened in the Nong Pru-Khao Din region on February 13, 1982, they should share this knowledge with the international community.

(d) Soviet Critique, Page 7

According to the data provided by the authors of the (US) report, one person died as a result of that "chemical attack", but Dr. Schiefer indicates that everyone "recovered speedily"; of seven people

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in the Nong Pru hospital, only one was ill, and his hospital record showed that he was suffering from malaria. Moreover, it may be seen from the report that even though the patient claimed that he had had "an experience with chemicals", no toxins attributable to "yellow rain" were found in his blood.

Comment: Dr. Schiefer's report did not state that everyone "recovered speedily". He said that "most victims recovered speedily" (underlining by Canadian officials).

It should also be recalled that Dr. Schiefer's report is based on conversations and observations on February 19, 1982 with regard to an alleged chemical attack six days earlier. The US report gives autopsy results of a patient who died on March 16, 1982. From these facts, an objective analyst would conclude that both reports could be accurate.

Finally, the Soviet critique implies, by using selected information from Dr. Schiefer's report, that the patient described by Dr. Schiefer was ill because he was suffering from malaria. Although malaria may well have been a contributing factor to his condition, the reported chemical attack could also have been a factor. Dr. Schiefer's description of his symptoms, "...one patient, Cheng Soeur, 20 years old, was obviously suffering. His breathing was laboured, his lips swollen and cyanotic", appears to be relevant.

(e) Soviet Critique, Page 10

Dr. Schiefer, quoting the Minister of Health of Thailand, states that an experiment conducted by Thai doctors, in which residues of the "yellow rain" were injected into mice, did not reveal any signs of contamination even after 15 hours.

Comment: Immediately before the above quotation, Dr. Schiefer's report points out that two newspapers, The Nation and The Bangkok Post, had already reported on February 22 and February 24, 1982 that the yellowish chemical "is unlikely to be 'yellow rain'." Furthermore, there is no indication that the Public Health Minister of Thailand identified the residues referred to as "yellow rain".

(f) Soviet Critique, Page 12

The United States hypothesis that dimethylsulfoxide (DMSO) might have been used to accelerate the skin penetration of T-2 toxin is equally

untenable. Thus, Dr. Schiefer, who was consulted by the United States State Department, declared (A/37/308) that "trichothecenes will not cause immediate death" when acting through the skin "unless one would assume that a vehicle, like DMSO, was used to facilitate the entrance of trichothecenes into the body".

Comment: Dr. Schiefer has never been consulted by the US State Department in this regard.

For the purpose of this analysis of the Soviet critique, Canadian officials are not concerned about a "United States hypothesis", or whether such a hypothesis is or is not "untenable". What is clear, however, is that Dr. Schiefer's comments cannot be used to show that such a "hypothesis" is untenable. If anything, his comments point to the possibility that DMSO may have been used to facilitate the entrance of trichothecenes into the body. A careful reading of Dr. Schiefer's comments reveals that: (a) in relation to the alleged CW attacks, Dr. Schiefer was analyzing, "...most victims have stated that the gas 'smelled like garlic' or a similar spice", and (b) "the (scientific) literature is replete with descriptions of abnormal odor sensations, like garlic, in more than 50 per cent of patients who received DMSO-treatments for a variety of diseases." (Underlining by Canadian officials.) These two statements point to the plausibility of such a hypothesis.

Nevertheless, Dr. Schiefer is characteristically thorough and objective by stating that, "as of the day of writing of this evaluation, there have been no reports of finding DMSO in any of the samples of alleged chemical warfare attacks". If DMSO has in fact been used, the impossibility of prompt and free access to the site of alleged attacks may be a contributing factor in the lack of evidence of DMSO as of the date of Dr. Schiefer's report.

(g) Soviet Critique, Page 13

Dr. Schiefer obviously disappointed the writers of the report when he stated that the concentration of the T-2 toxin obtained under laboratory conditions is 20 times as high as the concentration of the toxin in the mythical "yellow rain". The authors of the report are evidently not comfortable with elementary logic.

Comment: Canadian officials are not concerned, for the present case, with whether or not the writers of the US report were disappointed with Dr. Schiefer's statement. However, it is difficult to see how the statement can be used to cast doubt

on the US findings. Under laboratory conditions, one is able to obtain relatively high concentrations of T-2 toxin, as was reported by Dr. Schiefer on page 27 of Annex II of A/37/308. ("Under laboratory conditions, up to 2,250 ppm T-2 toxin have been produced".) However, if T-2 toxin is sprayed over large areas, dilution will obviously occur. There is surely nothing surprising if samples from the area sprayed or autopsies of victims from the area show concentrations markedly lower than those obtainable in a laboratory.
