UNITED NATIONS

S

Security Council

Distr.
GENERAL

S/17127
24 April 1985
ENGLISH
ORIGINAL: SPANISH

LETTER DATED 17 APRIL 1985 FROM THE SECRETARY-GENERAL ADDRESSED TO THE PRESIDENT OF THE SECURITY COUNCIL

As I have informed you previously, in view of repeated allegations concerning the use of chemical weapons in the conflict between Iran and Iraq, I decided to dispatch a medical specialist to examine Iranian patients hospitalized in Europe, allegedly as a result of the use of such weapons. My purpose was to obtain an authoritative and independent opinion on the information coming from the hospital centres concerned.

The specialist to whom I entrusted this assignment was Dr. Manuel Domínguez, who holds the rank of colonel in the Army Medical Corps and is a specialist in atomic, biological and chemical weapons and professor of preventive medicine at the Universidad Complutense de Madrid, in Spain. Dr. Domínguez was a member of the team of specialists which visited Iran in March 1984 and which submitted its report to the Council in document S/16433.

Dr. Domínguez visited hospitals in Belgium, the Federal Republic of Germany and the United Kingdom from 1 to 5 April 1985. The report which Dr. Domínguez submitted to me is attached herewith.

(Signed) Javier PEREZ de CUELLAR

Annex

Methodology

This report is based on a direct clinical study of the patients admitted to the various hospitals, on a reading of the clinical records supplied by the physicians responsible for the patients, on conversations with those physicians, on a study of the analyses made and on conversations held with the patients through interpreters furnished in London by the Iranian Embassy and at Recklinghausen by the Ministry of Foreign Affairs of the Federal Republic of Germany.

I must point out that the patients cannot state the precise date of the attack, in view of the elapsed time and the difference in calendars. They also had difficulty in precisely locating the geographical site at which they were hurt.

To carry out my investigation, I visited the St. John-St. Elizabeth Hospital and Wellington Hospital in London, the Bijloke Hospital in Ghent and the Elisabeth-Krankenhaus in Recklinghausen from 1 to 4 April, spending 6, 7 and 8 April in preparing the report.

Madrid, 8 April 1985

(Signed) F. Manuel DOMINGUEZ

Enclosure

Medical appearance of the patients

I examined six patients at the St. John-St. Elizabeth Hospital in London (one of them was at Wellington Hospital), three in Ghent and eight in Recklinghausen. In addition, the St. John-St. Elizabeth Hospital had another patient who was not present and who apparently had not been seriously affected, and also a cadaver which I was not able to examine.

The six patients in London, the three in Ghent and six of the patients in Recklinghausen exhibited a similar set of symptoms which varied only in the degree and extent of the lesions. In all cases the time elapsed between the date of the attack and that of observation was about 25 days. The symptoms and signs were the following:

Conjunctival affection, except in those cases in which the patient had worn a gas mask properly adjusted to the face. The lesions ranged from a slight conjunctival irritation to corneal ulcerations and haemorrhages. Some patients exhibited palpebral oedema.

The skin was blackened to varying degrees, depending on the severity of the affection. The axillae, perineum and genitals were severely blackened in most cases. The face was also blackened in those patients who had not worn a well-fitting gas mask.

Cutaneous detachment over wide areas, and in some patients the skin was easy to detach. It was observable in some remnants of the wall of some vesicles which had been therapeutically lifted. The base of these areas was formed by erythematous granulation tissue. The affected area ranged from 80 per cent in one case to 5 per cent in another, and in the rest of the patients the area affected varied between these two values.

The patients had no infectious lesions of the skin, a fact which suggested the possibility of an effect inhibiting the growth of germs, since we do not think the antibiotic prophylaxis used was sufficient to explain this absence of any cutaneous infection.

Many patients suffered pains related to the large area of cutaneous denudation, to its depth and to the use of sedatives.

There was a clearly marked hydroelectrolytic alteration. Some patients exhibited various biochemical alterations. Pharyngitis and laryngitis, with hoarseness, in most patients. Some patients were suffering from bronchial pneumonia, with pus, and in some cases even blood, in the sputum.

There was no very marked medullary affection in most cases, although one patient developed severe neutropoenia.

/...

All of these symptoms and signs are consistent with those observed by the specialists in the report prepared by the commission appointed in March 1984 by the Secretary-General of the United Nations and published on 26 March 1984 as document S/16433. From the clinical data, from the finding of yperite in the urine of the patient Moharram Firouzi, and from the statement by some patients that they had smelled garlic at the time of the attack, it may be concluded that 15 of the patients studied had been the victims of an attack with bis-(2-chloroethyl) sulfide, or yperite.

Acute hydrocyanic-gas poisoning inhibits cytochrome oxidase, an enzyme of the respiratory chain. Such poisoning results in almost instantaneous constriction of the thorax, abdominal and thoracic pain, rigidity, and loss of consciousness, and if the exposure is sufficiently severe, it causes death, without leaving any traces observable in an autopsy. The gas has a typical odour of bitter almonds.

The patient Bahmari Behnam, hospitalized at the Elisabeth-Krankenhaus in Recklinghausen, had no lesions attributable to yperite, nor lesions of any other kind. His medical history revealed that he had been exposed to a possible gas attack, perceiving a strong odour of chocolate, followed by constriction and pain in the thorax and loss of consciousness. In the three cases hospitalized at Bijloke Hospital, Ghent, Professor Heyndrickx found blood cyanide values of 14.6, 20 and 28 micrograms per 100 ml (where the normal values are 0 to 10). It is possible, therefore that yperite and hydrocyanic gas were used separately and simultaneously, although it is difficult to see how the same bomb could carry a liquid such as yperite and a gas such as hydrocyanic gas, or a solid and a liquid, as for example a cyanide and an acid such as sulfuric acid, in order to produce the gas when the explosion took place.

CONCLUSIONS

1. Chemical weapons were used during March 1985 in the war between Iran and Iraq.

2. Yperite was used, affecting Iranian soldiers.

3. The attacks were made by means of bombs dropped from aircraft, according to the statements of most patients.

4. It is possible that hydrocyanic gas was used, alone or in combination with yperite.

Madrid, 8 April 1985

(Signed) F. Manuel DOMINGUEZ
