



UNITED STATES ARMY MEDICAL COMPONENT
ARMED FORCES RESEARCH INSTITUTE OF MEDICAL SCIENCES
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RAJYITHI ROAD, BANGKOK, THAILAND



IN REPLY REFER TO:

SGRD-UWQ

2 January 1980

62 final

SUBJECT: Trip Report: Chemical Agent Use,
Hmong Refugee Populations

The American Ambassador
American Embassy
Bangkok

Purposes: To determine the feasibility of identifying and studying Hmong refugees who have been subjected to a chemical agent attack(s) within the recent past. To collect information, specimens, and materials from Hmong refugees found to have experienced such an attack(s).

Date: 26-28 December 1979

Places: Udornthani Province (Consulate). Loei Province: Loei City, Chiang Khan District, Pak Chom District, Ban Vinai Hmong Refugee Camp ("Camp").

Accompanying Persons: Mr. Donald E. Stader, Vice Consul, AmConsulate, Udorn and Mr. Pongkaset Suwannakoon, Political Assistant, AmConsulate, Udorn. Officials contacted:

Dr. Pichit Laksanasompong, Ph.D.
Mr. Kasem Chaisit
Pol Maj Keo Teecharoen
Mr. Watana Sankanalai
Dr. DeeAnn Rice
Dr. Celeste Woodward

Governor, Loei Province
District Officer, Chiang Khan
Police Chief, Chiang Khan
Camp Director
Camp Physician
Camp Physician

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Narrative: I met Mr. Stader during LTG Pixley's recent visit and became aware of his periodic surveys of newly arrived Hmong refugee groups. The objectives of his visits; as I understand them, are to obtain information on areas, nature, and scope of military clashes involving the Hmong, Pathet Lao and North Vietnamese forces. The Consulate's priorities are to detect significant changes in the level of military and political insurgent activity. The question of the use of chemical agents in Laos enjoys a high priority. During this trip reported here, Mr. Stader and Mr. Pongkaset identified and interviewed selected persons in two large groups of newly arrived refugees and I reviewed the administrative and medical organization which serves these refugees. The District centers visited account for the large majority of Hmong refugees, probably fewer than 50/ month crossing to the east, in Nongkhai Province.

In Chiang Khan District, we found a group of 1,682 Hmong who had crossed over from Laos on 15 December. Heur Year, a 35 year old District Chief (Phu Khe District) was interviewed. He had led this group, consisting of approximately 2,000 Hmong, from the area of Phu Khe, Loung Prabang Province, to Thailand because of hardship in the jungle, lack of food, and continuous pressure by Vietnamese and Pathat Lao troops. The group left Phu Khe on 4 November and reached Thailand, at Chiang Khan District, on 15 December. Only 1,682 of the original group made it, as ambushes by the Vietnamese troops enroute resulted in more than 10 people killed and many dispersed and lost. Four men among the group related accounts of chemical agent attacks in their area. Their interviews appear as Appendix A.

In Pak Chom District, we found another group of 293 Hmong who had crossed over on 23 and 24 December. Lee Vong, a 29 year old former LT with the Vang Pao forces and later deputy leader of the Loung Prabang resistance forces, was interviewed. He reported that he had abandoned his post in the Pha La/Pha Koi area on 31 October with 293 people. His group arrived in Thailand at Pak Chom District on 23 and 24 December. Lee Vong said that there had been many "gas" attacks in his area between October 78 and January 79, but that no more recent such attacks, as the one described in Appendix A, had been reported to him.

At Ban Vinai Camp, the administrative and medical procedures were reviewed. At present there are over 36,000 Hmong in the Camp. The

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number of new arrivals is variable, there having been 616 in August this year, 1,598 in September, 645 in October, and 545 in November. Thus far, over 2,000 have arrived at the District centers in December and are awaiting movement to the Camp. There is an active building program to provide (cinder block, metal roofed) residences for the expanding Camp population. Newly arrived refugees are allocated to one of eight living areas and are sent there without medical screening. The camp health care delivery system directed by the World Vision Foundation operates outreach clinics within these eight areas (and in the District Centers), to identify ill patients and to carry out well baby and immunization activities. The hospital includes an outpatient facility, which sees an average of approximately 400 patients a day, and pediatric and adult medicine wards, presently organized with approximately 100 beds, with separate sections for tuberculosis and measles. There is no surgical capability and, at present, no laboratory. The staff numbers 26, and is augmented by locally trained Hmong interpreters and aides. The physicians questioned did not report seeing any patients with signs or symptoms suggestive of the use of chemical agents.

Comments: There is some information that the use of chemical agents against the Hmong in Laos is continuing. Certainly, resistance by the Hmong is still active and the likelihood of additional large groups of these people seeking refuge in Thailand is high. The prospects of achieving the purposes stated above is low under the present organizational structure. After escapes requiring six or more weeks, Hmong cross daily into Thailand and are brought, when found, to the District collection centers. There they may remain unscreened for periods of days to weeks. Only in the event they are symptomatic and choose to be seen by a clinic team from the Camp would they be identified. Once brought to the Camp, the same situation applies. It is thus possible, perhaps likely, that Hmong with important information and/or pathognomonic signs, symptoms, or biochemical derangements enter the camp unidentified and remain so.

During the present trip, no Hmong were found with signs or symptoms or a recent enough, reliable history of exposure to warrant the collection of specimens. The attacks described are suggestive of the use of several different classes of agents.

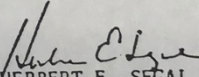
Recommendations: If US Government interest is sufficiently high, expenditures for the following level of activity seem appropriate:

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1. The stationing of an interviewer close to the District collection centers to assure timely identification of chemical agent-exposed Hmong. The present level of staffing at the American Consulate, Udorn, and the lack of an organized active health surveillance effort by the Camp medical services rules out both organizations. Temporary duty expenditures and the hiring of a Hmong-Thai translator would be required.
2. The establishment of standardized procedures for interviews and specimen collection should a Hmong with recent chemical-agent exposure be found. It is suggested that these be designed by referring to standard references, e.g., Army TM 8-285, "Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries," and in consultation with experts in the field.
3. The establishment of a local capability to complete handling preliminary laboratory testing of biological specimens collected. AFRIMS cannot perform these tasks at present but could with minimal supply augmentation.


HERBERT E. SEGAL, M.D.
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Appendix A: Interviews

Tong Her, a 26 year old native of Keo Kacham, Muang Xieng Ngen, Loung Prabang Province, heard of a gas attack which took place in March 1976 at Ban Nong Khouy, a village of about 6,000 Hmong. Twenty-eight people died after an unidentified aircraft delivered bombs which produced red, green, and yellow smoke. Tong Her also heard of another "gas" attack at Ban Nam Kai in which 27 Hmong were killed. The second attack took place on 23 September 1979. He had no information of the signs or symptoms experienced by those affected.

Xiong Wue, a 24 year old, is a former medic at the Ban Son USAID Hospital (1969 to 1975). He treated 49 patients who suffered from "gas" attacks; all died. They had been brought from the villages around Phu Chia. The attacks took place in 1976-1977; the last patient came to him in March 1977. All of the patients died within 24-48 hours. They had the following signs and symptoms:

- Red and swollen eyes
- Bitter taste in the mouth
- Convulsions
- Chest pain
- Difficulty breathing
- Darkened faces
- Stiff necks
- Excessive flow of saliva

By auscultation, Xiong Wue said he detected two different types of breath sounds, which I took as describing coarse rhonchi and tubular breath sounds. He used penicillin on some of the patients, but it did not help.

Jer Por, a 35 year old native of Ban Pha Lu, Loung Prabang Province, witnessed a "gas" attack in September 1979 and saw two people exposed, both of whom later died. He was about 10 meters from where the bombs landed. Some of the bombs did not go off; these were two types. The first type was dark green artillery shell-like and the second type was a dark green cylindrical canister of about one meter in length and 30 cm in diameter. There was lettering and numbers on them but since Jer Por is illiterate, he could not identify the language.

Jer Por himself was sick with chest pain, cough, and pain in his eyes. Most prominently, he said that it stung when he breathed the gray and yellow smoke produced by the bombs ("like hot peppers"). The two people he saw exposed died within 2 days.

They coughed up blood, had runny noses, and very severe bloody diarrhea. Other than these two, there were more than 20 people killed in the same attack (out of 80 defenders). All of their animals, chickens and pigs also died.

Tia Soua Her, a 56 year old native of Phu Chia area, Loung Prabang, became unconscious for 7 days (he was told) within 30 minutes after a L-19 dropped two bombs on his village in early 1978. The two bombs produced red and black smoke when they exploded on the ground. Six of his relatives died in the attack. Tia Soua Her felt very badly after he regained consciousness. His finger-nails and toe-nails were black from hemorrhage. His tongue was stiff and he could not talk for 7 days. He also claims to have lost his vision for 30 days.