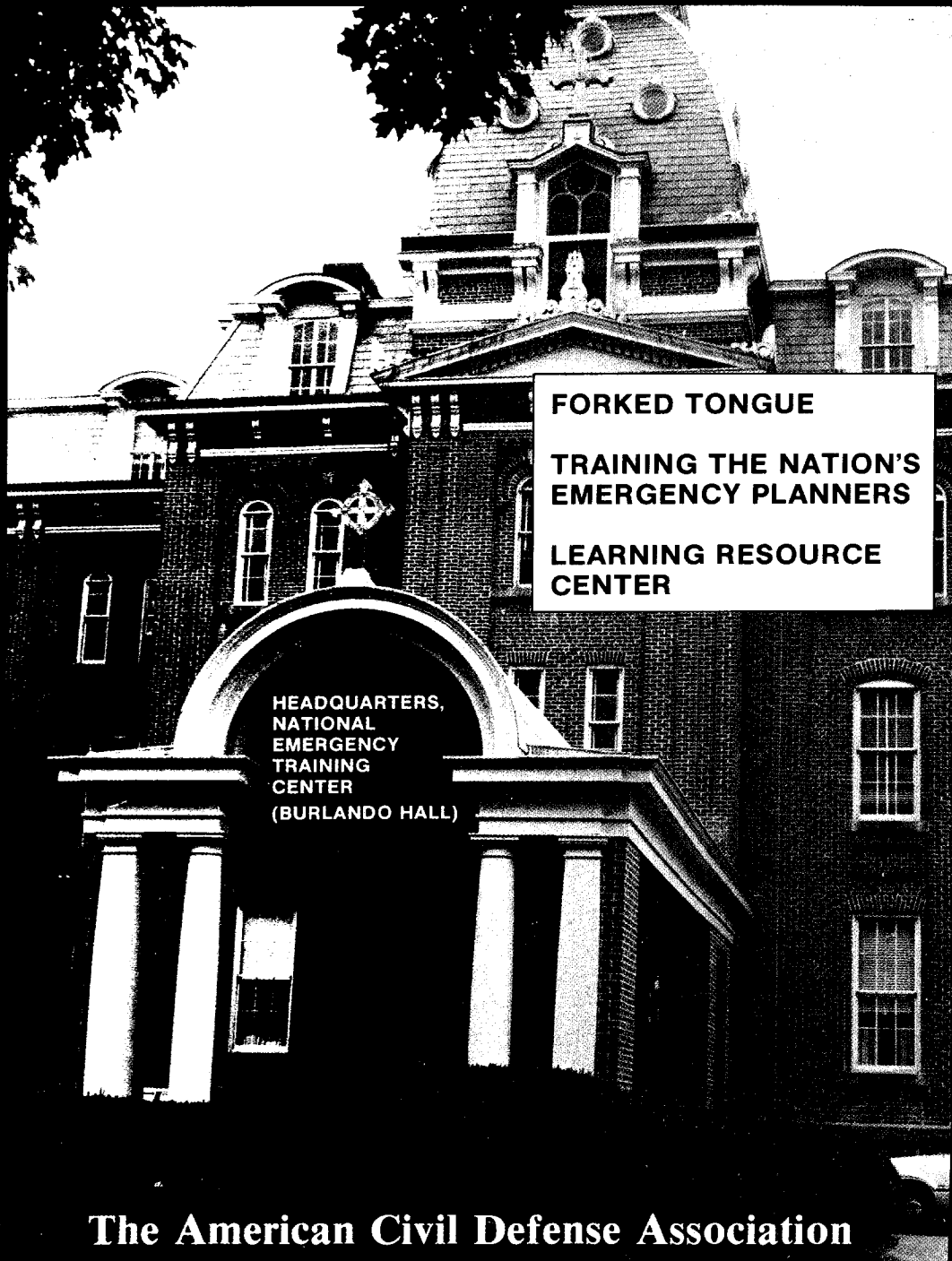


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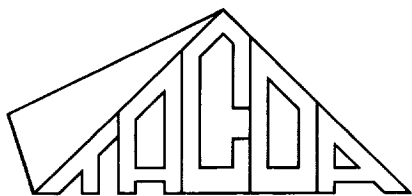
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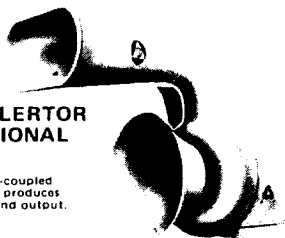
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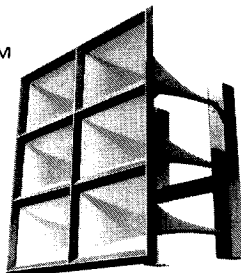
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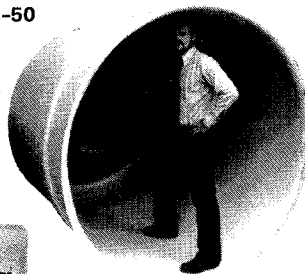
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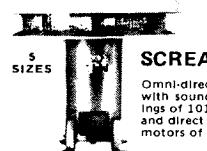
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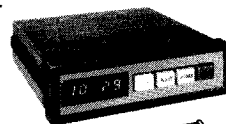
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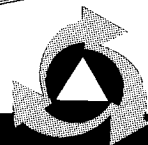
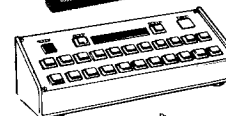
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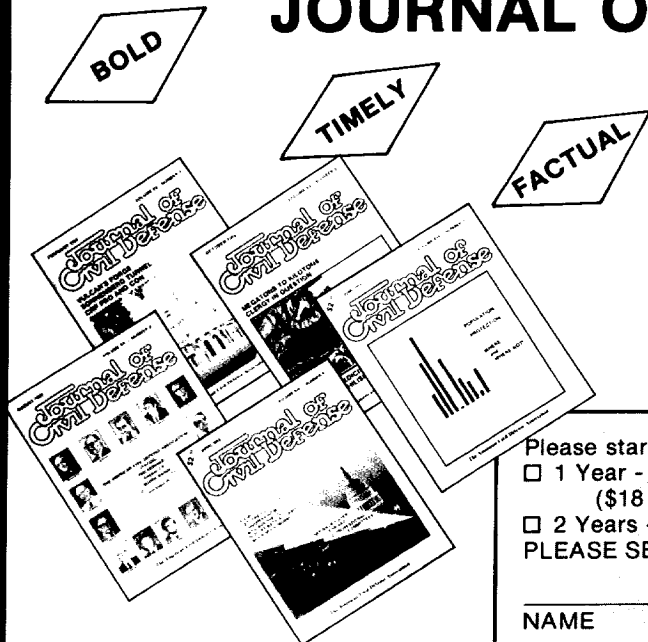
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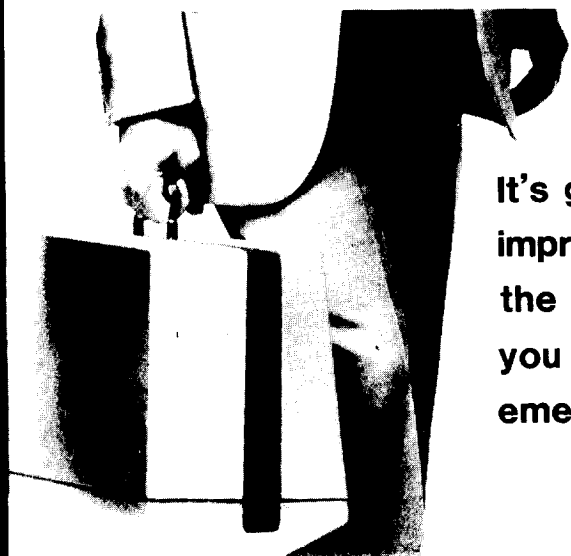


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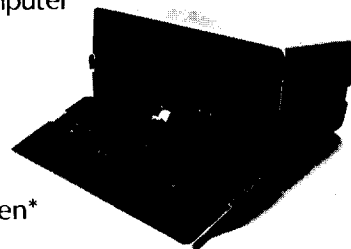
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AGONIZING REAPPRAISAL

Among the shocked and outraged comments made by Washington politicians about the brutal destruction by the Soviets of Korean Air Lines Flight 007, carrying 269 people including Congressman Larry McDonald, was that of Congressman Clement Zablocki (D-IL), chairman of the House Foreign Affairs Committee, who worried "that maybe the finger on the nuclear trigger is as unstable as the individual who gave the order" to shoot down the huge airliner. Alexander Haig, former Reagan Secretary of State, said the incident would result in "a sharpening of our concern about the Soviet system and the threat it poses." That being the case, one would have thought that among all the myriad suggestions as to what the United States should do in response to that callous act someone in authority would have recommended that the President and the Congress get serious about civil defense by passing a mandatory shelter law and a large supplemental appropriation to that effect. Of course, that did not happen. Rather, the leadership of the Federal Emergency Management Agency continued its retreat from responsibility for civil defense into the verbal thicket of Integrated Emergency Management.

Armed with a National Security Council study and a Presidential directive that is reputed to be the strongest ever issued on the subject of civil defense, General Louis O. Giuffrida and his staff marched up Capitol Hill two years in a row with a seven-year program built around crisis relocation and costed at about \$4 billion total with a startup cost of \$250 million. They were unsuccessful. The first year, the presentation of the program was somewhat inept and the project crashed in, of all places, the Senate Armed Services Committee, where the chairman, John Tower (R-TX), smothered the enthusiasm of subcommittee chairman, John Warner (R-VA), on behalf of the military.

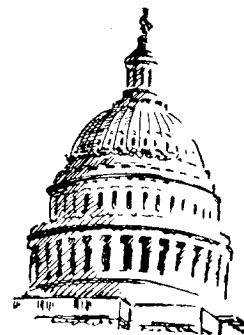
Meanwhile, the nuclear freeze movement blossomed and the FEMA crusaders began to get their noses bloodied by the concerned scientists and socially responsible physicians. This development apparently was both a shock and a challenge to the agency leadership. On the one hand, most of them were new to the subject of civil defense and suspicious of advice from old hands. In retrospect, the group most vulnerable to the tissue of lies and half truths spouted by the opposition may turn out to be General Giuffrida and his key staff. On the other hand, some of the cleverer new hands at FEMA proposed Integrated Emergency Management as a program concept. This approach, which was exhibited in the second try on the hill, is a programmatic version of the dual use policy.

As a presentation tool, IEMS goes well beyond the dual-use concept in alleging that virtually everything done on behalf of civil defense is of use in dealing with peacetime natural and technological disasters. As a programmatic tool, it presents the obvious hazard that it may bury any civil defense effort, as more and more local politicians rush to raid the cookie jar for their own local interests. It would take a steely-willed administrator to maintain a balanced and truly integrated effort and there are indications that this administrator hasn't got the will. In FEMA Newsletter of July, Director Giuffrida called IEMS "a very simple idea — concentrate on basics." Continuing, he editorialized, "Its cost-effectiveness is

self evident. Developing functions to cover all hazards eliminates duplication of effort. With scarce dollars, all of us must look with a hard and realistic eye to what our needs will be." One can read this various ways. One way is that with common functions at the top of the list and local authorities able to choose to work on the hazards that are most politically acceptable, those functions unique to nuclear attack preparedness — adequate shelter from blast and fallout, radiological instrumentation, and crisis relocation — will be at the bottom of the list and rarely dealt with.

The returns from around the country are not at all consistent with either the view that FEMA has abandoned crisis relocation and civil defense along with it or the view that it is insisting that civil defense funds be spent as the Congress intended according to the law. In California, the legislature included a ban against crisis relocation planning in its funding legislation for matching funds. Since the planning money is funded entirely by the federal government, negotiations are going on as to exactly what will happen. Little publicity is given to the fact that very little, if any, nuclear preparedness work goes on in some other States, such as Illinois. On the other hand, Director Giuffrida, in an interview in the Middletown, Connecticut, Press, had this to say: "I have, of course, faced people all over the U.S. who say they like everything we do but we don't like to evacuate people from the cities (in case of a nuclear crisis). What I tell them is forget that, let's get you up to speed on everything else and like it or not you will get up to speed on this." Also, the anti-CD newsletter, The Front Line, reports that Connecticut's Director of Civil Defense, Frank Mancuso, has stated that he was obligated to do crisis relocation planning because FEMA had told him, "if you don't play, we don't pay."

Actually, General Giuffrida and staff have spent the summer just passed in an agonizing reappraisal of their civil defense stance and in preparation for the third yearly march up Capitol Hill. Will they go again for the first quarter billion of the seven-year program? There is some precedent for this approach where some government agencies have said in effect, "This is the minimum program that makes any sense and fulfills the law and we won't tailor a fake program to what you're willing to spend." Or will they retreat further into the thicket called Integrated Emergency Management to wait out the next election? □



The organization "Physicians for Social Responsibility" (PSR) is a new voice in the arena of strategic defense which denigrates preparedness measures for nuclear war as useless, provocative, immoral, etc. The argument is attractive, as have been anti-war movements in the past (which have, unfortunately, invariably led to war). Another physicians' organization "Doctors for Disaster Preparedness" (DDP) is even newer, not as strong, but it orchestrates a very different tune: one of preparedness for all disasters, including nuclear attack, as a moral imperative. It is now being heard. This interest of physicians in the question of nuclear war preparedness pro and con has had at least one happy result: it has for the American public put the spotlight on active and passive defense measures. It provides an opportunity for deliberate evaluation of the issues. One element in that evaluation is that the Soviet Union embraces a policy of no civil defense for the West and a policy of the strongest possible civil defense for itself.

Note: This article was prepared prior to the September 1 Korean airliner massacre. For comments on this incident see "Capitol Commentary" (p. 5) and "Lateline" (p. 31).

FORKED TONGUE

— A Journal of Civil Defense Staff Study

October 4th is "Civil Defense Day" in the Soviet Union. On that day there is an all-out effort to impress upon Soviet citizens the Soviet conviction that in today's unfriendly world civil defense is a humanitarian pursuit which, undertaken with determination and dedication, will save over 95% of the Soviet population in the event of full-scale nuclear attack. October 4th is an annual rallying point for a relentless pursuit of civilian defense throughout the year.

It is understandably not in the best interests of the Soviet Union to advocate civil defense measures to adversary countries. It does just the opposite through a wide and cultivated network of pacifist and subversive organizations. The appeal is intellectually seductive: "Non-preparedness; nuclear freeze; disarmament; peace."

Uninvent the atom? A good idea. Also impossible. A "forked tongue" can play it both ways.

Just last August 21st Nancy Ward, staff writer for the *Los Angeles Times*, wrote a front-page article on DDP. It reads in part:

"I think we stand about as much chance of eliminating nuclear weapons

as we do of eliminating gunpowder," said Dr. Gerald Looney, vice president of the Doctors for Disaster Preparedness and director of emergency medical services at Glendale Adventist Medical Center-Chevy Chase.

"It's a damnable thing. I really wish we'd never discovered nuclear fission, but we did and we have to live with it.

"I decry the virtual absence of thought and action aimed at trying to protect people from nuclear weapons."

Looney disagrees that use of nuclear weapons must lead to an all-out war between the U.S. and the Soviet Union, but "if it does happen, and you've made no preparation, you've doubled and tripled your casualties, and to me that's immoral and sinful to just sacrifice people because your theory turned out to be wrong."

Looney said Doctors for Disaster Preparedness does believe that many would survive a nuclear war, that nuclear arms cannot be eliminated and that doctors are morally bound to assist in preparing to help survivors of nuclear incidents or war . . .

Doctors for Disaster Preparedness supports the crisis relocation plan as part of a larger preparedness system, Looney said. He advocates building

shelters across the country that would be stocked with food, water and medical supplies, and that could be used for all kinds of disasters, nuclear and natural.

He also charged that doctors and nurses are not now receiving sufficient training in handling "mass casualties" or radiation contamination or illnesses.

Doctors and others have shied away from becoming involved in civil defense planning, Looney said, for fear that their involvement might suggest support for continued arms buildup and war. That lack of involvement, he said, has resulted not only in an absence of an effective system to cope with full-scale nuclear war, but also in lack of preparation for disasters of all kinds.

Ward also turns her attention to a PSR spokesperson:

"Physicians for Social Responsibility wholeheartedly agrees with disaster planning for disasters both natural and technological," said Dr. Jennifer Leaning, a member of that group's executive committee. "In a less politicized atmosphere, I would agree that there is not adequate preparation for all kinds of disasters."

Planning for nuclear war, Leaning said, is a political issue, which must be approached separately from preparing for other disasters.

"The Doctors for Disaster Preparedness continues to resist an acknowledgement of what nuclear war really means," Leaning charged.

Leaning said it is reassuring to think that nuclear war can be survived, but she said that is a "false reassurance" . . .

"The goal of Physicians for Social Responsibility is not to build shelters, but to change the world," Leaning said. She added that physicians should look at nuclear weapons and war as an epidemic, and treat it as they would any other epidemic by stamping out and preventing the spread of nuclear armaments.

Ned Temko, staff correspondent for *The Christian Science Monitor*, in a Moscow dispatch to that paper titled "Soviets try for 'survivability' in war" develops the dual approach a little differently:

From children's gas-mask drills to instruction on protecting clothes from radiation, the Soviet Union is working on civil defense for a nuclear age.

For foreign ears, the Soviets play down their civil defense program. They blast more modest US efforts as proof of American war fever or, as a Moscow radio report puts it, of "paranoid delusion."

President Reagan's talk of upgrading US civil defense is, the Soviets charge, a reflection of an "insane" belief that nuclear conflict is survivable . . .

Still, virtually all Western analyses concur that Moscow's civil defense efforts far outweigh recent programs in the West. Various studies have held that Soviet "survivability" in nuclear war is likely to be correspondingly higher than that of the US.

And, as a sampling of domestic radio reports over the past two years or so suggests, there has been a serious Soviet bid to protect the population and economy from the weapons of the 1980s.

And *Press Report on Soviet Affairs*, a newsletter published by the Advanced International Studies Institute, pulls no punches:

CIVIL DEFENSE, LIKE JANUS, HAS TWO FACES: ONE FOR THE U.S., ANOTHER FOR THE USSR

While the USSR under its new Andropov leadership is stepping up its strenuous efforts to externally project itself as the guardian of peace, using any available platform to declare that only "imperialist raving lunatics" and "Pentagon maniacs" contemplate a nuclear war, it is continuing internally its unabated adherence to a war-fighting, war-winning posture, and, as a corollary, is maxi-

mizing its attention to Soviet "combat readiness" for a nuclear conflict.

Currently, a prime object of Soviet doublespeak is civil defense.

On the one hand, Moscow is bringing to bear its vast propaganda machine to lash out against fledgling efforts to upgrade U.S. civil defense, depicting them as an indication of Washington's "bellicosity" and, in the words of Brezhnev's last public speech, "readiness to plunge the world into the flames of a nuclear war."

On the other hand, Moscow has just launched a new, three-year program within the USSR to augment its already massive efforts to prepare "every stratum of the population" to meet any and all tasks required for effective civil defense in a nuclear war, which, it is being said, can be successfully performed "every time and in any situation."

The heavy, almost frenetic, emphasis on civil defense within the Soviet Union can't of course be hidden. USSR civil defense chief General A. T. Altunin gives an example of it in a *Stroitel'Naya Gazeta* (Moscow) article entitled "A Secure Bulwark of Peace and Labor" on the occasion of Army-Navy Day:

. . . THE SECURITY OF THE SOVIET PEOPLE COMPRISES THE MOST IMPORTANT AIM OF ALL OUR DEFENSE MEASURES.

The protection of the population is the main task of civil defense. Humans, as is known, are the highest value of our socialist state and the ensuring of the security of the Soviet people comprises the most important aim of all our defense measures. The success of carrying out all the remaining tasks of both civil defense as well as the state's defense generally depends totally upon the successful carrying out of the tasks to protect the population.

Soviet dedication to civil defense is nothing new. It dates back 50 years. Fifteen years ago former Soviet Premier Alexei N. Kosygin said to the world:

I believe that defensive systems, which prevent attack, are not the cause of the arms race, but constitute a factor preventing the death of people.

Press Reports on Soviet Affairs again on August 19 gives conclusive evidence of the profoundly serious view that the Soviets take of civil defense in the USSR homeland:

NO HOSTAGE ROLE FOR SOVIETS IN A NUCLEAR WAR: The Soviet perception of civil defense as

an integral part of the USSR's war-fighting and war-winning plans in a nuclear conflict was starkly underscored in a major article by a general writing in the Soviet Army newspaper *Red Star* of July 13. Given the "deterioration in the international situation," there is an urgent need to upgrade the already massive Soviet civil defense program, according to General V. Lavrinenkov, chief of Soviet Civil Defense in the Ukraine.

The general wrote: "Aware of the severity of the current international situation, the Soviet people manifest genuine concern with improving the steadfastness of the functioning of the national economy in the case of employment by the enemy of means of mass destruction [i.e., nuclear bombs]. They are concerned with being ready to defend against them. These goals are served by the perfection of civil defense. Civil defense helps foster among the workers a feeling of high personal responsibility, alertness, and readiness to fulfill their duty in defending the Motherland."

Another issue of this same newsletter reveals that the Soviets are

"engaged in unrelenting efforts to prepare their doctors to deal effectively with the 'medical consequences' of a nuclear war."

There is no hint of any such attitude, however, in contacts that Soviet doctors have with their counterparts in the West. A distinguished organization similar to PSR is the International Physicians for the Prevention of Nuclear War. Its June meeting in Amsterdam is described from Moscow by writer Robert Gillette in the *Los Angeles Times*:

Western diplomats said Friday that statements by three prominent Soviet officials questioning the usefulness of civil defense in nuclear war are radically at odds with official Kremlin policy and appear to be intended mainly for Western consumption.

Soviet officials joined doctors from 42 other countries at a meeting in Amsterdam on Wednesday in denouncing civil defense against nuclear war as creating "an illusion of survivability."

Among the doctors was Yevgeny Chazov, a leading Soviet cardiologist and reputedly one of Soviet President Yuri V. Andropov's personal physicians. Chazov, who is in charge of

special health services for the Soviet elite, was quoted in Western news reports as saying "that there is no effective civil defense for nuclear war."

Georgy A. Arbatov, the Kremlin's leading analyst of American affairs, said Yevgeny P. Velikhov, a vice president of the Soviet Academy of Sciences, also insisted that there is no effective means of defending civilian populations against nuclear war. The three Soviets appeared at the Third Congress of International Physicians for the Prevention of Nuclear War.

Diplomats in Moscow said the officials' remarks were consistent with a long-term Soviet propaganda effort designed to encourage peace groups in the West to oppose new defense programs, including civil defense.

Peter Daily, editor of *Intelligence Digest U.K.* (the world's oldest established intelligence newsletter), opens his article "The Peace War" in the June issue of *Asian Outlook* in this manner:

'The Russians . . . will use political warfare and peace offensive to hypnotize the intended victim first; and they will use neutralism to weaken the latter's alliances with other free nations. In addition, they will cause "peaceful transformation" in the country to be victimized, and in the latter's allies. What the Russians invariably do first of all is to isolate their enemy from without and paralyze him with peace offensives and neutralism tactics from within. When they do use their armed forces in a surprise attack, the target nation will have already been defeated in the political and psychological fields. By that time the situation can no longer be retrieved by military combat . . .'

Those prophetic words were written in 1956 by Generalissimo Chiang Kai-shek . . . Since then we have seen the communisation of South Vietnam despite efforts by the United States to protect its ally. The fall of South Vietnam was a consequence of the fall of mainland China (as was the Korean war), and, because of the so-called Vietnam trauma, the United States is having considerable difficulty in fighting communism in Central America.

A current book with a similar title — "The War Called Peace" — brings this concept home to the American Main Street. It puts the finger on Physicians for Social Responsibility and the International Physicians for the Prevention of Nuclear War as tools of communist propaganda. The U.S. Government itself is not left off the hook. In his foreword to

the book the late Congressman John Ashbrook says:

Over the past twenty-five years, most American administrations have been so determined to win the political benefits that come with presenting themselves as statesmen capable of making peace with an enemy that they have downplayed and suppressed facts about the aggressive, subversive, ongoing conspiratorial and criminal nature of World Communism. The American people are neither stupid nor asleep; but they have been misled by their elected leaders.

In his testimony before the "Del-lums Subcommittee" on April 5th Dr. Howard Maccabee, DDP president (both a physician and a nuclear engineer) stated:

Obviously, it is not possible to give emergency medical care to the victims of any disaster unless some preparations have been made . . . Toward this end, the California Medical Association resolved through its House of Delegates in March 1983 to "work toward development of a state-wide contingency plan to deal with the medical consequences of nuclear war, and asked the California Delegation to the AMA to seek similar efforts at the national level."

. . . the Geneva Conventions of 1977 (Sections 51 and 58) called for all nations to make preparations for protection of their populations from the effects of nuclear weapons, including attempts at prevention of war, as well as civil defense measures such as sanctuary for victims and evacuees, and preparations for medical response.

WE SHOULD BE IN THE FOREFRONT DEMANDING THAT OUR GOVERNMENT FULFILL ITS OBLIGATIONS TO OUR CITIZENS.

Another physician well-known to Journal readers, Dr. Max Klinghoffer (DDP Secretary-Treasurer), said of PSR supporters in one of his Journal articles:

No one can fault their desire for prevention of war. But it's their conclusion that medical disaster planning for nuclear war is meaningless which goes against all medical principles and all logic.

. . . The failure of our shelter program, the poor state of our warning system and the criminal giveaway of our emergency medical facilities are all indications of nonfeasance on the part of our government officials.

But the medical profession, whose primary goal is to heal the sick and injured, should not discourage civil

defense programs. Instead we should be in the forefront *demanding* that our government fulfill its obligations to our citizens. And we should take positions of leadership in medical planning for disaster.

Our failure to prepare, our attitude of indifference toward preparedness measures, and the consequences we thereby face are summed up by Edward Teller:

In a dangerous situation, we have chosen the most dangerous of courses. We have chosen not to face our danger.

As the Soviets celebrate their October 4th "Civil Defense Day" no one in the USSR will say, as Kremlin surgeon Yevgeny Chazov told the physicians gathered in Amsterdam that "there is no effective civil defense for nuclear war." No one would dare.

The all-out emphasis of civil defense within the Soviet Union of course makes good sense. No one can fault the Soviets for giving their people the best possible protection they can devise. It is, as they claim, a "humanitarian" goal.

It is also understandable that there is a good bit of Soviet indifference as to whether or not adversary nations also stress civil defense for their populations. That is their concern. If they want to ignore or ridicule civil defense, to delude themselves into thinking that civil defense is useless (and at the same time a threat), so much the better.

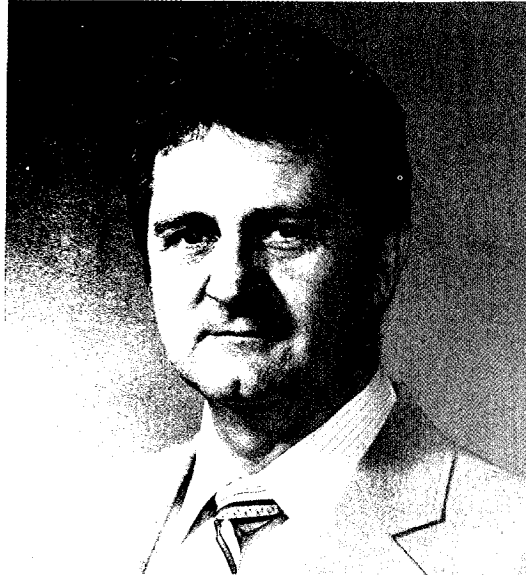
The initiative by Kremlin leaders to persuade the people of the Soviet

Union that civil defense is necessary and humanitarian is one thing. But the Kremlin campaign to persuade the people of NATO nations that civil defense is a deceptive farce is quite another. The Soviet move to convince reputable Western physicians of this can be viewed as acceptable strategy only by a nation bent on conquest.

Doctors for Disaster Preparedness accepts no such premise. It in fact actively sponsors a public awakening to the desperate need for all-around preparedness. Its activities are now expanding. Its membership is growing.

Its impact on homeland defense policies could help save the day. □

A MESSAGE FROM FRED VILLELLA



The Honorable Fred J. Villella is the Associate Director, Training and Fire Programs, for the Federal Emergency Management Agency. In that capacity he administers the National Emergency Training Center, which consists of the Emergency Management Institute, the National Fire Academy and the U.S. Fire Administration.

This special section of the *Journal of Civil Defense* has been prepared to familiarize you with the structure and functions of the National Emergency Training Center (NETC), with special emphasis on the Emergency Management Institute (EMI). It also provides you with current information on EMI programs.

The superintendent of the Emergency Management Institute is Dr. J. C. Kellett, Jr., formerly of the Department of Energy. He holds a doctorate in chemistry from Purdue University and has over twenty years of management experience. The EMI seeks to be responsive to the needs of emergency managers at all levels. Consequently, Dr. Kellett recently took steps to increase management control of EMI's training programs. Of major importance is the abolition of separate resident and field programs divisions. He replaced these with organizational entities based on content areas. In addition, he assigned each program to a specific EMI faculty. That person known as a Program Activity Manager, has full responsibility for his specified program. A list of these managers and their programs appears on page 12.

Dr. Kellett also saw the need for a designated EMI contact person, who could deal with queries from the field pertaining to areas not covered by program activity managers. He has appointed Ms. H. Marie Harkenrider to that post.

We at the National Emergency Training Center are impressed with the dedication of the Emergency Management Institute staff. During Fiscal Year 1982 EMI trained 2,025 students at the Emmitsburg, Maryland campus; 97,736 off-campus; and an additional 2,748 in home-study courses.

If there is any way that we can assist you in your quest to provide high quality emergency management programs to your community please do not hesitate to contact us. □



Dr. J. C. Kellett, Jr.

A stylized, handwritten signature in dark ink, reading "Fred J. Villella".

Spread over rolling wooded hills on the outskirts of Emmitsburg, Maryland, the National Emergency Training Center (NETC) proudly furnishes educational facilities for all America's disaster management and firefighter personnel. Foreign students also frequent NETC. Here 142 staff and faculty members and 40 service personnel team up as FEMA's training arm.

NETC: TRAINING THE NATION'S EMERGENCY MANAGERS

— Joseph V. Saitta*

The Federal Emergency Management Agency (FEMA) was established in 1979 to focus federal effort on preparedness, mitigation, response and recovery from emergencies that encompass the full range of natural and technological disasters. As recently as 1978, the need for federal involvement was apparent. In that year the National Governors Association published a report which indicated that emergency management, at all levels, was fragmented to the extent that available resources were either overlooked or duplicated. The report also noted that while emergency response was receiving attention, the areas of preparation, mitigation, and long-term recovery were not sufficiently stressed.

FEMA is committed to the concept of Integrated Emergency Management Systems (IEMS). This method of implementing programs provides

for a fully-coordinated structure in which the satisfactory resolution of emergencies and disasters, of all types, and at all levels of government, can be attained. One component of IEMS is the integration of the respective preparedness programs of FEMA, other federal agencies, state agencies, local jurisdictions, and private sector organizations. Another component involves the coordination of available resources so that they are used most effectively during disasters to reduce mortality and morbidity, and minimize economic loss. This component of IEMS addresses the four phases of comprehensive emergency management:

1. **PREPAREDNESS** — Actions which enhance local governments capability to respond to emergencies. Planning and training are two critical aspects

of preparedness.

2. **MITIGATION** — Actions which alleviate or diminish the potential effects of an emergency situation. Public education is an example of a program which would have mitigating effects.
3. **RESPONSE** — Actions which provide assistance to the injured, reduce the probability of the occurrence of secondary damage, and speed recovery operations which follow an emergency or disaster.
4. **RECOVERY** — Actions which are designed to restore a community to pre-emergency conditions. For example, financial loans and grants are two such actions.

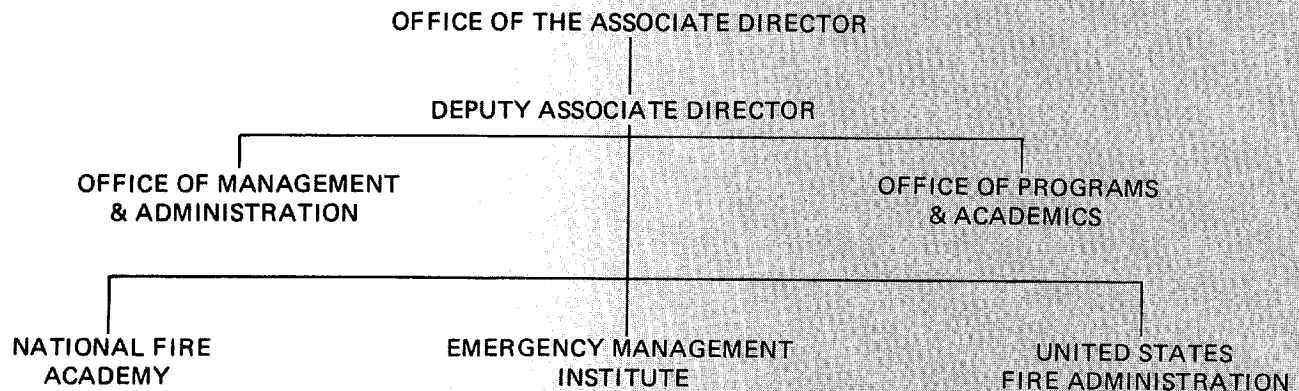
On June 8, 1981, Louis O. Giuffrida, Director, FEMA, approved an organizational realignment of the agency designed to unify its pro-

*Joseph V. Saitta is a consultant to NETC and an Adjunct Faculty Member for the National Fire Academy and the Emergency Management Institute.

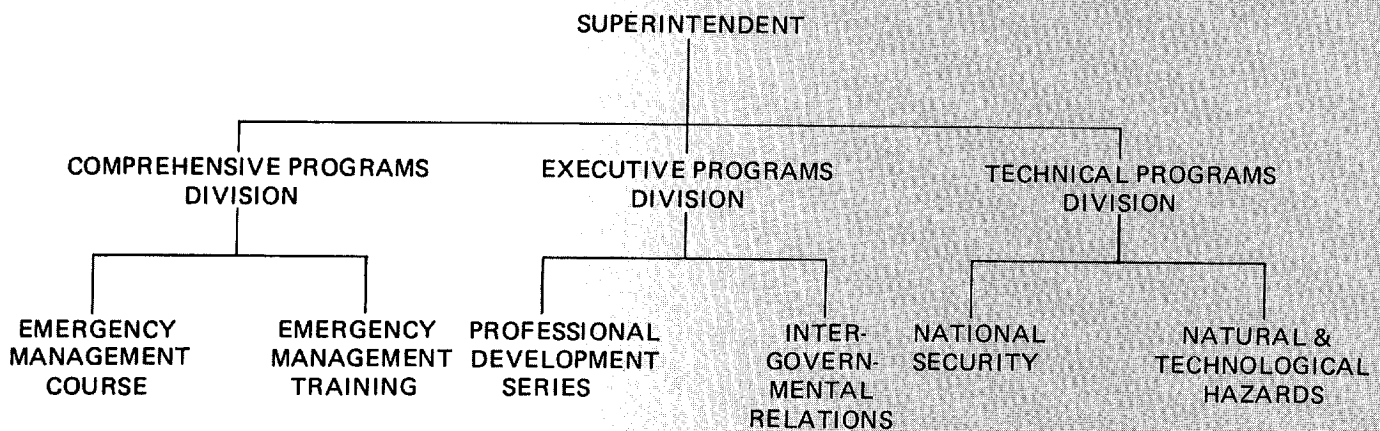


The National Emergency Training Center Campus in Emmitsburg, Maryland

TRAINING AND FIRE PROGRAMS DIRECTORATE NATIONAL EMERGENCY TRAINING CENTER



NEW EMERGENCY MANAGEMENT INSTITUTE ORGANIZATION



grammatic efforts into a cost-effective technical assistance and response team dedicated to service.

This realignment included designation of the 110 acre FEMA educational facility, located in Emmitsburg, Maryland, as the National Emergency Training Center (NETC) and the appointment of Fred J. Vilella as Associate Director, Training and Fire Programs. Vilella is responsible for the effective management of the Center which includes the Emergency Management Institute, and the National Fire Academy. Recently the U.S. Fire Administration was also co-located at NETC.

The NETC's location near historic Gettysburg, Pennsylvania, and within driving distance of two major metropolitan areas: Baltimore,

Maryland and Washington, D.C., provides many opportunities for emergency management research and training. NETC's campus is the former site of the St. Joseph's College, which has historical significance dating from the Civil War.

In FY82 training consolidation resulted in an overall increase in both the number of courses offered (+1553), and the number of students trained (+34,298).

The Emergency Management Institute (EMI), under the direction of Dr. James C. Kellett, Jr., Superintendent, functions as the focus of national emergency management training. The EMI is the successor to the Civil Defense Staff College, which was located in Battle Creek, Michigan. It relocated to the

Emmitsburg campus in January 1981, and has recently been reorganized into three divisions under Dr. Kellett: the Comprehensive Programs Division, the Executive Programs Division, and the Technical Programs Division (see organizational chart above for further detail).

In addition to the divisional reorganization individual professional staff members have been designated as activity managers for each of EMI's off-campus training areas.

A great deal of growth has occurred at the EMI in the past fiscal year, FY83, when compared to the previous one. In FY83 there was a 124% increase in the number of on-campus courses, with a concomitant 128% increase in students trained.

FY 1984 EMI FIELD PROGRAM ACTIVITY MANAGERS

Curriculum Area	Training Activity	Activity Manager
Comprehensive Emergency Management	Emergency Management Course	Andy Casper
"	Emergency Operations Simulation Training Exercise	Peter Vogel
"	Exercise Design Course	"
Executive Training	Formulating Public Policy in Emergency Management Course	Thomas Boven
"	Business & Industry Conference	"
"	Professional Development Series (PDS) — Introduction to Emergency Management Course	Bonnie Butler
"	— Emergency Planning Course (EPC)	"
"	Basic Skills Course, Leadership & Influence	"
"	Decisionmaking & Problem Solving, Basic Skills Course	"
"	Effective Communication, Basic Skills Course	"
"	Creative Financing, Basic Skills Course	"
"	Instructional Techniques for Emergency Program Managers Course	Duncan Sells
"	Public Officials Conference	William Simms
"	Workshop: Emergency Management	"
Technological Training	Shelter Management (SM) Course	Rosemary McDermott
"	Shelter Systems Officer (SSO) Course	"
"	Workshop: EBS/Warning Officer	"
"	Radiological Monitoring (RM) Course	Bill Noland
"	Radiological Defense Officer (RDO) Course	"
"	Workshop: Radiological Emergency Preparedness (REP)	"
"	Workshop Radiological Emergencies	"
"	Radiological Defense Monitor Instructor Course	"
"	Aerial Radiological Monitoring Course	"
"	Radiological Monitoring Refresher Course	"
"	Analysis of Hazardous Materials Emergencies Course	"
"	Introduction to Emergency Medical Services (EMS) Course	Nancy Meneely
"	Basic Disaster Operations Course	"
"	Floodplain Management for Local Coordinators of NFIP Course	Pete Smith
"	Interagency Hazard Mitigation Team Training Course	"
"	Fundamentals of Natural Hazards Management Course	"
"	Natural Hazards Mitigation Course	"

Likewise off-campus statistics show a marked upswing in activity. In FY83 there was a 65% increase in the number of these courses, and a 41% increase in students trained. In keeping with the IEMS concept EMI has also worked to broaden the scope of its course offerings beyond "traditional" civil defense. Thus, it now is developing an "all-hazard" approach to cover the emergency management spectrum more comprehensively.

The National Fire Academy (NFA), under the direction of Superintendent Joseph Donovan, functions as a center of fire service education, information, and expertise. The Academy is a place where fire service personnel and allied professionals from across the United States and abroad meet to exchange information and obtain state-of-the-art training in management, prevention, and technology. In FY83 the Academy trained 5,050 students in 202 different resident courses. A high point of the NFA academic year was the implementation of the new "Use of Microcomputers for Fire Service Management" course with a fully equipped lab. Field offerings in FY83 numbered 223 courses with 11,065 students trained. Both resident and field programs have made a significant contribution to the professionalization of the fire service.

The United States Fire Administration (USFA) is under the supervision of Edward Wall, Chairman of the USFA Work Group. The USFA is organized into four program areas: Fire Policy and Coordination, Fire Prevention and Arson Control, Fire Data and Analysis, and Firefighter Health and Safety. These programmatic areas provide the framework necessary so that the USFA can accomplish its mission, which is to reduce this nation's appalling loss of lives and property due to fire. To complete this task the USFA is developing effective linkages between the fire service community, the private sector, government, and the public. Future directions include increased emphasis on user-oriented technology, arson reduction methodologies, and public education.

NETC is developing training activities, with state and local emergency services input. Each of these activities is designed to integrate and upgrade the United States emergency management capabilities. □

LEARNING RESOURCE CENTER

Occupying a central location on the NETC campus the Learning Resource Center (LRC or Library) provides current information and resources on emergency management, fire science and related subjects that supplement classroom lectures and materials.

How can I obtain guidelines for writing a disaster plan? Where can I obtain training and equipment for a Hazardous Materials response team? These are the sort of questions which are received daily at the LRC. Over 3,500 requests for information from on-campus staff and students as well as from individuals throughout the country were answered during the last six months.

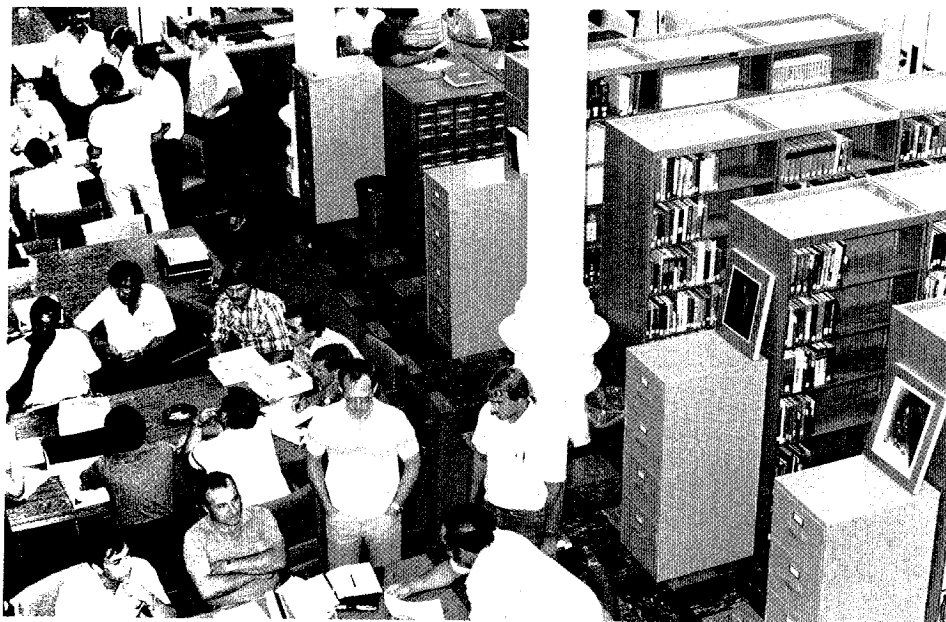
Housing a collection of over 40,000 books, periodicals and research documents in addition to audio-visual materials such as films, videotapes, and microfiche, the LRC is actually three libraries in one. The Staff College Library from Battle Creek, Michigan, the National Fire Academy Library, and the U.S. Fire

SERVICE IS THE KEY WORD . . .

Administration Library are all included in the LRC. The Arson Resource Center is an additional component being added this summer.

Three professional librarians, a technician, and four able student assistants comprise the current staff of the LRC. Their tasks include answering over 700 enquiries each month and cataloging the various books, media, etc., in the collection. In addition, they select and order new materials to keep the collection up-to-date.

Although library materials do not circulate off-campus the staff does make available photocopies of various journal articles and research papers to those requesting specific materials. Many of these requests

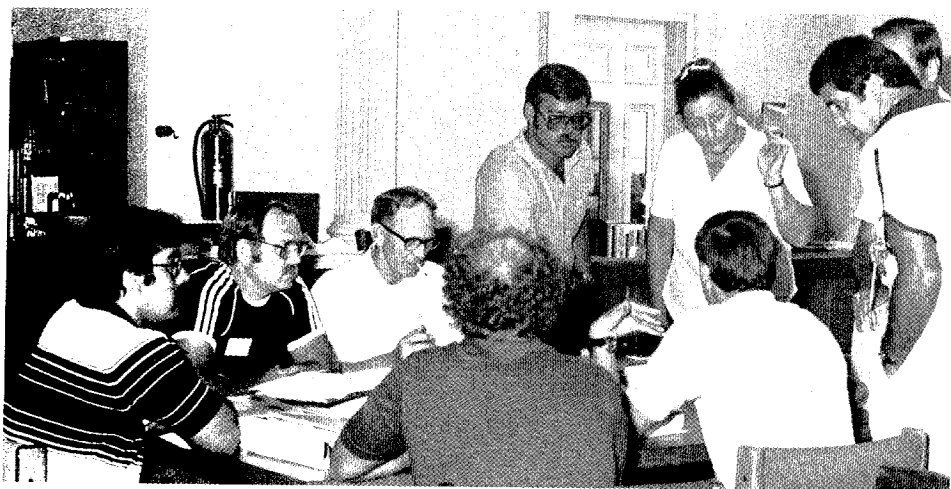


View showing part of the Learning Resource Center — a busy place.

come from former NETC students who continue to regard the LRC as "their library" even after returning home. Although priority is given to current students and faculty, the LRC staff still manages to answer reference requests coming in by telephone and mail.

The LRC never stands idle. Open seven days a week, faculty and stu-

dents borrow approximately 1,000 items each month. New students are acquainted with library procedures at weekly orientation sessions. The LRC is a nationally-recognized information center for emergency management personnel. *Service* is the key word in the Learning Resource Center's mission statement. □



NETC students dig into Learning Resource Center materials.



WHAT'S NEW AT NETC

SECOND CAMPUS PLANNED —

To better serve students in the West and Mid-West a project is underway to locate an additional NETC campus. "NETC West" will offer a wide selection of those courses currently offered at the main campus.

SHORT COURSES ADDED —

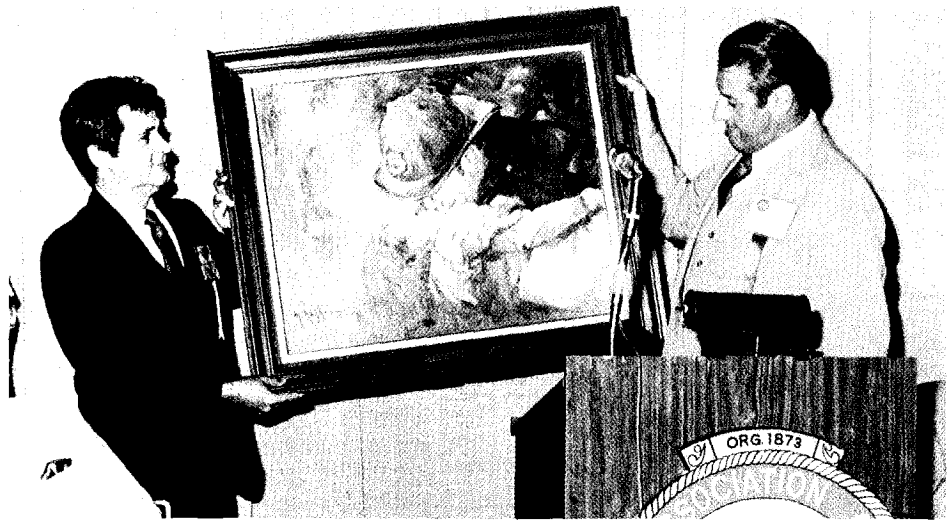
Three new two-day courses are under development: *Instructional Techniques* is designed to improve the classroom skills of trainers. The course details a four-step instructional method (preparation, presentation, application, and evaluation) that organizes outdoor drills and formal in-class lectures. *Introduction to Emergency Medical Services* reviews the services provided by Emergency Medical Services (EMS) agencies during normal operations, describes the kinds of assistance these agencies can provide to Emergency Program Managers during disaster operations and tests attendees with a simulated aircraft crash. *Hazardous Materials* provides students with information on conducting a community risk assessment that addresses major planning concerns. In addition, it provides an overview of hazardous materials response methodologies, stressing safety of civilians and rescuers.

EMI LOGO — The Emergency Management Institute will soon have its' own logo. Artist's conception includes an eagle and the familiar civil defense triangle.

EMI SUPERINTENDENT NAMED — Dr. James Kellett, Jr., formerly of the Department of Energy, was recently named the Superintendent of the Emergency Management Institute, replacing a succession of acting superintendents. Dr. Kellett is introduced in this issue of the *Journal of Civil Defense* on page 9.

RADIATION COURSE REVIEWED

— Internal reviews continue on the "Pre-Hospital Response to Radiation Accidents" course which is being developed under a contract with Oak Ridge Associated Universities, Oak Ridge, Tennessee. The course will be released as a "hand-off" package in early FY84.



Philadelphia Fire Commissioner Frank R. Rizzo presents painting "Another Chance" to NETC Director Fred J. Villella at the 109th Annual Conference of the International Association of Fire Chiefs. "Another Chance" dramatizes an incident which occurred in the West Philadelphia area. The painting will be a part of the NETC art collection at its headquarters.

NETC NEWSLETTER — Faculty and staff at NETC now have their own newsletter, *NETC Alert*, to keep them advised of the programs and "people-news" that occur on-campus.

PHYSICIAN COURSE PLANNED

— The American College of Emergency Physicians (ACEP) under contract with FEMA is completing development of a two-day course, "Disaster Planning for Emergency Physicians". An initial pilot of the course was held in March, 1983 at NETC with over 20 physicians and course reviewers present. The course is being final-preped for a September, 1983 delivery in Washington, D.C.

NETC ENTERS INTERNATIONAL ARENA

Spurred by a request for assistance from the Office of Foreign Disaster Assistance (OFDA), United States Agency for International Development (USAID), NETC has begun the training of Emergency Program Managers for the Republic of Ecuador. Venezuela and Columbia have also reviewed a technical assessment that will probably lead to further efforts in those countries. Tom Berrey of NETC is the project officer for this program as a result

of his previous experiences in Latin America and his bilingual expertise.

Also slated to begin are student and instructor exchanges between various countries in cooperation with OFDA through the Office of International Affairs, FEMA. Expansion of the international program will continue in FY84 and it is expected that this activity will create a better understanding of emergency planning among program managers through the free interchange of ideas and concepts.

ABC's "TRAUMA CENTER" EMPLOYS METTAG

ABC's new television show "Trauma Center" utilizes the international emergency triage tag METTAG in its portrayals of field casualty care. Trauma Center — a Twentieth Century Fox production — appears on ABC at 8PM every Thursday evening. Leading roles are played by Lou Ferrigno, James Naughton, Jack Banning, Alfie Wise and Wendy Mallick.

METTAG is marketed by the *Journal of Civil Defense* and is widely used in disasters and emergencies throughout the United States and Canada. Its use abroad is on a sharp upswing.

**TACDA MARKETS NEW
BUMPER STICKER
"Our Choice: DEFENSE OR DEFEAT"**

Following in the footsteps of its Southern California chapter, The American Civil Defense Association (TACDA) in Florida has come out with its own bumper sticker, which is:

Our Choice:

The new sticker's punch line is printed in bright red on a dark blue background. The "Our Choice" introductory line above it is reversed out in white.

Prices are (postage included):

1 sticker — \$2.50

3 stickers — \$5.00

10 or more — \$1.50 each

Order from:

The American Civil Defense
Association

P.O. Box 1057

Starke, Florida 32091

(Or phone: 904-964-5397)

TACDA's Southern California chapter continues to market its two bumper stickers:

**Nuke War, NO!
Civil Defense, YES!**

and

**BUILD SHELTERS
NOT BOMBS!**

These attractive stickers are sold at the same bargain prices (\$2.50 for one, \$5.00 for three, and \$1.50 each for ten or more). These stickers may be ordered from:

The American Civil Defense
Association

(Southern California Chapter)

12077 Wilshire Blvd. — Suite 648
Los Angeles, CA 90025

**SOUTHERN CALIFORNIA CD
OUTING GENERATES INTEREST
IN SHELTER**

On the afternoon of August 21st the Southern California TACDA Chapter, 120 strong, gathered at the Los Angeles home of Nancy Deale

Greene (chapter president) for a social/sports relaxation program. At 5PM the guests were assembled for a formal discussion of civil defense questions.

Chapter president Nancy Greene opened the spirited one-and-a-half hour meeting by citing some of the past mistakes of government in its approach to civil defense problems and the bureaucratic inertia in facing them. Mike Yarimovich, chief executive of Rockwell Space Systems, deplored the government failure to act in good time and pointed out that in a pinch a shelter can be dug in 48 hours.

Others joined in the exchange, and it was apparent that they felt that shelter was the chief concern, that the failure to emphasize it was deception, and that a demand for changes in policy must be generated.

Others present at the afternoon's proceedings included Sam Cohen, N-Bomb "Father"; Nikolai Khokhlov, former top Soviet intelligence officer; former Congresswoman Yvonne Burke, Cornell Wilde, Trini Lopez, Richard Anderson, Monty Hall, Herb Jefferson, Robert Pine, John Vernon, Leslie Nielsen and Allen Reisner from the entertainment world; Loren Fields and Mike Regan from civil defense; and a number of nuclear physicists and strategic analysts. Also doctors and Southern California TACDA members.

Departing guests felt that shelter

had received new emphasis and that something tangible in the way of new guidance for interested parties would be forthcoming.

**MACCABEE AND SINCERE
AT NUCLEAR WAR CONFERENCE**

Dr. Howard Maccabee and Richard Sincere will be speakers at the "Conference on Strategic Defense and Nuclear War" November 2, 1983 at the New Jersey Institute of Technology.

Dr. Maccabee is president of Doctors for Disaster Preparedness and Mr. Sincere is a member of the TACDA Board of Directors and president of the Washington, D.C. TACDA Chapter.

Dr. Maccabee will be opposed by Dr. Herbert Abrams of Harvard University in a discussion of "Medical Effects and the Role of the Physician in a Nuclear War Emergency."

Sincere will speak twice, first opposed to Dr. Donald Louria in a discussion of "Civil Defense Policy" and later with Sister Joan Chittister in an examination of "The Bishops' Pastoral Letter."

The two-day conference (November 2-3) is to be held at the New Jersey Institute of Technology (The Center), 150 Bleeker Street, Newark, New Jersey 07102. Admission will be \$10. For information write The Center or call Assistant to the Dean at 201-645-5541.



**1983 NATIONAL ADVANCED
LIFE SUPPORT CHAMPIONS**

L to R: Scott Matheson, Randy Lowe and
team captain John Strippoli.

FLORIDA FIREFIGHTER TEAM WINS ALS CHAMPIONSHIP

A three-man firefighter-paramedic team from the Boca Raton (Florida) Fire Department bested 35 competing teams on July 7th to win the 1983 Advanced Life Support trophy. The competition took place in Orlando, Florida and was sponsored by the Florida Chapter of the American College of Emergency Physicians (ACEP).

Team captain John Strippoli attributed his team's victory to emphasis on "teamwork and communication." In reply to a question on the use of METTAG Strippoli answered that METTAG is used by the Boca Raton Fire Department. "It is so simple and concise," he said, "it almost can't be misused."

According to ACEP the National ALS Contest "is used as a mechanism to improve the quality of pre-hospital emergency medical services."

Not only is stress common among accident and disaster victims, but rescue personnel are also highly vulnerable. Gil Haas, prominent American authority in the emergency management field, takes a careful look at the problem.

STRESS IN DISASTER

— Gil Haas

Hans Selye, considered the dean of stress researchers, describes stress as the body's nonspecific response to any demand placed on it, pleasant or unpleasant. The human organism is adapted to handle the constant stress of day-to-day living. Everything from the loss of a job to making love subjects the individual to a stressful situation. An integral part of life is an individual's ability to cope with stress.

Researchers can measure both the level of a stress producing event, called a stressor, and the ability of the individual to cope with the stressor.

The Social Readjustment Rating Scale was developed to measure the amount of stress a person has experienced in a given period of time (Holmes and Rahe, 1967). A weight value was given to 43 events. The values range from a high of 100 to a low of 11. The highest is the death of a spouse, the lowest is a minor violation of the law. Some other examples are: No. 8, fired at work equals 47; No. 21, foreclosure of a mortgage or loan equals 30; No. 30, trouble with a boss equals 23. This scale is used in death investigation. Where there is a cumulative point value of approximately 200, suicide may be indicated. A score of 150 or above may be linked to serious physical illness.

Emergency responders, by virtue of the uncertainty and danger of their work, have long been subjected to the adverse effect of high negative stress levels. Most of these problems have been related to the day-to-day demands of the job. "Crisis intervention" in law enforcement and "paramedic burn-out" are not unfamiliar terms.

THE SAN DIEGO AIR DISASTER

On the morning of September 25, 1978, a mid-air collision occurred between a P.S.A. 727 and a Cessna 172 over the residential area of San Diego, California. When the fires were brought under control and the smoke had cleared, the task at hand was to recover and identify the 141 severely mutilated, dismembered bodies that littered the impact area. It was not possible to conduct any task at the crash site without being directly involved with bodies, or body parts. Due to the high temperatures and adverse working conditions, large numbers of fire fighters and police officers were brought in to assist.

In the aftermath it was found that some of those that were directly involved in the operation were experiencing symptoms of stress-induced psychological problems.

STRESS IS A PART OF HUMAN EXISTENCE.

The Academy of San Diego Psychologists set up a task force volunteering their services. During the months immediately following the crash, some 30 individuals were given psychotherapy. Surprisingly these were mainly senior members of the police department and not the younger, more inexperienced personnel, as might be surmised. This would lead to the postulation that this type of stress is cumulative and a sudden gross exposure could add the proverbial last straw.

THE KANSAS CITY SKYWALK COLLAPSE

Shortly after 7:00 p.m. on the evening of July 17, 1981, approximately 1,200 people were gathered

at a dance in the lobby of the Kansas City Hyatt Regency Hotel when two suspended occupied walkways collapsed and fell into the crowd, raining death and destruction.

Kansas City's emergency forces labored throughout the night to rescue the 188 injured and trapped victims and to recover and identify another 111 fatalities. Tensions were intensified by high noise levels, dust suspension in the air, water running from broken pipelines and inadequate lighting.

Anticipating problems, the Greater Kansas City Mental Health Foundation responded with a campaign to offer aid to responders, spectators, victims and their families. Advertising and questionnaires were used to identify those involved and what affect it had on them. Those who responded with an identifiable psychological trauma included command personnel from fire, EMS and medical units. One may conclude that decision-making in a life or death situation involves severe stress factors that can produce adverse effects for an indefinite period of time.

•

Disaster operations and mass casualty incidents (MCI) create a high potential for psychological stress. This may be induced by either too little or too much experience. It may be aggravated by other types of stress being exerted on the individual, or inadequate preparation. In any event, the symptoms should be recognized, evaluated and treated as soon as possible.

Proper management of the scene can reduce stress for those present. Severely traumatized corpses tend to separate further when moved;

therefore, rescuer stress can be reduced by placing bodies in disaster bags prior to manual transportation. Good site management will reduce stress and the psychological trauma potential to those engaged in the operation. Adverse stimulation of the neuroendocrine system may result from the use of well-meaning but harmful refreshments. Coffee, tea, cocoa and most soft drinks contain caffeine. In addition, the average soft drink may contain 10 to 15 teaspoons of sugar. Large intakes of caffeine and the elevation of blood sugars can cause adversities such as fatigue, depression, nervousness and irritability. These liquids aggravate the stress response of the body. Substitute caffeine- and sugar-free beverages wherever possible. Liquids such as Gatorade not only restore body fluids, but replenish body electrolytes as well.

RECOGNITION

Stress is a part of human existence and learning to cope with it is part of life. Only when there is an overflow does outside help become necessary. It should also be emphasized that in disaster operations, such as the two previously described, only a small percent of those involved in the overall operation experienced psychological problems sufficient to warrant outside help.

It is necessary to understand the symptoms so that we can recognize the onset of problems in our peers, subordinates and more importantly, ourselves.

Disaster scenes manifest psychological and physiological response to stress. Mentally, the individuals involved experience: disorientation, bewilderment, anger, helplessness, nervousness, anxiety, depression, disbelief, frustration and irritability. The body's response to these reactions result in chemical and physical changes. There may be an increase of heart rate, headache, cold sweaty hands, rapid shallow breathing, shortness of breath, nausea, vomiting, muscle pains and tremors, constipation, allergy flareups and skin rash.

If stress continues, the result of the excess release of the hormone *thyroxin* may manifest further adverse reactions that could last as long as two months. These maladies might include an increase in the metabolic rate of 60% to 100% and a 50% increase in cardiac output. This will result in a decrease of miocar-

SOCIAL READJUSTMENT RATING SCALE

RANK	LIFE EVENT	MEAN VALUE
1	Death of spouse	100
2	Divorce	73
3	Marital separation	65
4	Jail term	63
5	Death of close family member	63
6	Personal injury or illness	53
7	Marriage	50
8	Fired at work	47
9	Marital reconciliation	45
10	Retirement	45
11	Change in health of family member	44
12	Pregnancy	40
13	Sex difficulties	39
14	Gain of new family member	39
15	Business readjustment	39
16	Change in financial state	38
17	Death of close friend	37
18	Change to different line of work	36
19	Change in number of arguments with spouse	35
20	Mortgage over \$10,000	31
21	Foreclosure of mortgage or loan	30
22	Change in responsibilities at work	29
23	Son or daughter leaving home	29
24	Trouble with in-laws	29
25	Outstanding personal achievement	28
26	Wife begin or stop work	26
27	Begin or end school	26
28	Change in living conditions	25
29	Revision of personal habits	24
30	Trouble with boss	23
31	Change in work hours or conditions	20
32	Change in residence	20
33	Change in schools	20
34	Change in recreation	19
35	Change in church activities	19
36	Change in social activities	18
37	Mortgage or loan less than \$10,000	17
38	Change in sleeping habits	16
39	Change in number of family get-togethers	15
40	Change in eating habits	15
41	Vacation	13
42	Christmas	12
43	Minor violations of the law	11

Holmes, T.H. and Rahe, R.H. — THE SOCIAL READJUSTMENT RATING SCALE, *Journal of Psychosomatic Research*, 1967, 2, 213-218.

dial strength; also muscle tremors, indigestion, colitis, insomnia, crawling sensations under the skin, paranoia, irritability and nightmares.

For the most part, knowledge and anticipation of the potential problems can do much to reduce or eliminate this boomerang effect. Physical fitness programs, such as practiced by many fire and police departments, have the added value of providing a discipline between mental and physical interaction.

Job knowledge and professionalism help to create a positive attitude in stress-inducing situations. The ability to communicate with fellow workers has been demonstrated to have a positive result.

Post-incident critiques should include rap sessions that can provide a means to "get it off your chest." Often, the mere awareness that others have experienced like problems is in itself good mental therapy. If problems persist beyond one's ability to cope, then professional counseling should be sought.

Mental health agencies should be included in the community disaster plan. Every person involved in a disaster, directly or indirectly, is subject to adverse psychological effects. This includes victims either physically injured or non-injured, next of kin of the injured or deceased and rescue workers.

Research has proven that there is a strong interrelationship between the mind and the body. Yet most disaster planning only provides first aid and rescue for the *physical* being. Perhaps it is time we also provide first aid and rescue for the *psychological* being. □

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DDP TAKES GAYLER TO TASK

In an article by retired Admiral Noel Gayler distributed to the news media across the United States in early August, the aroused admiral makes a curiously vicious critique of civil defense. He says in part:

... I believe that "always matching the Russians" is seldom a good or sufficiently sophisticated rationale for determining our own defense needs. The Soviets make mistakes, too, and their civil-defense program is a turkey, as they now realize.

Here's what's wrong with civil defense.

It won't work against nuclear attack. There are not only enough nuclear warheads for direct hits on every military target, every city or village, but also for every relocation area in the United States ...

Fallout shelters are impracticable. Deep shelters would become deep tombs ...

Evacuation of major cities in any reasonable length of time would be impracticable also; it would invite attack during evacuation, thus increasing casualties. And any evacuation area could become a target.

It's bad policy. Just as we regard the Soviet Union's civil-defense plans as a threat, as evidence that it is preparing for nuclear attack, so too do they regard our efforts as a similar menace ...

It has no military utility ...

It's wasteful ... Real war does not resemble a game of master-level chess ...

In a real battle, confusion reigns, communication is difficult, if not impossible, and clear thinking is obscured by terror and agony*. ... It's no wonder that our opponent has been led to believe that our intentions are aggressive, even though they are not ...

Dr. Gerald L. Looney of the Glendale Adventist Medical Center-Chevy Chase, and Vice President of Doctors for Disaster Preparedness, replied in a letter to the *Los Angeles Times*:

In his outdated and dogmatic attack on civil defense ... Admiral Noel Gayler brings to mind an ancient observation: "Thy words might arouse anger did not thy ignorance create compassion." ...

For such an educated and experienced man, Adm. Gayler seems to have a surprisingly limited and parochial view. ... He clearly mis-speaks the case for civil defense in all corners of the world by saying that the Russians now realize that their civil defense program is a turkey, even though their actions speak louder than their words as they pour more time and money into it; he conveniently ignores excellent civil defense nuclear protection in other countries not noted for insanity or inanity such as Switzerland and Norway; and he pontificates that "... every civil-defense program we have ever had, however well-administered, has turned into a fiasco." In Gayler's court, civil defense is clearly guilty until proven innocent. Based on his own editorial, if Russian leaders have allegedly been building a great turkey, Noel Gayler is attempting to coax American leaders into attempting the transformation of an ostrich into a sitting duck! ...

Many other questions arise concerning Gayler's narrow view of the world. Why do his apocalyptic pronouncements predict that the Soviets would only consider a mass attack which would burn and contaminate the very American wheatfields which are helping feed millions of Soviet citizens, while at the same time not consider a limited strike on purely military targets with small but very precise weapons? Why does he not want to help the millions of survivors from even the worst nuclear Armageddon? ...

As we near the end of this century, it seems probable that a limited nuclear exchange or a terrorist explosion is progressively more likely than an uncontrolled massive nuclear war. If this does indeed prove to be true, then public leaders such as Adm. Gayler and Physicians for Social Responsibility who have so vehemently denounced all civil defense as immoral and a cruel deception will tragically discover that they may be guilty of the very charges which they now level against anyone who dares disagree with their dogma. To prevent such a tragic and belated conversion in the future, there is an urgent need to convert today's narrow monologue and dogma into a broad dialogue and balanced debate to plan tomorrow. Otherwise, Adm. Gayler and others may be standing unprotected in the street while looking up for strange objects in the sky.

*It is easy to picture "real battle" as an extremely difficult environment. It is, however, hard to think of Admiral George Dewey, Sergeant Alvin York, General George S. Patton, Captain Colin Kelley and thousands of other Americans and foreign heroes as being confused and guilty of obscured thinking during battle. All training is pointed toward avoiding such a handicap. And communications? They'd better *not* be impossible. — Ed.

YOUR DOCTOR AND "DOCTORS FOR DISASTER PREPAREDNESS" (DDP)

Does your doctor know about DDP? He just might be interested. Many doctors are turned off by the suggestion that they *not* plan and prepare to react in the event their country is attacked.

Most doctors *want* to think ahead, plan ahead, function under the oath of Hippocrates — which is what DDP is all about. Many of them, therefore, see eye-to-eye with DDP.

What about *your* doctor? Why not ask him? Or send DDP his name and address? DDP needs him.
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Course Title	# Students	Dates	Staff Supervision
Inspection of Strategic Stockpiles	40	Oct 3-7	McDermott
NATO Conference (Conference Center)	100	Oct 10-14	Bex/Berrey
EMC (Emergency Management Course) Response	60	Oct 17-21	Casper
U.S. Merit Systems Protection Board Workshop (Conference Center)	33	Oct 17-21	Downin
Office of Personnel Management Workshop (Conference Center)	160	Oct 24-28	Payne
Graduate Seminar on Contemporary Issues	60	Oct 31 - Nov 4	Simms
Senior Executive Policy Workshop	35	Oct 31 - Nov 4	
Radiological Emergency Preparedness	50	Nov 7-11	Noland
Shelter Systems Officer Train-the-Trainer	30	Nov 7-11	McDermott
EMC Response	60*	Nov 7-11	Casper
EMC Response Train-the-Trainer	25	Nov 7-18	Casper
Introduction to Emergency Management Train-the-Trainer	30	Nov 14-18	Butler
National Security Seminar	60	Nov 14-18	McDermott
EMC Mitigation Pilot	40	Nov 28 - Dec 2	Smith
Radiological Accident Assessment	30	Nov 28 - Dec 2	Noland
Fallout Shelter Analysis	30	Nov 28 - Dec 9	McDermott
Emergency Planning Course Train-the-Trainer	30	Nov 28 - Dec 2	Butler
Exercise Design Course Train-the-Trainer	30	Nov 28 - Dec 2	Marshall
EMC Response	60	Dec 5-9	Casper
EMC Train-the-Trainer	25	Dec 5-16	Casper
Basic Skills in Emergency Management Train-the-Trainer	30	Dec 5-16	Butler
Intergovernmental Relations Seminar	60	Dec 12-16	Simms
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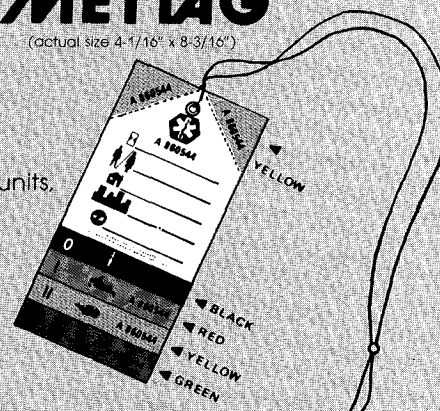
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TRIAGE — EMERGENCY CARE

XV — EMERGENCY CHILDBIRTH — PART I (15th of 19 installments)

— Max Klinghoffer, M.D.

It is usually better to do nothing, than to do something incorrectly. This axiom applies to all emergency medicine, but perhaps to a greater degree in emergency childbirth. Childbirth is a natural, biological process, as is pregnancy, and it seems likely, from a historical standpoint, that babies were born long before there were doctors. None of the material in this section is to be interpreted as a plea for home deliveries. There are factors which do occasionally threaten

only for a few days each month. The time of the month during which the female may become pregnant is usually from the eleventh to the fourteenth day after the first day of the menstrual period. But this is only a generalization, since women may ovulate (produce a mature ovum) at times other than the eleventh to the fourteenth day, and since many women have irregular menstrual cycles.

"Full term" means the normal, average duration of a pregnancy. In humans this

urine from the kidneys. The anatomy and location of the urinary bladder are important in the process of delivery.

UTERUS - (or womb) - the structure in which the baby grows and develops during pregnancy. Obviously, then, the uterus is markedly variable in size. The non-pregnant uterus is about the size of a man's fist.

CERVIX - the lower portion of the uterus. The upper portion of the uterus lies within the pelvis. The cervix projects into the vagina.

CERVICAL CANAL - a canal which communicates from the upper portion of the vaginal canal to the inside of the uterus. Normally, this cervical canal is slightly larger than the lead in a pencil; but it stretches to a much greater size to accommodate the head of the baby as it is born.

MENSTRUATION or MENSTRUAL FLOW - if pregnancy does not take place, then once a month the lining of the uterus (which has been growing and thickening to prepare for the implantation of a fertilized ovum) sloughs off, and becomes the menstrual fluid. It passes from the uterus, through the cervical canal, and into the vagina.

FERTILIZATION - the process by which a sperm unites with an ovum. This usually takes place in one of the Fallopian tubes, after which the fertilized ovum migrates down into the uterus and implants itself into the thickened lining of the uterus. If the ovum fails to migrate to the uterus,

... IN DISASTER SITUATIONS ... AN INCREASE IN ... PREMATURE DELIVERIES ...

the well-being or the life of the mother and/or the baby. And for this reason, it is preferable that the baby be born in an environment which will permit immediate, life-saving procedures in those exceptional situations which threaten the mother or the child. Nevertheless, babies are born outside the hospital, and this will occur even more frequently in disaster situations. Further, there will usually be an increase in the number of premature deliveries under such conditions, due to physical or emotional trauma, or both. It is important that the personnel assisting in the delivery do in fact ASSIST — but NEVER INTERFERE.

Pregnancy takes place when a male cell (the sperm) unites with a female cell (the egg, or ovum). In almost all cases, the mature ovum is "available" only for a few days of each month, and in most cases, therefore, the female is fertile

is about 280 days after the first day of the last menstrual period. Since ovulation occurs on the eleventh to the fourteenth day after the onset of the menstrual period, it is apparent that the duration of the normal pregnancy is about 270 days. This again is a generalization, since there are some variations in the duration of pregnancy.

Some definitions are now in order (see Fig. 1):

ABDOMEN - the area from the lower ribs to the pelvis. Also called the "belly", and, sometimes, incorrectly, the "stomach". Anatomically, the stomach is a hollow organ lying in the upper portion of the abdomen.

BLADDER - a hollow organ lying in the pelvis (when full it may project into the lower abdomen), which is flexible in size, and which collects the

the result may be an "ectopic" or "tubal" pregnancy.

FALLOPIAN TUBE - a tube on each side of the upper uterus. One end is connected to the cavity of the upper uterus (on each side), and the other

ovary on each side, lying very close to the opening of the Fallopian tube.

RECTUM - the lowermost portion of the large bowel. There is considerable pressure on the rectum during delivery, since the rectum lies behind

... BLOOD VESSELS WHICH SUPPLY THE BABY ...

end opens into the pelvis in close proximity to the ovary on that side. Thus, when an ovum is produced, it may easily enter the open end of the tube and may migrate into the uterus. **OVARY** - the structure in which ova are produced from about the time of puberty until about the time of menopause ("change of life"). There is an

the uterus, and behind the birth canal.

PUBIC BONE - that part of the pelvic structure which lies "in front". Where the two pubic bones meet in front, this union is called the Symphysis Pubis. If you press firmly with your fingertips from the umbilicus downward, the first structure encountered

is the soft tissue of the lower abdomen. Next is the hard bony tissue which is the Symphysis Pubis. This structure has a major role in delivery. **VAGINA** - (or birth canal) - the canal through which the newborn must descend in order to leave the mother's body. Also the canal through which the menstrual flow is discharged. Also the canal in which copulation, or intercourse, takes place. The vagina is very flexible, and becomes more so during pregnancy. **CONTRACTIONS** - the uterus is actually a hollow organ and the walls of the uterus are quite muscular. When these muscles contract in order to expel the baby, these muscular exertions (which are involuntary) are called contractions. You may simulate this by placing your two hands, palm to palm, with the fingers intertwined. Now bring the fingers together, thus bringing the palms closer to each other. The uterus contracts in a similar manner. These contractions are irregular at the beginning of labor, but become more regular and stronger as labor continues.

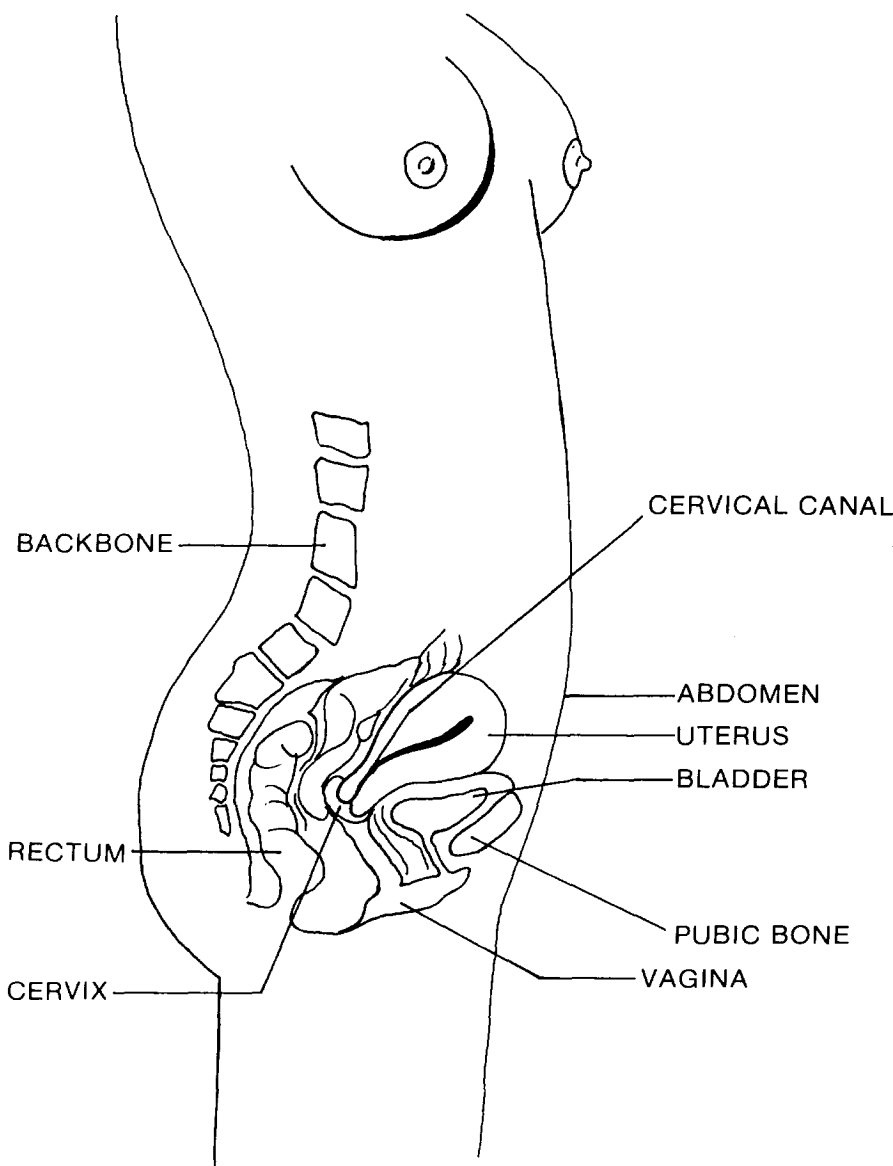
UMBILICAL CORD - sometimes called just "the cord" - The cord is about 18 - 20 inches long and about the size of an adult thumb in diameter. It is "rubbery" in consistency, and contains the blood vessels which supply the baby with nutrition and oxygen during pregnancy. Vessels within the cord also carry away wastes produced by the baby. The cord is attached to the baby at that point on the abdomen which will later become the umbilicus, or navel. The other end of the cord is attached to the placenta.

PLACENTA - also called "afterbirth" - during pregnancy the placenta is embedded in the wall of the uterus. It is at this site of implantation that oxygen and nutrition from the mother reach the placental circulation; and also where wastes from the baby are transferred, to be excreted through the mother. **IMPORTANT** - although this complex interchange takes place at the junction of the uterus and the implantation of the placenta, there is no direct communication between the circulating blood of the baby, and that of the mother. In order to understand the function of the placenta, it is perhaps best to consider it as a "root system", through which the baby derives nutrients and oxygen, much as a plant derives nutrients from the soil.

DELIVERY - the process by which the baby is expelled from the uterus, through the vagina, and into the outer world.

LABOR - the process of uterine contractions, by which delivery takes place.

Figure 1



STAGES OF LABOR - it is important to know the three stages of labor; but it is equally important to know that these are arbitrary demarcations of the process and that this is a continuing process. The first stage of labor is defined as that time from the beginning of contractions until the cervix is dilated (opened, or stretched) to the size of the baby's head. (In the newborn, the head

"lubricates" the baby's passage through the birth canal.

MUCUS PLUG - a thicker portion of mucus which plugs the cervix during pregnancy. It probably protects the baby from infection by acting as a barrier at the opening of the cervix into the vagina.

PREMATURITY - refers to a baby born before 40 weeks of pregnancy or a baby under 5½ pounds.

traction may now be felt through the abdominal wall. You may simulate this by placing your fingers around the biceps muscle of the opposite arm, and flexing that arm. As the muscle becomes larger and firmer, it gives almost the same sensation as one would feel through the abdomen as the uterus contracts. The bag of waters may rupture at any time. The discharge of this fluid is accompanied by some blood. It is impor-

... IT IS IMPORTANT THAT THE ATTENDANT GIVE THE MOTHER REASSURANCE AND UNDERSTANDING ...

represents the largest diameter of the body). When the cervix has stretched to that diameter, so that the head may pass through, then the rest of the baby's body will go through the cervix easily. The second stage of labor is the period of time from the complete dilation of the cervix to the delivery of the baby to the outside world. The third stage of labor is the time from the arrival of the baby until the delivery of the placenta. In one sense, the third stage is a separate part of the process, since the baby is already here. But it is still an important part of delivery since the welfare of the mother may depend on the delivery of an intact placenta. The first stage of labor may vary considerably in duration. It may be twelve hours or longer in women who have never before delivered a baby. And it may be much shorter in women who have had one or more babies. The second stage is usually about a half-hour to two hours in duration. The third stage of labor lasts for about one-half hour. All of these are variable in time.

MEMBRANES - during pregnancy, the baby is completely enclosed in the membranes (or "sac"). These membranes break sometime during labor, as a rule, and discharge a clear fluid. The membranes plus the fluid are commonly called "the bag of waters." Sometimes the membranes rupture early, and the loss of fluid from the vagina may be the first sign of beginning labor. At the other extreme, the baby may be born within the intact bag of waters. This has given rise to the superstition that such babies may have supernatural powers. It is said that such babies are born in a "caul."

AMNIOTIC FLUID - the "waters" which are contained within the membranes. It has been said that the baby, during pregnancy, floats in its "own private ocean." It is apparent that this protects and cushions the baby from trauma the mother may sustain during pregnancy. The amount of this fluid varies from about a pint to three or four pints.

MUCUS - a normal secretion which

SHOW - the discharge of blood, mucus, and fluid, during labor.

It is important that the attendant at a delivery know these terms, in order that he or she understands the birth process, and is able to assist. For the same reason, the mother should know the birth process.

There is no air in the sac, and the baby does not "breathe" until it is out of the mother's body. Therefore the baby must get its life support through the cord. The baby's heart pumps blood through the cord, to the placenta. The placenta is about one inch thick and about eight inches in diameter. It is a reddish-purple color, and resembles raw liver.

When the mother reaches the latter stages of her pregnancy, the cervix becomes more soft and elastic, which makes it easier for the descending head of the baby to dilate the cervical opening. Most women feel considerable pain and discomfort as the cervix stretches and as the baby descends through the birth canal. At this time it is important that the attendant give the mother reassurance and understanding, and that the attendant assure the mother that he or she knows how to help to protect the mother and the baby. The baby as well as the mother must be protected against infection, and must be kept warm. Because of the susceptibility to infection, there should be as much privacy as possible, and especially during the season of respiratory infections.

During early labor, the mother may be up and about as she tolerates it. In fact, this activity may help the labor process. She should receive no medication (unless it is a medication prescribed by her doctor, and vital to her well-being). Many medications pass through the junction of the placenta and the uterine wall, and may thus adversely affect the baby. However, the mother may have much relief from back rubs, and this is permissible. While most women feel the contractions, which are sometimes described as "cramping," occasionally a patient may feel very little discomfort. In such instances, the assistant can determine the frequency and the duration of each contraction by placing the flat of the hand on the abdomen. The con-

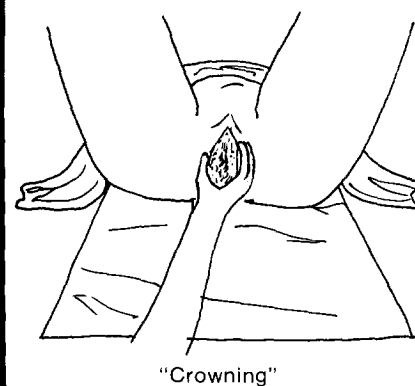
stant that no one panic at the sight of this, since the volume of fluid is usually predominantly amniotic fluid, with very little blood. The large volume may sometimes cause concern in those who are not aware that it represents little blood loss.

At the end of the first stage, the mother begins to feel increasing pressure in the lower abdomen, in the rectum and in the vagina. This is due to the descent of the baby's head. At this time, the mother will wish to lie down. She should not "push" unless she feels a strong urge to do so. "Pushing" can only be effective after the cervix is completely dilated, and the baby has entered the birth canal. Pushing will not hasten dilation of the cervix, and will only serve to tire the mother, who will need her strength for the later stage.

... THE MOTHER IS USUALLY "PREPPED" IN ADVANCE OF DELIVERY, IF POSSIBLE.

During the first stage and early second stage, the attendants may utilize this time to prepare for the delivery, and to gather materials for that purpose. Clean sheets or newspapers should be available to place under the patient's hips. Material should be available for cord ties, and to cut the cord and to cut the

Figure 2



ties. There should be a receiving blanket of some sort for the baby. There must be some means of identification for both mother and child. (Even under normal conditions, there have been rare but tragic errors in hospitals where the mother and the baby have been "mismatched." Certainly this might happen more readily under disaster conditions.)

"Crowning" is the first appearance of the top of the baby's head at the opening

During the first and the second stages, it is important that the mother empty the bladder frequently. If you look at the diagram of the pelvic organs it is easy to see why this is necessary. The bladder lies in front of the uterus and, in a sense, may act as an obstruction, or barrier, to the descent of the baby. Therefore, a full bladder will delay the descent of the baby; and it will also lead to undue pressure on the bladder, with some

long, and there is plenty of "slack" to permit doing this. But great care must be taken not to pull the cord at either end. Traction on the cord at the end connected with the baby could conceivably tear the cord at the junction with the umbilicus and cause severe bleeding. Traction at the end of the cord at the placenta may very well pull the placenta off the uterine wall prematurely, and cause severe hemorrhage of the uterus. There is also a rare but far more dangerous complication in the latter instance. This is called "inversion of the uterus", and it is, in effect, the uterus "turned inside out". This is most dangerous, and very likely to cause fatal hemorrhage. *Never put traction on the cord.*

When the baby has been born, the attendant has plenty of time to wait for the placenta. A newborn baby is usually a mottled mixture of colors: blue, pink, and white. This will be so until the baby starts taking good, full breaths. The newborn is covered with a white material called vernix caseosa, which resembles cottage cheese. This material is protective, and should not be cleaned off at this time. But the vernix caseosa is very slippery. This is why great care should be taken in lifting the baby. The attendant's hand should not be around both ankles as the baby is lifted, head down. Rather, the attendant should hold the baby's ankles with a finger BETWEEN the ankles — much as you would hold two soft drink bottles in one hand.

The reason for holding the baby head down is two-fold. First, it causes more blood to go to the brain. Second, it helps drain mucus from the baby's throat and nose. The attendant may also use a gentle "milking" action along the throat, to help rid the airway of fluid. The wall of the trachea or airway is much less rigid in the baby than it is in the adult, and the trachea may be easily injured.

When the baby is held in this position, it should ALWAYS be held with the head just an inch or so above the bed, or table,

A NEWBORN BABY IS USUALLY A MOTTLED MIXTURE OF COLORS . . .

of the birth canal. This signals the latter part of the second stage. (See Fig. 2)

In the hospital environment, the mother is usually "prepped" in advance of delivery, if possible. "Prepping", or preparing, means shaving off the pubic hair, and this is thought to decrease the chance of infection. After the hair is removed, the external area is then washed gently with soap and water. There may not be time to do this in a disaster situation. But if time does permit doing so, it is desirable to avoid the minor mishap which occasionally occurs when the mother is in active labor, and is about to deliver. If someone with comparatively little experience shaves the mother's pubic hair at the same time crowning occurs, the baby may be born with just a fringe of hair, and resembling somewhat a miniature friar. There is no real danger in this; but it may require some complicated explanation for the parents at a later time. DO NOT PUSH OR PULL THE HEAD. AND KEEP HANDS OUT OF THE BIRTH CANAL. There may be a temptation on the part of the attendant to hasten the process; but to do too much is to invite hemorrhage and/or infection. Let nature handle this process!

During both the first and the second stages, the contractions will become stronger, more frequent, and of longer

degree of injury to the bladder. This increases the chances of "cystocele" with increasing bladder discomfort in later life. During the first stage of labor, the patient may have small sips of fluid, but no solids. It is advisable to avoid too much fluid in the stomach, since this increases the chances of vomiting.

As the patient enters the second stage, she may now begin to "push" or to "bear down." But, in order to conserve her strength, she should do so only when she feels the urge, or when the assistant feels that the baby's descent is delayed by failure to push. And between contractions, it is often advised that the patient "pant like a puppy".

At any time, and particularly during the second stage, the patient may have an involuntary bowel movement. This is due to the pressure on the rectum by the descending head of the baby. This should simply be covered with more newspaper.

The attendant should by now have washed the hands thoroughly as possible, and should preferably have clipped the nails short. While the attendant should NEVER push or pull on the head, it is helpful to SUPPORT the head as it emerges. Should the bag of waters not rupture by the time crowning occurs, the attendant must rupture the bag using the fingernails. The membrane

. . . IF THE ATTENDANT'S HANDS SHOULD SLIP, THE BABY . . . MAY EVEN GROW UP TO BECOME THE CHAIRPERSON OF A SENATE INVESTIGATING COMMITTEE.

duration. At the latter part of the second stage, or even in the first stage, they become more rhythmic, as the uterus "works" more efficiently to propel the baby downwards. Although the approximate duration of each stage has been mentioned, remember that it is almost always considerably shorter in the multipara (a multipara is a woman who has had one or more babies. This is in contrast to the primipara, who has not had any babies). A point of caution: if the mother (and especially a multipara) says "I am going to have the baby NOW!" it is better to listen to her. She is probably right. And especially if she ends that sentence on a high note.

resembles wet cellophane, but it is not difficult to tear. As the bag is ruptured, it should be "peeled back" over the emerging face of the baby, to prevent obstruction of the airway. Remember — once the baby emerges, it may no longer depend upon the umbilical cord as a "lifeline", and must start to use its own lungs for oxygen.

Sometimes the baby emerges with the umbilical cord wrapped around the neck. This may cause panic in someone who is not experienced in delivery of a baby. But it should not do so. The cord may always be slipped gently over the head, almost as you slide a ring off a finger. The cord is about twenty inches

or floor. The effect of gravity in draining fluids from the airway is just as great at this elevation as it would be if the baby were held aloft several feet above the bed, or table, or floor. There is a very real reason for this precaution. If the baby is held high, and if the attendant's hands should slip, the baby will suffer serious head injury, and may even grow up to become the chairperson of a Senate Investigating Committee. On the other hand, if the baby's head is an inch above the bed or table, there is little chance of serious injury even if the attendant should lose his grip on the ankles. □

NEXT INSTALLMENT:

Emergency Childbirth — Part II

REVIEWS

LIVING WITH NUCLEAR WEAPONS, by Albert Carnesale, Paul Doty, Stanley Hoffman, Samuel P. Huntington, Joseph S. Nye, Jr., and Scott D. Sagan, with a foreword by Derek Bok. Published by Harvard University Press, Cambridge, Massachusetts and London, England, 1983, hardback, 255 pages, \$12.95.

Reviewed by Max Klinghoffer, M.D.

If, as a result of the plethora of anti-defense propaganda in recent years, you have begun to suspect that the universities are cells of Communism - take heart. It is not necessarily so. Here is a book presented by six authors who comprise the Harvard Nuclear Study Group, and written at the request of Derek Bok, President of Harvard University. The book in no sense minimizes the horror of nuclear war, nor does it downplay the possibility of such a conflict. On the other hand, it approaches the problems of nuclear weapons in an even-handed and logical manner, in sharp contrast to the gonadal gloom and the hormonal hysteria which has characterized the wealth of misinformation pouring out of Harvard (and other schools) in recent years.

This book is perhaps best reviewed by abstracting portions of it, without distorting any of the meaning. In Chapter Two, the authors quote Thomas Jefferson: "How can we prevent those wars produced by the wrongs of other nations? By putting ourselves in a condition to punish them. Weakness provokes insult and injury, while a condition to punish often prevents it." The writers point out that there is some weakness in this philosophy in a nuclear age, and state that "one is secure not despite military attacks, but only if the enemy is dissuaded from attacking in the first place."

Chapter Three is devoted largely to "scenarios" by which nuclear war might start. These are:

1. The bolt from the blue in which the Soviets decide they must attack now, with all their power.
2. A limited attack on Minutemen Missiles: in which a message is

sent to the United States as soon as the warheads land, offering to spare the American cities if we refrain from retaliation; and urging the United States to yield to Soviet demands in Europe.

3. A pre-emptive war: in which a mistaken action, originally intended to deter war, could produce a counter-decision to launch a pre-emptive strike.
4. Escalation — conventional steps to nuclear war: in which American and Soviet troops are in combat at some "hot spot" and the conventional war escalates to nuclear exchange.
5. Tragic accidents: a war which begins because of failure of technical equipment.
6. Regional nuclear war: as more nations acquire nuclear capability, there is increasing danger of war between Third World countries.
7. Catalytic war: in which the superpowers are brought into a nuclear war by the sneak attack by a third nation.
8. Nuclear terrorism: there is an increasing possibility of terrorists obtaining a nuclear device, and holding the United States hostage. Against whom would we retaliate?

THE PRESIDENT OF HARVARD ... AND THE SIX AUTHORS ARE TO BE COMMENDED ...

Those who would destroy our defenses often attempt to place the burden of blame for nuclear proliferation on the United States. But this book points out that the Soviets were first to test an intercontinental ballistic missile (1957) and first to deploy an anti-ballistic missile system (1968). The Soviets deployed the first anti-satellite missile and warhead; the first to build "heavy" ICBMs, and reloadable ICBM silos. They were also first to test "super H-bombs" (over 59 megatons), and fractional orbital bombardment systems.

In discussing arms control, the

writers state: "Given the nature of the Communist system and known tradition of secrecy and concealment of defense in Russian history, few if any Americans would be willing to rest their nation's security on such trust." (This excludes, of course, members of Physicians for Social Responsibility, who, presumably, would purchase the Brooklyn Bridge if the Russians offered it for sale.)

One of the statements in the book, while it does not refer to Civil Defense, nevertheless makes one of the strongest arguments for such preparedness: "Besides trying to design the best possible deterrent policy, strategists, therefore, must always consider the possibility that deterrence might fail. 'Thinking the unthinkable' is part of their job." And, like the strategists, we in Civil Defense must also "think the unthinkable", and our degree of preparedness must be at this level.

"(Soviet leaders) do view nuclear weapons as the 'decisive' weapons in modern war, and however destructive nuclear war might be, they shape their strategy toward minimizing as much as possible the destruction they will suffer as well as forcing their opponents to accept their demands as quickly as possible." This statement is surely accurate, and there could be no stronger reason for a major civil defense effort. This argument is augmented by a further quotation: "They (the Soviets) have, finally, invested considerable effort in the creation of a civil defense organization headed by a general equivalent to the commanders of the army, navy, and strategic rocket forces. It is estimated that they have built hardened shelters for 10% - 20% of their urban work force and have plans, in the event of crisis, to evacuate the remaining non-essential personnel from their cities". Later in the book: "Passive measures to protect the population against nuclear attack - civil defense - have never had strong support from the American people and rarely from their government. Early civil defense programs concentrated on providing urban populations with shelters, for protection against direct nuclear

attack. Recent proposals focus on urban evacuation and population dispersal."

"The Soviet Union has for decades maintained a substantial civil defense effort. The program now provides blast-resistant shelters for over 100,000 leaders and plans by 1985 to provide shelters for up to one-fourth of the urban population. Given warning time of three to seven days, the remaining urban population could be evacuated to rural areas."

With regard to comparison of nuclear forces in the United States and in Russia: "We believe that the American nuclear policy should maintain rough parity with the Soviet Union. It is undesirable and possibly disastrous for American nuclear forces to be significantly weaker than Soviet forces; it is unnecessary and probably impossible for them to be significantly stronger than Soviet forces."

A further compelling argument in favor of civil defense (although not written in that specific context): "There will always be someone, whether a political leader or terrorist or both, who would gladly use nuclear weapons to threaten the destruction of his adversaries. Any mishap could be catastrophic."

"The either/or vision is appealing, but misleading. It is appealing because it calls for action. And action is necessary. It is misleading because the future is not limited to a choice between nuclear holocaust and universal disarmament". . . , "The either/or mentality can also lead to a false sense of despair, with very unfortunate consequences. Belief that nuclear war is inevitable can counsel a resignation or fatalism which would divert energy from practical political steps and thus make war more likely." (Doom and gloom members of anti-defense groups, please note).

This book is a realistic approach to the problems of the nuclear age. The President of Harvard University and the six authors are to be commended for taking a stand in this most serious matter: a stand which is likely to be an unpopular one in this segment in our history when, all too often, emotion has replaced reason. It is to be hoped that this

book and its authors may have as much media exposure as has been enjoyed by the groups who argue that we should abandon our defenses and "trust the Russians."

In writing this fine book, the authors have rendered a great service to the security of the United States. One thing is a certainty: neither the research which went into this book, nor the writing and publication of it were paid for with rubles.

THE SOCIAL PSYCHOLOGY OF CIVIL DEFENSE, by Ronald W. Perry, Lexington Books, 1982, 129pp, index, bibliography, \$19.95.

Reviewed by James W. Kerr, Director of Research, Federal Emergency Management Agency.

What a spate of articles, talk shows, and books about matters nuclear: power reactors, nuclear waste, nuclear weapons control, nuclear war, civil defense! How few of them avoid the pitfall of degenerating into polemics! How refreshing to read one that avoids the polemicist's histrionics!

For that is what Perry has produced: a book that examines the theoretical social-science basis for civil defense (CD) programs, the logic underlying comparison of natural and nuclear disaster, the extent to which other research allows comparisons, and their implications for design and implementation of crisis relocation planning (CRP). He begins by reviewing the history of CD in the United States, moves on through a highly professional analysis, and finishes with a summation of possible outcomes of nuclear strikes (or their threat) and an examination of issues relating to the bringing into being of "a workable civil defense program in the United States (author's emphasis)."

Perry, a sociology PhD (University of Washington) is a senior staffer at Battelle Northwest and has served on numerous disaster-related studies and panels including some at the National Academy of Sciences. He has applied this background with great skill, going

to the heart of the matter over and over. He correctly singles out the great barrier to informed discussion: the tendency to debate what one *ought* to do rather than evaluating what one *can* do. As he says, "if the environment is irretrievably destroyed as some argue it would be, then all civil defense is simply a moot point." He does slip once (p. 105), stating that a full-scale nuclear exchange would render the earth unlivable; that conclusion has never been reached by any dispassionate analysis. Most passionate analysts take it as given, and proceed to debate the "ought to."

But Perry can be forgiven this one small lapse, for he otherwise keeps the discussions focussed well, raises issues, looks at both sides, and comes out in favor of preparedness, in favor of keeping options open, and above all, in favor of mitigation efforts, otherwise known as peace.

A sound book, a readable book. The index is useful, the typos few, and the bibliography catholic.

HAZARDOUS MATERIALS EMERGENCIES — RESPONSE AND CONTROL, by John R. Cashman. Published by Technomic Publishing Company Inc., Box 3535, Lancaster, PA 17604. Hardback, 8½ x 11 inch format. 405 pages. \$45. 1983.

Reviewed by Kevin Kilpatrick.

(An announcement was made of this book in the August issue of the *Journal of Civil Defense* before the book had been received.)

Hazardous Materials Emergencies stands out as a big book crammed full of vital information needed by anyone seriously concerned with reacting competently to the ever-threatening hazardous materials incident.

It covers planning, organization, training, equipment and strategies and techniques. Included are case histories of recent hazardous materials emergencies and how they impacted on the communities in which they took place. Special chapters provide directories of agencies, organizations and asso-

ciations active in this area, computerized data information, publications, and sources of training and instruction.

Hazardous Materials Emergencies is much more than a comprehensive guide and source book for the person who is on the spot in planning for and dealing with sudden, violent disaster: it is good reading. Author Cashman mixes drama with vital information in a unique and gripping manner that keeps the reader locked in to a series of revealing occurrences. Cashman's first two sentences of Chapter One give a good example:

"In the stillness just before dawn, Fountain, Colorado lay asleep and unsuspecting as 13 miles to the north in Colorado Springs five improperly secured railroad cars, including a tankcar of flammable naphtha and a boxcar of dynamite, started rolling backwards. Slowly at first, then with ever-increasing momentum, the runaway cars headed down the long incline into Fountain . . ."

The stage is expertly set for the tragedy that follows. Cashman's lucid style throughout helps to make the book a real masterpiece in its class.

Initial sales are so strong that the publisher is already planning a second printing. Not surprising. The book is worth many-times-over its price.

THE STORY OF RADIATION, Program Titles: Part V — What Effects Does It Have?, Part VI — Does It Affect Us?, Part VII — Is It Safe?, Part VIII — Can We Use It? Produced by Training Resources, Suite B-3, Rumsey Center, Columbia, MD., 21045. Cost of each 15 minute film or video tape — \$300, but are offered to *Journal* readers at a 40% discount (\$180).

Reviewed by R. F. Blodgett

The "story" series consists of 10 programs ranging from "What Is It? to "Where Do We Go From Here?" and including the 4 parts reported in this review. Primary objective for Part V is to define and discuss results of interactions in biological systems, Part VI is to describe a variety of short and long-term effects in humans, Part VII is to describe implications of low-level radiation

exposure and dose and Part VIII is to explore the concepts of risk and benefit.

The four parts reviewed are very well-done professional productions of each particular program area. Those making the presentations are capable, well-qualified and carry impressive credentials. This type of teaching experience too frequently suffers from the "talking head" syndrome; however, every effort was made to present this difficult subject outside of that context.

However, this series appears — at least to this reviewer — to be of limited use to the run-of-the-mill civil defender. The exposure levels discussed are far short of predicted attack doses, even short of the hazardous materials spill minimums. Further, the technical level of details involving an understanding of such things as amino acids, DNA and quadratic equations, while obviously helpful, exceeds the average preparedness official's need-to-know.

This is an outstanding presentation primarily for high-school/college students and those working with radioactive materials or by-products. Training Resources should be funded to produce a parallel series slanted toward civil defense peace and wartime radiological monitoring activities.

1983 YEAR BOOK OF EMERGENCY MEDICINE, by David K. Wagner, M.D., Richard W. Altreuter, M.D., Steven J. Davidson, M.D., Michael I. Greenberg, M.D., and Steven D. Morse, M.D. Published by Year Book Medical Publishers, Inc., 35 E. Wacker Drive, Chicago, Illinois 60601. April, 1983. 6 in. x 9 in. Hard cover. \$39.95.

Reviewed by Max Klinghoffer, M.D.

The *Year Book of Emergency Medicine*, as in the case of all Year Books, is a major undertaking. It involves the task of searching the pertinent publications on the subject of emergency medicine, and abstracting those papers which seem of greatest significance in developments in the broad and widely diversified subject. To compile this year book, well over one hundred journals and books have been utilized as source material. It is an awesome work, and one wonders how, with the tremendous volume of material

available, the authors decide which abstracts to publish; and, an equal source of wonder: which articles to omit.

The book is divided into sections: acute systems pathophysiology; trauma emergencies; organ system emergencies; special emergencies; emergency procedure techniques; and emergency medical service systems. The wealth of material in this book serves not only as a review of clinical emergency medicine, but also serves in furnishing information about the latest developments. Excellent schematic drawings help greatly to explain material in the text. Over four-hundred abstracts are included in the book. As examples of the contents of the Year Book, the following are offered: Plan for Management of Burn Disasters; Evaluating Acute Knee Injuries; Syndromes of Toluene Sniffing in Adults; Mercury Poisoning From Home Gold Ore Processing; Bee Venom Immunotherapy: Clinical and Immunologic Observations; and Blood Flow Without Cardiac Compression During Closed Chest CPR. The latter subject, along with other topics on CPR, may well be the forerunner of major changes in the techniques of Cardio-pulmonary Resuscitation.

If this manual offers much in current research in emergency medicine, it also offers a great deal of information of immediate interest in clinical applications. For example, one abstract evaluates the use of X-ray films in the emergency room, pointing out that many radiographic studies are redundant; and that presence or absence of fracture may be predictable in 99% of patients with head injury. Another abstract concerns Selective Management of Injured Spleen. The importance of this subject may be realized when it is pointed out that, in this series, 41% were due to automobile accidents.

In another abstract there is discussion of "Human Toxicity From Rat Poisons." This type of poisoning is apparently more common than had been thought. Specific measures for treating patients with such poisoning are outlined.

These few examples may demonstrate the value of this book. Certainly, anyone in the field of medicine who reads books or journals on the subject of emergency medicine will find the Year Book informative and valuable.

TOO GOOD TO FILE

I cannot help but believe that strategic defense holds out new hope for removing nuclear terror from our lives. With the prospect of defense against nuclear weapons comes also the prospect of negotiations not just to restrain and codify the balance of terror, but to eliminate these weapons from the face of the earth.

I am not a scientist. No one can say how long it will take us to reach this goal. But we have solved many problems that sounded equally difficult before. Surely, the ingenuity of the American people, that creative spark which is one precious gift of freedom, can be harnessed to protect as well as to destroy.

Meanwhile, we must continue along the course we have set: to deter aggression and provide an incentive for genuine, mutual arms reduction by rebuilding America's neglected defenses. I truly believe that if we can combine perseverance with vision, we can preserve freedom and ensure a lasting peace.

— President Ronald Reagan in a letter to the *Washington Times*.

Governments historically have existed for the primary purpose of protecting their citizens. It doesn't make a great deal of difference whether you are talking about tribal counsels or whether you are talking about something as sophisticated as ours. If in fact that's the mission of government, and I'm convinced that it is, then the people have a right to expect that the government will have in place a predictable and effective coordinated response to whatever thrust or danger the community faces.

... By no means should preparations for emergencies ever be construed as provocative. To say that is specious. It isn't anything of the sort. It's prudent and the government has a legal and a moral imperative to be prepared to protect the lives of its citizens while it is doing everything it can to preclude the emergencies. ...

Sure, of course I'd like some more people and I'd like some more money, but I'm a political realist. What I am saying to you is that I am absolutely committed to what this

agency is doing. I'm not intimidated by the enormity of FEMA's missions, which are mind boggling. I have, and I think appropriately so, for myself and for the agency, the support of the President and the support of the administration. Sometimes people understand it better out in the hinterland than it is understood here. ...

— Gen. Louis O. Giuffrida in a *Washington Times* interview.

Within the past few months... U.S. intelligence has detected a new ABM radar at Abalakovo, far away from Moscow but near fields of SS-19, SS-11 and SS-18 intercontinental missiles. ...

The Abalakovo radar is the most clear-cut violation of the ABM treaty to date. ...

Besides the radars, the Soviets also have tested a variety of surface-to-air missiles in an ABM mode, in violation of the treaty, including the SAM-10 and SAM-12. These missiles are mobile, which is another treaty violation, and are now in mass production.

... The Abalakovo violation adds urgency to the warning Sen. James McClure issued on the Senate floor last month that the Soviets "are in fact already deploying a nationwide ABM defense."

... In light of a Soviet ABM, we need to think about missile defense of our own ...

— Editorial, *The Wall Street Journal*, August 16, 1983

CHILDREN AND NUCLEAR WAR:

... It's clear the children are being used as pawns in a game they cannot even begin to comprehend. Playing off the paranoia of the young may help the supporters of a nuclear freeze deal with their own inability to cope with the real world, but the long-range implications are frightening.

We are constantly claiming we want to give our children a better life than we had but our disinclination to defend ourselves belies this purpose. ...

— Bruce J. Becker in a letter to *The Wall Street Journal*

It is hard for me to believe that the cause of peace is served by misinforming and frightening our youth. ...

— Sen. Barry Goldwater in a letter to *The Wall Street Journal*

Those children did not get their misinformation from each other. The source was adult hysteria... The evidence is accumulating and persuasive that many classrooms are being used today to scare the bejeezus out of uncomprehending children about the nuclear threat. The goal is to mobilize anti-nuclear feeling, and the children are being exploited to that end.

Well, cut it out.

Children in the earliest grades are not capable of understanding deterrence theory any more than they are capable of understanding calculus. ...

It would be educationally responsible if students were informed that deterrence has worked and that because of it there has been no major war between the superpowers for the past 40 years.

It would be educationally responsible to tell the students that for obvious reasons the least likely eventuality is an all-out nuclear war between the Soviet Union and the United States.

As things are now going, however, I regard as pathological and even criminal the emotional slaughter of the innocents and the gross political manipulation of babes.

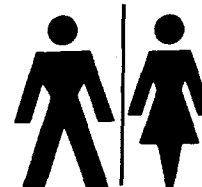
— Professor Jeffrey Hart (Dartmouth) in the *Washington Times*

Teenage suicide. It's shocking, and their numbers are rising. Each day 18 American adolescents kill themselves. The death toll in 1981 for people 24 and under was 5,650, triple the rate of 1974. Some experts say that there are two or three youth suicides for every one reported (the others are classified as accidents). How can such things happen? How can young people with everything to live for decide that life is worthless?

— from an editorial in *Let's Live* by Mrs. W. J. Bassett, publisher



SYMBOLS VS. LANGUAGE



Sitting at a desk it is easy to visualize emergencies and disasters as being rather orderly, happening at convenient times, and being subject to certain schedules and regulations. And, as a matter of fact, some happen in this manner. When that occurs, a language-based triage tag similar to those employed by all for years prior to 1975 can usually be used successfully.

But a good many emergencies and disasters are not cooperative enough to abide by such a "program." As a matter of fact, emergencies by their very nature normally spawn difficulties. It's no secret.

Difficulties that interfere with reading directions on a triage tag can be exasperatingly simple. Maybe it's just that the light is not quite good enough to read the print. (Emergencies are not confined to daylight hours.) Where there's fire smoke can blur the eyesight — or even sweat. Or spray, or rain. Or sunshine that is too bright. The presence of toxic materials — not at all unusual these days — can present and interfere seriously with operations. Or a person who depends on glasses may find he must do without them for one reason or another. And some people who ought to wear glasses don't.

Reading can take up valuable time, especially under adverse circumstances. A symbol is recognized immediately. A traffic light is a symbol. We are used to it. Were we to revert to language—GO, CAUTION, STOP — we would be puzzled.

Of course, we need to become familiar with symbols. When the symbol for a handicapped person first appeared some of us were not familiar with it. We quickly learned, and now that symbol is respected almost universally. We prefer it to

language, and it is understood quickly and easily.

One standby symbol we have used for generations is the skull and crossbones to denote poisons (or pirates). Here's a situation where a

**NO TIME TO READ
THE SMALL PRINT**

point needs to be expressed quickly to those who can read as well as those who can't. No time to read the small print when you're in a hurry for a remedy.

Often no time to read the written indicators on a triage tag. Ergo: Symbols. METTAG.

Symbols bridge another important gap: that of unfamiliarity with a language, in this case English. The flood of Latin Americans now in the United States — especially in Southern California, Arizona, New Mexico, Texas, Louisiana and Florida — comprises only one group, albeit the largest. (METTAGs were used extensively during the Cuban exodus to Florida.) Hundreds of aircraft from foreign nations arrive in our airports every day — and as many leave. Pockets of minorities speaking foreign languages dot our country. (METTAGs were used at the 1980 Winter Olympics.) Literacy levels are not always up to understanding simple written directions. These people are not divorced from emergencies or from having to deal with emergencies.

Road signs have gone to symbols. Airports have adopted symbols. Automobile and aircraft instrument panels sport symbols. And so on.

Symbols are simple and are apt to be understood easily by people no matter what their language backgrounds are in spite of a lack of

schooling, in spite of the millions with defective eyesight. We depend more and more on symbols.

Why not METTAG? Especially METTAG. Or any other triage tag.

Reverting from a tag using symbols back to one using language is therefore not really progress. The fact that many tags still use language, however, means that it can be done. We can use a horse and buggy if we need to.

METTAG rests its case.

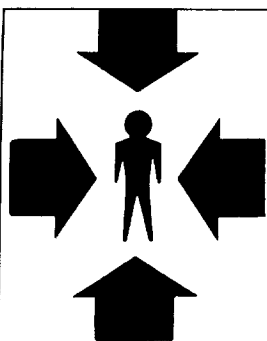
While we are on a METTAG kick it might be well to list some of METTAGs other qualities: (a) a four-color coding; (b) perforated tear-offs; (c) individual, never-repeated serial numbers on tag and each tear-off; (d) rugged, weather-resistant

THE SYMBOL IS HERE TO STAY

cardstock; (e) metal grommet with 30-inch cord looped through it; and (f) instructions in English, French, Spanish and German (we do resort to language when it's appropriate!) visible on top of each see-through packet of 50 METTAGs.

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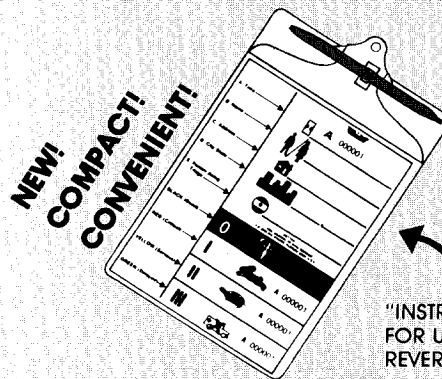
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This first-of-its kind book was written by Cresson H. Kearny, a survival specialist at Oak Ridge National Laboratory, who is the leading inventor and tester of self-help civil defense equipment. There is a foreword by Dr. Edward Teller and a background article by Dr. Eugene P. Wigner, a Nobel prize-winning physicist. This book provides detailed, field-tested:

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TRAINING TAPE AVAILABLE . . . METTAG — "Your Key to Survival" (Video Cassette — ½ in. VHS or ¾ in.) 20 min. Color. 1-week rental: \$10. Purchase: \$52. From: METTAG, P.O. Box 910, Starke, FL 32091 — 904/964-5397.

CD HEARINGS REPORT AVAILABLE

The official report on FY84 Civil Defense budget hearings earlier this year is now available. These hearings were held March 2, April 5 and 19 before the Subcommittee on Military Installations and Facilities. The parent committee is the House Armed Services Committee. Testimony was given by a number of authorities, including TACDA and DDP members.

For a free copy of the report ask for: "Civil Defense Authorization (H.A.S.C. No. 98-6)" from

House Armed Services Committee
2120 Rayburn Building
Washington, D.C. 20515
or phone order to 202-225-4151.

- Sept 29-Oct 1** **The American Civil Defense Association, 6th Annual Seminar/Conference, Pentagon City Quality Inn, Arlington, VA. Contact: TACDA, P.O. Box 1057, Starke, FL 32091. (Phone: 904/964-5397).**
- Sept 29-Oct 2** N.Y. State Volunteer Amb. & First Aid Assoc., 28th Annual Convention and Trade Show. Tamiment, PA. Contact: N.Y.S.V.A. & F.A.A., Convention '83, P.O. Box 347, Brooklyn, N.Y. 11229-0347. (Phone: 212/646-8410).
- Oct 1** **Doctors for Disaster Preparedness, 1st Annual Seminar. Pentagon City Quality Inn, Arlington, VA, Registration \$45. Contact: DDP, P.O. Box 1057, Starke, FL 32091 (Phone: 904/964-5397).**
- Oct 10-13** U.S.C.D.C. 32nd Annual Conference, Birmingham, AL. Contact: Sadie Morgado, 709 N. 19th St., B'ham, AL 35203. (Phone: 205/254-2039).
- Oct 10-15** National Council of State EMS Training Coord. 7th Annual Meeting and Conference, Kirkwood Motor Inn, Bismarck, North Dakota. Contact: NCSEMSTC, c/o Ty Larson, 912 E. Owens Ave., #4, Bismarck, North Dakota 58501. (Phone: 701/224-2388).
- Oct 11-13** The 1983 National EMS Conference, Charleston, West Virginia. Registration fee: \$65. Contact: West Virginia Dept. of Health, Office of EMS, 1800 Washington St. East, Charleston, WV 25305. (Phone: 304/348-3956).
- Oct 19-21** EMS Today, Holiday Inn at the Embarcadero, San Diego, California. Registration fee: \$225. Contact: Brad Smith, Conference Coord., P.O. Box 1026, Solana Beach, CA 92075. (Phone: 619-481-1128).
- Oct 30-Nov 4** American Nuclear Society, Winter Meeting, San Francisco, CA. Contact: Herbert Worsham, Jr., Mgmt. Analysis, 11095 Torreyana Rd., San Diego, CA 91212. (Phone: 714/452-5000).
- Nov 2-3** Conference on Strategic Defense and Nuclear War, New Jersey Institute of Technology, The Center, 150 Bleeker St., Newark, NJ 07107. (Phone: 201/645-5541).
- Nov 8-10** Emergency Preparedness Conference, at Riverview Plaza, Mobile, Alabama. Contact: Emergency Preparedness Conference, 348 North McGregor Ave., Mobile, AL 36608. Attention: Rose Young, Chairperson.
- Nov 14-18** 5th Annual 40-Hr. Hazardous Materials School, St. Augustine, FL. Registration Fee: \$235. Contact: Safety Systems, Inc. P.O. Box 8463, Jacksonville, FL 32239. (Phone: 904/725-3044).
- Nov 17-19** Maryland Institute for Emergency Medical Services Systems, 6th Annual National Trauma Symposium. Hyatt Regency Hotel, Baltimore on the Inner Harbor, Maryland. Reg. fee: \$300. Contact: Ms. Patricia McAllister, M.I.E.M.S.S., University of Maryland at Baltimore, 22 S. Greene St., Baltimore, MD 21201. (Phone: 301/528-2399).
- Nov 20-23** Fall Conference on Pediatric Emergencies, Florida Chapter of the American College of Emergency Physicians. Orlando, FL. Contact: 1983 Pediatric's Registrar, 600 Courtland St., Suite 420, Orlando, FL 32804. (Phone: 305/628-4800).
- Dec 2-3** Gulf Coast Emergency Medicine Symposium '83, at Riverview Plaza, Mobile, Alabama. Contact: Southeast Alabama Emergency Medical Services System, Inc., P.O. Box 911, Grove Hill, Alabama 36451.
- 1984**
- Feb 2-4** 1984 National Disaster Management Conference, Orlando. Contact: Disaster 1984, Florida Chapter American College of Emergency Physicians, 600 Courtland St., Suite 420, Orlando, FL 32804. (Phone: 305/628-4800).

TO DEPLORE THE LOSS of the defenseless South Korean jetliner shot down by a Soviet fighter on September 1st is a natural reaction. It is not enough.

TO CALL THE ACT despicable, diabolic, premeditated, cowardly and utterly stupid is understandable and accurate. But it is not enough.

TO MOURN THE FACT that a foremost champion of American preparedness and democracy, Congressman Larry McDonald, was among those so brutally killed is more normal response to the tragedy. To recall that McDonald was an archenemy of communism (he called communists "Godless criminals") is to be realistic. To wonder if McDonald as a major thorn in Soviet expansionist aims may have been a marked man, a prime target, is tempting speculation. All this is not enough.

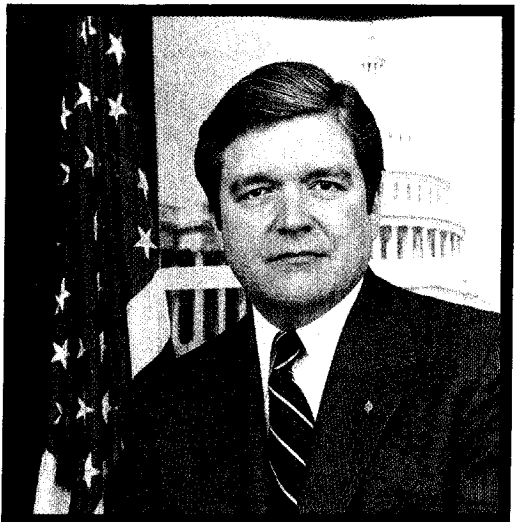
TO HEAR DYED-IN-THE-WOOL LIBERALS suddenly emerge from veils of tolerance for all things pinko and demand tough replies is refreshing and welcome. But not enough.

REVENGE is not enough. Perhaps it is not even important. What is enough? Important?

THOSE IDEALS that Congressman McDonald stood for are important and are those which now so sorely test us. The day after the unprovoked massacre Mrs. Larry McDonald told ABC that it was "against this type of behavior my husband spoke out so loudly"

AT A PRESS CONFERENCE IN SEATTLE an ailing Senator Henry M. "Scoop" Jackson on September 2nd (he died that same evening of a heart attack) called the incident "a deliberate act" and "barbaric." And he anticipated international condemnation.

FOR THE COMMUNIST WORLD one of its harshest enemies has been silenced. If from this void can well a measured, meaningful and sustained response to the Communist Revolution then Larry McDonald and his fellow passengers and crew will not have died in vain.



THAT RESPONSE WILL HOPEFULLY SEE those liberals who were suddenly, with the rest of us, overwhelmed by a sense of revulsion not again fall victim to clever, calculated Kremlin propaganda (even it was so stunned by the attack that for several days after it floundered almost wordless). That response will see the United States and the rest of the West regain former virility, face up to the growing Soviet threat in a sober, realistic, hard-nosed manner that will make possible a road to nuclear peace.

WITH BUDGET ALLOCATIONS REVISED to focus on what FEMA Director Louis O. Giuffrida calls "The basic purpose of government . . . to protect the lives of its citizens" such a response is practical. What is needed is simply a switch of congressional emphasis from buying votes to buying security. History is cluttered with examples of strong nations which collapsed of their own doing through lazy, self-indulgent, lachrymose policies and practices. A new bumper sticker (see p. 15) puts it this way:

Our Choice:
DEFENSE or DEFEAT

LET US, AT LAST, CHOOSE DEFENSE. That would be "enough." That would be a McDonald choice. And that, in my opinion, is the real message of President Ronald Reagan's address to the nation on September 5th.

A WORD ABOUT NETC*

Without training you don't have an army, you don't have a team, you don't have a profession, you don't have a country — you don't have a civil defense.

Training is the very heart of any operation. What an activity accomplishes or fails to accomplish can be traced to the strengths and weaknesses of training.

Although the budgets of FEMA (and its predecessors) have tied its programs to levels that have curtailed severely its planning and programming, its training — within the scope permitted by the overall program — has been inspiring.

That is certainly true today.

Since the Battle Creek, Michigan Staff College packed its bags three years ago and relocated to Emmitsburg, Maryland the *Journal of Civil Defense* has been seeking to give an account of the move and to describe the enchantment of the new setting.

Finally we have made it. This the October 1983 issue of the Journal, contains several stories on the activities at Emmitsburg's National Emergency Training Center (NETC). These stories appear thanks to the initiative and cooperation of NETC staff executive Tom Berrey and writer Joe Saitta.

Judging from student comments and from reports on visits of a number of our own people to the Emmitsburg scene, NETC is indeed something special in the way of training and education. It is a place where ideas are born. It is a place where the student is not merely the recipient of specialized knowledge, but where he takes an active part in the pursuit of problem solutions and the development of policy. It is a place where instructors not only instruct — they *listen*.

One of the most precious gifts of a true educator is the ability to listen. We came upon this quality when we met NETC director Fred Villella two years ago. Here was a man who could not only express his ideas, formulate concepts, weigh pros and cons, come up with solutions and bring them to fruition. He could politely, patiently and attentively listen.

Not that there are no cracks in the NETC armor. But making the student a protagonist opens many doors, stimulates dialectics, makes him feel that he is a part of the team — and he is. Dr. Eugene Wigner's participation in the secondary school civil defense education project at NETC gives credence to that instructional effort. The inclusion of firefighters in NETC training, criticized by some as diluting the civil defense emphasis, actually intensifies it. Firefighters are to civil defense what an infield is to a baseball team.

The recommendation that NETC benefit from a FEMA budget at least ten times what its current figure is can't be faulted. We heartily agree, and we support the view with all the vigor we can muster. The fact is, however, that it is not yet in sight. When the chairman of the congressional subcommittee reviewing the 1984 civil defense budget can say "I... would prefer to see no authorization at all for civil defense" (Congressman Ronald V. Dellums in his report to the House Armed Services Committee) a somewhat different attitude must be taken by FEMA in order to face the music and to survive. FEMA and NETC are sorely hamstrung and must operate with what is allocated to them. It is primarily up to the national civil defense organizations to campaign for a budget that will cut FEMA's bonds.

We have another recommendation, and we make bold to mention it. John Bex (now on the NETC staff) when he was director of Region II-DCPA was a maverick of sorts in that he regularly sent members of his staff to what was then the Civil Defense Staff College. It flew in the face of the prevalent idea that staff school was for local civil defense staff members, not for those at the higher echelons. More pointed observations could be made here, but suffice it to say that state and regional staffs would profit greatly if more of their members were exposed to NETC courses.

The same could be said for the FEMA staff.

Even for Congress. Especially Congress.

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