

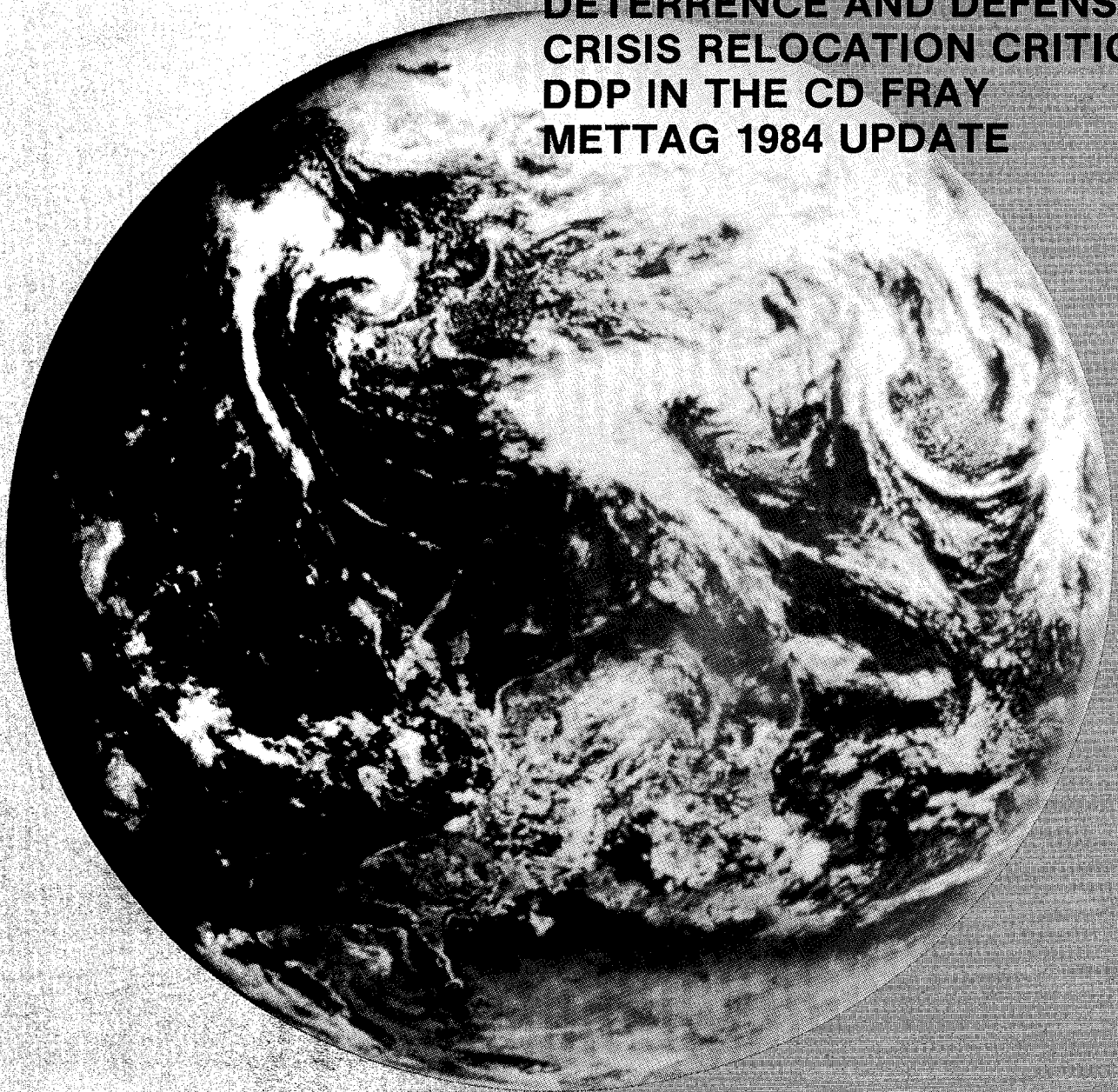
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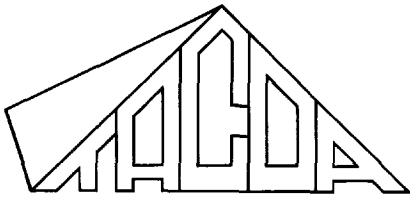
VOLUME XVI — NUMBER 6

# Journal of Civil Defense

DETERRENCE AND DEFENSE  
CRISIS RELOCATION CRITIQUE  
DDP IN THE CD FRAY  
METTAG 1984 UPDATE



**The American Civil Defense Association**



TRADEMARK — THE AMERICAN CIVIL DEFENSE ASSOCIATION

# The American Civil Defense Association

# Journal of Civil Defense

Presenting the Views of Industry, Technology,  
Emergency Government and Concerned Citizenry

VOLUME XVI — NUMBER 6

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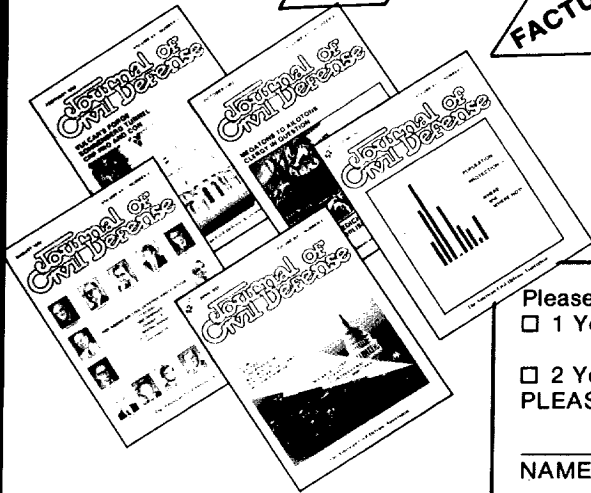
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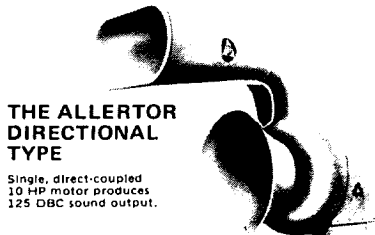
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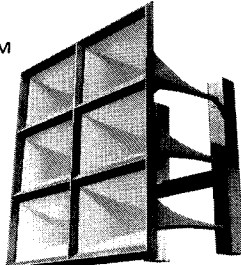


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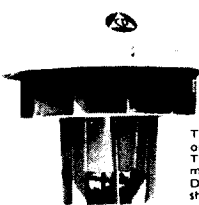
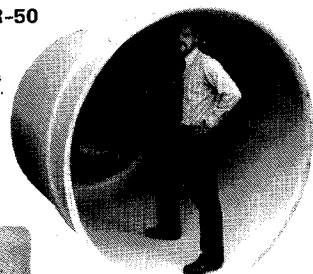
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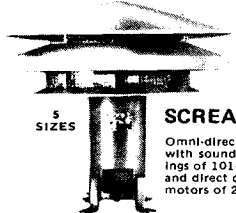
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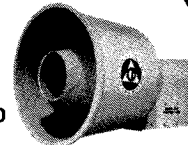


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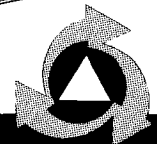
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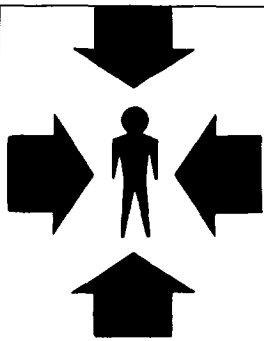
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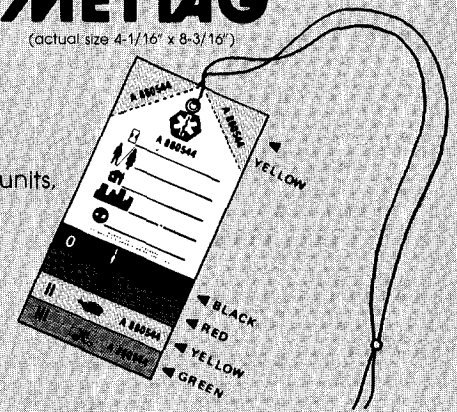
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## OUR WINTER OF DISCONTENT

Washington, as the political capital of the nation, is entirely at home with spectacle and oratory. Even so, it had rarely seen such a consummate example of showmanship as the Conference on the Long-term Worldwide Biological Consequences of Nuclear War held at the Sheraton Washington Hotel on October 31 and November 1. The event was kicked off by a cover story in Parade magazine sections of Sunday newspapers across the country entitled "The Nuclear Winter" by noted astronomer Carl Sagan. It was a summary for popular consumption of a new study of the effects of nuclear war that was the topic of the two-day meeting. As Carl Sagan told it, the dust in the nuclear clouds and soot from burning cities and forests would hide the sun for months, the land temperatures would drop to 13 degrees below zero and stay below freezing for months, crops and farm animals would be wiped out, and "most of the human survivors would starve" at least in the Northern Hemisphere. The two-day meeting was a more formal presentation by the distinguished authors, buttressed by Sagan's showmanship and a split-screen satellite panel discussion with a group of Soviet scientists. For those with a psychological need for an apocalyptic vision of the end of mankind as their basis for nuclear disarmament, the show was completely satisfying. Cried one believer, "This is not just wildeyed anti-nuke propaganda!"

### **"OUR ESTIMATES OF THE PHYSICAL AND CHEMICAL IMPACTS OF NUCLEAR WAR ARE NECESSARILY UNCERTAIN . . ."**

Despite the showmanship and the media hype, the basic work behind the conference cannot be lightly dismissed. "Global Atmospheric Consequences of Nuclear War" by Turco, Toon, Ackerman, Pollack, and Sagan has been submitted to SCIENCE and undoubtedly will be published. The initials of the last names of the authors spell TTAPS. Some feel that this ordering was by design but it does seem to reflect the relative stature of the contributors. Richard Turco, the senior author, is a recognized expert in the field of atmospheric physics as it applies to nuclear explosions. It was he who was careful to voice the caveats on the study findings, which were otherwise obscured in the sessions and in the reporting. To quote the paper itself, "Our estimates of the physical and chemical impacts of nuclear war are necessarily uncertain because we have used one dimensional models, because the data base is incomplete, and because the problem is not amenable to experimental investigation. We are also unable to forecast the detailed nature of the changes in atmospheric dynamics and meteorology implied by our nuclear war scenarios, nor the effect of such changes on the maintenance or dispersal of the initiating dust and smoke clouds." The truth of the matter is that studies of this type are probing the outer reaches of scientific knowledge in a terribly complex subject area.

The matter was first evaluated in a study by the National Academy of Sciences in 1975. The NAS study expressed only mild concern over the atmospheric temperature modification potential of a 10,000-MT war, which would inject an amount of dust into the atmosphere thought to be about the same as that caused by the eruption of Krakatoa in 1882. That would seem to have settled the question of the effect of nuclear war on climate. But then last year researchers Birks and Crutzen seized on another possibility for predicting nuclear Armageddon: the smoke and soot from all those firestorms. The TTAPS study picked up on this suggestion. It concluded that the "climatic impact of sooty smoke from nuclear fires ignited by airbursts is expected to be more important than dust raised by surface bursts . . . Smoke is generally highly-absorbing, whereas soil dust is typically non-absorbing. . . . Smoke from urban fires may be more

important than smoke from collateral forest fires for at least two reasons: in a full-scale exchange, cities . . . are likely to be attacked directly; and intense firestorms could pump smoke into the stratosphere, where the residence time is a year or more." This illustrates the difficulty of handling the wide range of technical issues in this area of study. No firestorm occurred at either Hiroshima or Nagasaki and British technicians who planned the successful fire raids on Hamburg and other German cities in World War II were convinced that nuclear weapons caused too much building damage to generate more than smouldering beneath the rubble. Nonetheless, the complex subject of climate modification is now being made conditional on understanding the even more complex subject of how and if a damaged city would burn. Another study by the National Academy of Sciences on the subject is due before Christmas. Commissioned by the Department of Defense, the study group includes several of the TTAPS authors and is likely to reach similar conclusions with similar caveats.

### **ON CAPITOL HILL, CIVIL DEFENSE ADVOCATES FIND THEMSELVES IN THE MIDDLE OF THIS STRUGGLE BETWEEN THE INTERNATIONAL ANTI-NUKE MOVEMENT AND THE "PEACE THROUGH STRENGTH" LOBBY.**

On Capitol Hill, civil defense advocates find themselves in the middle of this struggle between the international anti-nuke movement and the "peace through strength" lobby. In September of last year, a subcommittee of the House Committee on Science and Technology held a one-day hearing on the global consequences of nuclear war that featured the calculations of Birks and Crutzen. One of the rhetorical issues in the report on the hearing was, "Are there any civil defense measures capable of dealing with the post-war health and ecological consequences of nuclear war?" The committee found none. To have found one or more would have vitiated the whole project to prove that any nuclear war would be the end of mankind. The Federal Emergency Management Agency would be quite right to argue that the issue was not their responsibility, especially since the Civil Defense Act of 1950 specifically excludes civil defense from responsibility for postattack recovery and the longterm measures. Yet civil defense has been put in this position before and has responded. Most of the applicable research has been paid for by civil defense funds. Twenty years ago, prestigious scientists were arguing that high-altitude H-bombs would burn and fry everything from coast to coast. The "Hebert Committee" was ready to accept these speculations as fact until Stuart Pittman, this reporter, and others turned it all around. Someone is going to have to do it again.



Edward Teller, physicist, was instrumental in the development of the hydrogen bomb and has advocated a strong civil defense program since 1945.

# DETERRENCE AND DEFENSE

— Edward Teller

Two statements related to defense policy have been widely accepted: nuclear weapons produce total destruction; no defense against nuclear weapons is possible. In the early stages of nuclear weapon technology, these ideas had some validity. Today, they are dangerous, false assumptions.

In the 1960s, the United States adopted a policy that based deterrence primarily on retaliation. Yet, whether deterrence is based on the ability to retaliate, or on the ability to protect from damage, its purpose remains the same: to prevent — not win — war. Regardless of its basis, deterrence attempts to preserve peace by convincing a potential aggressor that his victory is uncertain.

The neglect of protective deterrence has gravely endangered our deterrent strength. In a speech on March 23, 1983, President Reagan had the courage to challenge conventional thinking about defense possibilities. He asked, "Would it not be better to save lives than to avenge them?" Deterrence based on protective defense rather than retaliation is a promising and humane approach to military policy. It is also long overdue.

Technology develops much more rapidly than the human mind accepts new ideas. The first generation of nuclear weapons appeared with a stunning worldwide shock. The atomic bomb, developed in secret, was a thousand times more powerful than the largest conventional bomb. The second generation of nuclear weapons, the hydrogen bomb, was a thousand times more powerful than its predecessor. Not surprisingly, by the late 1950s people anticipated yet another exponential leap — a bomb capable of destroying the world. Such a bomb never came.

Nonetheless, the myth of a

nuclear apocalypse has grown steadily. Conclusive scientific studies demonstrate that neither radiation nor atmospheric effects from any possible nuclear war could destroy life on the planet. Nor would the survivors be thrown into a Stone Age existence. Technical know-how

destruction of military targets with limited extraneous damage. This made it possible for the United States to decrease the megatonnage of individual weapons between ten to one-hundred times (and its total megatonnage by two-thirds) since 1966.

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## NUCLEAR STRATEGY NO LONGER NEED BE EQUATED WITH INDISCRIMINATE DESTRUCTION.

---

would survive. However, the effects of such a war on freedom and the human spirit would be catastrophic.

Deterrence based on retaliation has succeeded in preventing war for the past three decades. Opponents of protective defense claim, in somewhat contradictory fashion, both that nuclear weapons are cataclysmically destructive and that any decrease in civilian suffering makes war more acceptable. The destructiveness of war can never be acceptable. If deterrence fails, the best that can be hoped is that a strong protective defense coupled with civil defense might limit the suffering to the range experienced in prior world wars.

### Weapons Technology

New weapons, when first introduced, tend to be used for offense. As the technology comes to be better understood, more precise, sophisticated weapons with limited effects can be developed. Even second generation (thermonuclear) weapons hinted at this trend. Although they were more powerful, they could be "cleaner," could have less fallout than their destructive power would suggest. In addition, improvements in targeting have made it possible to assure the

Truly defensive weapons, dedicated to protection, are very much more sharply limited in their adverse effects. Nuclear strategy no longer need be equated with indiscriminate destruction. Nuclear explosives of an extremely small size can produce an intense concentration of energy which can be utilized in surprising and novel ways. Defensive nuclear weapons, directed not against people but against weapons already in action, have become not only possible but probable. Yet, if the nuclear freeze advocates have their way, work on protection will be severely restricted in the United States.

More than a decade ago, the Soviet Union developed and deployed an antiballistic missile system, which has been renovated and upgraded recently, around Moscow. There should be little doubt that such an effort adds a great deal to technical knowledge. In some areas of military technology, the Soviets have a considerable lead. The concept of a balance of terror is based on the absence of new defensive technology. Today the terror is undeniable. The balance, however, is uncertain and unstable.

President Reagan's proposal to proceed with an all-out (though

rather inexpensive) effort in research on defensive technology is of utmost importance. But so long as defense possibilities remain overclassified, only the most general observations can be offered. The process of democratic decision-making without accurate and complete information, as President Madison pointed out, is apt to become a farce, a tragedy, or both. The introduction of technology into warfare has had the effect of making offense look more successful than defense; at the same time, secrecy beclouded every issue, including the comparative advantages and disadvantages of defense strategy.

In order to be feasible, any defensive system must be less expensive than the weapons required to defeat it. Ballistic missiles, like aggressive armies in the past, must travel long distances. While rockets do not tire, the cost of sending them thousands of miles is great. Sending objects a short distance to destroy incoming ballistic missiles now has every prospect of being less expensive.

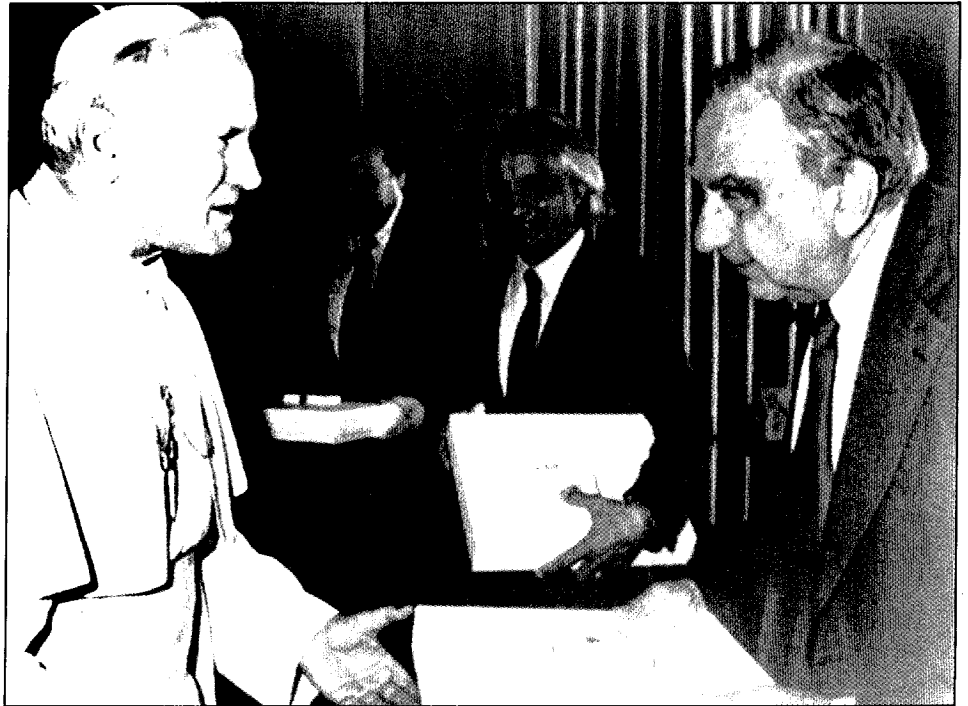
Under secrecy laws, the best publicized defense systems seem to be those with little or no practical value. One of these involves pre-deployed space battle stations. A first obvious problem is that while predeploying weapon stations is difficult and expensive, shooting them down is easy and relatively inexpensive. Laser defense is possible and worthy of further intensive research. But additional facts need to be considered: as the wavelength produced by the laser grows shorter, the effectiveness of lasers in destroying warheads increases and the size of a mirror that could reflect this focused beam grows smaller. In other words, while infrared lasers are currently much discussed, lasers using shorter wavelengths offer much more hopeful alternatives. A last, unfortunate, technical fact is that the shorter the wavelength of a laser, the more difficult the laser is to develop. Additional improvements in laser technology, which unfortunately are secret, need attention.

Lasers do not need to be in space. Appropriate mirrors above the atmosphere can reflect the beams from ground-based lasers. This intricate new technology (with problems that any astronomer can guess) seems promising.

One of the most difficult defense

problems is how to obtain early warning. To some extent, observation satellites can be defended against rocket attack and hardened against nuclear and laser weapons. However, this crucial system should be accompanied by silent replace-

for nuclear warheads can be set to explode on contact with any object, and even a high altitude explosion would interfere with ground-based radar and communication systems. While very small nuclear explosives are lightweight (thus easy to guide



ment satellites that could be activated if their companion were destroyed. Further, light, inexpensive decoys should accompany these "black" satellites. An adversary would then have a difficult time sweeping the sky clear.

#### **TINY NUCLEAR EXPLOSIONS IN THE IMMEDIATE VICINITY OF INCOMING MISSILES . . .**

A further line of defense can be provided within the atmosphere. Tiny nuclear explosions in the immediate vicinity of incoming missiles can destroy the warheads without detonating them. Once ballistic missiles enter the atmosphere, the inexpensive lightweight decoys are easily distinguished from the heavier warheads. Ground-based defensive radar systems are scarcely disturbed by such small explosions.

Nonnuclear systems for terminal defense are far less likely to be effective. The fusing mechanisms

and inexpensive to project), non-nuclear systems tend to be heavier.

The question of protection must also include our allies. In order to be successful, defense must consider every possibility. Intellect, imagination, and ingenuity are required. If the United States develops protective defenses on a national basis, many particular threats (such as the SS-20 missiles) will receive less attention, and many scientific efforts will have to be duplicated. Thorough cooperation, a common intensive effort, among all the free people of the world is needed to build protective defenses.

#### **THE WORLD MAY YET ENJOY MUTUAL ASSURED SURVIVAL . . .**

Such cooperation offers the world its best chance at a stable, lasting peace. If a strong protective defense can be provided, the world may yet enjoy mutual assured survival, a basis for trust, and a solid foundation for peace. □

# "SUMMIT '83" — A CHALLENGE FOR ACTION

Compliance and compromise were pretty much absent at The American Civil Defense Association's (TACDA) sixth annual seminar in Arlington, Virginia September 30th to noon on October 1st. Speakers without exception rolled up their sleeves and most of what they had to offer was criticism and challenge. It was time to stop toying with protection of American citizens. It was time to demand that public safety be given a lot more than lip service. It was time to beef up strategic defenses, to give America the effective shield it needs, deserves and must have to keep the peace — and to survive if peace should fail.

When the seminar ended and the smoke lifted it was clear that the die was cast: a homeland defense build-up needs immediate attention, and American leadership without fail needs to come to grips with the problem and to provide quickly a meaningful solution.

Brief excerpts from each TACDA speaker's tape follow:

## **National Perspective on Civil Defense — Dr. Jiri Nehnevajsa (University of Pittsburgh).**

"By far most of our people do not subscribe to the notion that nothing should be done to protect our people against a possible and credible ultimate insult of nuclear attack. Secondly, by far most of our people do believe that something can be done . . . By far most of our people do not believe — and when I say 'most' I am talking about two-thirds plus — do not believe, even for a moment, that measures of civil defense somehow might make war more acceptable . . . By far most of our people do not believe that civil defense programs would be destabilizing and that they might somehow contribute to an increased probability of the conflict we all seek to avoid. Most of our people support verifiable arms-control agreements, and many indeed support nuclear freeze

options . . . Those who support arms control also support civil defense. Even the nuclear freeze proponents. 99% of those are not anti-civil defenders. And I can't emphasize that point enough."

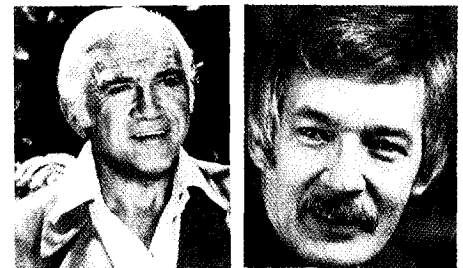
## **Waging Peace — Walter Murphey (Editor, Journal of Civil Defense).**

"We also need a serious civil defense effort, and at the risk of being critical I would like to say that we don't believe, TACDA doesn't believe, that we yet have a serious civil defense effort. Part of that is certainly due to the stringent civil defense budget that we have. I was interested in hearing Dr. Nehnevajsa's talk . . . and it always amazes me that 85 to 90 percent of the people are in favor of civil defense, that they think that they have civil defense, and that they want an even better civil defense, that they are willing to pay for an adequate civil defense . . . This type of thing — being in favor of something and not doing anything about it, of course, is typical of all of us. Nine out of ten of us are in favor of seat belts, and nine out of ten of us don't use seat belts. You can project that kind of attitude into other fields of safety, including nuclear attack. So it takes *leadership* to bring about an effective program."

## **Anti-War Movement: Road to War? — Charles Wiley (War Correspondent).**

"I've debated the so-called anti-war people across this country for the last year — 23 states — and I've asked one question of every one of my opponents, and I've yet to get any kind of a meaningful answer, and that is: 'When in 6,000 years of man's recorded history has any aggressor ever been stopped by anything except force or the threat of force?' They can't give you an answer. And so what we have here is a great movement offering us an answer to this greatest of all problems. They are offering us a theory that has *never* worked. Not once. I'm not

going to trust my kids, my civilization, my country and the fate of mankind to theories that have never worked . . . They seem to have confused the implements of war with the motivation and the attitudes of those who make war. And if they don't understand that they don't even vaguely understand the problem. The history of anti-war movements is a history of violence, war and enslavement. Every anti-war movement that has ever come along has ended up helping aggressors, and usually helping to bring on the very war that it is so concerned about."



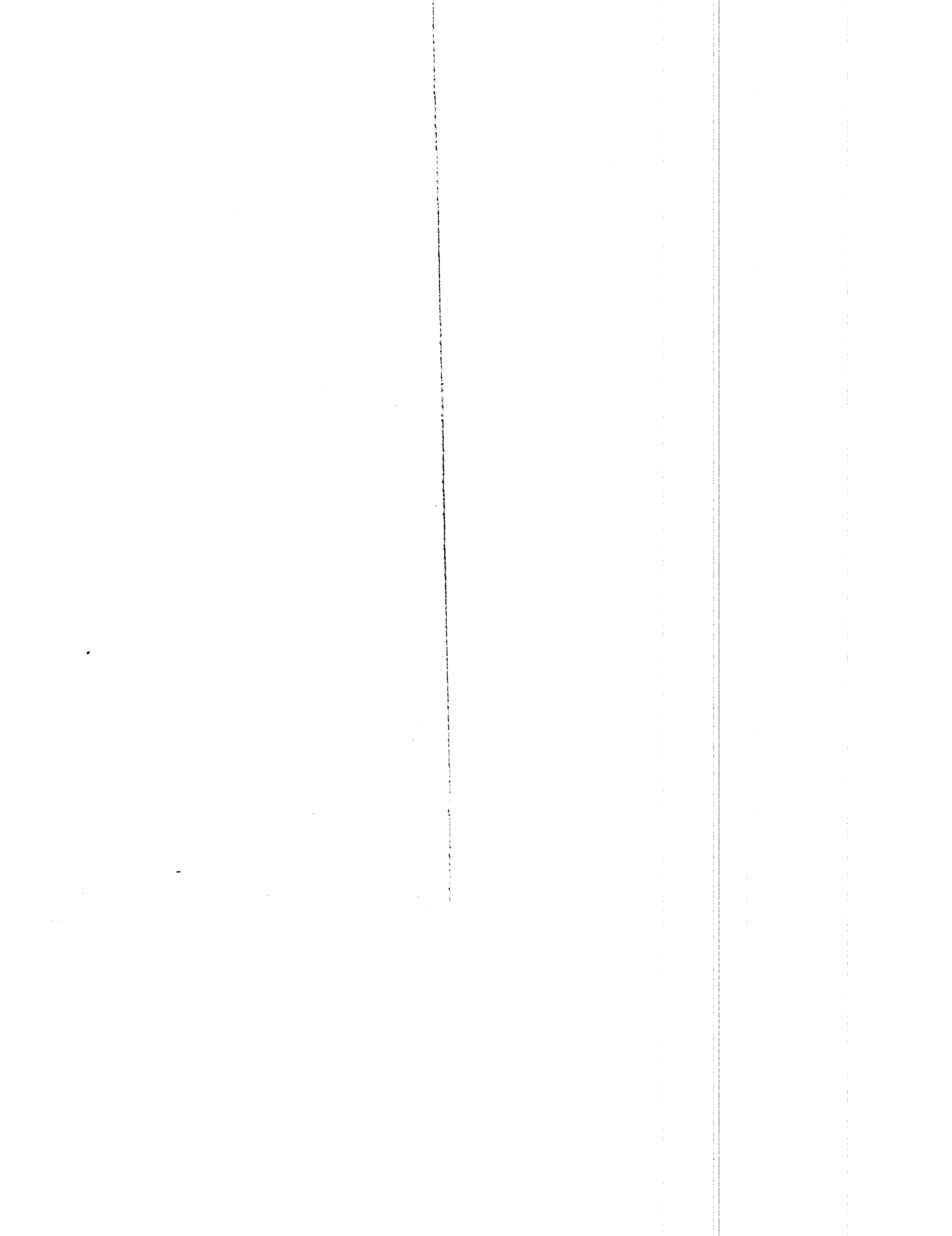
Lorne Greene

Charles Wiley

## **Disinformation: Polluting the News Stream — Reed Irvine (Editor-Publisher, Accuracy in Media).**

"There's another problem that bothers me, and it raises my blood pressure considerably, and that is the difference in the treatment [by the media] of issues like national defense, issues involving the U.S. government and issues involving that power that causes all you people to gather and to think about civil defense, our potential enemy, the Soviet Union. Tomorrow marks the first anniversary of the Korean Airlines massacre. My blood pressure this morning was raised several degrees or points, or whatever you call it in blood pressure, when I turned on the CBS morning news, and on the eve of the anniversary of this massacre by the Soviet Union of 269 innocent people I found Bill





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Curtis interviewing Angela Davis of the Communist Party USA. And it was predicted — and I was the one who predicted it — that after all the emotion and trauma that was generated by the Korean Airlines massacre that this would quickly be forgotten. Somebody said that these things have a half-life of 90 days. Now here we are on the eve of the first month's anniversary, and what does CBS do but trot out an interview with Angela Davis."

**Civil Defense Issues and the 98th Congress — Richard E. Sincere, Jr. (Strategic Defense Analyst, Writer).**

"The real problem on the congressional level about civil defense and making civil defense a political issue is that there aren't many congressmen who are willing to stick their necks out . . . because it is just not very nice to talk about minimizing damage in a nuclear war. It doesn't make you very popular with your constituents. It's not a pretty subject. They'd rather avoid subjects like civil defense, and if they have to get into controversial defense issues at all they'll talk about safe ones . . .

We have to talk to the people who are running for Congress . . . and of course even to the staffs of the people who are running for president, get our message across, tell them the ethical position we have taken, get the facts to them, make sure they are not subject to the propaganda of . . . groups that rely on distortion and sometimes even lies, but most of all emotion and rhetoric, to get their points across . . . If we present the facts in a very clear way, if we present our ethical position in a clear way, we may be able to sway some of these politicians who will be running for office . . . We also have to get out to the public."

**High Frontier — A New National Strategy — General Daniel O. Graham (Project Director, High Frontier).**

"You are among the very few who over the years of the 'MAD' doctrine have still felt that somehow it is a reasonable thing to try to keep people from being destroyed in a nuclear war. Curiously enough that is an attitude that has run contrary to national doctrine, really, since the mid-1960s when a fellow named Robert Strange McNamara decided to *mandate* the vulnerability of the American people . . . The fact is that what we must change is this strange,

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wierd notion of Mutual Assured Destruction, which in fact has moral overtones to it, and get back to the business of deterring war by being able to defend oneself . . . High Frontier allows America, and the Western World, to take into its own hands again its own destiny . . . And when presented with those alternatives in the precincts this coming November it's going to be awfully tough to sell the anti-High Frontier, anti-strategic defense point of view. . . . We have a chance to change the whole nature of the way our government, our people, our allies, and as a matter of fact the whole Free World, approaches the problem of living in

the nuclear era . . . I think that is going to sell with the American people, and I feel it moving now, and I am convinced that you will hear more and more positive response to this idea over the next six or eight months."

**Civil Defense: For Humans or for All Living Things? — Lorne Greene (Actor-Ecologist).**

"If our President is right, that ultimate evil does reside in the Soviet Union, then, with all haste must there be a move toward protecting the people of this country. Personally I would prefer to have our President speak more softly while carry-

ing a bigger stick which would include a civil defense system for the people, *all* the people . . . The future successes of deterrence will depend on a major shift in national strategy to defense, and possibly gradually away from offense. We need not only the High Frontier, non-nuclear space defenses that Daniel O. Graham proposes, and which were mentioned in the President's March 23rd speech. But we also need a crash program in *civil defenses*, which was *not* mentioned in the president's speech. To maintain deterrence without civil defenses is an exercise in self-deception . . .

Pericles, the great Athenian leader, withstood the siege by Sparta by laying in stores of food well in advance, and successfully resisted the invading enemy. Carthage weakened itself through constant appeasement of Rome and was utterly destroyed. In fact, its agricultural lands were salted by the Romans to prevent new growth. Historically, these illustrate the wisdom of anticipation and preparation and the folly of a policy based on hope, appeasement, and failure to resist a determined enemy . . ."

**Lies and Antidotes — Dr. Max Klinghoffer (Writer and Lecturer, Emergency Physician).**

"Throughout her writings and her teachings Dr. Helen Caldicott tells of children being terrorized by the idea of nuclear war. She says that we have a whole new psychiatric problem throughout the country because children are terrified by what they've heard about nuclear war. I decided I would do a little experiment in that field, and I contacted ten physicians of my personal acquaintance who were either general practitioners or pediatricians, and therefore who saw a great many children. And I asked them this simple question: How many children coming into your office have stated 'I'm frightened' or 'I'm having nightmares' or 'I'm scared' about nuclear bombs or nuclear war? The answer is interesting: There was not one single instance of a spontaneous remark of that kind from a child . . . It became increasingly obvious that what these people are doing is this: They're going to a few children and saying . . . 'Aren't you afraid of being blown up and burned up by a nuclear bomb?' What child is not going to respond to that with terror? Terrorizing children by any means is a damnable thing,

and when it comes from those people whose lives are ostensibly dedicated to the care and welfare of children it becomes especially reprehensible and absolutely inexcusable."

**Facts and Weapons Effects — Carsten M. Haaland (Nuclear Scientist, Oak Ridge National Laboratory).**

"As in the past, the current reaction to the introduction of new weapons technology is so loaded with emotion that it is difficult for those swayed by this emotion to be rational. If we are to protect ourselves against the awesome effects of nuclear weapons we must examine those effects dispassionately — one at a time — and investigate diligently whether technology can provide us with defenses. Such examination has been made, and defenses are possible . . . In the book titled *Nuclear Freeze*, allegedly written by Senators Kennedy and Hatfield there are several pages devoted to a table listing American cities and their populations that would be totally destroyed by nuclear airbursts . . . In order for these populations to be destroyed it must be assumed that these populations are totally uneducated on defense against nuclear weapons, totally unwarned, and totally without blast shelters . . . The Soviet leaders want us to believe that defense against nuclear weapons is impossible, that there is no hope. Why do the Physicians for Social Responsibility and the nuclear freeze people want us to believe the same way?"

**Alternate Strategies for Peace — Dr. Leon Goure (Director of Soviet Studies, Science Applications, Inc.)**

"We are in sort of a strange time. Civil defense in the past, at least since World War II, has most often suffered from what I would call indifference. Or irreverence. Nobody was particularly interested in debating the matter. Oh, we had a few occasions where people got excited about it . . . And now we have presumably great concern, a great debate, about issues of national security, defense, ultimate policies and strategies for peace — or 'war avoidance,' which is really the usual term. . . . It is especially tragic, to me at least, that on the one hand you have this great magnitude of public concern and even outright fear of the possibility of an imminent nuclear war . . . and at the same time we have

been noticing a proliferation of Johnny-come-latelies — individuals and groups who suddenly have discovered the *bomb!* And now they have also discovered the potential consequences of a nuclear war. And from there we get offered their whole variety of simplistic solutions."

[These solutions, Dr. Goure pointed out, are embraced by Soviet specialists and published as examples. Then when Soviets appear at international conferences it appears that they are simply "repeating what we say." In this way they project the image that they share the ideas of American anti-war groups. Western participants in the conferences therefore feel "that my God they have found real partners in the struggle for peace." It means confirmation of their ideas, that "the Soviets must be sincere in their desire for peace." At home this develops into "the ostrich syndrome."]

\* \* \* \* \*

Doctors for Disaster Preparedness (DDP) made a stunning seminar debut with an October 1st afternoon and evening program which established it as the national professional organization hewing to the medical preparedness ethic. Here are tape excerpts of the DDP speakers:

**Medical and Ethical Arguments for Civil Defense — Dr. Howard Macabee (Nuclear Engineer and Physician).**

"The seriousness of the present situation was not fully apparent to me until yesterday. But the scariest thing about yesterday's briefing [a White House national security briefing] was that in all of the talk from the podium by the General and by the experts in the National Security Council there was not one word — not one word! — mentioned about civil defense. That, my friends, is a measure of how seriously the federal establishment takes this vital ques-



Dr. Leon Goure



Dr. Ernest W. Lefever



tion. In fact, they are not in the *defense* business, but in the *offense* business. It is time that they admitted it, or maybe it will become our duty to point it out. Perhaps we may have taken the first step in this direction in the statement by our leadership yesterday to the President . . ."

**Airport Disaster Plans — Dr. Max Klinghoffer (Physician, Disaster Specialist).**

"In a major disaster you really see represented many of the problems that would be present in a nuclear attack . . . I think we also demonstrated [with the O'Hare International Airport disaster planning] very clearly the value of training in medicine — medical training — for non-medical personnel. Let me . . . tell you that I've sat in on many, many programs on disaster planning and specifically on airport disaster planning, and I'm critical of any program in which people get up and say "We have this plan, we had an accident, it worked out, the plan functioned perfectly" — because believe me, none of these plans ever functioned perfectly. We made it a point when we had a test or rehearsal or a real disaster to have a critique as soon as possible afterwards, not to commend ourselves on what we did right, although that was important, but chiefly to talk about what we did wrong, and how we would correct those points. That's extremely important."

**Experience in Disasters: Flexibility in Planning — Dr. Gerald Looney (Emergency Physician, Preparedness Activist).**

"There's a law named 'Murphy's Law' that in disasters applies better than at any other time, and that is if anything can go wrong it will. And it seems that no matter how well you plan, even with the plans in the nuclear power plants, where supposedly they have contingency plans for just about everything, they still manage to confuse and confound, and things happen that people aren't really prepared for. So my pitch today is that you really have to think on your feet. And this is very difficult, particularly for doctors, who seem to have a thing called 'the Oedipus complex.' They really think everything has to take place within the walls of a building, the hospital, and that they really can't do much if they're outside the building. [Dr. Looney described the spontaneous

actions of an untrained, TV-indoctrinated individual, acting on his own at the scene of an emergency and saving the life of an unborn infant. He pointed out that many similar instances were matters of record.] The public has a much higher level of capability and interest in responding than we give them credit for. . . . We need to realize that we have some new players on the team and some new rules for the ball game. . . ."

**The Beverly Hills Fire — Dr. William H. Gates (Physician, Chairman of Ohio Emergency Medical Services Advisory Council).**

"In any disaster the initial response has got to be handled by the people who initially respond in an emergency. And that's firefighters, police officers, EMTs, etc. It doesn't count docs, it doesn't count nurses, it doesn't count many emergency people. And, depending on the scope of the disaster, it may be hours or days before full state and federal agencies are involved. . . . I would submit to you that the single most important thing we could support would be to keep hammering at the point: everybody doing planning *better involve people who have to carry out the plan* in their planning for it to work. And that's the firefighter and the EMT and the people on the street level."

[Dr. Gates told of his medical unit being stopped by police guarding the perimeter of the Beverly Hills fire scene and having to literally infiltrate the police cordon in order to get to the disaster location.]

**Banquet Speaker — Dr. Ernest Lefever (President, Ethics and Public Policy Center).**

"In the field of government responsibility there's no greater moral imperative than defense of the homeland and defense of the values and institutions represented by the society in which we live. . . . It's amazing how many people do not comprehend that civil defense or a spacebased system like High Frontier is the epitome of ethical responsibility on the part of government. Now, also deterrence: To deter a nuclear war, which would be a very bad event to put it mildly, is also a legitimate objective. It's legitimate not only because it defends your own country, its values and institutions, but it's legitimate because it defends the civilians who are suffer-

ing under a potential or actual adversary. And it's even legitimate in my view — we're now talking about the "just end" — to develop a military posture that would be capable of denying victory to a nuclear adversary in case deterrence fails. It is in my view irresponsible to have no courses of action available if deterrence fails. Here of course is where civil defense comes in. Here of course is where various forms of command and control for limiting, mitigating, stopping a nuclear war — communicating with the adversary and so on — come in."

**SEMINAR NOTES**

Three "Certificates of Appreciation" were awarded by TACDA at its September 30th banquet. These went to Nancy Deale Greene, John Bex and George Higgs.

TACDA and DDP approved a joint resolution outlining "most urgent needs for protection of our citizens in case of war" and petitioning the President to take appropriate action. This resolution is reproduced on page 12. Copies were sent to all TACDA and DDP members.

At the White House national security briefing (held at the White House Executive Annex on September 30th) Dr. Max Klinghoffer asked a question that was not answered at the time, and he was invited to submit it in writing. Dr. Klinghoffer's written question is reprinted as this issue's editorial on the back cover.

Workshops at the 1983 TACDA seminar gave proof once more of the utility of this type of give-and-take presentation. Those conducting workshops were Fred J. Villella, Director of the National Emergency Training Center; Dr. Conrad V. Chester, Chief of the Emergency Planning Group at the Oak Ridge National Laboratory; Dr. William Olsen of the National Aeronautical and Space Agency; and Richard E. Sincere, Jr., president of TACDA's Washington D.C. area chapter.

At the TACDA luncheon on September 30th TACDA President Frank Williams presented to FEMA an oil portrait of Eugene Wigner painted by portrait artist Ann Schuler. General Louis O. Giuffrida accepted the portrait for FEMA.

Florida was chosen as the site of the TACDA and DDP seminars in 1984. The TACDA Florida staff was appointed as a committee to select the precise location with the stipulation that it be on the water. □

**Resolution by The American Civil Defense Association (TACDA) & Doctors for Disaster Preparedness (DDP)  
to be presented to the President of the United States**

**Resolution 83-1**

***Presented to the membership of The American Civil Defense Association and Doctors for Disaster Preparedness at their 1983 annual meetings convened at Arlington, Virginia on September 29, 1983.***

- WHEREAS The risk of nuclear conflict increases as more nations acquire nuclear weapons capability, and
- WHEREAS The danger of nuclear terrorism also increases as terrorists have the potential for obtaining nuclear material, and
- WHEREAS The survival of our people in the event of nuclear war or nuclear terrorism would be directly proportional to our degree of preparedness, and
- WHEREAS Leaders of the Soviet Union have repeatedly stated that their objective is the destruction of the American form of government, and
- WHEREAS The recent mass murder of 269 men, women, and children aboard a passenger airplane, on the orders of Soviet military command, demonstrates the ruthlessness of the Soviet leaders, and
- WHEREAS It is a reasonable assumption that the distorted mentalities that would murder passengers aboard an aircraft would not hesitate to loose missiles with nuclear warheads, and
- WHEREAS China, Russia, Sweden, Switzerland, and other nations have already achieved a high degree of disaster preparedness, and
- WHEREAS The most urgent needs for protection of our citizens in case of war are:
1. An extensive shelter program — both public and private — for protection of our population from blast and from radiation.
  2. Emergency training for our citizens, comparable to that offered through "Medical Self Help" courses at an earlier date.
  3. Increased training in mass casualty care methods for our medical personnel.
  4. Packaged hospitals stored outside target areas, to be activated at the time of national emergency.
  5. Training in the establishment, maintenance, and utilization of emergency hospitals.
  6. A national warning system which will alert all our citizens.
  7. A communications system which will function before, during, and after an attack.
  8. Improved hospital plans to include provision for functioning of hospitals in the event of a nuclear episode.
  9. The redistribution and storage of vital medical supplies in protective shelters throughout the United States, with provisions for rotation.
  10. Storage of food supplies, water, sanitary facilities, and radiation detection equipment in sheltered areas, and
- WHEREAS During the past thirty-five years, and through several administrations, virtually none of the above listed needs have been accomplished, and
- WHEREAS No agency of the United States Government seems to have a mandate to accomplish these purposes, and
- WHEREAS The Constitution of the United States reads, in part: "We the people of the United States, in order to form a more perfect Union, establish Justice, insure domestic tranquillity, *provide for the common defense* —" and
- WHEREAS There is no adequate provision for the common defense in the event of nuclear war or nuclear terrorism, and
- WHEREAS The survival of the American people and the very existence of the United States may well depend on such preparedness.
- THEREFORE, BE IT RESOLVED THAT:**
- The American Civil Defense Association directly petition the President of the United States to appoint and designate an agency of the United States Government to immediately initiate steps to provide such protection for the American people, and be it further resolved that
- A copy of this petition be sent to the Governor of each of the fifty states, to the Vice President of the United States, to each member of the Cabinet, to each member of Congress, to each State Civil Defense Director, and to the Chiefs of Staff of the military forces, and be it further resolved that
- Copies of this petition be sent to the appropriate news media, and be it further resolved that
- Copies of this petition be sent to the Board of Trustees of the American Medical Association, to each state medical society, to the American College of Surgeons Committee on Trauma, to the American Nurses Association, to the United States Civil Defense Council, to the National Security Council, and to any other agencies which may be involved in Civil Defense, and be it further resolved that
- The American Civil Defense Association and Doctors for Disaster Preparedness emphasize that this nation is more than thirty years behind schedule in such defense preparedness, and be it further resolved that
- TACDA and DDP urge the Government of the United States to appoint members of such an agency who are individuals with a sincere interest in the problem, and preferably with practical experience in mass casualty problems.

## CD ATTACKED, DEFENDED

In the June-July 1983 issue of the *Bulletin of the Atomic Scientists*, civil defense was roundly taken to task in several articles — a put-down with no attempt to present a positive view.

In the September-October 1983 issue of *Society* the lead article "Subways to Armageddon" by Louis Rene Beres also unmercifully attacked civil defense. Wrote Beres:

"America has been thinking against itself. To survive into the future, it will require a new consciousness — one tuned to ever-higher pitches of strategic refinement. To avoid further contamination by the superstitions of those who urge expanding programs of civil defense, America must resist confronting the apocalypse as healer. Its sole ambition must be to keep abreast of, and prevent the 'incurable disease.'"

The difference between the *Bulletin* approach to the civil defense "problem" and that of *Society* is that *Society* allowed rebuttal. Following the Beres assault seven writers with preparedness leanings answered him.

James L. Holton, Public Affairs Director for FEMA, observed:

"The American populace . . . has been coddled and pleased . . .; told by consumerism vigilantes that we deserve and must have an absolutely risk-free society . . .; and warned by the new wave of journalists that everything done at any level of government is either the product of institutional stupidity and incompetence or part of a sinister plot to enrich authorities or oppress the downtrodden masses. Is it any wonder that the honest efforts of government planners to establish some system to respond to a nuclear attack is met with derision, disbelief, shrugs, or anger?"

Other writers who reply to the Beres article are: Dr. Max Klinghoffer, Dr. Henry C. Huntley, Dr. David O. Wiebers, Elliott Abrams, John R. Totter, and Donald R. Johnston of the Research Triangle Institute. Address of *Society*: Rutgers-The State University, New Brunswick, N.J. 08903.



John Bex (R) receives USDCD Life Membership Award from 1982-3 president Tom Blosser at October 12 ceremony. On September 30 Bex was awarded a Certificate of Appreciation by TACDA.

## SOVIETS BLAST DOWNING OF CIVILIAN AIRLINER — 1973

*Press Reports on Soviet Affairs\** reveals that Soviet defense of its widely-condemned shoot-down of KAL-007 on September 1st was a 180° turnaround from its attitude in 1973 when Israelis shot down a Libyan passenger plane.

Then there was a flood of indignation and condemnation from the Soviet media and Soviet spokesmen over the "innocent victims" of the "act of piracy."

One broadcast compared the Israeli act to "bandits attacking a blind man who had lost his way, and was without a guide. It was a vile crime."

The fact that the Libyan plane had entered an active war zone meant nothing to Soviet commentators. A legal authority speaking over Radio Moscow on March 6, 1973 challenged:

"International codes consider the passenger airline to be a peaceful civilian object and in no circumstances can it be the target of a surprise attack . . . in accordance with the 1949 Geneva Agreement on Protecting Civilians, civilians must be protected . . ."

In spite of denying responsibility Israel promptly paid damages.

\*Provided without charge by the Advanced International Studies Institute upon request:

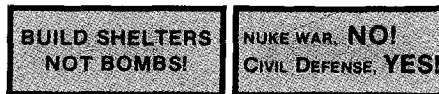
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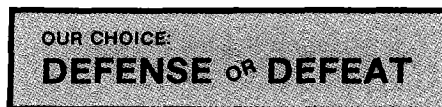
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Starke, FL 32091  
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Some months ago Samuel Hilburn and Richard Parker published a booklet with the same title as this article: **Crisis Relocation — America's Halfway Plan for Survival**. In the midst of pro- and con-CRP fireworks it made an impression on all who read it. (Hilburn was formerly chief planner for the Chicago Department of Human Resources, and Parker has engaged in extensive peace research at St. Louis University. Both have written numerous articles in their respective fields.) They have agreed to do a shorter version of the booklet as an article for the **Journal of Civil Defense**. Here it is.

# CRISIS RELOCATION — AMERICA'S HALFWAY PLAN FOR SURVIVAL

— Samuel Hilburn & Richard Parker

If and when Crisis Relocation, the U.S. civil defense strategy, is implemented, upwards of 180,000,000 people could be saved if a fully developed plan is in place at the time of enemy attack, FEMA officials have projected. FEMA is now making some effort to better inform the public of the plan and to elicit cooperation.

Should the plan be activated, the American people will expect that they and their families will be moving to areas of relative safety based on adequate *pre-attack* and *post-attack* planning and preparation. As it now stands, the plan does not provide this assurance.

The host communities into which they move should be much better equipped to assure their survival. Both Federal and state planning concentrate more on movement of people and resources than on adequate development of in-place survival networks and facilities to ensure the well-being of arriving evacuees. Long-range recovery planning is simply not considered.

Given the nearly total destruction of the American economy, its food and fuel distribution systems, medical care and communication networks in a post-nuclear world, the Federal government will initially play only a *secondary* role in providing for survivors. Individuals will look to local communities for basic survival needs, not to Washington officials. Local receiving host communities are, thus, the *most critical* components in any system of post-attack recovery, a potential recognized by Crisis Relocation Planning through its designation of host communities in each state. As

John McConnell, an acting FEMA Associate Director for Plans and Preparedness recently noted: "The burden seems to rest almost entirely upon community and local officials. Protection of the public is a local responsibility."<sup>1</sup>

In the immediate aftermath of nuclear attack, Crisis Relocation would strain existing resources of host communities to the breaking point. Furthermore, FEMA's initial phase planning is both underfunded and inadequate.

For instance, although FEMA acknowledges the desirability of joint community planning, the current plans propose the transfer of vital resources (food, medicine, etc.) and essential personnel (physicians, police, etc.) from evacuating to host communities without *mandatory* joint host-risk planning to deal with the complex, unique needs of each community.

With little or no foreseeable Federal or state resources, few communities can provide for immediate and long-term survival of present populations and evacuees. Host communities generally should be provided with both money (most are located in rural areas having a marginal tax base) and expertise (many have no full or part-time civil defense director).

FEMA officials and state planners have indicated that money will be made available to host communities only if and when the plan is implemented. This approach to funding negates the possibility of adequate *pre-crisis* preparation by local communities. Left to their own resources, host communities can and will do little to enhance their

expected survival functions.

Perhaps the most serious deficiencies of *pre-attack* planning for host communities pertain to the management, stocking and fortification of host community shelters. Shelter survival requires trained personnel who understand pre- and post-nuclear attack conditions, e.g. radiological monitoring, treatment of radiation sickness, food rationing, communications, first aid, shelter fortification, etc.; yet Crisis Relocation Planning does not *require* the assignment of such personnel to designated shelter, without which, shelters may prove to be little more than mini-bastions of anarchy from which the only escape is into a world poisoned by radiation. It is, therefore, essential to allocate funds for training shelter managers in *each* host community for *each* designated shelter.

... LITTLE OR NO  
PRE-STOCKING IN THE HOST  
COMMUNITIES THEMSELVES.

FEMA planning calls for moving vital goods from high-risk areas via existing transportation and by evacuees during a crisis period, with little or no pre-stocking in the host communities themselves.<sup>2</sup> Given the confusion and stress of this period, it is impossible to assure that sufficient supplies can be moved in the required amounts without *pre-stocking* essential items within each community in which shelters are located.

Needed hand tools and many other items for shelter fortification



should be stored in a *central civil defense storage facility* in each host community. Items available for each shelter should include radiological monitoring equipment; all communities should be well equipped with such instruments. Presently held by state civil defense agencies, they should be supplemented and moved to the local facility.

Numerous other items could be mentioned such as medical packs, specialized radio equipment to resist electromagnetic pulse, emergency lighting, cots and blankets for the sick and elderly. All items would have long shelflife and would be readily available in the uncertainties of a crisis situation. As FEMA's former director, John Macy, Jr. asserted: "Our analyses show that austere shelter supplies (water containers and sanitation kits) can contribute significantly to life saving in the days following a nuclear attack."<sup>3</sup> All these items would afford survival in shelters for ten to fourteen days, an expectation we do not now have.

The massive evacuation of people from high to low risk areas also presents vast problems of law and order. Security must be maintained for property and essential personnel in evacuating communities. Relying primarily on "auxiliary personnel" who may or may not be properly trained, FEMA makes little allowance for the enormous police personnel requirements. Nowhere in FEMA's basic planning manual for risk and host communities is there reference to the use of the best trained and equipped auxiliary personnel available, the National Guard.<sup>4</sup> Indeed, regional and state planners should work toward integrating such personnel into Crisis Relocation Planning.

**THE SECOND CRUCIAL PHASE, POST-ATTACK RECOVERY, IS APPARENTLY ABSENT IN FEMA'S PLANNING.**

Thus far, attention has focused on basic survival requirements during the *pre-attack* period and its immediate aftermath. The second crucial phase, *post-attack recovery*, is apparently absent in FEMA's planning. A recent report by the U.S. Arms Control and Disarmament Agency, in fact, acknowledges that

Crisis Relocation offers little hope for those who expect to survive a nuclear war for more than a few weeks. The report observes that the "main priority" of current planning is "reduction of immediate casualties — within a month after an attack." It further notes: "Assuring long-term survivability and national recovery creates problems which exceed the scope of the program."<sup>5</sup> If FEMA planners are not focusing on the critical issue of long-term national recovery at the *host community* level, then which Federal agency is and what are its recommendations?

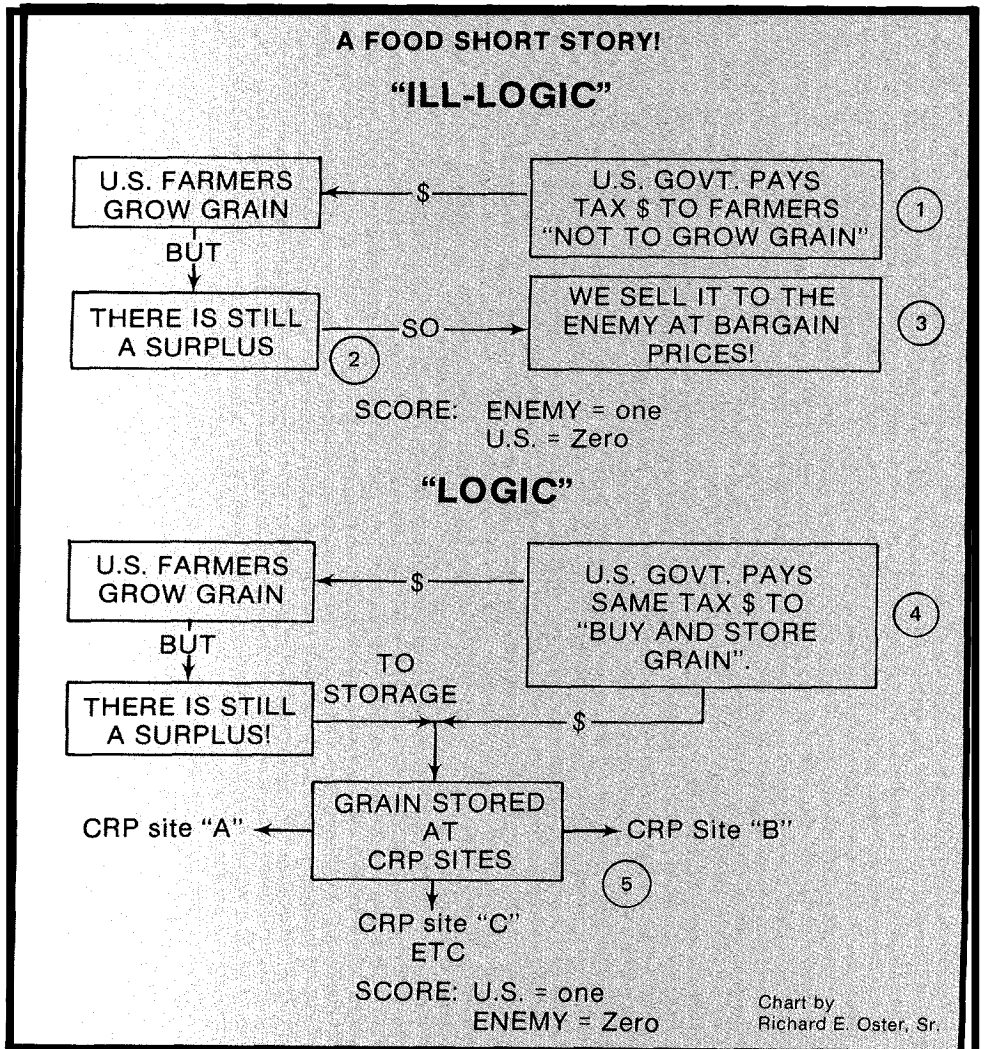
Following a large-scale nuclear attack on the United States, local host communities might well constitute the sole refuge for the survivors. Yet it is unlikely that the host community shortages of basic resources (especially food) could be met, given the destruction of our transportation system, severe fuel shortages and related incapacity of our agricultural system and food processing facilities. In sum, we should have both the resources and the transportation

facilities to move them into host communities where the vast majority of America's survivors (170,000,000 based on recent FEMA projections) would be located.<sup>6</sup>

**THE MOST ESSENTIAL COMMODITY WHICH MUST BE IN PLACE FOR SURVIVAL IS FOOD**

What then should the Federal and state governments do to better equip host communities for post-attack recovery? The most essential commodity which must be in place for survival is *food*. Lacking either adequate transportation or agricultural systems, few communities would have the inherent ability to feed their dependents for an extended period. Thus we are left with little choice but the development of food stockpiles at the host community level.

Basic foods having extended shelf-life could be stored in the central civil defense storage facility of



each host community and funded by Federal and state grants. Stockpiles might consist of essential commodities such as beans, rice, wheat, oats and corn. Supplies of more perishable dried milk should also be available for infants and small children. Amounts should be sufficient to meet minimal daily needs of both residents and expected evacuees in the host community, at least, for several months. Much of the stored

administration's projected \$1.5 trillion defense expenditures over the next five years.<sup>8</sup>

Against such figures, 260 or even 500 million dollars annually will not buy a comprehensive civil defense program which gives meaning to the concept of the survival and post-attack recovery of the United States. The program we have outlined represents bare essentials for an effective Crisis Relocation Plan.

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**... 260 OR EVEN 500 MILLION DOLLARS ANNUALLY  
WILL NOT BUY A COMPREHENSIVE CIVIL DEFENSE PROGRAM ...**

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food could be acquired through farm surplus.

FEMA has suggested to Congress a program of \$260 million annually over the next seven years, a figure which the agency calculated as the equivalent of a little more than \$1 per capita each year or "about the cost these days of a hamburger, french fries, and a coke."<sup>7</sup> Contrast FEMA figures with the initially proposed Pentagon budget for fiscal 1982 of 222 billion dollars and the

At best, current Federal and state planning offers only "half-way" plans with little hope that host communities can provide extended survival for our people. Yet such communities, properly prepared, are capable of providing for most long-term basic needs of survivors and can contribute significantly to the immense task of recovery. In fact, we would argue that without the survival of local host communities, national recovery is *not* possible. □

## REFERENCES

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3. John W. Macy, Jr., *A New Impetus! Emergency Management for Attack Preparedness*, FEMA-1 (Washington: U.S. Government Printing Office, June 1980), p. 5.
4. CPG 2-8-C, op. cit., Section 7. See also Department of Defense/Defense Civil Preparedness Agency, *Guide for Crisis Relocation Contingency Planning — State Civil (And Regional) Planning*, CPG 2-8-B (Washington: U.S. Government Printing Office, January 1979).
5. Jack Anderson, "'Doomsday' Stats [Statistics] Listed," *Harrison (Ark.) Daily Times*, August 10, 1981.
6. FEMA, *U.S. Crisis Relocation Planning*, P&P-7 (Washington: U.S. Government Printing Office, February 1981) p. 8.
7. FEMA, *Questions and Answers*, p. 25.
8. *U.S. News and World Report*, "A Bigger Defense Stick to Back Up Tough Talk." March 16, 1981, p. 24.

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## DDP DEPLORES ACEP POSITION PAPER

The American College of Emergency Physicians (ACEP) in the October 1983 issue of *Annals of Emergency Medicine* prints a one-page "position paper" titled "Nuclear War and Emergency Health Care." It reads (in major part):

*This document was developed by the American College of Emergency Physicians Ad Hoc Committee on Thermonuclear War, and was approved by the Board of Directors on June 25, 1983 . . .*

Estimates of direct American casualties in a major thermonuclear war with the Union of Soviet Socialist Republics vary from 28% to 88%. Estimates of deaths among survivors from acute communicable diseases post attack approach 20% to 25% . . . .

Following nuclear attack on United States cities, extrication and evacuation of the injured would be impossible because of destruction of transportation equipment, debris blockage of highways, inadequate numbers of trained personnel, possible destruction of major communication networks by electromagnetic pulses, absence of functioning electrical and water services, and radiation exposure of rescuers.

National civil defense plans anticipate the possibility of a staged escalation of an international crisis that would allow relocation of large numbers of the American population, and hence limit the number of acute deaths. Even if relocation were maximally successful, the sophisticated hospital facilities used by physicians would be destroyed . . .

The American College of Emergency Physicians believes that attempts to provide for the acute health care needs of the American public following a nuclear war should focus on first aid, sanitation, and essential survival skills.

The American College of Emergency Physicians recognizes that no organized medical treatment exists or can currently be developed to meet the public health threat of a thermonuclear war. As with other nontreatable disease threats, prevention is society's only recourse.

## ON "NUCLEAR WAR AND EMERGENCY HEALTH CARE"

To the Editor, *Annals of Emergency Medicine*:

We object strongly to the position paper of the American College of Emergency Physicians, titled "Nuclear War and Emergency Health Care" that was published in *Annals of Emergency Medicine* 12:635, October, 1983.

Its assumptions are faulty; its logic is flawed; and its implication, that emergency physicians should not plan to help the victims of a nuclear disaster, is profoundly *immoral*.

First, the authors have, perhaps without even realizing, adopted the "worst-case scenarios" that assume that nuclear war will involve all-out, deliberate attack on population centers. This is a mistake based on perhaps too-eager acceptance of the doctrine of "mutual assured destruction" which has never been accepted by the U.S.S.R., and is now strongly challenged in the U.S. as well. Neither you nor we are privy to the targeting plans of the nuclear-armed governments; these are more likely to include first priority attacks on nuclear weapons and military facilities than wholesale mass murder of civilians, which would only invite a revengeful all-out attack on one's own cities. In such a "counterforce" attack scenario, most major cities (and hospitals and physicians and other health professionals) would survive and be asked to help care for victims of burns, blast and fallout from the explosions near military bases, etc. There is no guarantee of escalation to a "total exchange", despite the propaganda of Physicians for Social Responsibility.

Furthermore, as PSR and many other more responsible spokesmen have warned, there are many other possible scenarios for limited nuclear attack, such as by the crazed dictator of a "third world" nation, by terrorists, by accidental detonation, and by demonstration explosions at a time of international crisis. In all these situations, there would be need for an organized medical response, and therefore, of advance preparations.

There are profound uncertainties in casualty estimates, even in the worst case of a major thermonuclear war with the U.S.S.R., for example, as quoted in your own document, varying from 28% to 88%. If 10% or even 50% are injured survivors, shall emergency physicians stand by idly and pass out ACEP position papers to explain their lack of contingency plans?

We also object to the glib nihilism implicit in the position paper and the apparent "head-in-the-sand" ignorance of massive civil defense and medical preparedness efforts in socially advanced countries such as Switzerland and Sweden, as well as in the Soviet Union. If such efforts are worthless, why are other nations spending 20 to 50 times as much (per capita) as the U.S.?

Unfortunately, your stated position, that "no organized medical treatment exists or can currently be developed" may be a self-fulfilling prophecy. If ACEP and other leaders in medicine stand in the way, nothing *can* be developed, and an isolated terrorist or accidental attack could kill great numbers of people — far more than would be lost if we were prepared. Worse, such an attack might escalate into an all-out war out of blind rage and helplessness in the face of tragedy.

We also object to the rather snide attitude expressed in the paper, that "attempts to provide for health care needs should focus on first aid, sanitation, and essential survival skills". There is nothing wrong with teaching first aid, sanitation and survival skills, but this is not enough. No matter what the scale of the disaster, there will also be need for pain medicine, anti-diarrheals, food and clean water, anti-emetics, antibiotics, bandages and other simple public health and emergency medical measures. How could the leadership of ACEP forget how many lives can be saved by IV fluid therapy for shock? This can be provided even if hospitals are destroyed or unreachable.

We believe that we understand your motivation, to add to the efforts at prevention of nuclear war, and we applaud this. We agree that attempts at prevention are vital, but we also understand the lessons of history, that war has never been prevented completely in the past, despite the combatants' fear of annihilation. Arms control agreements have not prevented war any more than preventive medicine has eliminated disease, and it is naive to believe that "a new way of thinking" will disarm the entire world in the near future. *Prevention is not enough*. There must be a hedge if prevention fails, despite our best intentions, and it should receive a small share of the resources spent on deterrence and prevention.

The most powerful argument, however, is a moral one. Physicians are enjoined by their codes of ethics to help the victims of disaster, no matter what the cause or conditions, even if it means a risk to their own health and safety. This has been implied by the oaths of Hippocrates and Maimonides, and made explicit in the codes of the American Medical Association and the World Medical Association. The Geneva conventions *require* that nations make preparations to care for the victims of war. Please, ACEP Directors, explain to us, how physicians can care for nuclear war victims if there are no plans, no preparations, no medicines, no supplies? If emergency physicians abdicate their ethical responsibilities and deny their expertise, who will take their place?

We urge all emergency physicians to consider the merits of the ACEP position, and its alternative, which is endorsed by Doctors for Disaster Preparedness, and the California Medical Association (Resolution # 1783, 1983).

Howard D. Maccabee, Ph.D., M.D.  
President, Doctors for Disaster Preparedness

Gerald Looney, M.D. (Emergency Medicine)  
Vice President, Doctors for Disaster Preparedness

Max Klinghoffer, M.D.  
Secretary-Treasurer, Doctors for Disaster Preparedness

# FAMILY FORUM

*Total dependence on modern technology is not necessary — maybe not all that smart. Here's one way to preserve food that was common in the time of Great-great-grandmother. Try it. You might like it.*



## FRUIT LEATHER/BEEF JERKY

by Marie Sanford & Janice Tyliczka

The invention of canning and freezing has almost caused the age-old practice of drying foods to become a lost art.

One method of preserving fruit is by making a thick, dry, pliable sheet of nutritious food called "fruit leather". This is presently for sale in most stores for about forty cents an ounce. If you purchase your own fruit (if you not lucky enough to have your own fruit trees), you can make it for about one-third the cost. Almost any fruit or combination of fruits can be used, including canned fruits, if well drained. You can extend the shelf life of canned fruit another year or two by making it into leather. Leathering will cause the fruit to darken slightly.

To make fruit leather you need a blender, paring knife, plastic wrap, heat for drying (a dehydrator is best but an oven will work) and ripe fruit (removing all damaged spots). Wash fresh fruit in cold water, dry and remove stems and tough rinds (peeling is not required). Cut the fruit to fit in your blender. No sweetener is required with ripe or canned fruit. There is enough natural sugar in fruit. Blend fruit until smooth, then spread (by tilting tray) till  $\frac{1}{4}$ " thick on drying racks or cookie sheet (with lip), lined with plastic wrap (this keeps it from sticking to pans). Place in oven (or dehydrator) over 140 degrees F. but not more than 150

degrees F. with circulating air to carry the moisture away. Time: 8-10 hours.

If leather is tacky or shiny, it is still wet. Continue drying process. The more moisture, the longer the drying time. Cool thirty minutes but do *not* let it stand too long as it will reabsorb moisture.

When using a home oven, the door must be left ajar about one inch (for circulation). The trays must be rotated and the fruit turned over to guarantee even drying. Turning is done once the fruit has dried enough to pick up. A thermometer is useful as to keep the temperature between the required 140-150 degrees F.

Once totally dry, fruit leather made from fresh fruit can be stored in the freezer for years, in the frig and on the shelf for many months, when stored in an airtight container, in a cool, dark place.

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Three basic ways of preserving meat without refrigeration are: drying, salting, and pickling. Beef jerky can be made by removing 80-90% of meat water content, cutting the bulk by  $\frac{1}{3}$ , and removing organisms which cause spoilage. This is done by applying prolonged heat to the meat to dry it but *not* cook it.

To make jerky you need meat, a very sharp knife, and an oven in which air can circulate. Preheat oven to 150 degrees F. (a dehydrator can also be used).

Cut (with grain) raw, lean (fat can make jerky go rancid) meat into long strips (4" - 12") (1" wide and  $\frac{1}{2}$ " thick); sprinkle strips on both sides with salt (one tablespoon per pound), pepper, garlic powder and onion powder (for flavor); pound into meat with a mallet. Put strips on oven rack, one deep. When all strips are put in the oven turn the temperature down to 120 degrees F (if your oven doesn't go this low — put the rack on the highest oven position).

Let cook at this setting for about 5 hours with the door ajar 1" (for circulation), more if your oven is hotter than 120 degrees F. At the end of 5 hours, turn the meat over and set your timer again for 3-4 hours. Remove a strip of meat after 3 hours to check for dryness (allow to cool first). Jerky will be black, shriveled and will bend like a green stick if dried properly.

To extend the life of jerky, store in refrigerator until ready to use or wrap in plastic, removing as much air as possible and store in an airtight container in a cool, dark place.

Jerky and fruit leather are great items to take on camping trips, hiking or to store in a shelter. □



# A DECADE OF MOBDES

— John X. Loughran III

A unique group of military reservists has recently had an anniversary. While this event has largely gone unnoticed, the far reaching effects of their service has not.

Ten years ago the Civil Defense Mobilization Designee (MOBDES) program was introduced. Military reservists, citizen soldiers in the truest sense of the word, were called to the opportunity of a reserve assignment in their own home town. The program had as its aim the augmentation for local preparedness staffs with expertise that reservists were singularly well qualified to provide. In the past decade reservists have given thousands of man-hours to the people and to the communities in which they live.

## U.S. MERITORIOUS SERVICE MEDAL

MOBDES Officer Lt. Col. Darrel C. Hansen of Idaho Falls, Idaho, recipient of FEMA's "Designee of the Year Award" for FEMA-Region X in 1979 and 1981, was in September 1983 awarded the United States Meritorious Service Medal for his outstanding service to Bonneville County Civil Defense over the past five years.

An official letter from Bonneville County Commissioners and CD Director Captain Thomas J. Wadsworth read in part:

"Your contributions as a major author of exercise scenarios and problems provided realism, timeliness and achieved unprecedented community involvement . . . Your accomplishments have reflected great credit upon yourself, Bonneville County Civil Defense, and the United States Air Force."

From its inception this brilliantly conceived program has provided two great benefits: one to the reservist and the other to the community. To the reservist who needed an assignment that was not as time demanding as a front line reserve unit, yet did not want to lose past years of reserve investment, the CD MOBDES program was tailor-made. Reservists such as business or professional people, students or those living great distances from a reserve unit, found the program particularly exciting. The MOBDES (now called IMAs — Individual Mobilization Augmentee) program

offers 24 retirement points for duty periods and two weeks of paid active duty per year. The duty periods and active duty are scheduled at the reservist's convenience. This small investment of time gains a full, good retirement year. For those with the time, there are often schools and special tours of active duty also available. At the heart of the program is immediate, active duty with full pay and allowances during any declared emergency.

An additional intangible benefit to the reservist is a feeling of accomplishment. There is an immediate sense of gratification in coordinating a mutual aid agreement, assisting in the writing of an emergency medical service plan or assisting the local Red Cross director. These efforts directly benefit one's neighbors and friends.

For the local civil preparedness coordinator the benefits of the program have been many. He has augmented and completed his staff with reservists who have professional backgrounds in plans, programming, operations, exercise and testing and radiological hazards to name a few. Many directors have a reservist filling each of these skills. All of this talent and help comes without any cost or budgetary drain on either the community or the office of civil preparedness.

It has not been an easy decade for the MOBDES. The uniqueness of the program initially caused confusion on the part of both the reservist and the civil preparedness community. This led to varied and impassioned feelings for and against the program. The single most significant event affecting the MOBDES was the formation of the Federal Emergency Management Agency (FEMA). This combined all federal emergency services, including civil preparedness, into one agency. The primary effect on the MOBDES in the program was that the reservist was no longer in the Department of Defense (DOD). As a result, FEMA was required to reimburse DOD for all expenses, pay and allowances incurred by the MOBDES. The program then became a negotiable chip on the budgetary bargaining table of FEMA.

In the long run however, this has had a salutary effect. The program has become "lean, mean and clean". The beneficial elements of the program are becoming more evident to discerning CD directors. Also reservists see exciting opportunities in a well organized, yet flexible and convenient assignment. Lamentably, it has taken a decade to accomplish.

President Reagan has clearly indicated the need to bolster our flagging civil preparedness posture in the face of overwhelming Soviet preparedness. To answer this challenge, the FEMA approach is based on an "Integrated Emergency Management Program" an all preparedness concept to meet any natural disaster or natural emergency. The better prepared we are to respond to any kind of natural or man made disaster, the better prepared we will be for any potential military conflict. Preparedness is, in itself, strength. Being prepared never caused a war — and not being prepared never prevented a war. Across the nation the MOBDES (IMA) program has so much to offer the civil preparedness community. Reservists bring a wealth of knowledge, experience and expertise to the preparedness task. □



Colonel John X. Loughran III is presently a State Preparedness Liaison Officer for the State of California. He is a former C-141 Aircraft Commander and is now a pilot for United Airlines. He was a Mobilization Designee (MOBDES) for nine years on the County, State and Federal levels. Colonel Loughran recently received a Certificate of Appreciation from Louis O. Giuffrida, Director of the Federal Emergency Management Agency.

# TRIAGE — EMERGENCY CARE

## XVI — EMERGENCY CHILDBIRTH — PART II

(16th of 19 installments)

— Max Klinghoffer, M.D.

As soon as the baby is born, the mother will want to know if it is normal, and whether it is a boy or a girl. This concern over the health of the newborn is almost universal, and the mother should receive reassurance at once. If the attendant does suspect any abnormality, it is better to procrastinate at this point, and await the diagnosis made by a physician. This is advisable since an attendant not trained in medicine may not be able to reach a judgement as to whether the baby is normal or abnormal. Fortunately, most babies are normal, and it gives the mother a great sense of relief to know this. The mother should receive reassurance, and comments should be of a positive nature. She has been through nine months of varying degrees of distress, and she has been through the discomfort of labor. In addition, she may be quite apprehensive because a doctor is not present. It is a good idea to comment on the appearance of the baby (unless by chance there should be gross evidence of great abnormality, in which case the less said at this moment the better). Yet, a newborn is admittedly not really a thing of beauty. The head is somewhat misshapen, due to the "moulding" of the head as it passes through the birth canal. The newborn, at least for a

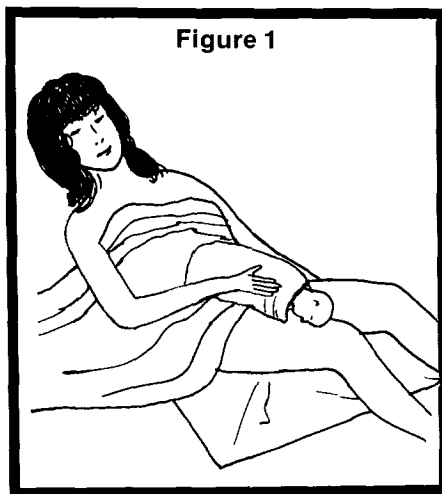


Figure 1

short while, has a mottled appearance. And it is covered with vernix caseosa. Yet, to the mother it is the most beautiful sight in the world. In order to avoid any feeling of hypocrisy, the attendant, on being asked about the baby, may say: "Now THAT'S a baby". Which is most certainly the case.

The newborn should be shown to the mother, then immediately placed along the abdomen of the mother, with the head

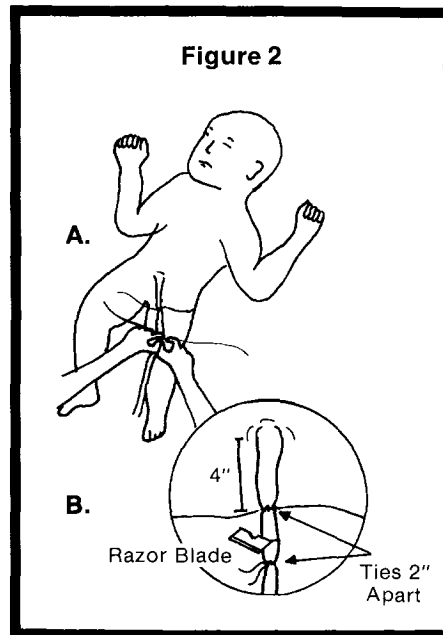


Figure 2

slightly lower than the body, and with the mother's hand holding it safely in place. This reassures the mother, and it also helps further to drain the airway. (Fig. 1.)

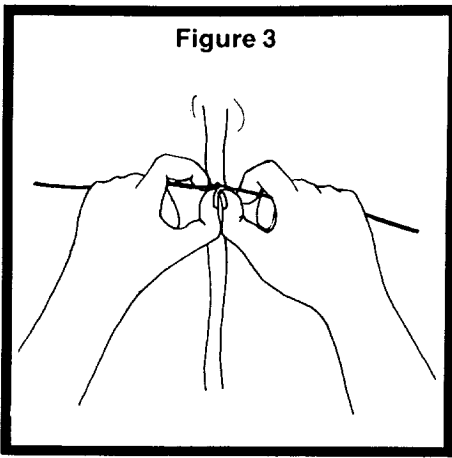
At this point, labor is already into the third stage, and the placenta is starting to "peel" off the uterine wall. No attempt should be made to hurry this, and it should occur naturally. It usually takes 20-30 minutes. There is an APPARENT lengthening of the cord, and a gush of blood. The cord is not actually lengthened; it simply appears to be, as the placenta detaches

from the wall of the uterus, and the placenta drops into the vagina.

Even after the expulsion of the placenta, there is still no hurry to cut the cord. But when the cord is cut, it must be remembered that the cord is extremely "rubbery", and if it is not tied VERY TIGHTLY, then it will bleed when cut. This can be very dangerous for the baby. Prior to delivery, the attendants should have located something for cord ties. And these must be sterilized before use - preferably by boiling for fifteen minutes. But if boiling is not possible, then soaking in alcohol or other antiseptic may be the best alternative. One of the best improvised cord ties is shoelaces. Never use twine or cord, since these may cut through the umbilical cord when pulled tight. The cord should now be tied very tightly about 4 inches from the belly of the baby. It is advisable to use more than one knot, for safety. Now a second tie is placed about 6 inches from the first tie. Meanwhile, a razorblade or scissors (Fig. 2A.) should have been sterilized, and the cord is cut between the two ties. (Fig. 2B.) At the moment the cord is cut, there will be a small gush of blood. This should not cause panic, since it represents the blood which was trapped between the two ties. However, IF ANY BLEEDING OCCURS AFTER THIS, IT MEANS THE TIE NEAREST THE BABY IS NOT TIGHT ENOUGH, AND A SECOND TIE MUST BE PLACED BETWEEN THE BABY'S BELLY AND THE TIE IMMEDIATELY. NEVER TAKE OFF THE TIE WHICH IS ALREADY ON THE CORD, AS THIS MAY CAUSE SEVERE BLEEDING BEFORE YOU CAN APPLY A SECOND TIE.

In tying the cord remember that the attendant's hands are slippery from the vernix caseosa and the fluid on the baby. Therefore, the ties should not be made in the ordinary manner of tying a knot. If one of the hands should slip, the other hand may apply a strong pull on the cord, and injure the baby at the junction

Figure 3



of the cord and the umbilicus or may put undue stress on the placenta. Rather, the cord should be tied using the knuckle of one thumb as a fulcrum against the knuckle of the other thumb. (Fig. 3) In this way, there will not be undue traction on the umbilical cord even if the attendant's hand should slip.

Now the placenta, with the bulk of the umbilical cord, should be carefully wrapped and saved. This may not sound very attractive, but it is important. If the patient and the baby can be moved to a hospital in the near future the wrapped placenta should accompany them. Sometimes a small piece of the placenta is broken off, and left in the uterus. This will cause continuing bleeding. If the physician can examine the placenta, and finds that it is intact, he will know the cause of any bleeding is OTHER than retained placenta. If on the other hand, the physician finds part of the placenta is missing, he will know that it is necessary to remove that piece from the uterus in order to avert the danger of severe hemorrhage.

Sometimes the patient may have "vaginal tears" following delivery. This is often due to too rapid a descent of the baby (and you cannot do much about this) or it may be due to an unusually large baby (and you certainly cannot do anything about this). But most such tears are not serious, and the bleeding is controlled by the simple expedient of pressure. This can best be applied by placing a sanitary napkin (which should also have been supplied during early labor) against the bleeding area, and having the patient close her thighs tightly against the pad.

Heavy bleeding, of course, may cause the patient to go into shock. This must be treated as described in an earlier section.

Just after delivery, the mother is often chilly. While the average blood loss in a delivery is not great, it does occur rather suddenly, and it is probably this which leads to the chilly feeling. Again, the patient should be kept comfortably warm, but never over-heated.

Some babies want to nurse at once, and this should be permitted. This not only satisfies the baby, but it also stimu-

lates uterine contractions, which help bring the uterus down to almost the size of a non-pregnant uterus. One of the risks of childbirth is the failure of the uterus to contract after delivery. Again, consider the uterus as a hollow organ, with muscular walls. Within these walls are the blood vessels which supply the uterus. Now place your hands with the fingers intertwined, and with palms facing each other. As you bring the palms closer together (as in the contracting uterus) you can see that the blood vessels within the uterine wall are being compressed. This controls bleeding. But if the walls of the uterus do not contract, bleeding will continue. The attendant can determine if the uterus is

### ONE OF THE RISKS OF CHILDBIRTH IS THE FAILURE OF THE UTERUS TO CONTRACT AFTER DELIVERY.

not contracting by watching for excessive bleeding from the vagina. Also, as the uterus contracts it becomes smaller; and if it contracts normally, you may just be able to feel it above the Symphysis pubis. But if the uterus is still lying high above the pelvis, and in the lower abdomen, then it has failed to contract properly, and the patient is in danger. In most such cases, the uterus will contract normally if it is gently "massaged". To do this, place the fingers about the top of the uterus, and, through the abdominal wall, use a gentle rotating motion (Fig. 4) Almost always, you will feel the uterus begin to contract, and become smaller. But do not be too vigorous in this maneuver. Too much pressure on the uterus from above may cause inversion, just as

undue traction on the cord will invert the uterus. It is advisable then to have the patient place her hand on the upper part of the uterus. Thus she can tell the attendant if the uterus should begin to again relax and fail to contract. The patient may be able to massage her own uterus.

Now suppose the baby has already been born before the attendant arrives. Simply start the procedure at that point. Be sure the baby is breathing well, that the airway is clear, and that the baby does not chill. Then check to be certain the mother is not bleeding excessively, and that her uterus has contracted.

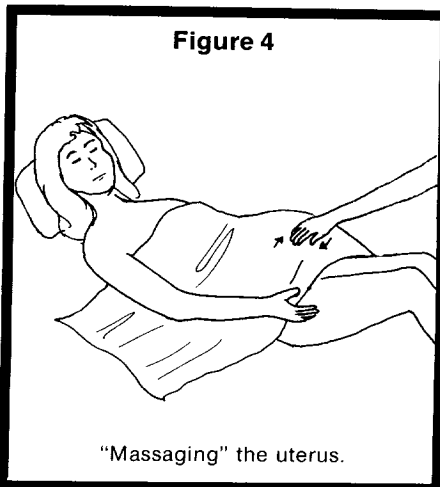
In the case of twins, there is no need for alarm on the part of the attendant. Twins are smaller than the single birth, and therefore are usually born more easily. They may arrive an hour or more apart. Each of the twins has its own umbilical cord and its own bag of waters; they may, however share one placenta.

The third stage of labor involves only the delivery of the placenta. If the placenta does not deliver within one hour after the baby is born, the attendant should now tie and cut the cord.

The after-care of the mother is really just common sense. She should remain lying on her back for about two hours, then may gradually get up as tolerated. Remember, however, that she is fatigued from the labor, and she has had some loss of blood. Therefore, she should not exert herself, and should immediately lie down if she has any increased bleeding, or if she feels at all faint. After the complete delivery, the mother may have liquids and light foods, and she should be encouraged to urinate frequently. She may also have aspirin at this time if she has much pain - unless there is some known medical contraindication.

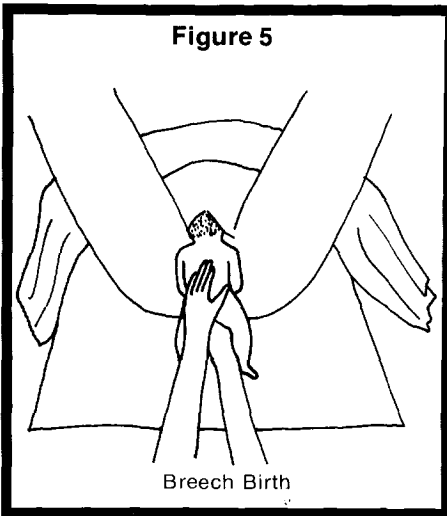
### THE AFTER-CARE OF THE MOTHER IS REALLY JUST COMMON SENSE. SHE SHOULD REMAIN LYING ON HER BACK FOR ABOUT TWO HOURS . . .

Figure 4



"Massaging" the uterus.

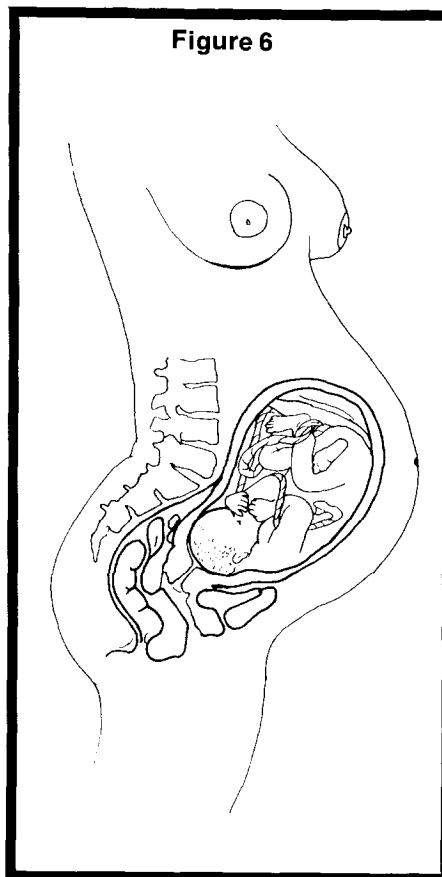
The attendant should be aware of "breech presentations". In these cases, the baby is born with the lower part of the body being delivered first, rather than the head. This is seldom a great problem in a hospital environment, but may be quite serious where the medical facilities are limited, and where there is no physician present. In essence, the danger is this: as the baby is born in a breech position, usually the lower portion of the body delivers fairly easily. But the largest diameter, the head, must now pass through the birth canal. At the same time, the umbilical cord has become compressed between the abdomen of the baby and the pelvic structures of the mother. The baby has now lost his "lifeline". The attendant of



course must avoid traction or "pulling" on the baby. But the attendant may hold the body of the baby in such a manner that the baby is "straddling" the hand and arm of the attendant. (Fig. 5) In this position, the attendant is able to support the baby, and at the same time maneuver the body IN THE DIRECTION IN WHICH THE HEAD IS DELIVERING.

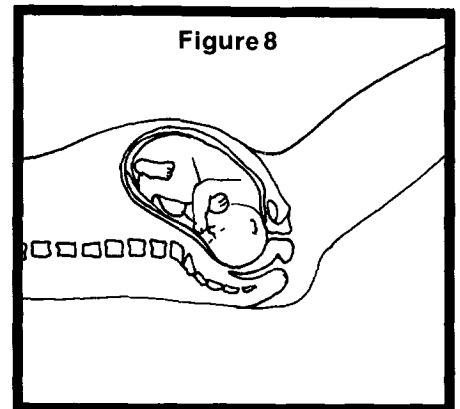
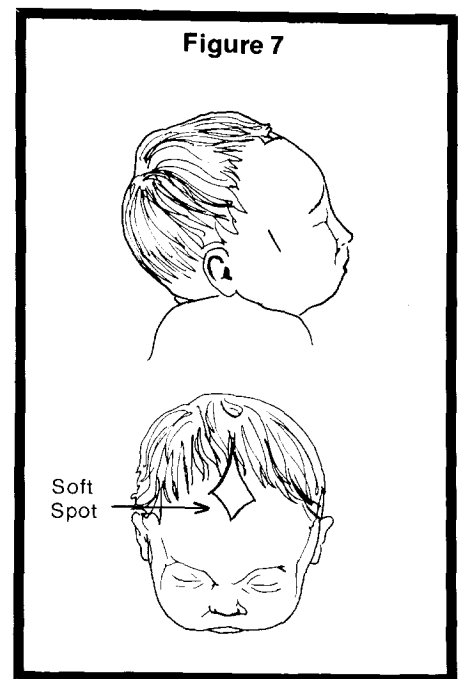
In other words, the attendant must be careful not to pull on the baby's body, but may "rock" the body up or down as the head emerges. This will perhaps become clearer as the mechanism of delivery is explained.

In emergency childbirth, as in any emergency procedures, the attendant will be better informed as to procedure if he is well-informed about the reasons for the procedure. Therefore the "mechanism" of the delivery is important to the attendant. It would not be practical to attempt to describe all the possible variations in position of the baby at term. But the mechanism in head

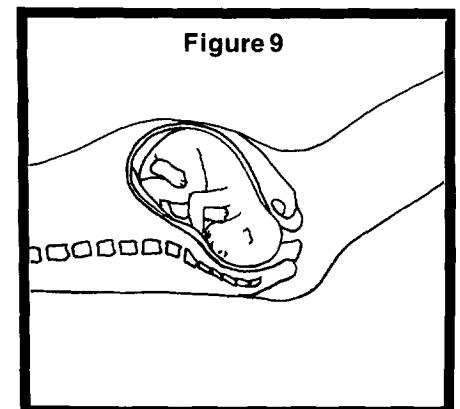


to the right of the mother. Remember: the head of the baby is the largest diameter, and, since it must pass through the mother's pelvis, it must pass through at the largest diameter of the pelvis.

The female pelvis has been described as "a flattened funnel", or "an eccentric funnel". The mechanism of delivery is



Now the head rotates slightly, due to the combined factors of the shape of the baby's head and the shape of the mother's pelvis. The occiput, which has been pointing obliquely across the pelvis, with the occiput lying in a position toward the front and left of the mother, is rotated so that the occiput is pointing forward, and comes to lie directly against the Symphysis pubis. (Fig. 9)



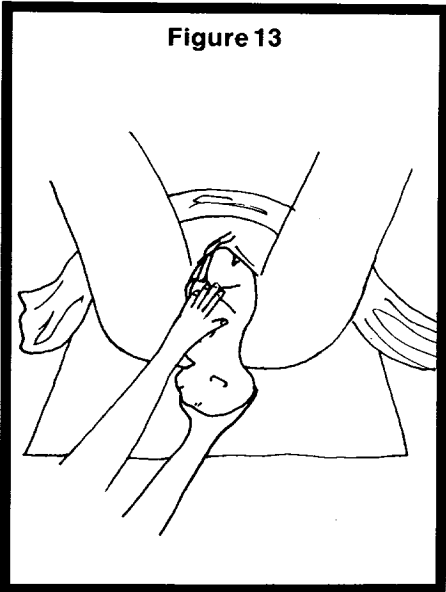
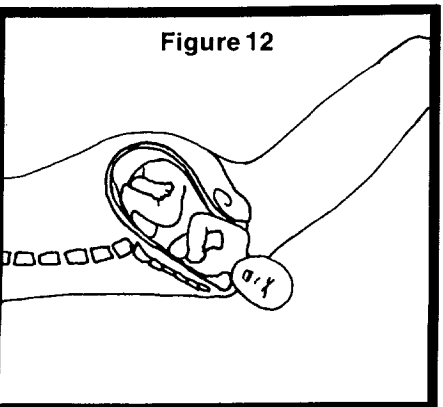
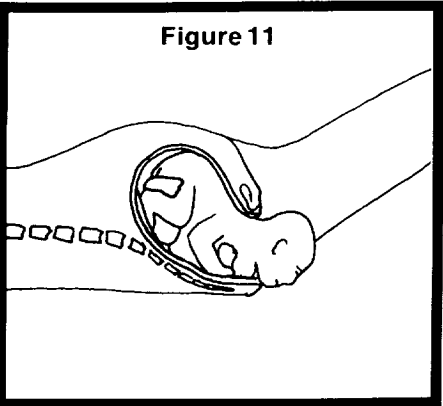
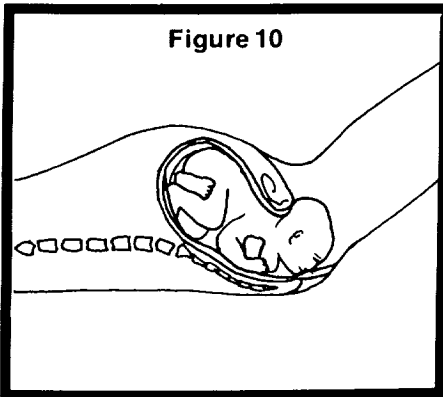
**... THE ATTENDANT WILL BE BETTER INFORMED AS TO THE PROCEDURE IS HE IS WELL-INFORMED ABOUT THE REASONS FOR THE PROCEDURE.**

presentations is similar in such cases, and in this instruction we shall describe "occiput anterior" position. (Fig. 6) Do not be alarmed at this term, because it is really very simple. The occiput refers to the back of the head of the baby, and anterior refers to the front of the mother's body. The majority of babies, at term lie in either the LEFT OCCIPUT ANTERIOR or THE RIGHT OCCIPUT ANTERIOR. This means, in the case of left occiput anterior, that the head lies OBLIQUELY in the mother's pelvis, with the back of the baby's head pointed forward and to the left of the mother. Right occiput anterior means the back of the baby's head is pointing forward, and

due, in part, to the funnel shape of the pelvis, the shape of the head of the baby, and the fact that the baby's head is capable of "moulding". "Moulding" means the baby's head is somewhat "malleable", due largely to the fact that the bones of the skull have not yet united. (Fig. 7)

As labor begins, the contractions of the uterus (plus possibly the hydraulic pressure exerted by the amniotic fluid) force the baby's head lower into the pelvis. As this occurs, more pressure is put on the head, and, as a result, the head now flexes — that is, the head now bends forward so that the chin is closer to the chest. (Fig. 8)

Now the head acts as a sort of lever, with the Symphysis pubis as the fulcrum. In this position, further pressure from the uterine muscles forces the head into extension (Fig. 10); that is, the earlier position of flexion, with the chin near the chest, is now reversed; and the baby's head is tipped back so that the chin is farther from the chest. In this manner, the crown of the head appears first, then the forehead is born; then the face; and finally the chin. (Fig. 11) As the chin is born, the head again drops forward so that the head is in flexion, and the rest of the baby's head is delivered. Once the head is delivered, the largest diameter has passed through the pelvis; now one shoulder, (Fig. 12) then the other is delivered. (Fig. 13.)



Once the attendant understands that these mechanisms of flexion, extension, and rotation are natural phenomena, it becomes clear that the attendant has no

role in these mechanisms. In fact, the attendant should at this time be doing what is possible to make the mother more comfortable, and advising her when to "push" and when to relax and pant. It is only as the head emerges that the attendant takes any active role; and that is simply to SUPPORT the head as it emerges. Once the baby has been born, then of course the attendant has the responsibility of making certain the baby is breathing well, and that the mother is not bleeding excessively.

Should a baby be born prematurely, certain additional precautions are necessary for the survival of the newborn. If the baby is only two or three weeks premature, there should be no major problem. But if the baby is several weeks premature, then development has not yet reached the point where he or she is ready for the outside world. Such a baby is small and quite wrinkled. The baby will resemble a little old person and will sleep most of the time.

Since the premature newborn cannot control body heat efficiently, it is necessary to maintain body temperature. Sometimes this is best done by keeping the baby close to the mother at all times. But it is also possible to improvise an incubator, provided great caution is observed in order to avoid overheating or burning the baby. The newborn should, of course, be wrapped in order to maintain body heat. In order to improvise an incubator, take two cardboard

**IT IS ONLY AS THE HEAD EMERGES THAT THE ATTENDANT TAKES ANY ACTIVE ROLE; AND THAT IS SIMPLY TO SUPPORT THE HEAD AS IT EMERGES.**

cartons, one larger than the other. Line the inner box with soft, insulating material, and place it within the larger box (top open). Now the incubator effect may be completed by placing hot water bottles, or other sources of heat, within the space between the two boxes. Great care must be taken to avoid overheating the baby or causing burns. This means the temperature within the smaller box must be FREQUENTLY checked, to be certain it is not too warm. And the sources of the heat must be checked frequently, to maintain the temperature. URGENT: the temperature within the smaller box may be satisfactory when the incubator is first set up. But remember that this may give a false sense of security, since the padding material, as well as the cardboard, will act as heat insulation; and several minutes after the heated objects are placed between the boxes, the inner box may become too warm. NEVER ALLOW THE BABY'S BODY TO COME INTO DIRECT CONTACT WITH THE SIDES OF THE BOX. Cover the baby with a blanket. But leave the head exposed.

In the case of the premature infant, it is also important to handle the baby as little as possible. The premature baby is more subject to infection than is the full term baby. Keep everyone away from the baby who shows any sign of infection. And wash hands as thoroughly as possible before handling the baby.

The premature infant will usually require little or no food for a few days. Such an infant has a very weak sucking reflex, and will not be able to feed at breast. The mother should, after carefully washing the hands, express the milk from her breasts into a clean container. Then a previously sterilized medicine dropper may be used to feed the baby. Of course, the breasts should also be washed before expressing the milk. If a formula is necessary, evaporated milk may be used: one part evaporated milk to two parts to previously boiled (and cooled) water. The baby may take only a few drops at a time, until he or she gains strength. Unless refrigeration is available (and it is not likely to be available in the immediate post-disaster situation) all remaining milk must be discarded in order to avoid dangerous gastrointestinal infections in the baby.

As the mother gains strength, and provided there is no excessive bleeding, she may assist with or take over the care of the newborn. □



# REVIEWS

*NUCLEAR SHELTERS: A GUIDE TO DESIGN*, by Richard N. Ormerod, BSc. Published by the Architectural Press Ltd., 9 Queen Anne's Gate, London SW1H 9BY, United Kingdom. 1983, hardback, 216 pages, \$25.00 (by surface mail).

Reviewed by Marcel M. Barbier, Ph.D.

"This book is written to enable architects and engineers to design nuclear shelters upon scientific principles. It is also presented with the general public in mind, to allow those individuals concerned with their survival in the modern age, to assess objectively the merits and potential of shelter systems available on the market." There is no better way of presenting the book than quoting these lines from its foreword.

Such a book has long been overdue. Had a book of this kind and quality existed before World War II it would have saved numerous lives.

Basically it is a compendium of all scientific facts that have to be considered for shelter design. The great merit of the book is that it includes them all.

After an introduction based on historical facts which documents beyond doubt the need and interest of the majority of the civilian population for shelters (Chapter 1), the question of design parameters is approached.

This depends on the effects of nuclear weapons, which are carefully analyzed with respect to shelter design (Chapter 2).

These effects must be countered by specific measures built into the structure. This is the scope of Chapter 3, where structures are discussed from the point of view of structural strength, radiation shielding, entranceways, fire protection and EMP.

Once the shelter is built, it must be habitable. Chapter 4 deals with methods to control the physical environment within the shelter (atmosphere, temperature, ventilation, power, water, sanitation, food and instrumentation) which must be kept within the limits of human tolerance.

To this point, facts and figures only have been presented, which

cannot be either contradicted or discounted. A book written with such clarity and completeness becomes instantly a "classic" because of its enormous reference value.

The last chapter (Chapter 5) is an example of what can be done with the factual material assembled. It concentrates on domestic shelters" for the civilian population. Three shelter types are described, one for a high blast protection (30 psi), one for a lesser blast protection (15 psi) and one for fallout only. This division follows a rationale developed in a 1965 American report. The designs are based on some assumptions (like a 25-rem dose received inside the shelter per burst) and utilize the square reinforced concrete box technology.

Personally, as a reviewer, I would like to point out that the designs given in Chapter 5, whatever their merits are, were probably not intended as a final conclusion to the debate. One has only to go back to the title "Nuclear Shelters: A Guide to Design" to convince oneself that one should proceed with one's own problems, assumptions, structure type and material.

This book should be of immense usefulness in the field, as it sets indisputable ground rules based on the physical facts in their entirety, which such shelter design has to fulfill.

It can be recommended to all those who are involved professionally in the subject, such as manufacturers and government employees, as a standard reference.

A more numerous circle of beneficiaries will be those who want to buy shelters. It is easy for them to skip the more technical parts of the book while concentrating on the message and results. One sure path to the purchase of an adequate shelter is provided by this remarkable book.

*WE MUST DEFEND AMERICA*, by General Daniel O. Graham. Published by Regnery Gateway, Chicago, reprinted by Conservative Press, Inc., Falls Church, Va. Paperback. 114 pages. \$2.95 (from High Frontier, 1010 Vermont Ave. — Suite 1000, Washington, D.C. 20005).

Reviewed by Kevin Kilpatrick.

"Righteous indignation is no substitute for a good course of action." Author Graham quotes here Otto Von Bismark. A "good course of action" is what is now needed to turn the opportunity for an effective space defense against nuclear weapons into the reality that will "defend America". This is the thrust of General Graham's popular-priced paperback.

Graham argues that the brutal lessons of appeasement are dramatically portrayed in concessions to Hitler in the years immediately prior to World War II.

Space defense technology has now advanced so far that there is no doubt whatsoever of space defense feasibility, some aspects of it being able to be developed sooner than others. One hurdle is government bureaucracy. Another is the Liberal movement to perpetuate a unilateral nuclear freeze. Another is fear and acceptance of the warped idea that pure defense is a threat.

Even the possibility of the Soviets also gaining a defense capability doesn't bother Graham. Let them "join in this endeavor," he says. "We have no interest in the nuclear devastation of the Soviet Union."

One other ingredient is necessary according to Graham: Civil Defense.

*We Must Defend America* boasts a price tag that should see its sales soar, and that's good because the book needs to be read and understood. In order to help hammer home its message of peace through preparedness High Frontier is offering sharply reduced prices for bulk sales: \$1.95 each for 50 to 100 copies; \$1.45 each for 100 to 500 copies; and \$.99 each for orders of 500-plus copies.

Spreading the homeland defense word is not all that costly.

*THE DAY AFTER... beyond imagining* [?], an American Broadcasting Company Theatre film production, 2¼ hours.

Reviewed by Richard Sincere.

During the opening sequence of the ABC-TV movie, *The Day After*, as the soundtrack plays the traditional American hymn "How Firm a Foundation," as the camera pans

through scenes of Kansas City and its surrounding countryside, there is a sudden pause when the viewer sees a beautiful fountain graced with a plaque bearing the motto: "Be Prepared." To all thinking and concerned citizens, this is the clear message of this film.

The movie, which was broadcast on November 20 and which has probably attained more media attention than any television event since *Roots*, tells the story of survivors of a nuclear attack against Kansas City and its surrounding area. It has two major focuses: the efforts of the Dahlberg family to survive in their well-protected and well-stocked fallout shelter on their farm and the effects of the attack on the hospital at the University of Kansas in Lawrence.

It is significant that despite the attempts of Physicians for Social Responsibility and other groups to persuade the public that no medical help would be forthcoming in the event of a nuclear war, a hospital is still standing on "The Day After" and the doctors, nurses, and other health professionals put forth better than their best efforts to treat an enormous amount of patients — not only victims from near the hospital, but refugees from hundreds of miles away who come looking for help. Dr. Oakes, played by Jason Robards, responds to the question, "What will we do with all those people outside?" by saying: "We're going to let them in, Paul, as many as we can."

An important challenge is presented to Dr. Oakes by Allison, more than nine months pregnant and who delivers her baby near the end of film (a definite symbol of hope for survival). She says: "We knew the score. We knew all about bombs. We knew all about fallout. We knew this would happen for 40 years. Nobody was interested." Those of us committed to increased civil defense preparations indeed "know the score." *The Day After* should be explained to anyone interested in this way:

"All the people you see in the film who survive the initial blast did not have to suffer and die before the end of the story. Simple preparations, elementary education about the effects of nuclear weapons, and cau-

tion could have easily prevented the sickness and death. People should be taught that they should not walk around in fallout, but stay indoors. They should know at least that simple, everyday hygiene practices can prevent much of the sickness, both from radiation and from bacteria, that would occur because of a nuclear attack. About all, people should not be outdoors when an attack occurs, and they should not look at the blast or run towards it, like so many characters in *The Day After* seem to do."

There are some technical errors and omissions in this film. By far the worst is that although the setting is Kansas City, no mention is made of the Kansas City Underground, perhaps the best protection against a nuclear attack in the United States. Instead, all Kansas Citians seem to be evacuating their homes spontaneously, in panic and confusion, rather than taking advantage of the in-place shelters available.

*The Day After* is a profound, dramatic argument in favor of better and more effective civil defense. It is only too bad the producers of the film were not aware of this aspect of the movie's impact.

*MEDICAL EFFECTS OF NUCLEAR WAR*, by the British Medical Association. Published by John Wiley & Son, Ltd., 605 3rd Ave., New York, N.Y. 10158. Paperback, 208 pages, \$9.00, 1983.

Reviewed by Henry C. Huntley, M.D.

This is an encompassing study ranging from the construction of nuclear weapons through estimates of present stockpiles of potential adversaries to weapon effects and the planning necessary to meet ensuing problems that may be expected in the United Kingdom.

On the basis of the most probable scenario of 150 warheads of approximately 1 megaton each the authors estimate there would be from 10-40 million deaths depending on targets, advance planning and the length of advance warning time.

In considering the major problem of radiation from fallout it is recognized that as a result of the limited land area and the density of population most homes and populated

areas would suffer from potentially fatal levels. An estimate however, indicated that the average dwelling in the United Kingdom contains a protection factor of 21. This can be substantially increased through relatively simple measures to provide a substantial degree of protection.

This is a well-researched, informative book. It should be read by all involved in Civil Defense planning.

*THE SURVIVAL RETREAT*, by Ragnar Benson. Published by Paladin Press, P.O. Box 1307, Boulder, CO 80306. Paperback, 127 pages, 1983, \$10.00 postpaid from publisher.

Reviewed by Robert Baffin.

Author Ragnar Benson as a mercenary and undercover agent has lived by the sword, and the reader can get the impression that he would just as soon not die by it.

He makes you think. And that is undoubtedly the strong point of the book. Also vital: he markets a *plan* for staying alive!

"For the purposes of this book," says Benson, "and for your survival in general, I will not agree that you really believe you can and will survive, unless a plan of action accompanies that belief. In other words, *you must believe enough to start doing something*. and that something must be based on a credible, realistic plan."

Elsewhere in his book other survivalists might argue with him. For instance, he indicates that one way to evacuate is by plane. Later he says "don't plan to evacuate by plane."

He states at one point that every retreator who may have to contend with a paramilitary threat should have several semiautomatic weapons with conversion kits for full automatic. And 12 pages later he says they have a habit of melting down easily and should be avoided by the amateur.

Benson's experiences in Cuba, Africa, Israel, Pakistan and other hot spots are impressive. Applying these to family survival in America may be a little awkward.

But Benson makes you think, and that's good.

METTAG was conceived "in the field" where the vital objective is to minister as effectively as possible to casualties on-the-spot. To alleviate suffering. To save lives. METTAG strives to provide the best possible triage tool in every kind of disaster situation. It is certainly proper that METTAG keep its ear attuned to problems in the field, to what works best in the field, and to what is needed by those who function in the field under the stress of emergency conditions. This article describes METTAG's effort to respond to those needs.

# METTAG — 1984 UPDATE

— A Journal of Civil Defense Staff Report

In one important way METTAGs never change:

All METTAGs issued up to now and into the future remain and will remain totally functional and compatible with other METTAGs. Each METTAG, for instance, has its own individual serial number (imprinted six times on each tag) and its other characteristics that make it accepted as the No. 1 international triage tag.

In another important way METTAG adjusts — continues to adjust — to the requirements of those working at the operational level "in the field":

For example, a couple of years ago suggestions began trickling in — why not include a vital signs chart on METTAG due to the fact that there is often occasion to record vital signs and to refer to them later?

METTAG in early 1983 began checking METTAG users on this point, and the answer was overwhelmingly positive. It was a great idea. Go with it. So, a vital signs chart was fielded to doctors, safety consultants, medics, firemen, airport rescue and civil defense personnel and so on. Result: the change be-

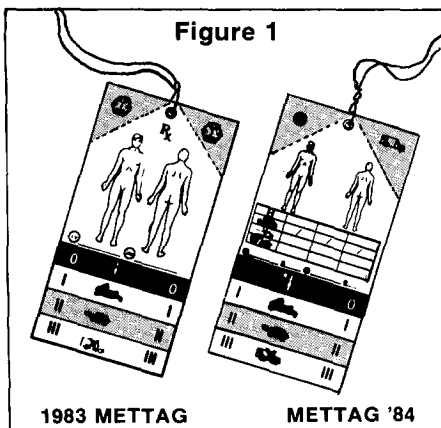


Figure 1

comes effective January 1, 1984. Each METTAG in the new 1984 series will include a vital signs chart on the back side. (Body sketches, which were larger than needed, have been reduced to accommodate the change — which incidentally provides more space in the body sketch area for notes.)

Several EMTs and Paramedics who encouraged METTAG to include the vital signs information pointed out that more space on the front of the card could be used to

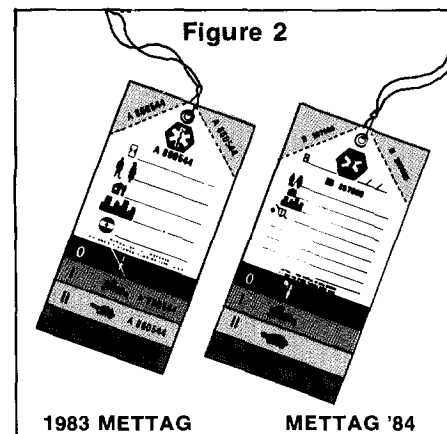


Figure 2

1983 METTAG

METTAG '84

make notes. Further queries supported their recommendation. We drew it up, field-tested it, and it too is a part of METTAG-'84.

Ron Gore, who operates Safety

## NEW METTAG PRICES

(Effective January 1, 1984 for METTAG-'84)

METTAG prices increase 2¢ per METTAG across-the-board, except for the quantity of 50, which remains the same. The increase is due to the extra labor, extra handling and extra materials required to give additional strength to the grommet. The modest 1983 inflation is offset by sales volume and further operational streamlining.

### PARTIAL PRICE LIST — 1984

(Subject to Change)

	Quantity	per tag	+ Shipping	=TOTAL
STANDARD	50	39¢	2.25	21.75
	100	37¢	3.40	40.40
	200	35¢	4.55	74.55
	300	32¢	5.40	101.40
	400	30¢	6.30	126.30
	500	28¢	6.80	146.80
	1,000	27¢	13.50	283.50
AIRPORT OPTION	5,000	26¢	48.25	1,348.25
	10,000	25¢	96.35	2,596.35
	50	43¢	2.25	23.75
	100	41¢	3.40	44.40
AIRPORT OPTION	200	39¢	4.55	82.55
	300	36¢	5.40	113.40
	400	34¢	6.30	142.30
	500	32¢	6.80	166.80
	1,000	31¢	13.50	323.50
	5,000	30¢	48.25	1,548.25
	10,000	29¢	96.35	2,996.35

Foreign shipping costs vary widely. Accounts abroad will be billed individually according to documented charges.

The "Airport Option" METTAG is furnished with an extra grommet and loose-end tie for the right diagonal tear-off. This is needed by airport rescue units in marking casualty locations for aircraft accident investigations. (Many other units responding to all types of disasters find that the airport option gives them more flexibility by allowing them also to mark casualty positions.)

**SPECIAL NOTICE: BEGINNING JANUARY 1, 1984 REMAINING STOCK OF THE 1983 METTAG WILL BE AVAILABLE WHILE THEY LAST TO METTAG CUSTOMERS AT A 20% DISCOUNT ON THE 1984 PRICES.**

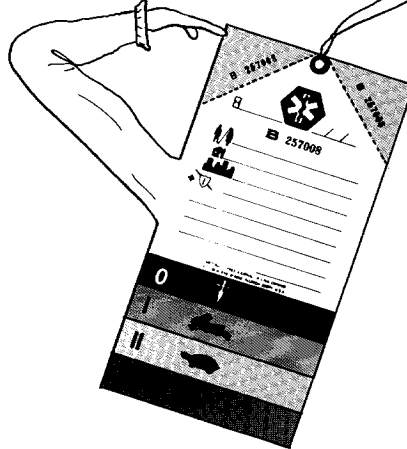
Systems, Inc. was demonstrating METTAGs which had been soaked in water at one of his seminars when he pulled hard on a METTAG 30-inch tie to demonstrate its strength (Ron is no weakling), and the grommet tore loose. "Can you toughen up that grommet?" he asked. We could. We did. (It wasn't all that easy.) But now, with METTAG-'84, instead of a 5-pound pull required (on a wet tag) to dislodge the grommet — normally more than adequate — you need a 28-pound pull. That's a hefty pull, a lot better. METTAG is proud of that improvement, and it thanks Ron Gore.

Many others in the field have helped METTAG in bringing about improvements. METTAG salutes them one and all. Thanks. □

SEE METTAG AD ON PAGE 4.

Send for free information and sample of METTAG to:  
 METTAG  
 P.O. Box 910  
 Starke, FL 32091  
 Or phone: 904-964-5397.

Figure 3



Other recommendations from the field:

(1) A strong consensus from emergency personnel calls for METTAG to stay with symbols. "Not only are symbols an international language," said one critic, "but they are a way of life wherever you go. Everything from road signs to rest rooms use symbols. METTAG is 100% right to stick with this trend."

(2) METTAG is simple, but even simple things (like the road signs and rest room symbols) profit by advance familiarization. The best familiarization is through use. If METTAGs are used for daily emergencies their application to mass casualty disasters happens immediately and automatically with no precious seconds lost looking it over.

# TOO GOOD TO FILE

## NEW ROAD TO AN ADEQUATE CIVIL DEFENSE

Managing Editor Kevin E. Steele of *SURVIVE* Magazine is one of America's most avid supporters of a practical civil defense. In *SURVIVE*'s November 1983 issue he has this to say:

Since its inception *SURVIVE* has been an active and vocal proponent of strengthening American civil defense. We have run numerous articles dealing with our deficient CD system, effectively comparing it with the excellent systems employed by the Soviet Union, Switzerland and Sweden.

One element regarding our CD system that is constantly brought to the forefront is that, to accomplish what the Swiss, Soviets and Swedes have, we would have to spend untold billions of dollars — which the average taxpayer would not allow. However, perhaps we as a country are not considering an improved civil-defense system from the proper perspective.

Steele accents the use of low-cost available labor, and — referring to an article on the subject in the same issue of *SURVIVE* — he observes that under a program to take advantage of this opportunity.

... low-security prisoners would help construct, upgrade and supply civil-defense shelters across the country, in both urban and rural areas. While the use of prison labor is not new in itself, it is new from the standpoint of civil defense.

And while we're at it, why not form Civil Defense Corps along the lines of the CCC and WPA? All those thousands of unemployed and unskilled workers could easily be taken off the welfare rolls and invited to participate in worthwhile CD construction projects.

When we as citizens are told by our government that our protection in time of disaster is too expensive to be provided, then just what do we have government for? "The care of human life and happiness," stated Jefferson, "and not its destruction, is the first and only legitimate object of good government." If we can spend billions of dollars in aid abroad, why can't we redirect even a portion of the funds and manpower back here, to enable our survival as a nation?

We have examined our current civil-defense programs and shelters and have found them to be severely lacking. Now is the time to urge our legislators to provide us with the protection we deserve as citizens of this great country. Without its citizens, a nation is nothing.

Contrary to popular belief, the citizens of the United States want an adequate civil defense system, and I believe the people are willing to pay and work to attain it. What we need is leadership possessed with a viable working plan — give us the plan and the material — and we as a nation will turn it into reality.

## NEEDED: LEADERSHIP

"Acceptance of military programs, including those for civil defense, depends on the view that there exists national and personal values that are worth fighting for and preserving at any cost. This view leads to the support of a national policy and program of civil defense, and to the realization that it is a social as well as personal responsibility of each individual to make every effort for survival.

"If civil defense is to be recognized as a valid means of discharging this responsibility, its unequivocal acceptance by the President, the National Security Council, the Joint Chiefs of Staff, and the Congress is necessary. The more vigorously these individuals and groups exercise their leadership and set examples, the more favorable will be public attitudes toward the program, and the more willing responsible governing bodies will be to contribute to it."

— from *Civil Defense — Project Harbor Summary Report, 1964* (report of a six-week study in the summer of 1963 by a group of 60 leading scientists and engineers under the leadership of Dr. Eugene P. Wigner).

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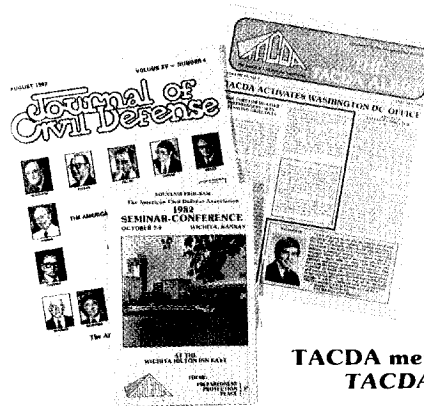
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- To help promote for American government, industry and population an adequate national program of Civil Defense — one that will provide an effective, practical system of protective measures against nuclear attack;
- To bring about through these humanitarian endeavors (well established in other countries) a condition whereby rewarding nuclear targets in the United States become unrewarding nuclear targets, whereby aggressor attack upon the United States becomes clearly much too risky and dangerous for any aggressor, and whereby such nuclear attack and nuclear blackmail are effectively discouraged; and
- To promote through the above policy and measures the best possible odds for lasting world peace.



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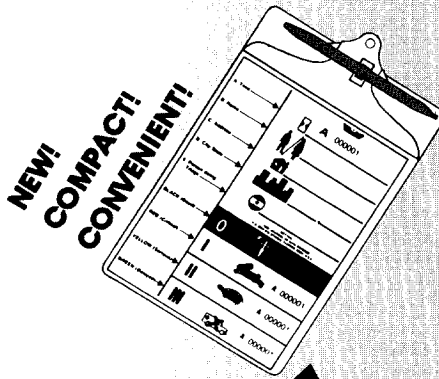
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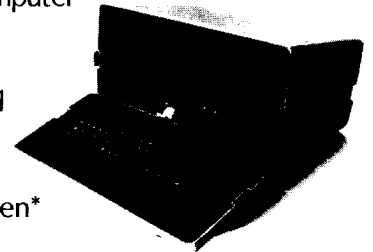
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Sister Joan Chittister, a Benedictine nun who had advised the bishops on their letter, and Sincere. Sister Joan issued a call for appeasement and unilateral disarmament. Sincere responded with Winston Churchill's definition of appeasement: "Appeasement is when you feed all your neighbors to the crocodiles, in hopes that the crocodiles will eat you last."

The following day, Sincere was interviewed by Harley Carnes of WABC-AM Talk Radio in New York City. They discussed the concept of surviving a nuclear war and the new study by Carl Sagan and his colleagues which assert that even a small, severely limited nuclear war would mean the extinction of mankind. Sincere told the radio audience of 300,000: "Sagan's study is clearly politically motivated, timed to coincide with the deployment of Pershing II missiles in Europe."

- 1984  
Feb 2-4 1984 National Disaster Management Conference, Orlando Marriott. Contact: Disaster 1984, Florida Chapter American College of Emergency Physicians, 600 Courtland St., Suite 420, Orlando, FL 32804. (Phone: 305/628-4800).
- Feb 2-4 Fourth Annual Conference for Medical and Program Directors of EMT-Paramedic Programs. Registration: Before Dec. 31, \$110. After Dec. 31, \$135. Walk-ins \$150. Contact Sharin Paaso, PO Box 405, Newton Highlands, MA 02161-0405. (617/894-7179).
- Feb 6-10 "Aircraft Crash and Mass Casualty Management" Arizona State University; Tempe, AZ 85287. Registration: \$595. Contact: Arizona State University, Center for Professional Development. (602/965-1740).
- Feb 26-29 National Coordinating Council on Emergency Management, Capital Holiday Inn, Washington DC, Contact: NCEM, 3126 Belt Line Blvd (Suite 101), Columbia, SC 29204. (803/765-9286).
- Apr 2-6 American Nuclear Society, 5th International Conference, Mayaguez, Puerto Rico. Contact: James R. Vogt, 214 Research Reactor Facility, University of Missouri, Columbia, MO 65211. (314/882-4211).
- May 10-13 Seventh Annual National Educational Conference of the National Association of EMT's-Dearborn '84. Hyatt Regency Dearborn, Dearborn, MI. Contact: Brenda L. McLean, NAEMT, PO Box 380, Newton Highlands, MA 02161. (617/894-7179).
- May 15-18 1984 Convention, National Association of Freestanding Emergency Centers, Chicago Marriott, Chicago, IL. Contact: Slack Incorporated, 6900 Grove Road, Thorofare, NJ 08086. (609/848-1000).
- Jun 3-8 American Nuclear Society, Annual Meeting, New Orleans, LA-Hilton. Contact: Thomas H. Row, ORNL/ND-Union Carbide Bldg., 4500 SN MS/S/178, Oak Ridge, TN 37830. (615/547-5974).
- Oct 2-5 Emergency 84, Second International Congress on Disaster Preparedness and Relief, Palais des Expositions et des Congres of Geneva. Contact: Congress Secretariat, ICDO, 10-12 chemin de Surville, 1213 Petit-Lancy/Geneva, Switzerland.
- Oct 7-12 NCEEM Annual Conf., El Paso, TX. Contact: John Parks, El Paso City Hall, No. 2 Civic Ctr. Plaza B-17, El Paso, TX 79999. (915/541-4449).
- Nov 14-16 The American Civil Defense Association 7th Annual Seminar/Conference, Daytona Hilton, Daytona Beach, FL. Contact: TACDA, PO Box 1057, Starke, FL 32091. (904/964-5397).
- Nov 17 Doctors for Disaster Preparedness 2nd Annual Seminar/Conference, Daytona Hilton, Daytona Beach, FL. Contact: DDP, PO Box 1057, Starke, FL 32091. (904/964-5397).

## TACDA AND DDP PRESENT CD CASE IN NEW JERSEY

On Wednesday, November 2, 1983, Dr. Howard Maccabee, president of Doctors of Disaster Preparedness, and Richard Sincere, of the American Civil Defense Association and the Ethics and Public Policy Center, participated in the first day of a two-day "Conference on Strategic Defense and Nuclear War" at the New Jersey Institute of Technology in Newark. The conference was taped for later broadcast on the New Jersey educational cable-TV network.

Dr. Maccabee spoke on the subject of medical ethics and civil defense. Maccabee also participated in the following panel on civil defense, which began with two 15-minute presentations, one by Dr. Lynn Moody of PSR and other by Bernard Maguire of FEMA. Rick Sincere and Dr. Donald Louria gave 5-minute responses, and then all five panelists continued with a heated discussion of CD questions.

After lunch the conference reconvened for a discussion of the Catholic bishop's pastoral letter on war and peace. The two speakers were

OVER 50 MILLION TV VIEWERS witnessed ABC's nuclear war film "The Day After" on Sunday, November 20th. As announced, and as reported by those who attended previews, the 2½-hour film was a panorama of unmitigated horror and profoundly deep despair.

"THE DAY AFTER" WAS FIRST CONCEIVED as a civil defense scenario by Nancy Deale Greene, Vice President of TACDA. It was to be a film about two cities, one with a sheltered population and one where shelter preparations had been ignored. In 1979 at her civil defense seminar in Monterey, California Greene and ABC Vice President Leonard Hill initiated the project. Planning was cut short, however, when Hill left ABC in 1980. When planning resumed the concept was basically changed by dropping the city with civil defense.

STEUART L. PITTMAN, ASSISTANT SECRETARY OF DEFENSE for Civil Defense under President John Kennedy and currently TACDA Legal Counsel, notes this same omission. He says: "This film is distorted by its failure to take account of preparations to reduce damage which are available and likely if the threat to peace should grow."

"THE DAY AFTER" WAS NOT MEANT to be a pretty picture. It wasn't. It was meant to shock and frighten. It did. The hopelessness it depicts can even be called generally true in a situation where a population through ignorance and neglect allows itself to be almost totally exposed to the effects of several nuclear detonations -- where it and its leaders "through in the towel" beforehand.

AS FOR KANSAS CITY ITSELF there was ample time in the crisis buildup period to put a rudimentary crisis relocation plan into effect. ABC's focus on horror also ignores many tens of millions of square feet of underground caverns in the immediate area which would have afforded a good bit of protection against the air bursts over the city. These caverns are commercially developed, and even the Soviet Union stocks wine and vodka in them.

THE FILM SHOULD HAVE REVEALED that defense against such an attack is practical in several ways. One tremendously important way is cited by the Citizens Advisory Council on National Space Policy, which in its report to President Reagan stated:

"The President's proposal to change the defensive posture of the United States from Mutual Assured Destruction [typified by "The Day After"] to Assured Survival is morally correct, technologically feasible, and economically desirable. The United States faces threats which cannot easily be countered by continued reliance on MAD. Immediate action is required to assure our national security. . . . However, we cannot afford to wait. We must begin deployment now."

SPACE DEFENSE, to which this passage refers, coupled with civil defense, would not only make the missile penetration dramatized in "The Day After" unlikely. It would make such an attack (and nuclear blackmail as well) too risky -- a gamble unacceptable to an aggressor. Thus it makes attack missiles obsolescent.

(In relation to the above please see also in this issue of the Journal of Civil Defense: Jerry Strobe's "Capital Commentary" on page 5, Edward Teller's article "Deterrence and Defense" on page 6, comments of TACDA seminar speakers on pages 8-10, and Richard Sincere's review on page 25.)

\*

SIX TACDA BOARD/STAFF MEMBERS attended the 6th CAUSA USA Foundation Conference in Washington, D. C. November 17-20. CAUSA's objective world-wide is to analyze communism and to apply counter measures. Speakers included Gen. Daniel Graham of High Frontier, Dr. Igor S. Glagolev, former Soviet official and Dr. Miles Costick, President of the Institute on Strategic Trade. Gen. E. D. Woellner presided.

## NUCLEAR SHIELD — WHERE?

On September 30, 1983 at a National Security Council briefing for Doctors for Disaster Preparedness in Washington, D.C. (a number of TACDA members attended) Max Klinghoffer at the end of the briefing asked for information on civil defense planning. He was asked to submit his question in writing. Here it is:

### DOCTORS FOR DISASTER PREPAREDNESS

Mr. Sven Kramer  
National Security Council  
Washington, D.C.

Dear Mr. Kramer:

This is in response to your request that our question regarding national defense be submitted in writing. You will recall that the question was asked at a briefing on September 30, 1983, at which time you and General Fornell gave us a most interesting orientation. I have reconstructed the question as accurately as possible:

"Mr. Kramer, you and General Fornell have given us an excellent orientation to our missile system and the meaning of our missile strength relative to that of the Soviets. I am sure I speak for all here when I say we are grateful for this information.

"However, your orientation leaves a great hiatus — and it is this hiatus which is of primary concern to the members of The American Civil Defense Association and of Doctors for Disaster Preparedness.

"What has been done and what is being done to protect the American people in case of attack?

"Specifically (and I should like to divide my question into several parts):

1. What is being done — AT THIS TIME — to provide shelters, both public and private, to protect our people against blast and radiation?
2. What is being done to provide a signal system which will warn our citizens of an impending attack? And what is being done to assure continuing communications (medical and otherwise) before, during, and after an attack?
3. What are we doing to provide training of our citizens in basic medical care (much like the older Medical Self-Help Program) to fulfill the need for such care until a doctor is available?
4. What are we doing to augment the training of our medical students, physicians, nurses, as well as other medical personnel, in the principles of triage and mass casualty care?
5. What is being accomplished in the establishment of packaged emergency hospitals, similar to the Packaged Disaster Hospitals of earlier years — such hospitals to be stored in areas not considered primary target areas?
6. What are we doing about storage, in non-target areas, of water, food, sanitary supplies, radiation detection and decontamination equipment, and medical supplies?
7. What has been done to augment the disaster care capabilities of fixed hospitals — especially those in suburban and rural areas?
8. What has been done to provide transportation — for personnel, patients, and medical supplies — post attack?

"Mr. Kramer, I might list again as many facets of disaster planning which are essential to the protection of the American people; but I shall not belabor this point.

"At the introduction of this briefing, you thanked us for our role in fighting against the ideas of the anti-defense groups such as Physicians for Social Responsibility, and their accomplices. We are happy to take this stand. Yet, paradoxically, it would appear the Federal Government is supporting the position of the anti-defense groups. Physicians for Social Responsibility and similar organizations have advocated "no shelter system"; "no medical preparedness for military casualties"; "no emergency hospitals or hospital beds for casualties resulting from an act of war"; and other negative ideas directed toward destroying our defenses. And thus far the Federal Government is supporting these ideas to the letter!

"A year ago, at a meeting of TACDA and DDP, Dr. Edward Teller made an appraisal of our condition, and he stated it succinctly: "We have the nuclear sword; now we need the nuclear shield". It has never been stated better.

"I hope that all those here may forgive me if I paraphrase a Biblical quotation which has occurred to me: What shall it profit a nation if it bomb all of Russia, and lose its own population?

"Mr. Kramer, we would be most grateful for a response to this important question."

For: Doctors for Disaster Preparedness



By: Max Klinghoffer, M.D.  
Medical Director

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