

The New Thin Red Line—Medical and Public Health Services for Civil Defense

The past few years have produced startling changes in the concept of modern warfare. None is more startling, however, than the fact that local health departments now constitute our first line of national defense.

With the declaration of policy by Federal Civil Defense Administration, Region II, in June 1954 that the medical and public health phases of civil defense should be considered the responsibility of local health departments, this fact became established. Even today, however, its impact is not generally appreciated or understood.

The nation's military and civil defense experts agree that, should war come, it will probably be in the form of a sudden attack upon our major cities with atomic and hydrogen bombs as the chief weapons. The principal object will be our civilian population. Our primary defense will not be to repel hordes of invaders, but to survive as a people so that the counteroffensive launched from our overseas bases will not be in vain.

The survival problem confronts not only those millions who will be injured and require medical care, but also the even greater number of millions who, though uninjured in the attack, cannot return to their homes because of destruction or evacuation. The two paramount aspects of our defense then become clear. First, insofar as planning and preparation can make it possible, we must reduce to a minimum the number of injuries that will be sustained and provide for the care of those injured. Secondly, we must make sure that those surviving the attack do not do so merely to die of communicable and non-communicable disease, starvation, radioactive fallout, residual radiation or any of the other many hazards that will confront them as displaced persons.

When we realize that the major share of the tremendous efforts necessary to meet these awesome responsibilities has become the job of local health departments, the validity of the opening remarks becomes apparent. Whether or not we agree that the division of responsibility is as it should be, or whether the Federal Government should accept a larger share of it does not alter the existing situation. We, in the local health departments, have become the new thin red line of our country.

Obstacles

In attempting to begin a civil defense medical and public health program to comply with this obligation, local health departments are met with the same low priority accorded the general subject of civil defense by the public and officials alike. Officials will deny funds and the public will decline to participate for the following oft-cited reasons:

1. As yet there is no clear cut decision on whether we are to evacuate or take shelter. This makes it impossible to plan a workable program.
2. With the development of new weapon missiles we will have no advance warning to evacuate or take shelter.
3. If the evacuation signal ever sounds, people will panic and traffic will become hopelessly snarled.
4. It is impossible to protect a city against nuclear, biological, chemical and radiological weapons, especially fallout.
5. The problem is too immense and horrible to cope with.
6. Any plans that were made would be disrupted the moment the bomb fell.
7. Modern weapons have become so terrible that no one will ever use them for fear of retaliation. War has become obsolete.

Telling Argument

Here is where the health departments can make a telling argument. The above objections, and any variations of them, do not in the least apply to the medical and public health phases of civil defense.

The object of war is and will continue to be to kill or injure people. No matter what weapons are used, this will be their purpose. Regardless of how powerful the weapons become, there will be a periphery where many people will be injured, but alive. Whether we evacuate or take shelter this will be true. No one contends that an entire city can be saved. If preparation and planning could save only an additional 10 percent over those who would otherwise survive in a city of a million, the expense and effort is justified. Even if organized plans are severely disrupted, a public education

in emergency medical and survival techniques could save many, many of its own lives.

The arguments for a medical and public health civil defense program reduce to a simple irrefutable premise: many of our people may suddenly be hurt or left homeless, more than ever before in the history of the world. It is the moral and lawful obligation of local health departments to plan and prepare medical and public health measures to keep casualties and suffering to a minimum. There is no reason for hesitancy or delay in undertaking a civil defense medical and public health program. Fiscal authorities may show reluctance in providing funds and personnel for this program. Even this regrettable situation is not sufficient cause for procrastination. If need be, the program should be undertaken at the expense of other and more classic public health activities. An analysis of the calculated risks and consequences involved will warrant this approach in critical target areas.

Public health methods of objective evaluation might also be applied to the overall picture of civil defense, and will lend added weight and urgency to this discussion. The attitude of most people toward civil defense varies on a day to day basis with the relaxation or tightening of global tensions. No reasonable program can be geared to such a roller coaster. Civil defense must not be the stock market of international relations. It must be based on more constant and rational considerations.

Practical Approach

Instead of merely waiting for an appropriation of sufficient funds for a sizeable medical and public health services civil defense program, there are several practical things which a health department can do. This is what the D. C. Department of Public Health is attempting to do.

Technical personnel can be assigned and devote time to outlining plans for the various services that will be required. These plans can be worked out and completed on paper to be readily implemented when funds and personnel are available, or as has been demonstrated in many localities, in time of emergency. Liaison can be established and maintained between the department and the many other official and unofficial agencies which can contribute to the program. These include the engineering, police, highway, fire, and welfare departments; the Office of Civil Defense, Federal Civil Defense Administration, Department of Defense, and Public Health Service; public health medical, dental, nursing, engineering and related colleges and societies; the American Red Cross; and the counterparts of all these organizations in nearby communities with whom cooperation is necessary. The matter should be kept in the public eye through informative and educational use of available mass media.

No attempt should be, or is being, made at this stage of the program to recruit volunteers from this community. People who volunteer expect to participate in an active program. Without supplies, equipment and considerable organization no such program is possible. The result is that, while waiting, the volunteers become discouraged and lose interest. Thereafter, they will not respond and are lost to any future program which might develop.

Efforts can be made to establish some training programs. The cooperation of the medical, dental, and nursing schools and societies and the Red Cross can be obtained to produce disaster training programs. Such courses may be taught in the schools as part of the curriculum. Short courses can be presented by these volunteer faculties to the doctors, dentists, and nurses of the community.

Much of this work can be initiated in the District of Columbia by the coordinator in the Department of Public Health. The fact that some program is under way is far more likely to stimulate official and public support for the medical and public health civil defense program than is the attitude that no program is possible until sufficient funds are made available.

When a reasonable and well planned approach to the problem has been demonstrated, funds might be appropriated to allow for organizing volunteer units and stockpiling supplies. Then the thin red line might swell to the proportions necessary to do the job.

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