

1964-1965

MEMORANDUM FOR THE SECRETARY OF DEFENSE, WASHINGTON, D.C.



My Department is in process of developing a DDM (Defense Decision Making) program which will give us the responsibility for developing a Federal program to coordinate State and local governments in the event of a nuclear attack, and to coordinate emergency programs. The skills and resources of the Federal Government are a vital element in our Federal program.

Health resources include medical personnel, medical supplies, and medical equipment. The orientation of these resources is a complex matter, and the direction for maximum effectiveness must be determined. In the event of a nuclear attack, an emergency plan must be developed, and this will be a major factor in the Federal program.

The biomedical situations, which will be encountered in the event of a nuclear attack, are complex. The post-attack period, particularly the immediate post-attack period, will be a period of maximum stress. The direct and indirect effects of a nuclear attack will be felt throughout the country, and during the first days of the attack, a high level of radiation will be sufficient intensity over most of the country. In the event of a nuclear attack, in whatever shelter they may be, the population will be in a state of emergency. Organized first aid and medical care will be needed, and this will be a major factor in the Federal program. Care will be limited to the immediate post-attack period, and the Federal program will be limited to the immediate post-attack period. Problems of markedly increased mortality and morbidity will be encountered in the event of a nuclear attack, and the Federal program will be limited to the immediate post-attack period.

In addition, such problems as shortages of clothing, food, and shelter will be encountered. Public health centers and hospitals will be needed, and the Federal program will be limited to the immediate post-attack period. Health resources are a major factor in the Federal program, and the Federal program will be limited to the immediate post-attack period.

It must be realized immediately that even the most advanced health resources program cannot meet the needs of the population in the event of a nuclear attack. A program of emergency medical care is needed, and the Federal program will be limited to the immediate post-attack period. In fact, an emergency program of medical care is needed, and the Federal program will be limited to the immediate post-attack period.

Just as no safety engineer could hope to improve methods of surgery and treatment for those injured in safety measures, so all we can expect to do is to improve methods of treatment of radiation victims. We are exceedingly optimistic to have our medical men try to save the lives of those exposed with a few days' delay for a treatment which would have been the historical amount of radiation by a certain date. The improvised fallout shelter is not a substitute for a

treatment in addition to the medical care which can never be a substitute for a shelter.

Although the death toll from a thermonuclear attack may be smaller than what would be expected from a seemingly insurmountable magnitude of such attack, we have a number of medical facilities to assist us in our preparation for such operations. Some of these facilities are enumerated as follows:

First. It is clear at this time that the magnitude of most of the injuries presently being reported are the most immediate casualties caused by burns -- all well-known and familiar to the general public and contaminating radioactive fallout. These injuries are not new and unfamiliar to the general public. They were recognized shortly after the atomic bombing of Nagasaki and of watch dial painters in the United States. The active materials which caused these injuries are well known and their effects are well understood.

It is only in the region of the world where there is a certain radiation dosage that children have twice or three times the incidence of leukemia. Inadequate knowledge is a major factor in the preparation of the post-attack period.

Second. We have considered the effects of the intensity, and duration of radioactive fallout in an attack and the effectiveness of shelters as protection. We have also considered the relative simplicity of measures in grossly protecting the population.

Third. Considerable knowledge and experience has been developed in the military. This knowledge is being adapted to civilian conditions, and preparedness planning at the national, State, and local levels is being significantly advanced in the last few years.

Similarly, emergency preparedness measures for hospitals, shelters, and rehabilitation are under development and the knowledge gained will be of appreciable assistance in the event of an attack.

The medical, nursing, and other health professionals are actively collaborating with the government in this work.

Fourth. The Federal Government has procured 100,000 defense medical supplies, and a large number of supplies worth \$100 million procured by the State and local governments. 2,000 civil defense emergency hospitals are now prepositioned in communities throughout the country. Survival plans, and other medical supplies are stored in all warehouses in the country. The country's emergency hospitals have been inspected, and are being actively prepared. The health personnel of all hospitals are being trained.

Fifth. Extensive studies have been conducted in the field:

- (a) Combined hospital and shelter studies, which have shown that a large number of hospitals can be converted into shelters and that a large number of hospitals can be converted into shelters and that a large number of hospitals can be converted into shelters.
- (b) Health surveys, which have shown that a large number of hospitals can be converted into shelters and that a large number of hospitals can be converted into shelters.

To provide the medical supplies and equipment
the medical staff was identifying, and the
would provide the medical supplies and equipment
survival after the attack. The medical
audit is being conducted before the attack.

In addition to buying and stocking supplies, we will use more
efficient methods of utilizing these supplies. Availability
of use, and then prepositioning the supplies in the areas where
they will be needed in order to reduce the time needed to get better
methods of rotation, storage, and protection to prevent spoilage,
deterioration, and loss.

Sixth: We are devoting considerable effort to health, hygiene, and
informational material which will assist in the health of local
communities in developing the skills and capabilities of the
semi-professional, and professional personnel to manage their
emergency mobilization plans. This will be done through health
mobilization will be in force in April, May, and June of this year.
These programs will present the most up-to-date and best available
knowledge on the prevention and control of communicable diseases
as well as the best available methods of providing medical
care program in the post-attack period.

And finally, we are developing a structure which is compatible with the
a structure consisting of the assigned and unassigned elements,
including reserve officers. These periods will be used for training
necessary for communities to be in a position to handle their
responsibilities and serve as the main force in the post-attack
post-attack period.

As my Department's emergency plan will be to provide the
support for the emergency period of the attack. In order to carry out
carry out this role in the post-attack period, we have to develop
patterns of activity. These patterns of activity are what we
are and will be carrying out. The development of a reliable
development of a reliable emergency plan for the entire
Departmental resource will be to be in a position to provide
attack periods. Our approach to the states and local governments
will follow this same pattern of activity, since we are a part of government,
at all levels, cannot accomplish the maximum emergency response which it
is capable unless every community is able to handle its own
agencies are able to provide the necessary support for the emergency
at will in the post-attack period.

January 1, 1950