Medical Civil Defense Plan for County Submitted

One of the first basic steps in carrying out civil defense plans in this area was made last week by Dr. John S. Lambie, 280 Aspen, co-director of the Oakland County Emergency Medical program.

He has prepared a detailed report on the "Medical Plan for Civilian Defense in Atomic Warfare."

Dr. Lambie is charged with formulating of a program designed to meet any military disaster, particularly atom bomb raids, and implementing the program by the appointment of adequate personnel to carry it out.

BECAUSE THE REPORT is one of the first definite civil defense recommendations to be made for this area, The Eccentric is printing the full text of the program.

Other detailed accounts on civil defense will be furnished to the area as soon as they become available.

Dr. Lambie's report follows:

Before proceeding with an outline of medical defense it would seem proper to make a brief estimation of the situation that might arise if or when war comes. This should serve also to dispel much of the confusion that exists at present in our attempts at organization, even if it does reveal our frustrations in that effort.

ESTIMATION OF THE SITUATION:

1. The probability of a third world war is definitely positive.

2. We cannot be blind to the possibility that war might begin with an unanticipated aerial atomic attack, not on our armed forces, but in the interior, on one of several objectives — (1) Large centers of population which might be also large manufacturing centers or seats of government (2) War production centers (3) Vital communication and transportation centers. Oakland County is thus in a critical-target area.

3. The severity of damage done would be unpredictable. All present estimates are based on the damage done at the Hiroshima and Nagasaki, where 90% of the population were killed and all structures above ground destroyed within a half-mile of target zero. 50% were killed in the second zone with a mile radius. Atomic bombs are supposed to be larger and therefore more destructive than the ones used in Japan.

However, building in the Detroit area is more substantial and therefor more protective. Authorities agree that an atom bomb exploded at a height of 2000 feet over a densely populated city like Detroit would cause tremendous damage to life and property. In a recent practice exercise in Detroit, it was presumed 60,000 were killed outright, 110,000 were injured, and 55,000 were left homeless, after an atomic attack.

4. Personnel shortages would become drastic immediately war began, because of the need for civilians to share personnel with armed forces. Plans for civilian defense must be made on the assumption that there will be no help from military personnel, nor would military equipment or supplies be available for civilian wartime relief.

5. Adequate funds have not as yet been appropriated for civilian defense supplies. The present thinking of our legislators seems to be that the stockpiling of equipment and supplies in every critical target area would be prohibitive from the cost angle and wasteful from an economic angle, and by using supplies already in the hands of civilians, and by means of mutual aid and mobile support teams sent into the stricken area from unaffected areas, the civilian population could get along, for the initial phase of an atomic attack, with what is already on hand, and that succeeding phases would be cared for by Federal help from reserves held in stock piles at designated points and rushed into stricken areas.

No absolutely accurate blueprint can be made of ways and means to meet atomic disaster. If and when it comes it will be battle at our very door in its most horrible form. Inevitably there will never be sufficient manpower, transportation, communication facilities, supplies, equipment, or funds to meet the ideal requirements of civil defense in an atomic attack. Dependence must be had on the ingenuity, courage, and generosity of individual citizens to answer the problems as they arise.

Oakland County is considered to be in the critical target area. One bomb over Pontiac would destroy half of our facilities for relief in the county, and we would have to receive help from beyond our borders. There is a greater probability that Detroit, with its dense population and greater war productivity, would be the primary target. Oakland County (along with other out-state communities) would use all our relief facilities for the stricken area.

The two objectives we must have in mind are to receive casualties from Detroit, and to send first aid and casualty teams into the neighboring stricken area. Because Oakland County is considered both within the critical target area and also a mutual aid community, it is unlikely that we would be called upon to supply mobile support medical units which are supposed to operate at a distance from the home area.

FUNTIONAL ORGANIZATION:

Civil defense may be likened to a pyramid. We begin at the base and build up, for after all, it is on the individual we must rely to build the structure of civil defense. The base then is made up of many communities. In Oakland County there are 30 such communities. Within the community much can be done in the way of training, inventory of supplies, equipment, transportation and facilities, also furnishing reserves of manpower.

On the County level of the pyramid, the beginning of an organization can be made with its governing body and control center, coordinating all the manpower, and resources of the county in divisions such as police, fire, medical, public works, utilities, and welfare, with their various subdivisions.

The district level is the third tier of the pyramid and in our case, embraces the counties of Wayne, Oakland, Macomb, and Washtenaw. Districts are grouped at the state level, and states at the federal level, which is, of course, the apex of the pyramid.

Possibly a better simile would be the military formation of an Army. First we have companies (local organizations) which are built into regiments (county organizations) regiments into divisions (district organizations); divisions into Army Corps (state organizations) and the Corps are grouped into an Army with a Federal officer commanding the whole. This is the only way that coordinated effort can be made. Without it, all is total confusion.

When we commence to prepare schematic plans for defense, it should be realized that no single organizational chart could apply equally to every local community. And because of the uncertainties of any attack, any organization that is formed should be so elastic that it can be adapted to actual conditions arising, rather than the theoretical conditions conceived of prior to the disaster. Therefore before organizational charts are drawn, functions of the health services should be defined.

1. **First aid and ambulance services:** Rendezvous points for these should be planned, and personnel assigned, and sources of supply designated. These stations must be extremely mobile for the exact location can be determined finally only after an attack. They are for service in the 2 to 2½ mile zone of the stricken area.

2. **Emergency Hospital Systems:** These would fall into two general classes:

a. **Improvised Hospitals** in schools, country club buildings, armories, etc. These are essentially casualty clearing stations where an effective triage is maintained and minor injuries are treated. They act as an intermediary between first aid stations and the permanent hospitals, and as overflow catch-alls from the general hospitals.

b. **Undamaged existing hospitals:** These should be reserved and staffed for casualties which require major surgical procedures of a type too difficult to be performed in improvised hospitals. Suitable buildings in the neighborhood should be pre-viewed with the idea of expanding the hospital facilities of these fixed institutions.

It can be seen from the above that a portion of the doctors in a mutual aid community will work in their own community and a portion in the stricken community. A balance should be maintained so that at no time should there be more than 50% of our professional help in the stricken area. The proportion will vary with calls made upon us.

3. **Supplies:** The supplies needed for the emergency are listed by the Federal Coordinator. For the purposes of procurement, they will be divided into three categories:

(1) **Class A** supplies are those already present in the community, in hospitals, drug stores, surgical supply houses, and physicians' offices. They will remain under the custodianship of the present owners and no attempt will be made to further stockpile them. However, an inventory of supplies currently on hand throughout the county should be made, and hospitals and individual pharmacists should be requested to keep at least a normal supply on hand.

At time of emergency they will be delivered to designated points for distribution as directed by the Administrator, who will be in liaison with the control center. It is fully recognized that Class-A supplies will be inadequate for the full needs of the emergency but may serve until mobile support teams come to our aid.

(2) **Class B**—supplies are those which may be purchased prior to the emergency to supplement Class A supplies. As no money is at the present time available for their purchase, we cannot at present evaluate them.

(3) **Class C**—supplies are those which will be rushed to our help at the time of emergency and will be from the mobile support of unattacked areas or from stockpiles to be set up by the Federal Civil Defense Agency.

The Supply Officer will be a pharmacist. He should systematize store and account for supplies received and issued.

(4) **Blood Services:** Because of the time factor, whole blood cannot be stored for an emergency of such vast proportion. Currently, the Red Cross blood bank is for use of the armed forces in Korea. The State Civil Defense organization expects to set up its own Blood Bank but is awaiting appropriation of funds by the Legislature for this purpose. It is almost a certainty that there will be an insufficient supply on hand at the time of emergency and the supply must be augmented by donors at the time of emergency.

3. **Sanitation Services:** If public health is important in peace time, it becomes ten times as important under war conditions with its disruption of water and food supplies, its added problems of sewage and waste disposal, its crowding in shelters maintained for the homeless, its disruption of the control of rodents and insects which carry disease and destroy food.

In addition to these medical services, there will have to be set up adjunct services which are not primarily planned by Health Services.

These include the vital function of **Transportation** which is a coordinate branch under the County Director of Civil Defense. From pools of transportation, it is expected that the Health Services will be furnished ambulances or school busses in lieu of ambulances, passenger cars or busses for transportation of personnel and trucks or vans for transportation of supplies.

6. **The morgue service** will operate in conjunction with but independent of the Health Services.

7. **Communications and Liaison** will also operate as an adjunct of the Health Services but administered separately.

8. **Rescue squads** will be operated by fire, police, and Public Service sections in conjunction with the first aid teams.

9. **The Service of Chaplains** is a very necessary service but will be separately organized.

TERRITORIAL ORGANIZATION:

In order to best utilize our resources, we should scan the county from several angles. First comes grouping of population within the county; then communication routes; existing facilities that we can convert to defense; the situation of manufacturing sites that would be probable primary targets, etc.

From the standpoint of manpower, the great majority of the population resides in a diagonal area following the old Saginaw Trail (Woodward), roughly 18 miles from north to south, and six miles, from East to West—all of which is in the southeastern portion of the county.

The extreme southern part of this area would receive the first impact of refugees and wounded evacuees from a disaster in Detroit; and this impact would be a severe one. Independently, the cities making up this southern area could not do much, but collectively, much could be done. It would seem natural, then, in order to secure good results, to group the communities into zones —

ZONE I:

The first zone would be bounded on the south by the Eight Mile Road, on the east by Dequindere, on the north by Fourteen Mile Road, and on the west, by Inkster Road. For the purposes of medical relief, then, Zone I would comprise specifically Hazel Park, Ferndale, Oak Park, Royal Oak, Huntington Woods, Pleasant Ridge, Berkley, Clawson, including that part north of 14 Mile Road, Royal Oak, and Southfield Townships.

This area contains but one hospital of very small capacity, which should be abandoned at the time of disaster and a larger emergency hospital set up in one of the several large buildings available. Zone I would also be expected to set up a casualty clearing station in a school building as near the Eight-Mile and Woodward Zone as possible. There are about 70 doctors in this area—which would be sufficient to staff these two emergency installations and also create several first aid teams which should have the same assembly point as the casualty clearing stations.

ZONE II.

The next center of population north of Zone I is Birmingham, not nearly as large as Zone I, but a road center for some important roads leading out of Detroit. With a doctor population of 25 it cannot do much but set up a small emergency hospital to act as a buffer to the pressure that will build up in Zone I.

Zone II will geographically include the cities of Birmingham and Bloomfield Hills and the townships of Bloomfield and Troy. The southern boundary will be the Fourteen Mile Road (excluding Clawson) from Dequindere to Inkster, and north to South Boulevard, excluding the city of Pontiac.

ZONE III:

The largest center of population in the County is the City of Pontiac. It is also the only part of the county to have substantial general hospitals. It has large manufacturing sites and far more facilities for defense than any other area. Inasmuch as it is a city attempting an organization for defense, it will be considered Zone III.

There are 75 doctors practicing in this area and their chief function will be the organization of fixed hospitals with emergency expansion for civil defense plus the formation of several first aid teams.

Zone IV:

The southwestern part of the county is important in that several large arteries of communication run through it from the prospective bombed area. It contains the scattered towns of Farmington, Keego Harbor, South Lyons, Walled Lake, and Milford.

For functional purposes we combine into Zone IV these towns along with the townships of Milford, Commerce, West Bloomfield, Lyon, Novi and Farmington. As there are but 13 doctors in this area, about all we can expect is a casualty clearing station probably situated in Walled Lake. It will function chiefly to serve the evacuees streaming out Northwestern and Grand River areas.

ZONE V:

Zone V will include the towns of Rochester, Lake Orion, Oxford, Auburn Heights, and Leonard, and the townships of Oxford, Addison, Orion, Oakland, and Pontiac areas.

This area contains but 12 doctors. They can best be utilized in forming first aid stations in the several towns or combining their limited resources in the largest town (Rochester) to form a casualty clearing station. There are many arterial lines from Wayne County heading north in a sparsely settled area, and undoubtedly in the scurry to get out of the bombed area these roads will be crowded and medical aid will be needed.

ZONE VI:

This zone will comprise the towns of Drayton Plains, Clarkston, Ortonville, Highland, and Holly, and the townships of Holly, Groveland, Brandon, Rose, Springfield, Independence, Highland, White Lake, and Waterford. Geographically, it is the largest of the zones but the most rural. It contains but five doctors and these men will be needed in their local communities.

Small Amount of Caterpillars Seen In Birmingham

A small amount of caterpillars have been noticed in the extreme southwest edge of town, according to City Forester William Lebold.

County agricultural agent Edmund W. Alchin reported earlier that the caterpillars have been discovered in scattered sections of the county.

Lebold pointed out that the caterpillars in the area have done most of their damage already and no further harm is expected after this weekend.

IN BIRMINGHAM, the worms have been spotted in wild cherry trees other fruit trees and some black walnuts. In other points in the county they have been in oaks, maples and poplars. The worms damage trees by eating the leaves.

Lebold stated the nuisance can be controlled by keeping the webs and tents out of trees.

Residents who observe the caterpillars in their trees should first cut out or burn the webs and tents. Then the trees should be sprayed with arsenate of lead or DDT. Arsenate solution should be three tablespoons per gallon of water or four pounds to 100 gallons of water.

If DDT is used, it should be wettable DDT, two tablespoons per gallon of water or two pounds to 100 gallons of water. It was pointed out by the foreste; that a detergent soap sticker can be used with the DDT.

Lebold also said that residents observing the caterpillar growths on city trees should contact his department.

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