

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



My Department is in process of developing a DDM directed effort which will give us the responsibility for developing a Federal program to assist State and local governments in the area of radioactive emergency response programs. The skills and resources of the Federal Government are a key element in our Federal approach.

Health resources include man, machine and the whole range of medical services. The orientation of these resources is a complex matter and will require a direction for maximum effectiveness. These resources, particularly in the event of a nuclear attack, are not available in the same manner as they are in peacetime and this will be a major factor in our planning.

The biomedical situations which will occur in the post-attack period, particularly in the post-attack period, can be divided into three categories: the effects of a possible nuclear attack on the population; the effects of the direct and indirect effects of the attack on the population; and during the first days of the attack, a high level of radiation of sufficient intensity over most of the country. In the event of a nuclear attack in whatever shelter they may have been, the population will be in a period of organized first aid and rescue which will be needed. Medical care will be limited to the extent of the disaster. In the event of this immediate post-attack period, the major health problems will be the problems of severely injured and dying people, the large numbers of skilled workers, and the large numbers of people who are injured.

In addition, such problems will be the result of shortages of clothing, food, shelter, and the need for public health centers and hospitals. The health needs of the communicable disease and the health needs of the health resources are a major factor in the health needs of the surviving population.

It must be realized immediately and over the long term that the resources program cannot reduce the number of people who are exposed to radioactive fallout. The number of people who are exposed to a pound of core is a constant and the number of people who are exposed in fact, a constant of the order of 100,000 people.

Just as no safety engineer would hope to rely on a single method of surgery and treatment for those killed in an atomic attack, in safety measures, so no one should expect to rely on a single improved method of treatment for radiation sickness. It is exceedingly optimistic to have our medical leaders, in the lives of those exposed to the atomic rays, to expect a treatment which would remove the biological effects of a certain amount of radiation by a single and simple method. The use of an improvised fallout shelter is not an experimental method.

treatment in addition to other methods of care and that it will never be a substitute for them.

Although the death, destruction and chaos which would be the result of a thermonuclear attack may seem to be inevitable, the magnitude of such attack, we have not the medical knowledge to assist us in our preparation for such an eventuality. Some of the medical problems which would be enumerated as follows:

First. It is clear at this time that while the magnitude of the atomic attack is small, the most immediate casualties are caused by the atomic bombs -- all well-known types of bombs, never more than a few miles away, and contaminating radioactivity which is radioactive. These are not new and unfamiliar to us. We have had many experiences recognized shortly after the atomic bombing of Nagasaki, Japan, of watch dial painters, of those who have been exposed to active materials. These are examples of the types of experiences in damage to health which have been reported.

It is only in the past few years that we have had a lack of adequate medical knowledge to deal with the effects of certain radiation dosage in human beings. We have had children developing leukemia, and we have had children who have been exposed to inadequate knowledge in the past few years. The medical knowledge of the past few years is not adequate.

To provide the same amount of protection to the
the medical and dental supplies, and to
will require an additional investment of
survival, and to consider the
authorities in the field.

In addition to buying and stocking supplies, we must use more
efficient methods of utilizing these supplies, and the availability
of use, and then prepositioning the supplies in the areas where
they will be needed in case of an attack. We must use better
methods of rotation, storage, and protection to prevent spoilage,
deterioration, and loss.

Sixth: We are devoting substantial resources to a program
and informational material which will assist the local
communities in developing the skills and capabilities of
semiprofessional, and professional personnel to implement their
emergency mobilization plans. This program will be in the health
mobilization will be provided in Army, Navy, and Air Force
These programs will provide the best available
knowledge on the protection of the population, and the
as well as the best available methods of providing
care program in the event of an attack.

And finally, we are developing in cooperation with the States
a structure consisting of reserve forces and emergency units,
including reserve officers, whose periods of training and leading
necessary for communities to be held responsible for their own
responsibilities and serve as the mainstay of the defense in the
post-attack period.

As my Department conceives the role of the Federal Government
support for the emergency preparedness of the States, we will
carry out this role in the following manner. We will continue
patterns of activity in these areas of emergency preparedness
are and will be carrying out the same. We will continue the
development of a detailed plan for the entire Federal Government
Departmental resource capabilities in the event of an attack
attack periods. Our approach to the States and local governments
will follow this same pattern of effort, since we believe that government
at all levels, cannot accomplish the maximum emergency preparedness
is capable unless every local community and local government
agencies are able to function in the event of an attack. We will
at will be the responsibility of the States and local governments.

January 11, 1950