

G. 4/3/83

Doctors' grim picture of Brit

BLUNTLY, the idea that anyone can plan for all possible nuclear emergencies is a myth. The Government's plans are confused, dangerously unrealistic and will be ineffective.

The health service could not cope with the survivors of a single bomb on a single city while a full-scale attack would cause the medical services of Britain to collapse.

Decaying corpses will litter the streets, and millions of initial survivors, burnt, irradiated and starving, will die slowly and in agony. Doctors

Leader comment, page 12

will not be able to help them, and there will be no equipment or drugs to ease their passing.

Yesterday's report from a British Medical Association working party on the medical effects of nuclear war, the result of nearly two years' hard work, is a cool and dispassionate account of a holocaust.

The report does not involve politics, and its conclusions could be used equally to justify massive armament or unilateralism.

As the most authoritative investigation so far, it demolishes the Department of Health's war plans and exposes serious deficiencies in the Home Office's calculations of deaths and casualties, although the Home Office is now revising its figures.

The authors could hardly be described as the "woolly minds in woolly hats," lambasted earlier this week by the Minister for the Armed Forces, Mr Peter Blaker.

They are: Sir John Stallworthy, emeritus professor of obstetrics and gynaecology at Oxford University; Professor Peter Quilliam, head of pharmacology at St Bartholomew's Hospital, London; Dr John Dawson, head of the BMA's professional, scientific and international division; Mr Kenneth McKeown, consultant surgeon at Darlington

Memorial Hospital; and Dr Stuart Horner, Croydon's district medical officer and an eminent community physician.

Their purpose was to give an objective and scientific account of the medical consequences that would follow the explosion of nuclear weapons. They concluded that a single shot across the bow would be extremely improbable. Escalation to a full-scale strategic exchange appeared to be inevitable.

An attack might amount to 15-200 megatons, but would be three or four times greater if missiles were to be deployed. It would take 600 megatons to blanket cruise launch areas.

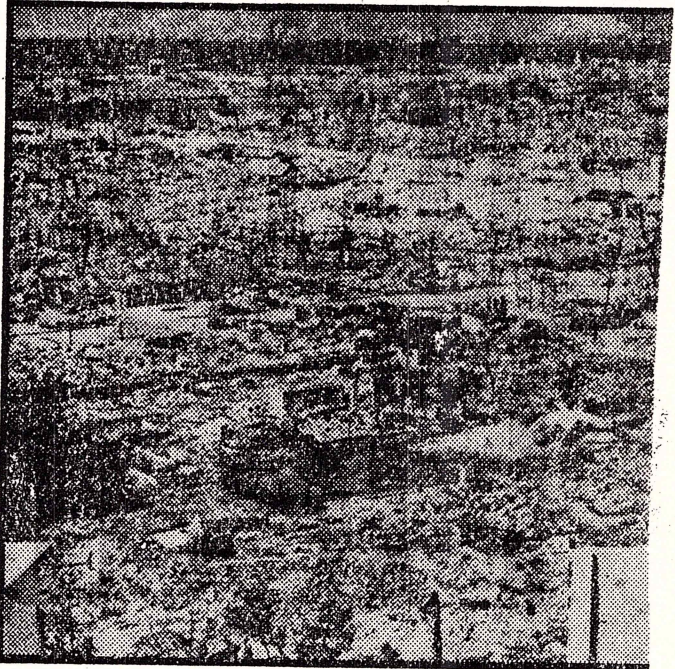
Nuclear weapons kill by blast, heat and radiation. The combined effects of those, together with the disruption of communications, rescue and ambulance services could delay attention to casualties for 10 to 21 days.

"Delay in treatment would result in a high incidence of wound infection. Ruptured drainage and sewage systems, together with the presence of decaying corpses and animal carcasses would increase enormously the hazards of infection. Major radioactivity would add the problems of radiation sickness to those already wounded.

"The psychogenic effects of such a disaster can only be conjectured. . . . It is apparent that any schemes in existence would be completely inadequate to deal effectively with such a situation."

Anyone suffering third degree burns involving more than 30 per cent of body surface would probably die. Severe orthopaedic injuries would be fatal, as would severe abdominal injuries. "It appears that the breakdown of specialised, medical services would be complete."

The Home Office's Operation Square Leg estimated that each surviving doctor would have to contend with up to 900 casualties. In prac-



Devastated Hiroshima—calculations show that a full-scale nuclear

Andrew Veitch examines the 1 that Government plans are co

tice, many casualties would not reach medical help. "Most doctors and other health professionals would be unable to render assistance even if they were unharmed because many of the casualties would be in areas of lethal fall-out."

A one megaton air-burst over St Paul's Cathedral would result in 1.6 million blast injuries and up to 650,000 severe burns. "It is clear that the burden of just one bomb, dropped on a city, would completely overwhelm the medical facilities of this country."

The destruction of food distribution, water safe for drinking, shelter, fuel and power supplies would spread disease.

Even the principle of triage (by which those most

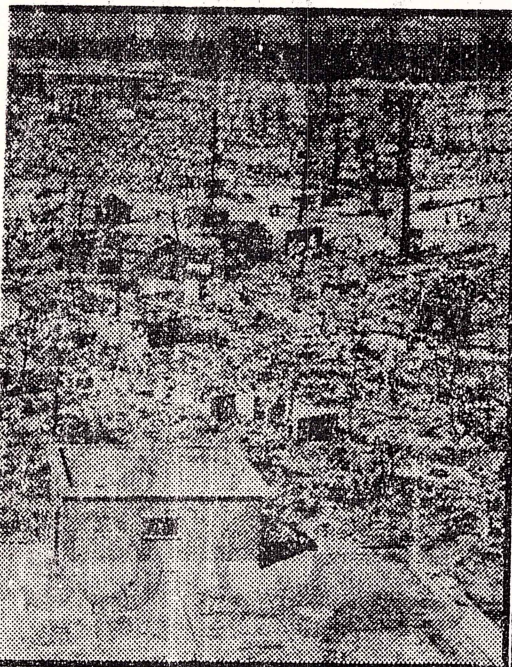
likely to benefit from treatment are treated first, and the dying are left to die) would be impossible to operate because of the overwhelming number of casualties.

"Hospitals and casualty stations, if not destroyed, are likely to become rallying points for injured survivors and relatives, making organised care even more difficult."

No medical resources would be expended on people needing prolonged treatment. Many would die without succour, and there would be essentially no treatment for radiation sickness.

"Pain relief is likely to be grossly inadequate. Stocks of morphine would be rapidly exhausted." There would not be enough anaesthetics to cope with the millions of

Britain after nuclear attack



er attack on Britain would kill 38.6 million people
**BMA report which says
 confused and unrealistic**

casualties. Drug stores are scattered, and would be vulnerable to looting.

The US army, with help from civilians, took eight weeks to bury 39,000 bodies in Manila after the last war. In a nuclear war, many bodies would have been vaporised, but vast numbers would remain — "a continual reminder to the survivors of the horror that they were experiencing."

The BMA concluded that the number of deaths and casualties would be up to 2½ times greater than Home Office estimates. The Home Office figures are based on Second World War data, and make no allowance for the effects of blast or burns caused by fires.

The group accepted figures

from Scientists Against Nuclear Arms, (SANA) generated by the Newcastle University computer analysis based on data supplied in 1980 by the US Office of Technology Assessment.

For example, SANA calculates that three one-megaton bombs on Birmingham, Wolverhampton and Coventry would produce 1,734,000 deaths and injuries from blast and burns.

An 11-megaton attack on Heathrow, Croydon, Brentford, Potters Bar and Ongar would produce 9,782,000 deaths and injuries in the Greater London area alone. Neither calculation includes subsequent deaths from radiation, starvation and disease, or burns caused indirectly by fires.

The Home Office assumes that everyone will be warned of an attack and will be indoors when the bomb falls. It also believes that widespread fires could be controlled by survivors.

The BMA groups says: "It is perhaps improbable that much effective fire-fighting effort could be organised, given the likelihood of water mains being broken, appliances destroyed, and roads blocked."

A full-scale attack on military and strategic targets by the types of Soviet weapons thought to be currently targeted on Britain would, it is calculated, result in 38.6 million deaths and 4.3 million casualties.

"By the time the radiation hazard had fallen to accept-

able levels for rescue attempts (14 to 21 days) most of the seriously injured would have perished from haemorrhage, secondary infection or radiation sickness compounded by dehydration, exposure and shock."

Food stockpiles within 10 to 20 kilometres of an explosion could be exposed to fallout. Farm animals are sensitive to radiation. But insects and vermin, are much more resistant: flies, cockroaches and rats could proliferate, spreading disease.

Survivors emerging from their shelters would face epidemics of typhoid, cholera, typhus, malaria and tuberculosis. Children would be open to new epidemics of polio and diphtheria. The biggest cancer risk would be from leukaemia and thyroid cancer.

Government and NATO policy is that people should stay put in the event of hostilities. The Ministry of Defence told the BMA group that while some remote areas of Scotland and Wales would be immune from direct attack, "there are very few areas of the UK that do not have some defence basing." There would therefore be no point in evacuating people.

The breakdown of transport and communications systems alone "would prevent any possibility of effective planning on a national or regional scale. Uncertainty about the targets for a nuclear attack coupled with the massive destruction caused even by small tactical weapons (mean that) any attempt to lay plans for medical services (and) food supplies for all possible nuclear emergencies becomes a myth."

The Report of the British Medical Association Board of Science and Education Inquiry into the Medical Effects Of Nuclear War is due to be published next month.