Whereas medical supplies and

War will begin 9/5/83 when the whistle blows...

By Andrew Veitch IN THE event of a nuclear war, the start of hostilities war, the start of hostilities will be signalled by the banging of a gong. Or alternatively, presumably in areas where gongs are in short supply, by the blowing of a whistle.

Three bangs or blasts in quick succession will signify imminent danger of fall-out. The bangs, or blasts, will come after the air attack warning — a siren sounding a rising and falling note, and a broadcast on the BBC.

No warning time can be gauranteed, but it is expected that the siren, which comes before the gong, will sound not less than three minutes before an attack.

The arrangements are set down in the thitherty-confidential Trent regional health authority document, Civil Defence in the Health Service.

In the BBC broadcast, the Government will instruct the public on a "stay put in your home safety policy"

But the plan continues:
"It is to be expected that panic and fear will cause some random self-induced movement away from likely target areas. . . this random movement will be extremusely discouraged by movement will be strenuously discouraged by pre-attack broadcasts warning that the Government has deliberately not made plans for any evacuation policy."

Indeed, the plan makes it clear that pre-attack broadcasts will not come until the casts will not come until the last possible moment: "Transition to war measures will be taken covertly to avoid aggravating international tension and disquieting the public."

The Trent area centred around Nottingham stretches from Skegness in the east to Buxton in the west, and from Doncaster in the north to Market Harborough in the south. Military targets in the region include east coast USAF bases. Civilian targets include the steel works of Sheffield and Rotherham and the south Yorkshire coalfields. from Skegness in the east to fields.

The plan, the fourth regional plan to be leaked, says that although it is impossible to predict the scale of a nuclear attack, "it is confidently predicted that there will be survivors."

and disruption . . . thus all emergency planning should be based on an 80 per cent survival rate among the population and an 80 per cent loss of essential services. . . ."

report on the medical effects report on the medical enerts of a nuclear war accepted that a full scale attack would kill 38.6 million people, and leave 4.3 million seriously injured. A single megaton burst over Coventry, would kill 250,000 people and leave up to 36,000 suffering from blast and burns. The figures de not take account of radia. do not take account of radia-

be allowed to enter radiation

The BMA report pointed out that since the health ser-vice would be obliterated by

The Royal College of Nursing's director of professional activities, Mr David Rye, described the war plans at the weekend as unsatisfactory.

The plan admits that law and order may be difficult to maintain: "The responsibility of the police force in these unprecedented circumstances will be to keep the law in the best possible democratic way consistent with post-attack conditions and with certain modifications to the present British penal system."

Officials are also advised to select storage sites, make them secure, draw up lists of supplies, arrange to rotate stocks, and identify college, school, university hospital and industrial laboratories which could be "productive."

a nuclear attack, the plans were too concerned with bureaucratic procedures, and that it would be better to train doctors how to survive.

REPRESENTATIVES of Britain's 6500 community health doctors yesterday voted not to take part in nuclear civil defence planning until the Government improves present Medical Association head-quarters in London said the present planning guidance was "wholly unrealistic to deal with the health problems which would occur after a nuclear attack."

The motion also called on all doctors to take no further part in such planning until their criticisms were taken into account, the main one being that the present plans are geared for Doctors to boycott civil defence A motion passed at the British Despite opposition from a minority of doctors, the meeting agreed that in general it was necessary to plan for the possibility of a nuclear attack. Dr Stephen Watkins, from Oxford, argued such planning was not possible, given the treatment are best centralised for conventional war, it is thought better to decentralise facilities in the event of nuclear attack. The BMA's annual conference of community medicine also voted in favour of allowing a conscience clause for doctors who did not want to take part in civil defence planning.

The motion said they should be excused from such work without detriment to their contracts or job security. "We must prepare for the possibility of a nuclear attack no matter how remote that may be, but the plans at the moment are wrong and must be abandoned."

Meanwhile, the Secretary of State for Scotland, Mr George Younger has announced he will not bend the rules on the Dr Gabriel Scally, from Belfast, said planning was not only not possible, it was a waste of resources and brought the possibility of war nearer by making people think it was survivable.

However, Dr Stuart Horner, the committee chairman, said: "I believe that district medical officers have a duty to plan for all likely contingencies. devastation that woul caused by nuclear war.

Dr Gabriel Scally, The list, being compiled by the Nuclear Industry Radioactive Waste Executive, based at Harwell, the headquarters of the UK Atomic Energy Authority, will be announced in the autumn. Mr Younger told the Sunday Standard: "I would emphasise, as did the White Paper on the disposal of nuclear waste, that any disposal facility would have to have planning permission and that there would also have to be provision for public inquiries. The fullest possible consultation would take place." dumping of nuclear waste although a Government agency is already drawing up a list of possible sites in Scotland. executive, which includes representatives of the South of Scotland Electricity Board, said: "We have had a number of offers from individual landowners regarding the use of their property for the dumping of the waste which we are The Government White Paper emphasised the importance of finding long-term disposal facilities for intermediate nuclear waste from power stations. At the moment, in Scotland, it is stored at Hunterston, Chapelcross and Dounreay nuclear power

"It would be prudent to assume that a nuclear attack would produce the maximum amount of damage, destruction and disruption . . . thus all emergency planning thould be beed on an 80 per

On the other hand the BMA's Board of Science

which could be "productive."

The plan accepts that the resources (Trent has 9,434 acute beds) "could be inadequate" to deal with all casualties. There are detailed schemes for setting up casualty centres, manned by volunteers and GPs, but health service staff will not be allowed to enter radiation

Nuclear wonder pills pile up

for the nuclear