

## Emergency planning

# A war of ideas

At a college in Yorkshire groups including NHS officers and voluntary organisations have attended courses on civil defence. Are they playing silly games or does the college serve a purpose? Peter Davies investigates

THE HOME OFFICE Civil Defence College at Easingwold, 10 miles north of York, lies discreetly beyond a checkpoint at the end of a long drive linking it to the main road. The college doesn't advertise its presence; a sign at the entrance announces simply 'Hawkhills', the name of the estate.

Since 1973 the college has been running courses in civil defence for many groups, and for the past six years, these have included NHS officers and the voluntary organisations which are foreseen as playing a vital role in maintaining health care after a war. Its 15 tutors are mostly retired army or air force officers with a staff college background.

'Training people to recognise and accept their responsibilities is essential to our work', explained the college's vice-principal George Harrison. 'The main purpose is to alert or enhance their understanding, but we've never been in the business of training them how to do a job — just informing them of central government policy.'

Mr Harrison is one of the few members of the tutorial staff without a military background. He describes himself as a 'dyed in the wool civil servant', who has worked for the Home Office for 37 years, mostly in its schools and colleges.

The college has, so far, run nine courses for NHS officers, each lasting three and a half days and accommodating up to 70 people from administrators, general practitioners and regional medical officers to blood transfusion staff. 'The course is developing all the time', Mr Harrison said.

### Stockpiling drugs and medical equipment

Students are currently schooled in the effects of weapons, the warning system, the machinery of government in war, stockpiling drugs and medical equipment, the role of the uniformed services and voluntary organisations, DHSS policy, and environmental problems. They finish with a 'health service workshop' on the problems likely to face NHS officers in wartime.

The NHS courses attract 'one of the most interesting bunch of students' according to college staff — highly motivated, with open minds and questioning attitudes. 'If there's any scepticism they don't tend to exploit it or bring it out to the full', Mr Harrison said.

Every regional health authority now has a health emergency planning officer, whose duties may or may not include planning for major peacetime disasters such as air crashes, motorway pile-ups, industrial accidents or floods and heavy snow. 'Some would go for

a straightforward civil defence plan and extract what's useful for major emergencies', Mr Harrison said. 'Others would tackle it the other way round.'

Critics of the emergency planning officer appointments focus on the fundamental differences between planning for nuclear war and major accidents or natural disasters. BMA council member Dr Jeffrey Cundy of Lewisham Hospital said: 'Most doctors would feel that the money that is being spent beyond major accident planning should be spent on clinical care . . . We regret that money is being spent on planning the unplannable.'

Another doctor resented the fact that the Department of Health's draft circular on civil defence tried to blur these distinctions. 'It makes out that it's all part of the same spectrum. I don't think that holds water', said South Bedfordshire HA's Dr Peter Sims. 'If you plan for a peacetime emergency you concentrate resources and put the injured and dying in high technology hospitals, outside the area.' In wartime, many of the presumed resources might not be available.

The college maintains that it is difficult for officers to draw such a dividing line. 'The big approach here is that civil defence is just carrying on your normal activity under extraordinary conditions.'

Essential to this argument is the assumption that a nuclear exchange may not necessarily escalate into mass bombing or all-out war. College tutors use a swingometer device illustrating the possible stages leading up to a conflict, from conventional attack to high level and low level nuclear attacks.

'For officers who resist civil defence it is difficult to define where their peace and war duties end', Mr Harrison claimed. 'A threat could develop at any time, and then recede. It's difficult to define the point where people stop and go no further.'

He welcomes sceptics and cynics on college courses. The most unlikely candidates have gone away well-motivated, Mr Harrison claims. They tended to be surprised at what could be done in situations they previously thought hopeless. Students are asked three questions. Could there be a war? Could there be survivors? Do you plan to care for them?

'Civil defence is a humanitarian activity', Mr Harrison said. The college divorces itself from the argument that preparing for war could make it more likely. 'We're concerned that if there are damage and casualties, there's a job to be done'.

It is clear from government circulars that voluntary aid societies will have a major role

to play. The Department of Health's draft circular on civil defence says that districts should arrange for voluntary aid societies to be consulted about setting up first aid posts (FAPs) and casualty collecting centres (CCCs).

The Home Office circular on emergency planning states that the British Red Cross Society and the St John Ambulance Association can make a 'unique contribution' to training volunteers for manning FAPs and CCCs, and looks to the Civil Defence College to take the lead in harnessing voluntary effort. 'To accord with the assumptions governing civil defence planning', the circular says, 'all this voluntary support must be maintained at a high state of readiness'.

### Volunteers aware of the magnitude of a nuclear strike

The college runs regular courses for the Red Cross, St John Ambulance and the Women's Royal Voluntary Service. 'What has impressed me most', Mr Harrison commented, 'is that the voluntary aid societies are aware of the possible magnitude of a nuclear strike, but see it as a progression of their day-to-day work.'

The Red Cross's emergency planning officer, Colonel Derek Chapman explained: 'It's very emotional, this nuclear war business. We train for a situation in which there will be a large number of casualties. To be honest, we're not very detailed as to how they got here or where they have come from, or who they are.'

George Harrison pointed out that in a nuclear war volunteers would have to be aware of radiation, and of how to treat people suffering from it. 'The main difference between a major emergency and nuclear attack is that you're working with different sorts of people. In a major emergency you can expect resources from outside, and you can move people out of danger.'

The Red Cross's ideal volunteer is a nurse who has given up full-time employment to bring up a family, according to Colonel Chapman. 'She is more than qualified for what we would ask her to do, and available for a lot of the time when the kids are at school. But a hospital probably couldn't use her services.'

Many of the Red Cross's volunteers also work in the NHS, as doctors or nurses. In the event of war they, along with trained first aiders, could have to decide who was worth treating and who could only be left to die.

The Red Cross and St John Ambulance have set up joint executive emergency

committees in each of their county branches to liaise with local and health authorities about disaster plans, and the Home Office is looking at standardising volunteer training, and specifying volunteers' roles in more detail.

In addition, a working party of health emergency planning officers chaired by Trent RHA's EPO, Jack Costley, has considered the possibility of HAs offering volunteers paramedical training. 'This type of liaison in peacetime is of paramount importance', he said. 'Generally, there's nothing like it existing at the moment.'

How enthusiastic are health authorities to make use of this voluntary support? North West Thames RHA's Lawrie Coe, who is health emergency planning officer for all of Greater London said: 'In a true wartime situation the potential for additional help for the existing authorities is great.'

### Peacetime emergencies cannot be compared to war

But he thinks that the common ground between civil defence and planning for peacetime emergencies is 'more apparent than real'. One is not an extension of the other. 'You're talking about 40, 50 or 100 casualties in peacetime, many of them minor and all in one piece. You just can't compare that to war', Mr Coe said.

And while volunteers had a role to play at large organised public occasions, there seemed to be little need for them during major peacetime emergencies.

But Mr Coe reports good cooperation between HAs and volunteers in recent civil defence exercises. Haringey HA made several premises available for Operation Crashpoint Plus last October. This had a peacetime scenario of escalating terrorism, and Mr Coe praised the expertise of the volunteers taking part. 'They're so good it's not true.'

The NHS supplies equipment for such occasions. It has stockpiles of stretchers, inhalers, glass syringes, beds and pallettes, which have been located in five depots for the past 30 years. 'They're all in very good condition, although they're ancient', Mr Coe said.

The Department of Health allocates less than £500,000 a year for civil defence in English and Welsh health authorities, according to Mr Coe. His own department consists of an assistant and a shorthand typist. 'Because we're very economical we're able to save a little bit of money for exercises.'

He distinguishes between planning and preparing for war. The Government permits planning, but not preparation, 'until the international situation gets really much worse'.

But would these elaborate plans work in a real emergency? 'You can never be sure they will work, but you can try', Mr Coe said.

George Harrison identified potential weaknesses of civil defence plans. Those drawn up in isolation would be particularly prone to gaps or overlaps. 'When you make a plan it's no good keeping it on paper. Even the simplest plan has to be tested.'

Perhaps the biggest weakness is that some authorities are not convinced of the value of civil defence plans at all. One emergency



*A casualty in Operation Crashpoint Plus.*

planning officer said that he was left to get on with anything that kept the Department of Health happy. 'But I'm not meant to rock the boat. If I keep low and cope with it, it's super. No one wants me to raise anything.'

And West Midlands RHA was publicly opposed to appointing an EPO until its present chairman took over two years ago. Since then it has had difficulty in recruiting anyone for the post, which it saw as suitable for an administrator supported by a specialist in community medicine. The post has finally gone to someone transferred from the RHA's service planning division. No suitable specialist in community medicine has yet been found.

Some doctors oppose civil defence planning on grounds of conscience, and have twice pressed the BMA to allow them to opt out if they wish, as doctors opposed to abortion are able to do. Dr Peter Sims from South Bedfordshire HA claimed that, of the members of the BMA's working party on the effect of nuclear weapons, only the Home Office representative believed a limited strike was a likely possibility. 'And a one megaton

bomb would fill every acute bed in the county', Dr Sims said.

In practice doctors opposed to civil defence simply dragged their feet, or publicised the absurdities of the plans, he said. Dr Cundy poured scorn on HAs that produced 'massive great tomes' to plan for nuclear war. 'Lewisham has a lovely plan that every school is turned into a casualty clearing centre, and we all go round taking drugs out of pharmacies and old people's homes and stockpiling them. But without massive resources you just could not hope to cope with even one per cent of casualties.'

One community physician had calculated that the minimum necessary stockpile of drugs he would need amounted to £5m. 'If I'm given £5m I want to fund a hip replacement unit — a higher priority', Dr Cundy said.

One observer characterised civil defence planners as 'a group of boy scouts playing at Armageddon'. Despite the Civil Defence College's efforts and a barrage of government circulars it seems there is a long way to go before the NHS rejects this image. □