

THE NATIONAL PLAN
for
Civil Defense and Defense Mobilization

Annex 17
DISASTER SERVICES



Executive Office of the President
OFFICE OF CIVIL AND DEFENSE MOBILIZATION

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Preface

This annex supports and amplifies the National Plan for Civil Defense and Defense Mobilization, particularly Part V, Section H, **Disaster Services**. It states the principles, responsibilities, requirements and broad courses of nonmilitary action incident to this subject.

Auxiliary documents will be issued as necessary and will be subordinate to and compatible with this annex and the National Plan.

The annex is published in looseleaf form in order that pages may be added or replaced easily whenever revisions are made.



Director

Office of Civil and Defense Mobilization



Issued January, 1959

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DISASTER SERVICES

I. Definition

Disaster services are functions performed locally and under emergency conditions to minimize those attack effects, direct or indirect, immediately endangering life and property or hindering recovery efforts. As used herein, they also include development of the capability for such emergency performance. Disaster services include, but are not limited to:

- A. Casualty care and emergency public health
- B. Emergency welfare services
- C. Rescue
- D. Debris clearance
- E. Fire protection
- F. Decontamination.

The term also applies to similar emergency actions to avert or alleviate the effects of natural disasters and other calamities not caused by armed attack. This definition does not limit, or in any way affect, the responsibilities of the American National Red Cross, as defined by law (33 Stat. 599 and 36 USC 3), or specifically assigned or authorized natural disaster responsibilities of government agencies.¹

¹See Annex 40, NATURAL DISASTER MANUAL.



II. Assumptions²

A. It is assumed that disaster services are principally local, limited in time, and intended primarily to respond only to the immediate emergency situation. Therefore, priority in the use of resources, manpower and equipment may be given to disaster services only to the extent that such priority is compatible with total preparatory, emergency and rehabilitation requirements of the Nation.

B. It is assumed that in disaster situations not caused by a nuclear attack, disaster services may have a greater proportionate influence on survival and, therefore, may command a proportionately greater part of the total civil defense effort.

III. General Responsibilities

A. Federal

The Federal Government is responsible for acquiring and storing limited quantities of supplies and equipment for disaster service operations as a general reserve, and for providing financial and technical assistance to the States and their political subdivisions for the accumulation of supplies and equipment and the recruitment and training of personnel for disaster services.

²See Part I of the NATIONAL PLAN and Annex 1, PLANNING BASIS.

Federal disaster service capabilities shall be made available to augment State and local resources as soon as possible in emergency, when not required for emergency activities of the Federal Government. An appropriate portion of the total of Federal disaster services materiel shall be committed only for reestablishment of a minimum level of regular community disaster service capability for the surviving population.

Field offices of appropriate Federal agencies shall assist the States in providing disaster services.

B. State and Local

States and their political subdivisions will accumulate necessary supplies and equipment and recruit and train personnel in disaster services.

In emergency, the State is responsible for evaluating the total situation within the State, directing the movement of populations away from danger areas and committing State disaster forces, including those made available by invocation of interstate compacts, as indicated by the situation. States will also use, where appropriate, resources of nongovernmental organizations. Requests for needed support will be made to the OCDM Regional Director. Capabilities excess to the needs of the States will also be reported to the Regional Director when requested. Where prearranged State and national plans exist, requests for support and reports of excess capabilities may be made by State or local governments to field establishments of appropriate Federal agencies.



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Local governments are responsible for directing the movement of populations away from danger areas, committing disaster forces under their control as required by the situation, evaluating their capabilities and notifying the State as to deficiencies or excess capabilities. In accordance with prearranged State and national plans, notification may also be made to the field offices of appropriate Federal agencies. Due consideration will be given to the continuing requirements for disaster services in emergency commitment actions.

C. Private Organizations and Individuals³

Individuals and families are responsible for sustaining themselves in an emergency and for contributing to their community and State disaster service operations, including the necessary preparatory measures. Industries and organizations — professional, labor, service, religious, civic and social—are responsible for making such contributions to the preparations for and performance of disaster services as may be possible.

IV. Functions

A. Casualty Care and Emergency Public Health⁴

1. Objectives

- a. Emergency medical and related aid for those ill or injured because of or coincident with enemy attack or other disaster, including first aid, ambulance service and medical, surgical

³See Annex 2, INDIVIDUAL ACTION.

⁴See Annex 18, NATIONAL MEDICAL AND HEALTH PLAN.

and dental care in all of their specialties and adjunct therapeutic fields.

- b. Identification, control and treatment of communicable diseases.
- c. Sanitation of milk and food, prevention and alleviation of water pollution, and control of insects, rodents and other public health hazards.

2. Actions Required

- a. Accumulate stocks of essential medicines, chemical supplies, materials and equipment estimated to be in short supply under emergency conditions.
- b. Educate the public in methods of self care in emergency.
- c. Train professional personnel in unique functions and principles of disaster care where required.
- d. Train and organize medical auxiliary personnel.
- e. Establish emergency organizations and procedures.
- f. Conduct necessary research into casualty care and emergency public health standards, methods, organization, medicines, materials and equipment.



B. Emergency Welfare Services⁵

1. Objectives

- a. Feeding, clothing and housing (including lodg-

⁵See Annex 19, MASS CARE AND ASSISTANCE; Annex 20, REGISTRATION AND INFORMATION, and Annex 31, NATIONAL FOOD PLAN.

ing in private and congregate facilities), under disaster conditions, evacuees and resident populations as needed.

- b. Registering displaced populations, locating and reuniting families, answering inquiries about the safety and whereabouts of individuals and families, and collecting and supplying information to displaced populations and others regarding available resources and services.
 - c. Care of unaccompanied children, the aged, the handicapped and other groups needing specialized care or service.
 - d. Financial assistance, or assistance in kind, counseling and referral services to families and individuals, and all other feasible welfare aid and services as required to reestablish family life and enable the surviving population to become adjusted to the postattack environment.
 - e. Aid to welfare institutions under national emergency or postattack conditions.
2. Actions Required
- a. Determine requirements and measures for the establishment of an operational capability and maintenance of a state of readiness for all aspects of emergency welfare services.
 - b. Accumulate or otherwise reserve stocks of such essentials as food, clothing and emergency cover to sustain survivors during disaster periods.
 - c. Educate the public to the need for conservation

and sharing of available resources and to the potentials of substitution and use of unconventional resources.

- d. Develop methods and procedures for obtaining and disseminating information on survivors.
- e. Train and organize professional personnel and auxiliaries to perform emergency welfare services.
- f. Conduct appropriate research into emergency welfare methods, organization, materials and equipment.

C. Rescue

1. Objectives

- a. Locating and extricating persons entrapped in damaged buildings, shelters, vehicles and other enclosures.
- b. Recovery of critical supplies, materials and equipment from similar places.

2. Actions Required

- a. Accumulate or otherwise provide for rescue materials and equipment.
- b. Educate the public in the rudiments of light rescue practices.
- c. Train professional and auxiliary personnel.
- d. Establish emergency organization and procedures.
- e. Conduct necessary research into rescue techniques and equipment.



D. Debris Clearance

1. Objectives

Removal under emergency conditions of debris and rubble from streets, highways, rail centers, dock facilities, airports, shelters and other such areas as necessary to permit recovery or movement of people and resources, emergency operations, and repair or reconstruction of facilities.

2. Actions Required

- a. Train government and private organizations in techniques of debris clearance.
- b. Organize available personnel and equipment on a standby basis for emergency.
- c. Conduct research into techniques and equipment for debris clearance under emergency conditions.

E. Fire Protection⁶

1. Objective

Protection of life and property from fire.

2. Actions Required

- a. Accumulate reserves of necessary supplies and equipment expected to be in short supply during emergency.
- b. Educate the public in fire prevention and fire fighting techniques.
- c. Train local fire organization personnel, including auxiliaries, in techniques of combatting mass fires.

⁶See Annex 21, NATIONAL FIRE PROTECTION PLAN.

- d. Conduct necessary research into the nature and characteristics of attack-caused fires and into methods and equipment for combatting them.

F. Decontamination⁷

1. Objective

To reduce the hazard associated with an object or area by absorbing, destroying, neutralizing, making harmless or removing chemical, biological, radiological or toxicological agents clinging to or around it.

2. Actions Required

- a. Accumulate necessary materials and equipment not ordinarily available or expected to be in short supply during emergency.
- b. Educate the public in decontamination methods.
- c. Train government, auxiliary and community-services personnel in decontamination methods.
- d. Conduct necessary research into the causes and effects of contamination and into preventive and remedial measures.



V. Execution

A. Preparations for and conduct of disaster services will be directed primarily by local governments, in accordance with Part IV, Section B and Part V, Section H of the National Plan for Civil Defense and Defense

⁷See Annex 23, NATIONAL RADIOLOGICAL DEFENSE PLAN, and Annex 24, NATIONAL BIOLOGICAL AND CHEMICAL WARFARE DEFENSE PLAN.

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Mobilization, other applicable sections of the National Plan and appropriate annexes and other documents subordinate to the National Plan.

B. Assistance to States for the preparation and conduct of disaster services will be provided by the Federal Government under the direction of the Director, Office of Civil and Defense Mobilization, through such other officials and organizations as he may designate. Assistance will be rendered in accordance with applicable sections of the National Plan, its annexes and such other rules and regulations as are or may be prescribed.

THE NATIONAL PLAN
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Civil Defense and Defense Mobilization

Annex 18
NATIONAL HEALTH PLAN



Executive Office of the President
OFFICE OF CIVIL AND DEFENSE MOBILIZATION

OFFICE OF STATE AND DEFENSE MOBILIZATION

Executive Order 9801, 1945



NATIONAL HEALTH PLAN

Appendix B

Plan for National Health Insurance

1945

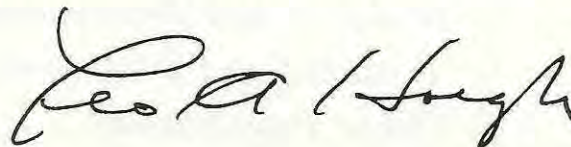
THE NATIONAL PLAN

Preface

This annex supports and amplifies the National Plan for Civil Defense and Defense Mobilization, particularly Part V, Section H, **Disaster Services**; Part VI, **Functions for Mobilization and Management of Resources and Production**; and Part VII, **Supporting Functions**, as they relate to health matters. It states the principles, responsibilities, requirements, and broad courses of action by governmental and other organized health elements of the Nation to insure readiness on the part of the Nation's health community to make its proper contribution to the national survival.

Auxiliary documents will be issued as necessary and will be subordinate to and compatible with this annex and the National Plan.

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ANNEX 18

NATIONAL HEALTH PLAN

I. Definitions

A. Health services are functions performed to prevent the impairment of, to restore, and to improve the physical and mental condition of human beings. The term as used herein includes the development of a capability for the emergency performance of those functions.

“Health services” means medical and dental care in all of their specialties and adjunct therapeutics fields, and the planning, provision, and operation of first aid and emergency medical care stations, hospitals, and clinics; preventive health services, including detection, identification, and control of communicable diseases, their vectors, and other public health hazards; inspection and control of purity of food, drugs, and biologicals; food and milk sanitation; public water supplies; sewage and other waste disposal; registration and disposal of the dead; prevention and alleviation of water pollution; vital statistics services; preventive and curative care related to human exposure to radiological, chemical, and biological warfare agents;¹ and rehabilitation and related services for disabled survivors.

B. “Health manpower”² means:

1. Physicians (including osteopaths), dentists, sanitary engineers, and registered nurses.

¹See Annex 23, National Radiological Defense Plan, and Annex 24, National Biological and Chemical Warfare Defense Plan.

²Health manpower, including essential and supporting health skills, is listed in an appendix to this annex.



2. Those other occupations included in the List of Health Manpower Occupations prepared in consultation with the Department of Labor and the Department of Health, Education, and Welfare.

3. Such other personnel as may be allotted by the Department of Labor in an emergency.

C. "Health resources" means manpower, materiel, and facilities required to prevent the impairment of, improve, and restore the physical and mental health conditions of the civilian population.

II. Assumptions³

A. Postattack, in many places, organized health services will be disrupted or nonexistent for extended periods, requiring individual, family, and group self-sufficiency. Therefore, health services in those places would be available only to the degree that there has been preattack training and preparation by individuals, families, and groups. Emotional stresses resulting from mass destruction and drastic changes in living conditions would intensify the health problem.

B. There will be severe shortages of health resources—manpower, materiel, and facilities—requiring austerity in their use, improvisation, and maximum use of auxiliary personnel, directed toward the maintenance of the health of the surviving well population and the restoration of the health and the return to productive activity of the greatest possible number of disabled people.

C. Active duty personnel of the Armed Forces would be available to assist in postattack civilian medical care operations only to the extent not required for

³See Annex 1, Planning Basis.

the primary military mission.⁴ The Ready Reserve would be immediately available to the Armed Forces in an emergency. Standby Reservists would be available for active duty upon determinations of availability by the Selective Service System; in such determinations full consideration would be given to the needs of civil defense. Orders to active duty of Standby Reservists would be postponed to the extent feasible in attacked areas. Pending their order to active duty, reservists would be available as civilians for civil defense duties.

III. General Responsibilities and Organization

A. Federal

1. Office of Civil and Defense Mobilization

a. Responsibility for health resources acquisition, management, and control rests with the Office of Civil and Defense Mobilization. Prior to an enemy attack or declaration of a civil defense emergency, OCDM coordinates and directs the development of plans to insure maximum availability, effective control, and efficient operation of health resources after an attack. During a civil defense emergency, OCDM, acting on behalf of the President, would have the following responsibilities regarding health resources: Directing, controlling, and coordinating their mobilization; allocating between military and nonmilitary; and reviewing the use of the Nation's health resources.

b. To assist in the discharge of the previously mentioned responsibilities, the Director of

⁴See Annex 7, Role of the Military.



OCDM has established two advisory groups. One, the Health Resources Advisory Committee, consists of representatives from the nongovernmental portion of the Nation's health community. The other, the Inter-agency Health Advisory Board, consists of representatives of the Federal Executive Branch agencies having functions in the health field. Because of specialized problems involved, the Health Resources Advisory Committee established the Committee on Blood to assist in this area.

2. Department of Health, Education, and Welfare

Subject to the policy direction and central program control of OCDM, DHEW has the primary responsibility in the Federal Government for civil defense health and civilian health mobilization programs.

In cooperation with professional organizations and government agencies, DHEW plans and administers programs for the mobilization and utilization of health resources—manpower, materiel, and facilities—for the provision of civilian health services under emergency conditions.

DHEW is responsible for initiating the development of joint plans for the coordination of civilian health services emergency programs of those Federal agencies which normally have legal responsibilities for any segment of such activities. Such agencies include but are not limited to the Veterans Administration, the Department of the Treasury, the Department of Agriculture, the Department of Commerce, and the Housing and Home Finance Agency.⁵

⁵See Annex 5, Federal Delegations and Assignments.

Under the overall guidance of the OCDM Regional Offices, the regional offices of DHEW will coordinate with regional offices of other Federal agencies in giving Federal guidance and assistance to the States in providing health services. DHEW will seek advice from appropriate nongovernmental health authorities with regard to the Department's civil defense health and civilian health mobilization responsibilities. In furthering these civil defense health responsibilities, a consultant group of nongovernmental health authorities will be appointed to advise the Public Health Service.

3. Department of Defense

To the extent compatible with its primary military mission, the Department of Defense will assist and support DHEW in providing emergency health services to the surviving population, with all health resources—manpower, materiel, and facilities—at its disposal not required for its primary military mission.⁶

B. State and Local

The State and local health departments have statutory primary health roles at their respective levels under the direction of the Chief Executive of the State or political subdivision. With coordination by State and local civil defense directors, they will provide leadership in the preparation and execution of State and local civil defense health plans. When any health services are performed by a State agency other than the State Health Department, that agency will prepare for emergency aspects of such services. While Federal and State guidance and coordination is necessary and must be assured, it is at the local level that health services

⁶See Annex 7, Role of the Military.



will be provided, and the success of preattack planning will be determined. Where no local government health agency exists, the government structure still has the responsibility for insuring provision of emergency health services.

C. Professional Organizations

1. In accordance with Part III, Section E, of the National Plan, the American Medical Association, Association of American Medical Colleges, American Public Health Association, American Hospital Association, American Dental Association, American Nurses Association, National League for Nursing, American Osteopathic Association, Association of State and Territorial Health Officers, American Veterinary Medical Association, American Pharmaceutical Association, American Society of Civil Engineers, American Water Works Association, Federation of Sewage and Industrial Wastes Associations, and other national health professional associations have a responsibility to advise OCDM and DHEW in organization and planning, training, education, research, and other functions pertinent to each association. The respective associations are encouraged to establish committees for this task.
2. American industries which manufacture health supplies and equipment have a responsibility to give guidance to OCDM and DHEW on the methods that should be employed to reduce the anticipated postattack shortages of such supplies and equipment.
3. The American National Red Cross, with its network of area offices and local chapters, has experience in disaster relief, operation of blood

programs, and the organization and operation of public training programs in first aid, in home nursing, and for nurses aides. It is responsible for assisting at all levels in the development of plans and programs for emergency health services and in the execution of those plans and programs.

4. The Joint Blood Council, representing the non-governmental blood-collecting facilities of the Nation, is an instrument of the American Medical Association, the American Hospital Association, the American Society of Clinical Pathologists, the American Association of Blood Banks, and the American National Red Cross. The Joint Blood Council is responsible for assisting in activities designed to increase the supply of blood needed in the postattack period.
5. State and local societies of the professional organizations in subsection C.1., together with other health professional organizations, will be responsible for assisting State and local government agencies in the preparation and execution of their civil defense health plans.

D. Health Personnel

Every physician (including osteopath), hospital administrator, dentist, sanitary engineer, pharmacist, registered nurse, or other individual possessing any of the essential health skills is responsible for taking an active part in civil defense and defense mobilization planning and training in his community. Training will be directed to the physician to improve his capacity to meet the total health needs of his community. To conserve physicians' higher skills under emergency conditions, nurses, dentists, and veterinarians should be trained to perform selected duties which in normal times



would be performed by physicians. Nurses aides should develop ability to perform some of the duties normally performed by registered nurses. The same principles should apply to all other professional and auxiliary health personnel.

E. The Public

Individuals and families are responsible for maintaining their state of health at a high level, including currency of immunizations, and for preparedness measures that will insure postattack availability of the skills and supplies required to provide group, family, or individual self-help until organized health services become available. Each family group is responsible for having at least one member trained in lifesaving emergency self-help measures,⁷ and should be prepared to exist on personal stocks of survival items in homes and shelter areas for two weeks following attack.⁸

IV. Functions

A. Organization and Planning

1. Objective

- a. To identify and if necessary establish, at all levels of government, organizations to discharge health operational responsibilities in time of a national emergency.
- b. To assure effective use of available health resources in event of a national emergency.
- c. To identify disparities between supply and anticipated need of resources in event of a national emergency.

⁷See Annex 2, Individual Action.

⁸Medical treatment and first aid will be covered by an appendix to this annex.

- d. To facilitate assistance from nongovernmental organizations.
2. Actions Required
 - a. Continuous policy direction and central program control by OCDM over civil defense and defense mobilization activities of DHEW in the health field.
 - b. Continuous review of health elements of State Operational Survival Plans by States with DHEW assistance to improve and refine these plans and to insure their currency.
 - c. Use of normal Federal-State channels of DHEW (i.e., the existing Public Health Service-State health department relationship, and the Food and Drug Administration and cooperating State officials), through the DHEW regional offices, for civil defense health and civilian health mobilization activities.⁹
 - d. Guidance and assistance to States by DHEW through consultation, loan of personnel, financial support, and assistance for health programs under provisions of Section 201 (i) and 205 of the Federal Civil Defense Act of 1950, as amended, and periodic activation of PHS commissioned Reserve officers not on full-time active duty, for temporary assignments to States.
 - e. Guidance and assistance to local communities by States to develop plans and programs that are consistent with State Operational Survival Plans and with Operational Survival Plans of contiguous areas in or out of the State.

⁹Subject to the coordination and, in appropriate circumstances, direction by the OCDM Regional Directors of the civil defense and defense mobilization activities of Federal agency field establishments. See Annex 3, Organization for Civil Defense and Defense Mobilization.



- f. State planning for areas in the State not covered by local plans.
- g. Cooperation of all nongovernmental professional health associations with the corresponding units of government at all levels.

B. Resource Mobilization

1. Objective

To use the health resources and related resources of the Nation on the basis of advanced plans, inventories, organization, and standards to provide optimum health services in a national emergency.

2. Actions Required

a. Health Manpower¹⁰

- (1) Management and control of essential health skills by OCDM, DHEW, and DOD with advice and assistance of appropriate professional health and consumer associations.
- (2) Establishment and maintenance of a current inventory of professional and other appropriate health manpower in each local area and consolidation of this information at State, regional, and national levels.
- (3) Identification by the Department of Labor (for emergency allocation to the health mission if necessary) of personnel in the general manpower pool who possess essential and supporting health skills other than their primary skill classification.
- (4) Maintenance of close working relationships between the health agencies and the Department of Labor.

¹⁰See Annex 30, National Manpower Plan.

- (5) Management, with the guidance and assistance of the Department of Labor, of supporting health and such other personnel as may be allocated to health activities in providing health services.

b. Health Materiel

- (1) Planning and actions by appropriate agencies to assure adequate postattack supplies of essential health items, and preparation of recommendations to appropriate sources for required monetary support.
- (2) Management of Federal emergency health stockpiles, including procurement, prepositioning, dispersion, protection of storage sites, inspection, rotation of items that have a termination-of-use date, and disposal, rejuvenation, or salvage of outdated, functionally obsolete, or damaged materiel.
- (3) Guidance to States in the purchase of health materiel for civil defense purposes, including assistance through the Federal Contributions Program.¹¹
- (4) Development of plans for standby production and postattack emergency production of substitute health items, and for industry-government storage and distribution actions such as increasing inventories by producers, wholesalers, and large consumers—e.g., clinics, hospitals, and water supply and sewage disposal plants.

¹¹See Annex 38, Federal Assistance.



- (5) Development of plans for utilization of health materiel in stockpile, including wide dissemination of information as to where and how consumers may obtain the materiel in an emergency.
 - (6) Plans and standards for conservation and substitution of drugs and other health materiel.
- c. Health Facilities
- (1) Preparation of plans for the emergency use of existing health facilities, including hospitals, public health and clinical laboratories, and water supply plants. Planning activities would provide for such matters as modification or expansion of facilities, movement of staff to alternate location, emergency power source, movement of existing patients, and increasing patient capacity.
 - (2) Selection of structures for development of emergency medical care facilities such as private clinics or nursing homes, hotels, penal institutions, motels, schools (preferably with dormitory facilities), or large garages or similar open-bay structures.¹²
 - (3) Consideration of new structures for possible use as emergency medical care facilities in their planning and construction stages, when reasonable design changes might make them more adaptable to health use in an emergency.

¹²Primary considerations in selecting or planning structures for use as emergency medical care facilities are ease of adaptation, accessibility, economically usable space, and protection against fallout. Under disaster operational conditions, refinements normally associated with medical facilities are not to be considered essential. Water supply, a method of heating in winter, and a method of illumination for night operations are essential. Sanitary facilities are desirable but may be improvised.

- (4) Training of qualified personnel, including staffs of existing health facilities, in the establishment and operation of emergency units and facilities.
- (5) Storage of Civil Defense Emergency Hospitals in secure locations, in or close to the building in which the hospital is to be set up and operated. The facilities should be capable of easy conversion to hospital use, or be an existing hospital that can be expanded to provide an increased patient capacity.
- (6) Establishment and maintenance of a current inventory of health facility resources in each local area, with the assistance of appropriate agencies and associations, and consolidation of this information at State, regional, and national levels, with the advice and assistance of appropriate agencies and associations.
- (7) Development of plans providing for mutual use of private facilities and local, State, and Federal governmental facilities by the sick and injured.



C. Research and Development¹³

1. Objectives

- a. To improve existing techniques and procedures for conducting civil defense and defense mobilization health activities, and to develop improved techniques and procedures for the prevention, detection, diagnosis, and treatment of illness and injury and the initiation and maintenance of environmental health controls under disaster conditions.

¹³See Annex 36, Research and Development.

- b. To improve health defense measures against radiological, biological, and chemical warfare and to determine their most efficient and effective application.
 - c. To develop new or improved health materiel and facilities.
2. Actions Required
- a. Maintenance of current information about health research being conducted by all government and nongovernment agencies which is related to the civil defense health mobilization of the Nation.
 - b. Provision of consultation and guidance to others doing research in the health aspects of civil defense and defense mobilization.
 - c. Conduct, directly or by contract, of health research of the Federal Government in civil defense and defense mobilization.
 - d. Participation in planning and conduct of multipurpose research projects with health aspects.

D. Training and Education¹⁴

1. Objectives

- a. To assure an understanding of basic health survival principles by each individual and a knowledge of first aid, home nursing, medical self-help, and emergency sanitation procedures by at least one member of each family group.
- b. To educate health personnel in community preparedness procedures, plans, policies, and emergency actions so that they will know their assignments and can discharge their postattack responsibilities.

¹⁴See Annex 37, Training and Education.

- c. To train medical, dental, veterinary, pharmacy, registered nursing, and other health personnel to assume increased health responsibilities postattack.
 - d. To train practical nurses and hospital aides, ambulance drivers and attendants, sanitation assistants, and other auxiliary health personnel to assume wider health responsibilities postattack.
 - e. To insure the ability of hospital and other health facility staffs to activate and operate emergency expansion or additional facilities.
2. Actions Required
- a. Study of health information educational needs of the general population.
 - b. Incorporation of appropriate health survival information into school curricula.
 - c. Orientation of first aid programs of organizations such as the American National Red Cross, the Boy Scouts of America, and the Bureau of Mines toward preparedness for disaster conditions.
 - d. Encouragement of and assistance to the medical, hospital administration, dental, nursing, osteopathy, sanitary engineering, pharmacy, veterinary, and related health professional schools to include disaster training in their undergraduate and graduate professional education programs.
 - e. Promotion of refresher courses and seminars in civil defense-related subjects for all health professionals.
 - f. Encouragement of private organizations such as the National Safety Council and Industrial Insurance Underwriters, as well as major industries, to include civil defense and



related subjects in recommended training programs, institutional safety programs, and industrial first aid and health programs.

- g. Active participation by health professional organizations in the planning and conduct of periodic alert exercises at all levels of government.
- h. Participation in health activities incident to natural disasters.

E. Public Information¹⁵

1. Objectives

- a. To keep the public informed of the problems in medical care and in public health anticipated in event of attack.
- b. To stimulate the public to prepare individually to cope with anticipated emergency health problems.
- c. To keep the public informed of what Federal, State, and local civil defense and health organizations are doing and what individuals should do to cope with anticipated health survival problems.

2. Actions Required

- a. Close coordination at all government levels between health public information actions and general civil defense and defense mobilization public information activities.
- b. Dissemination of health information by all available media—radio, television, newspapers, periodicals, pamphlets, and personal instruction contacts.
- c. Continuing cooperation between all government and nongovernment organizations with civil defense health training and education activities.

¹⁵See Annex 9, Public Information.

- d. Education of patients by their physicians in simple medical self-help.

F. Claimancy Adjudication and Allocation

1. Objective

To secure and maintain a balance in the use of the Nation's available and potential health resources—manpower, materiel, and facilities—which will insure optimum benefits from them in the Nation's survival actions.

2. Actions Required

- a. When the situation under any one of the three contingencies described in Part I of the National Plan so demands, health resources will be controlled. Prompt and continuing public information support will be provided to foster public acceptance and cooperation.

- b. Claims for health resources will be submitted to OCDM by.

- (1) Department of Defense for its resource requirements, including military assistance to allies.

- (2) Department of Health, Education, and Welfare for domestic nonmilitary resource requirements.

- (3) The Department of State for nonmilitary resource requirements for foreign areas.

- c. Primary allocations of health resources will be made in accordance with health policies promulgated from time to time by the Director of OCDM and will be made to these three claimants for the purpose of each. Allocations of common-use items will be made between health uses and nonhealth uses.



- d. In accordance with the primary allocations of health manpower, materiel, and facilities, the administrative actions essential to implement the allocation of health manpower will be taken by the Department of Labor, and administrative actions essential to implement the allocation of health materiel and materiel for alteration and construction of health facilities will be taken by the Department of Commerce. Staff competencies which these agencies need to deal with the specialized field of health will be provided or arranged for by OCDM.
- e. The distribution of health resources allocated by OCDM will be made by the Department of Defense to the Armed Forces of the United States and its allies; by DHEW through appropriate Federal and State agencies to all segments of the domestic nonmilitary health community, governmental and nongovernmental, and by the Department of State to foreign nonmilitary users.

V. Execution

A. General

Emergency plans will be put into operation at all levels upon declaration by the President of a civil defense emergency, or in the event of attack prior to such declaration. They may be activated in whole or in part under less demanding circumstances in a particular area or areas upon direction of duly constituted authority in such area or areas.

B. The Public

Immediately following an attack, individuals, families, and groups will aid themselves and each other until locally organized health forces start functioning.

C. Local

Immediately upon attack or declaration of emergency, local governments, which are the primary sources of effective health services, will perform their functions with resources on hand until outside aid from other localities or the State or Federal government becomes available.

D. State

As promptly as possible following attack or declaration of emergency, the State will evaluate the total health situation and assume responsibility for executing emergency health plans within the State.

E. Federal

When State resources are insufficient to provide required health services, the Federal Government will augment them as soon as possible with Federal health resources not required for emergency activities of the Federal Government. Requests for Federal support will be made to the OCDM Regional Director, or if the urgency of the situation demands, to the field representatives of DHEW for nonmilitary health resources and to the local military commander for military health resources. In the event a State government is unable to act, the Federal Government will assume responsibility to the extent necessary to provide the best possible health services to the surviving population in the particular area or areas.



THE NATIONAL PLAN
for
Civil Defense and Defense Mobilization

Annex 19
EMERGENCY WELFARE

**This annex also includes the originally planned
Annex 20, Registration and Information**



Executive Office of the President
OFFICE OF CIVIL AND DEFENSE MOBILIZATION

NOTICE

**to Users of the National Plan
for Civil Defense and Defense Mobilization**

Annex 20, *Registration and Information*, has been
incorporated into Annex 19, *Emergency Welfare*

Preface

This annex supports and amplifies the National Plan for Civil Defense and Defense Mobilization, particularly Part V, Section H, **Disaster Services**. It states the principles, responsibilities, requirements, and broad courses of nonmilitary action incident to this subject.

Auxiliary documents will be issued as necessary and will be subordinate to and compatible with this annex and the National Plan.

The annex is published in looseleaf form in order that pages may be added or replaced easily whenever revisions are made.



Director

Office of Civil and Defense Mobilization



Issued October 1959

(NOTE: This annex also includes the originally planned Annex 20, Registration and Information.)

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ANNEX 19

EMERGENCY WELFARE

I. Definition

For the purpose of this annex, emergency welfare services mean locally provided measures for feeding; clothing; housing or lodging in private and congregate facilities; registration and information; locating and reuniting families; care of unaccompanied children, the aged, the handicapped, and other groups needing specialized care or services; necessary financial assistance or assistance in kind; counseling and referral services to families and individuals; aid to welfare institutions under national emergency or postattack conditions; and all other feasible welfare aid and services to people in need during a civil defense emergency. Such measures include organization, direction, and provision of these services to be instituted before attack, in the event of strategic or tactical evacuation, and after attack.¹

The emergency welfare measures set forth herein are those of government, not necessarily its emergency welfare "service," agency, or organization.

II. Assumptions²

A. The ability of individuals and families to provide for their own maintenance and other survival needs

¹See Annex 17, Disaster Services.

²See Annex 1, Planning Basis.



for a minimum of 2 weeks following attack is basic to the development of a maximum capability in emergency welfare services at the local level.³

B. Large groups of the postattack population will be geographically isolated, requiring each local and State government to be self-sufficient in providing essential welfare services to resident and evacuee populations. This capability should be adequate for a minimum of 4 weeks.

C. Residual radiation may be of sufficient intensity in some communities to deny their use as residential or reception areas, and evacuation to safer areas may be necessary. The surviving population may be confined for varying periods of time in shelter.

D. The incidence of sickness and injury postattack will be many times greater than preattack, and there will be limited provision of organized health services. Behavior and self-sufficiency of the surviving population will be adversely affected by emotional stresses.

E. Registration of displaced persons, including the hospitalized and the dead, will be essential in determining the whereabouts of surviving populations, in relocating individuals and families, and in executing emergency housing assignments. Evacuee and resident populations will require information regarding welfare facilities and services.

F. Because of disruption of public utilities, wholesale and retail distribution systems, established social welfare services and benefits, and community educational and religious institutions, emergency welfare services will be increasingly difficult to perform.

³See Annex 2, Individual Action.

III. General Responsibilities

A. Federal

1. The Federal Government is responsible for:
 - a. Directing and coordinating the total national emergency welfare effort.
 - b. Assisting the States and their political subdivisions, through field establishments of appropriate Federal departments and agencies, in providing welfare services, and in making available Federal capabilities to augment State and local resources as soon as possible in an emergency when not required for emergency activities of the Federal Government.
 - c. Planning and maintaining research and development to determine optimum methods, materiel, and facilities for the conduct of emergency welfare.⁴
2. Subject to the basic directive and coordinative authority of the Office of Civil and Defense Mobilization, the Department of Health, Education, and Welfare, through joint planning with other appropriate Federal departments and agencies, the American National Red Cross, and other non-government services, has primary responsibility for the coordination of the emergency welfare services.⁵



B. State and Local

1. The primary responsibility for emergency welfare functions is at the State and local level.

⁴See Annex 36, Research and Development.

⁵See Annex 5, Federal Delegations and Assignments.

2. State and local governments are responsible for:
 - a. Directing and coordinating emergency welfare activities within their respective jurisdictions.
 - b. Developing an operating capability and readiness, including mutual-aid arrangements with other States, necessary to provide emergency welfare, as circumstances may require, at local levels.
3. State and local public welfare departments and agencies, as the welfare arms of their respective governments, have primary responsibility for planning and implementing the facilities and capabilities, including the resources of other State and local departments and agencies, essential to provide emergency welfare at the local level. Voluntary social welfare agencies will assist.

C. Private Organizations and Individuals

1. Individuals and families are responsible for:
 - a. Providing, to the best of their ability, for their own protection, maintenance, and other essential needs.
 - b. Contributing to their local and State disaster service operations, including the necessary preparatory measures.
2. Industries and organizations—business, professional, labor, service, religious, civic, and social—are responsible for making such contributions to preparations for and performance of the emergency service as may be possible.
3. The American National Red Cross, in accordance with its Congressional charter (Public Law 4, 33

Stat. 599 and 36 USC 3), is responsible for providing for the relief of persons suffering from natural disasters. In a national emergency resulting from enemy attack, the Red Cross shall make available to government authorities such personnel, equipment, and supplies as might be available, to become an integral part of government.

IV. Functions⁶

A. Feeding⁷

1. Objective
 - a. To provide for the feeding of displaced and resident populations as needs and circumstances may require.
 - b. To provide feeding services as required for civil defense workers.
 - c. To assure adequate feeding services in emergency and permanent hospitals.
2. Actions Required
 - a. Determine feeding requirements in accordance with assigned welfare missions, including those assumed under mutual aid compacts, and accumulate or otherwise reserve stocks of food and feeding equipment necessary to sustain survivors during the disaster period.
 - b. Provide for the organization and equipment of mobile teams for feeding evacuees, civil defense workers, and others whom congregate feeding facilities and private residences cannot accommodate.

⁶See Annexes 17, Disaster Services; 18, National Health Plan; 23, National Radiological Defense Plan; 24, National Biological and Chemical Warfare Defense Plan.

⁷See Annex 31, National Food Plan.



- c. Develop methods and procedures for the preparation and serving of food through emergency community kitchens, mass feeding centers, and congregate lodgings, as may be required, including effective use of commercial feeding facilities and personnel.
- d. Provide supplementary feeding services in emergency hospitals and other medical facilities as required.
- e. Provide for the local distribution of food, as circumstances may require, to persons confined for various periods of time in private residences or other facilities.
- f. Provide for an adequate and safe supply of water for feeding facilities⁸ and maintain minimum sanitary and health standards in those facilities.
- g. Inform and educate individuals and families to the need for conserving and sharing food resources and to the potentials of substitution and improvisation in the preparation and serving of foods.⁹
- h. Take protective actions to minimize the effects of chemical, biological, and radiological warfare agents in foods.

B. Clothing

1. Objective

To provide emergency clothing to evacuees and resident populations, as needs and circumstances may require, including emergency changes of clothing at decontamination points and emergency medical facilities.

⁸See Annex 32, National Water Plan.

⁹See Annex 9, Public Information.

2. Actions Required

- a. Determine clothing requirements in accordance with assigned welfare missions, including those assumed under mutual aid compacts, and accumulate or otherwise reserve stocks of clothing necessary:
 - (1) To meet individual and special group needs.
 - (2) To provide for those essential items commensurate with climatic and seasonal factors.
 - (3) To meet the general and continuing needs of the surviving population.
- b. Develop methods and procedures, as required, for the rapid issuance of clothing through emergency clothing centers, in congregate lodgings, at decontamination points, and in emergency medical facilities.
- c. Provide for use of commercial clothing facilities and personnel in the establishment and staffing of clothing distribution centers.
- d. Assure procedures for the collection, processing, and distribution of used clothing, as standby measures.
- e. Inform and educate individuals and families to the need for the conservation of clothing and sharing of private wardrobes, as necessary, to relieve urgent needs for clothing immediately following an attack.¹⁰
- f. Train proper personnel in chemical, biological, and radiological decontamination of clothing.



¹⁰See Annex 9, Public Information.

C. Housing¹¹

1. Objective

To provide for the temporary lodging of displaced populations, including provisions for institutionalized groups, unaccompanied children, the aged, the infirm, and other segments of the surviving population requiring special and individualized welfare attention and care.

2. Actions Required

- a. Determine lodging requirements in accordance with assigned welfare missions, including those assumed under mutual aid compacts, and survey and record available lodging facilities.
- b. Assure optimum use of private residences for billeting purposes and reserve and activate those public and private facilities convertible to congregate type lodgings necessary to house and care for special groups and to supplement billeting facilities in private residences.
- c. Accumulate or otherwise reserve stocks of blankets, cots, and other supplies and equipment essential to temporary lodging.
- d. Provide for use of commercial lodging establishments and personnel in the organization and staffing of emergency lodging facilities.
- e. Assure the rapid movement and assignment of evacuees to billets in private residences, congregate lodging facilities, and shelters.¹²

¹¹See Annex 42, National Emergency Housing Plan.

¹²See Annex 10, National Shelter Plan, and Annex 12, Directed Movement.

- f. Assure safe and adequate supplies of water and the maintenance of minimum health standards in emergency lodging facilities.¹³
- g. Insure order and the safety of displaced populations housed in emergency lodgings.¹⁴
- h. Develop methods and procedures for the adjustment of personal problems arising in billets and congregate lodgings, and for re-assignments, as necessary, to other lodging accommodations.
- i. Assure protection of persons in emergency housing from biological, chemical, and radiological warfare effects.

D. Registration and Information

1. Objective

- a. To provide for the systematic registration of casualties and of displaced populations.
- b. To provide the means for initiating and replying to inquiries concerning the condition and whereabouts of specified persons and families in or from disaster areas.
- c. To obtain and disseminate information on disaster conditions and available survival resources which directly affect the emergency welfare functions, and to refer persons in need of assistance to appropriate community facilities and services.

¹³See Annex 32, National Water Plan, and Annex 18, National Health Plan.

¹⁴See Annex 16, Maintenance of Law and Order, and Annex 21, National Fire Defense Plan.



2. Actions Required

- a. Determine registration and information requirements in accordance with assigned welfare missions, including those assumed under mutual aid compacts, and accumulate or otherwise reserve stocks of forms and other essential supplies and equipment necessary to sustain the registration and information activities during the disaster period.
- b. Arrange for the registration of the hospitalized, the dead, families separated due to attack emergency, persons not living at preattack addresses, evacuees from institutions, and other persons requiring registration.
- c. Establish and operate master files of completed registration forms in accordance with State and local emergency welfare operational plans, and develop procedures for receiving and answering inquiries concerning the condition and whereabouts of specified persons and families.
- d. Educate the public to the need for each individual, in or from a disaster area, to immediately notify family members and close friends and associates of his condition and whereabouts and to promptly notify postal authorities of any postattack changes of address, and provide the means for such notification.
- e. Provide information on, and refer people to, appropriate emergency welfare facilities and services.
- f. Train and organize professional personnel, auxiliaries, and volunteers to perform registration and information services.

E. Financial Assistance and Social Welfare Services

1. Objective

- a. To assist individuals and families to adjust to the demands of survival, to restore family life, and to return to productivity.
- b. To care for unaccompanied children, the aged, the infirm, the handicapped, and other persons and groups requiring specialized care and services.
- c. To enable welfare institutions to resume and maintain services.

2. Actions Required

- a. Determine financial assistance and social welfare services requirements in accordance with assigned welfare missions, including those assumed under mutual aid compacts.
- b. Reserve and activate public and private social welfare facilities where personnel and other resources can be used to implement programs of financial assistance, counseling, and other social welfare services.
- c. Determine policy and procedures governing the issuance of funds and requisitions to individuals and families for goods and services.
- d. Develop procedures for child care and for the reception and care of unaccompanied children, the aged, the infirm, the handicapped, and related institutionalized groups.
- e. Provide counseling and referral services, financial assistance (in cash or in kind), and all other feasible emergency welfare aid and services as needs and circumstances may require.



V. Execution

A. Federal Government

Assistance to States for the preparation and conduct of emergency welfare services shall be provided—in accordance with Part IV, Section A, of the National Plan—by the Federal Government, under the direction of the Director, Office of Civil and Defense Mobilization, through Federal departments and agencies, in accordance with their inherent and normal responsibilities and as assigned by the Director, OCDM.

1. OCDM provides grants-in-aid to the States and their political subdivisions for the accumulation of essential supplies and equipment, for the recruitment and training of key personnel, and for supporting administrative costs.¹⁵ OCDM also acquires and stores quantities of supplies and equipment essential to a national capability in emergency welfare.
2. The Department of Health, Education, and Welfare, subject to the basic directive and coordinative authority of OCDM, directs and coordinates emergency welfare and, working with other appropriate Federal departments and agencies:
 - a. Provides or otherwise assures guidance and technical assistance to State and local welfare departments in the development and operation of their plans for the community organization of emergency welfare services, and related health and food sanitation planning, such as housing and food sanitation, provision of water and sewage facilities, and vector control.

¹⁵See Annex 38, Federal Assistance.

- b. Issues basic program manuals, training guides, and other materials necessary to develop an operating capability at State and local levels.
 - c. Stimulates, conducts, and supports programs of technical training in welfare assistance for personnel drawn from public and voluntary welfare organizations and other appropriate groups.
 - d. At national and regional levels determines postattack requirements for, and availability of, facilities, consumer survival commodities, emergency household equipment, and other welfare supplies and services.
3. The Housing and Home Finance Agency develops plans and provides guidance and technical assistance to State and local governments for emergency housing and related community facilities for individuals and families and for welfare institutions and organizations. In support of emergency welfare, HHFA will provide such housing and facilities if so directed by OCDM.
 4. The Post Office Department develops and operates a central postal directory system to provide for the forwarding and delivery of mail to persons and establishments displaced from their pre-attack addresses, stores Emergency Change of Address and Safety Notification forms in postal facilities and plans their distribution for operational purposes, and provides such other assistance in planning and support of the local registration and information services as available personnel and other resources will permit.



5. Resource agencies, such as the Department of Agriculture (food), Department of Interior (fuel and power), and the Department of Commerce (clothing and other essential commodities), arrange for production, allocation, and use of available consumer survival resources in support and maintenance of emergency welfare activities.
6. Other departments and agencies having varying degrees of responsibilities in the emergency welfare services extend technical guidance and assistance, where and as needed, within the areas of their inherent or assigned responsibilities.

B. State and Local Governments

1. Preparations for and conduct of emergency welfare will be directed *primarily* by local governments, in accordance with State plans and with Part IV, Section I; and Part V, Section H, of the National Plan, other applicable sections of the National Plan and appropriate annexes, and other documents subordinate to the National Plan.
2. State and local governments shall:
 - a. Accumulate necessary supplies and equipment and recruit and train personnel in welfare services, including the use of Federal grants-in-aid.
 - b. Provide for the effective use of appropriate facilities, personnel, and other resources of governmental and nongovernmental organizations.
 - c. Determine postattack requirements for and availability of facilities, consumer survival commodities, emergency household equipment, housing (including lodging), and other

welfare supplies and services; allocate supplies and services and commit resources, including those made available by invocation of interstate compacts, in accordance with prearranged State and national plans and as needs and circumstances may require; request needed Federal support; and report to the OCDM Regional Directors those capabilities excess to the needs of the States.

C. Private Organizations and Individuals

1. National, State, and local voluntary organizations, such as the American National Red Cross, the Salvation Army, veterans' organizations and auxiliaries, family and child welfare agencies, welfare institutions, religious welfare agencies, and related professional and business organizations, are assigned emergency welfare functions relating to the fields of service inherent in their regular activities.
2. Individual volunteers shall be assigned duties in accordance with their special interests and areas of competence.
3. Individuals and families shall:
 - a. Be prepared to meet their own welfare needs for at least 2 weeks after attack.
 - b. Make their property available, as needs and circumstances may require, for temporary care of displaced individuals and families.
 - c. Plan measures for notifying those concerned of their condition and whereabouts and for initiating action for reuniting families separated by an attack.

