At the halfway mark in this series of civil defense drills at NIH—with two practice runs completed and another scheduled this week in final preparation for a test run on Thursday, May 22—it seems appropriate to review what has gone before.

The various committee and subcommittee chairmen report that attendance and response have been good during the two completed practice runs. Participants have shown a marked degree of initiative and judgment. With further rehearsal, more equipment, and better definition of functions and interrelationships, NIH should have reason to be proud of its readiness to play an important part in civil defense of the Washington area.

In drills as large and complicated as these, there is bound to be a certain amount of confusion and lack of communication, particularly at first. If one can judge by the kind of questions that appear on the back page of this issue of the NIH Record and by the conversations overheard in the halls and cafeteria, there are some of us who—although going through the motions of our assignments—do not have sufficient understanding of the total plan and the importance of every single job. This issue of the Record is an attempt to give some additional background which may be helpful.

More than a year ago, NIH took the initiative in suggesting to Montgomery County and District of Columbia Civil Defense authorities how it felt its resources might best be utilized by the community in the event of atomic disaster. In brief, the plan as submitted proposed that—since there would certainly be an acute shortage of medical care facilities—NIH would convert into an improvised emergency casualty hospital, using our facilities and personnel to care for up to 1,500 inpatients and up to 10,000 outpatients to be sent to us from the northwest section of metropolitan Washington. Our plan was accepted, and a number of NIH Civil Defense Committees were appointed.

Since a year ago this month, numerous committees have been meeting and drawing up detailed plans to enable us to carry out these responsibilities. They have been concerned with such elements as coordinating with local civil defense activities, getting medical supplies, drafting an operating plan book, assigning us to posts of duty, and determining where we could get additional staff (nurses, surgeons, anesthetists, etc.) to augment our own available skills. With the plans in preliminary shape, it was decided to make several “dry runs”—not mere paper-work operations, but actual practice runs simulating some of the emergency conditions in order to give everyone as much orientation and training as is possible in normal times.

To make our tactical problem as simple as possible we are assuming an atomic explosion in downtown Washington during working hours without interruption of internal NIH communications or services. At present we are rehearsing independently of other components of the Washington-area civil defense network in order to develop skills necessary to carry through our emergency transformation into a hospital facility. Later rehearsals will integrate us into the area civil defense network and some unannounced drills will more nearly simulate emergency conditions.

All of us recognize that participation in these activities is on a voluntary basis; however, such participation is the most effective way in which we can contribute to the welfare of our own families and at the same time contribute to the welfare of the community as a whole.
Below are some answers to questions you may have asked about NIH's civil defense program.

1. In general, how will casualties coming to NIH be handled?
   All casualties will be brought to the receiving and sorting areas on the parking lots, where they will be im-
   mediately examined, tagged, and assigned to appropriate buildings for necessary medical care and treatment
   of their injuries. Most casualties will be transported to and from NIH by facilities of the metropolitan civil
   defense authorities.

2. Will children be included in the casualties brought to NIH?
   NIH is primarily a casualty hospital for adults. Most children under 12 years of age will be sent to Children’s
   Hospital in Washington or to its alternate site.

3. How will I find out if members of My Family have been injured?
   You will be notified of the blast area as soon as possible. If your family does not live or work in this area,
   you can assume they are safe. Our Information Center, located in Bldg. 16, has an NIH Family Unit for the
   express purpose of getting information about your family and notifying you of their safety or injury.

4. If I should get hurt while performing my duties, where will I get treatment?
   The Outpatient Service in Top Cottage will provide treatment for you or refer you to one of our specialty
   wards.

5. What should I do if Washington were to be bombed after working hours?
   You should make every effort to get to NIH, since your greatest contribution can be made here. Plans are
   under way for the issuance of identification cards by Maryland, D. C., and Virginia authorities to get you
   through road blocks.

6. Are rest facilities to be available for NIH workers?
   Yes. Barracks-type rest areas will be provided.

7. Will food be served to NIH workers?
   Yes. Food will be served in the cafeteria at stated hours and provided on an emergency basis to other areas.

8. Where will volunteer workers from the community report?
   Volunteers from the community will report to Bldg. 16, where they will be interviewed and assigned duties on
   the basis of requests from Central Command.

9. Where will volunteer blood donors report?
   Volunteer blood donors should report to Bldg. 16. After they have been interviewed, they will be directed to
   the Blood Donor Center in Bldg. 16-A.

10. Have arrangements been made for clergymen to be available during the emergency?
    Yes. Representatives of all faiths will be stationed in the first floor study of Bldg. 16. They will administer
    last rites, sustain patients, and comfort friends and relatives of casualties. All requests for services of the
    clergy should be made to the Information Center.

11. What will happen to experimental animals?
    Animal disposition teams will immediately remove all animals from the buildings where they are quartered
    and make proper disposition of them.

12. My job is to help convert a building from a laboratory to a medical ward. What should I do after I finish?
    After your job is finished, you should report to Bldg. 16. You will be reassigned on the basis of requests
    from Central Command.

13. Is the Naval Medical Center participating in this civil defense program?
    No. Army and Naval hospitals, by virtue of their military responsibilities, are not able to assume civil de-
    fense functions.

14. Are we required to perform the duties assigned to us?
    No one is required to perform any duty. NIH will be an emergency hospital, manned entirely by volunteers.