

EMERGENCY PREPAREDNESS:  
A RESPONSIBILITY OF THE MEDICAL PROFESSION

James H. Sammons, M.D.

On behalf of the American Medical Association, let me extend to you a very sincere thank you for having participated in this conference. This conference got started as a result of concerns about what happened in Chernobyl and at Three Mile Island and other places in the United States; it was also our concern, however, that both man-made and natural disasters should be looked at again in this country from the standpoint of the medical profession. Not very long ago I think all of us understood that. We were ready for emergencies, and we could hear the thunder clouds when they came. More recently we appear to have set that concern aside and our participation in preparedness planning has been much less intense.

In the early 1950s when I first started practice in Texas, we had twin natural disasters in my first year there. These disasters are interesting case studies of emergency preparedness. On the same day twin tornadoes came roaring through Texas, as they frequently do. One on the east side of Texas hit Waco, while the other on the west side hit San Angelo. Each community's response was different and distinct.

Waco had very little predisaster planning, even though the storm and tornado warnings had been broadcast a full 24 hours earlier. People paid little attention to them, because the prevailing feeling was that the city was invulnerable. One of the reasons they were invulnerable, they thought, was an old Indian legend that the Chamber of Commerce in Waco cranked out periodically. The legend said that the city could not be damaged by tornados. When the twister finally was sighted, there was only one attempt to warn the people in town. That came from a local police officer who lived a few miles outside the city. He saw the cloud and called the County Sheriff's office. Before he could give any details, the telephone connection was broken, and the communication system was destroyed.

Without any warning the tornado came roaring through town, bulldozing and smashing buildings. When it was all over, 114 people had died and more than 1,000 were injured, 145 very seriously. The Army Corps of Engineers said that most of those casualties would not have occurred if the people had simply taken heed and moved out. They would have had enough time to do so. But the problem in Waco was they did not have any

---

Executive Vice President, American Medical Association, Chicago, Illinois.

organization. One of the first utilities affected was the telephone, and officials at the central telephone office did not know anything had happened until somebody started pounding on the door.

The communications blackout placed Waco absolutely at the mercy of the storm. When someone said to the mayor, "Why didn't you have a better preparedness activity?" the mayor said, "I didn't know it was my responsibility to take care of natural disasters." Sometimes our elected officials forget what it was they were elected to do. Another problem was that there was a military base near Waco. The commander from the military base asked, "What can I do to help?" The mayor said, "Send everything you have." And so 18,000 troops showed up without any ability to coordinate the rescue activities. In the final analysis, only about 200 of the 18,000 could help in disaster relief.

On the other side of Texas that same day, San Angelo had advance warnings of a tornado coming into the city. The weather bureau had sent the first alert. Two Texas highway patrolmen saw the cloud, radioed in, and followed it for 40 miles while providing constant updates on the location. People in San Angelo had plenty of warning and, as a result, there were only 11 deaths and 66 who had serious injuries. In Waco there was no planning for the school children, whereas in San Angelo the superintendent of one school estimated that without the warning and without their predisaster planning 300 to 400 children in his school alone would have been lost as a result of the damage done to the school building by the tornado.

Years before the tornado, plans for emergency situations had been prepared and rehearsed in San Angelo. They knew they were not invulnerable, because they remembered the last tornado that came through. What we as physicians have to accept is the idea that we are not invulnerable. We are not invulnerable from the standpoint of planning, from the standpoint of participation, and from the standpoint of perhaps being part of the problem. In the instances I just mentioned, the hospitals in Waco became absolute madhouses. Not because they had so many injured but because they had so many relatives, friends, and fellow workers looking for those injured. There was absolute chaos, and there was just no way to keep people out. The other factor that quickly became very clear was that the media was a vital and necessary link to reality, an absolute necessity in dealing with the public at large. You and I know that, but we frequently forget it when we are faced with an emergency.

We can learn much about planning for emergencies from other natural disasters as well. And of course, we can learn from man-made disasters such as Chernobyl and Three Mile Island. I believe that the preparedness for man-made disasters is not necessarily different from that for natural disasters. The reason we are here for this conference, of course, is not simply to find out how to treat radiation accident victims; we also want to find out how we can be part of the planning process for radiation emergencies. That is one of our most important responsibilities. If you are not already a part of your community's or state's disaster plan, I

urge you to ask somebody who is, how you can get involved. If your community does not have a planning activity, then you have the responsibility to see to it that one is started. There is no better place and time for that to happen than when you, as a responsible leader in your community, pick up the telephone and make the first phone call.

There are a series of things that we might do with regard to emergency planning. Some are clearly obvious, some perhaps are less so. Obviously, we should try to prevent a disaster from occurring. But we know that disasters are going to happen. Second, we should attempt to minimize the number of casualties in the event of an emergency. That sounds very evident, as if it is childish to even consider it. It is not. The problems in Waco, Texas were compounded by the fact that ordinary, uninjured people got in the way. A part of planning is traffic control, with the traffic control designed to prevent that particular difficulty. Clearly we need to prevent additional casualties once the natural or man-made disaster has occurred. Without question, we have to rescue the injured, we have to be able to provide first aid, and we have to make value judgments instantly on who needs aid and who does not.

Obviously, the medical community has to supply the leaders in terms of the care of the injured. Equally obvious is that other people in the community, such as the governor, the mayor, the city manager, the chief of police, and the fire chief, have to be involved. When you become involved in emergency planning, remember that there are other people in the health care family. It is not just physicians who are important; the Red Cross, nurses, public health agencies, those in state radiation control programs, and many others also are important. And let us not forget the people with specialized training in nuclear medicine, as well as radiologists and radiation oncologists.

I hope that this conference has been a stimulating experience for each of you. I hope that as a result of this conference the medical profession will have a rededication to bring itself up to speed in the handling of natural and man-made disasters. You in this room are the greatest experts in the world with regard to these fields. However, there are only so many of you, and we need thousands more, not necessarily at your level of competence, but far more competent than I believe the profession is today.

It is a strange world we live in. In this country we believe that if your wife has a baby and that if that baby is not the cutest, prettiest, smartest, and most delightful kid ever born, that either the doctor or the hospital made a mistake. They have forgotten about genetics in terms of human beings and human behavior. Let us not get into the same trap of thinking that every mechanical device that is made is 100% safe. It is not, and we need to remember that it is not.

I leave you with one small story. When Oliver Wendell Holmes was still practicing medicine, he had a very sick elderly patient. As Dr. Holmes went to see him one morning, the local priest was coming down the

steps of this patient's house. The priest looked at him and said, "Dr. Holmes, you have a very seriously ill patient and he is going to die." And Dr. Holmes looked up at him and said, "Yes, and he is going to hell too." The priest took great affront at that and said, "Great heavens, I have just given him extreme unction. You must not say things like that, Dr. Holmes." To which Dr. Holmes said, "You have just rendered a medical judgment. I have the same prerogative in giving a theological one." Today I am not going to leave you with a theological judgment, but simply a physician's hope that we will do better than we have done in the past with regard to emergency planning.