

## EDITORIAL: MILITARY-CIVILIAN COLLABORATION IN DISASTER MEDICINE

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This is an editorial comment for Volume 1, Number 1. Medical disasters are "events in which the number of acutely ill or injured persons exceeds the capacity of the local emergency medical services (EMS) system to provide basic and advanced medical care according to prevalent regional standards." There are multi-casualty incidents, such as transportation accidents, in which the local EMS system is overwhelmed; mass disasters, such as major earthquakes and wars, in which the local EMS system is severely damaged; and endemic disasters, such as combinations of famine, epidemics and revolutions which often occur in world regions without EMS systems. Nuclear war has become recognized as the "ultimate disaster" which is beyond disaster medicine systems' capacities to save lives. Military medicine, however, which is organized for "conventional" war, offers the maximal life-saving potential for mass disasters in peace time.

Section 1 of this number is to introduce the WAEDM, the LRCS, and the Journal. Section 2 concerns nuclear war. The two co-chairman of the "International Physicians for the Prevention of Nuclear War" (IPPNW), Professor Eugene Chazov of Moscow and Professor Bernard Lown of Boston, describe the inappropriateness of disaster medicine planning for a nuclear holocaust. Switzerland's Civil Defense justifies the building of nuclear fallout shelters in small countries which are not expected to be direct targets of nuclear war. The resolutions concerning the threat of nuclear war by the WAEDM, the World Health Organization (WHO) and the International Red Cross, agree that medical planning for nuclear war would be totally inappropriate. Section 3 communicates some of the military contributions in various countries to disaster medicine in war and peace. There are reports on the tragic wars in the Falkland Islands and in Lebanon; on the importance of military involvement in planning national disaster medical systems (NDMS); and on the Civilian-Military Contingency Hospital System (CMCHS) in the USA meant for civilian hospitals to be prepared to

treat large numbers of wounded soldiers returned from a possible major conventional war abroad. Section 4 on air rescue, the tool with which the military can make the greatest impact in disasters, shows that different countries have similar approaches. Unfortunately, the great potential of military air rescue services in poor developing countries has not yet been realized. In such countries without EMS systems, in which the majority of mass disasters have occurred in recent years, "basic trauma life support" (life supporting first aid) public education should be the first step, which also is least expensive, and provision of "advanced trauma life support" could be through the military. Section 5 is a paper on the history of the "War Between the States" in the USA 120 years ago. Experiences encountered before modern anesthesia, asepsis, antibiotics, i.v. fluids and blood transfusions, teach basic lessons which modern doctors tend to forget. Since then, even military physicians of nations at war with each other have shared their knowledge on life-saving.

In most countries, military medicine seems to represent the only system which is always ready and funded to provide the instant communications, short response time, trained medical personnel, needed equipment and supplies, air life capability, extrication and rescue technology, and -- most important -- authoritative leadership and organization, which are required for the resuscitation of multiple casualties in mass disasters, like major earthquakes, floods, hurricanes and wars. Help from military medicine across borders should be further explored and agreed upon in advance. When people on Earth will have learned to prevent wars as a mechanism for solving international disputes, the defense priorities of Armed Forces would become secondary to the already existing humanitarian potentials of the military: (1) education; (2) public services; (3) major earth-projects; (4) international peace keeping; and (5) helping the civilian sector with disaster medicine planning and response missions. The last and most important potential, in order to get large-scale and advanced life support to the scene of a mass disaster within a few hours, would require giving the military authority for overall coordination and leadership.

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