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Plans

3 November 1952

TO: C/MS
FROM: AC/PCD
SUBJECT: Alternate Emergency Plan

1. PROBLEM.—To devise a relatively simple, practical plan for the fullest utilization of the medical potential of the Central Intelligence Agency in the event of a surprise atomic or other attack upon the Washington, D. C. area, in order to provide the maximum of medical attention and professional advice to the evacuation plan selectees.

2. ASSUMPTIONS.—

A. An enemy, in attacking Washington, would use the most destructive device and plan available to him. The optimum site for the most destructive weapon (the atomic bomb) would be a 2000-foot high air burst over ground zero at approximately 8th and G Streets, N. W., at 9:30 a.m. on a workday morning.

B. In considering the range of destruction of such an attack, various facts become evident.

1. The personnel in the immediate area could not be relied upon in an emergency, since an unknown quantity would be available for service; i.e., all headquarters assigned medical personnel.
2. Memorial Bridge, Key Bridge, 14th Street Bridge, South Capital Street Bridge, Anacostia Bridge, and the Sousa Bridge could not be relied upon for evacuation purposes.
3. No supplies could be stored in the immediate area that were intended for use in such an emergency.

C. A surprise attack would probably be accompanied by acts of sabotage on the part of enemy agents in the area. The largest military reserves immediately available to the area are in Virginia, hence it must be assumed that the Chain Bridge and whatever bridges may be left after the immediate attack or even before, will be simultaneously sabotaged.

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3. FACTS BEARING ON THE PROBLEM.--

- A. The refuge site is in such a position that the Potomac River must be crossed in order to reach it.
- B. The refuge site is inadequately prepared by physical setup to accommodate any large number of casualties.
- C. Civil Defense in the District of Columbia is reported to be only 20% completed in their disaster preparations.
- D. The total medical staff that could be relied upon physically after such an attack would be insufficient to provide for any other than the 600 evacuation selectees.

4. DISCUSSION.--

A. Collecting and Screening Points

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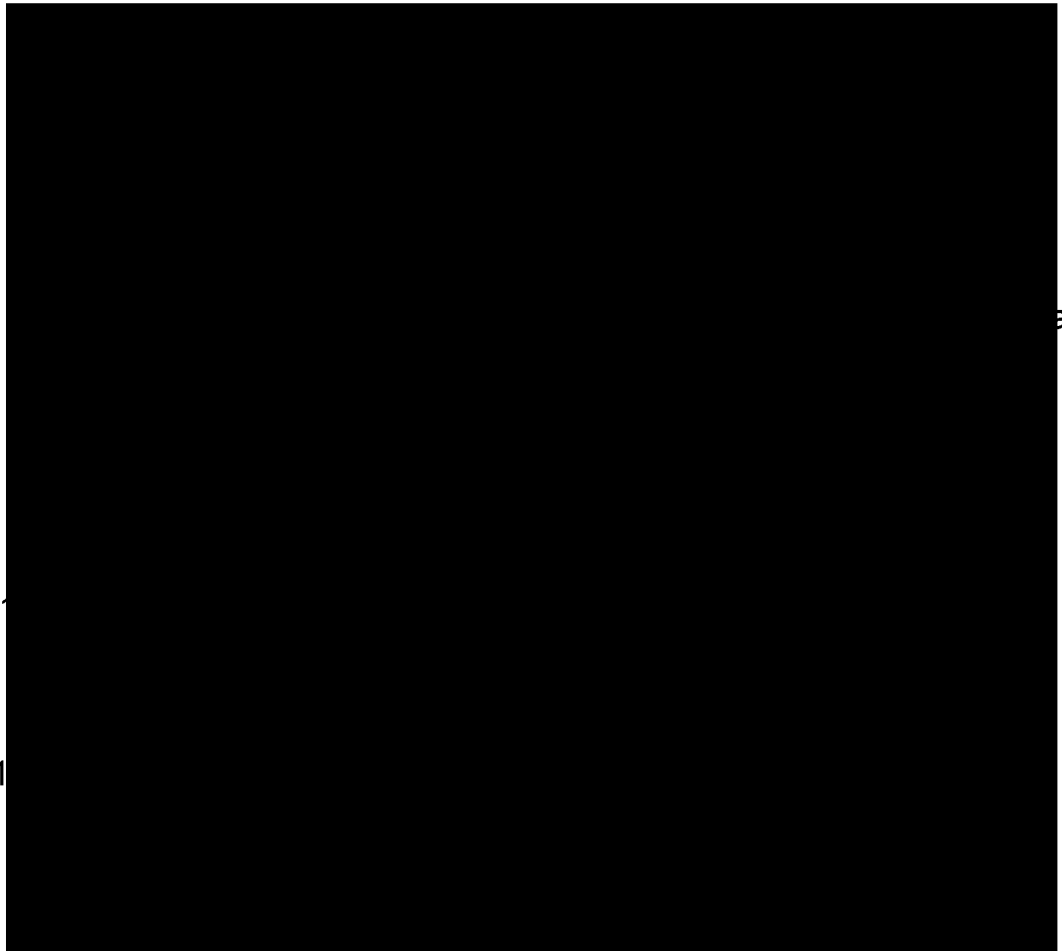
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2. Purpose.--The purpose of these areas would be:

- a. To screen potential evacuees to the Refuge site in order to prevent seriously wounded, severely burned and patients otherwise injured, beyond the medical facilities of the Refuge site, from proceeding to the site.
- b. To administer immediate attention to seriously wounded, before directing them to nearest civil defense medical station.
- c. To administer treatment to moderately injured so that they could continue their journey.
- d. To perform initial radiation monitoring in order to effect initial decontamination in the form of discarding clothing, belongings, etc., prior to proceeding to decontamination area.

3. Medical Personnel.--

- a. Each screening point would be manned by a staff physician and a consultant civilian physician with one medical technician and four non-medical assistants requisitioned from early arrivals. It is assumed that each collecting point will have a security representative assigned to verify credentials.
- b. Consultant physicians must be utilized in view of the fact that all headquarters personnel are vulnerable to attack and hence cannot be used for planning. Since approximately 30% of medical personnel would escape injury, duplicate assignments have been made to assure medical attention at each station; i.e., a staff physician and a consultant physician.
- c. In the event that both staff physician and consultant physician arrived at screening site, the consultant would be released to nearest registration point for other CIA personnel.
- d. Consultant physicians would report to their stations automatically upon attack, and after allotted emergency evacuees had been cleared, would then report to one of registration points for other CIA personnel.

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- e. It is not necessary that the consultant physicians know the whereabouts of the Refuge site in order to work in this plan.
- f. After twenty-four hours, screening sites would be abandoned by medical personnel who would report to Refuge for reassignment.

4. Assignment.--

- a. Each Refuge evacuee will be assigned a specific collection point and an alternate nearest his home so as to distribute the load at any given point.
- b. Each evacuee will be responsible for learning the exact location and alternate routes to collection point.

5. Supplies.--

- a. It will be the responsibility of the Medical Office to determine what supplies are necessary and to procure these supplies.
- b. It will be the responsibility of I & S to store these supplies and to provide for transportation of these supplies to collection point.

6. Transportation.--

- a. Transportation should be provided by individual groups as given in original "Instructions to Emergency Force", or as assigned by I & S.
- b. It may be advisable for security to provide "skeleton" keys to responsible members so that nearby cars could be commandeered by emergency force.

B. Registration Points.--

- 1. All non-Refuge site assignees would report to four sites to be designated by I & S for registration and mobilization.
- 2. Certain staff physicians not included in Emergency Plan would be tentatively assigned to these areas to assist in any way possible. Such registration points should be coordinated with Civil Defense medical facilities so that agency employees could get the benefit of such facilities and would be aware of them.

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3. The attendance of these physicians at the registration points would be unpredictable in view of the proximity of the medical staff to ground zero.
4. These registration sites would be designed to register surviving members of the Agency not assigned to Refuge site, from which alternates could be selected to quickly fill slots of Refuge evacuee casualties.
5. Thirty-six hours following the blast, the medical personnel would be withdrawn from these sites and would proceed to other designated assignments; i.e., to Refuge site or to Civil Defense establishments.

C. Decontamination Station.--

1. Location.--Decontamination station would be located on previously designated area.
2. Purpose.--
 - a. The decontamination station would serve to monitor and to decontaminate all persons who were within ten miles of an atomic blast, and who had been cleared by collecting stations where initial decontamination procedures would be undertaken.
 - b. It would also serve as a collection and screening point for Northern Virginia.
3. Personnel.--
 - a. The decontamination station would be set up by ten men from Refuge under direction of local medical attendant.
 - b. Two physicians, two technicians, and one nurse from headquarters staff will be assigned to station.
4. Supplies.--
 - a. The medical Office would be responsible for necessary supplies which are now or would be stored at Refuge site.
 - b. Following attack, supplies and personnel would be immediately dispatched from Refuge site to decontamination center to set up decontamination equipment.

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5. Assignment.---

- a. Each Refuge evacuee upon clearing collecting point would be instructed either to proceed to decontamination station or to Refuge site.
- b. It would be the individual responsibility of each potential Refuge evacuee to learn exactly where decontamination station will be and to know thoroughly alternate routes of reaching area.
- c. The decontamination station would remain in function for seventy-two hours, after which the equipment and personnel would be recalled to Refuge site, or it would be made available to I & S to be used in decontaminating equipment.

D. Refuge Site.---

1. Immediately upon enemy attack, the physician and two of the technicians assigned to [REDACTED] would be transferred to Refuge site. 25X1A6a
2. Technician now assigned at [REDACTED] site would be immediately assigned to Refuge site in the event of enemy attack. 25X1A6a

E. Headquarters Preparation.---

1. Medical.---

- a. All Refuge evacuees should have medical history and physical examination microfilmed and stored at Refuge site.
- b. Every assigned member should be blood typed and have this record stored at Refuge site.
- c. All potential evacuees should keep basic immunizations current; i.e., typhoid, tetanus, smallpox.

2. Training.---

- a. All medical staff, doctors, technicians, and nurses should have atomic medicine instruction.
- b. All evacuees should have first aid instruction and basic radiation medicine instruction.

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- c. All I & S personnel assigned to stay-behind force should receive first aid and radiation medicine instruction.

3. Stay-Behind Force.--

- a. One physician and two technicians should be assigned to remain with protecting I & S stay-behind force in order to protect them and administer to any persons possible on the site.
- b. Supplies for such effort should be stored in the basement of Central Building.
- c. The physician and technicians assigned would be responsible for determining radioactivity in area of operation and to advise responsible I & S official when members in the area had received maximum exposure to radiation present.

5. CONCLUSIONS.--The foregoing presents principles of an Emergency Plan to be utilized by the Agency in the event of enemy attack. It is felt that the plan would provide a maximum of medical care for Agency personnel with priority being given to Refuge assignees.

The plan depends upon the following points for success:

- A. Dispersal of supply storage.
- B. No reliance upon supplies to be transported by medical personnel.
- C. Mobilization of consultant physicians.
- D. Use of medical personnel now in stations outside immediate Washington area.
- E. Advanced training of all personnel involved.

Detailed personnel assignments will follow your approval of plan as outlined.

Attachments:

- A. Personnel Required
- B. Map

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