

Doomsday

Under the terms of a 1950 compact the federal government was obligated to provide state and local governments with specialized equipment, such as:

- ✓ Radiological monitoring gear
- ✓ Sirens and emergency vehicles
- ✓ Packaged disaster hospitals.

These items were provided gratis or on a matching fund basis.

Before the attack the federal government provided financial or staff assistance to state and local authorities but only for national programs, such as the Community Shelter Program (the familiar fallout shelters) or the Civilian Relocation Program (an urban evacuation program revised from the 1950s).

Major relief efforts begin

Five days after the attack, large-scale relief operations began. Authorities were forced to ignore the zones of heavy devastation — fallout was too heavy, the fires still too formidable, the rubble too impenetrable.

Instead, they concentrated on controlling the masses of refugees who threatened to overwhelm the surrounding countryside. Large refugee camps, based in state parks, schools and other large public and private complexes, were designated as distribution points for food, medical care and other necessities, and, when possible, for shelter.

Even this simple relief plan was easier to outline than to operate. All usable vehicles — cars, tractors, tankers and earthmoving equipment — had been commandeered by surviving police, firemen, National Guardsmen and civil defense workers. But there was a shortage of fuel to power them. The federal government decreed that all gasoline and other petroleum products were under government control and would be rationed for relief work.

Armed guards stood watch on remaining gas and fuel supplies; police attempted to round up significant private stocks, offering hastily produced government promissory notes in exchange. Confiscation of this sort met with increasing resistance from frightened or angry citizens, who realized that it would be a long time, if ever, before the government could raise the tax revenues to redeem these notes.

ALL FUEL was supposedly allocated to essential emergency use — trucking in water and food — and rescuing those few survivors still on the edges of the devastation zones. Search and burial parties were able, using radiological monitoring equipment, to spend a few hours a day in the fringes of the stricken cities. Survivors depended on their feet to get around.

Of all the relief supplies brought in from the undamaged communities, clothing was the most abundant. Water sufficient for drinking (and minimum hygiene needs) was brought in by tank truck. But shelter remained a problem — most severely in the northern tier of the country, where many died of exposure, but to a lesser extent in the South as well. Most housing in the outlying, undamaged areas was jammed with refugees; often three or four families shared space adequate for one average household. Those who could not find even this crowded shelter used gasless cars and campers or set up tents and lean-tos in ragged circles around the distribution centers.

But there were pressing shortages of food and medical supplies. Much of the drug industry, located in the prime northeast corridor target area, had been wiped out by the attacks. Surgical equipment and operating rooms were totally inadequate, despite the distribution, years before, of packaged disaster hospitals in some parts of the country. Even with the slowly arriving help from untouched areas of the country, the shortage of doctors, nurses and paramedical help was acute.

MOST OF THE medical profession had been concentrated in the major urban areas and had therefore been killed or incapacitated in the attacks. In fact, as a group, medical personnel suffered more casualties than almost any other professional class.

Even the very primitive medical care was rationed to those who could most benefit from it. As on the battlefield, care was given only to those who had some hope of survival but could not survive without medical assistance. Those who would probably survive anyway were denied care, as were those who would die with or without care, in the opinion of the medical authorities. For the latter casualties, morphine was distributed as widely as the decimated transportation system would allow.

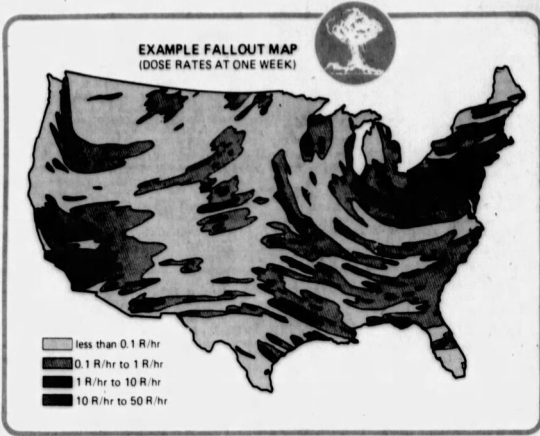
Those relatively unharmed by the blasts but suffering from some chronic condition or illness — diabetes, high blood pressure, heart disease, etc. — were having difficulty getting medication.

At first, residents of the undamaged areas were generous with food stocks. They willingly donated cans of beans, tuna fish and soup to the collection trucks from the distribution centers. But, in a few days, it became obvious that replenishments would not be forthcoming soon. The food processing and distribution industries had been very hard hit.

People started to ransack stores and warehouses and to fight over cans of food discovered in abandoned dwellings or in the debris. Those who had food began to hide it. Because of the post-attack confusion and the destruction of rapid, large-scale communications, the inventorying of salvageable stocks in farm granaries, feedlots and grain elevators was delayed.

A disaster like no other

In the area surrounding St. Petersburg and Tampa, surviving local authorities realized that this was quite unlike any disaster they had faced before. After an hurricane or tornado, aid had poured in from sympathetic communities, federal agencies and private charities. Food, blankets, offers of temporary shelter and the like were plentiful and willingly given. But now, St. Petersburg and Tampa, or what was left of them, were largely on their own to feed and protect their citizens and to apportion whatever aid came from other regions to those who needed it most.



St. Petersburg Times — FRANK PETERS Source: Defense Civil Preparedness Agency

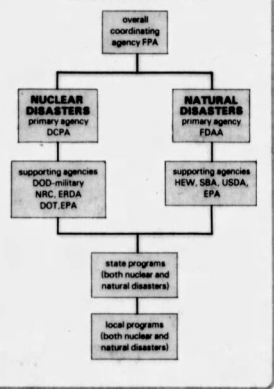
The dose rates from a general strike against the U.S. are strongly affected by wind patterns.

The chain of command

Overall responsibility for planning for disasters in the United States rests in peacetime with the Federal Preparedness Agency (FPA), which is part of the Government Services Administration (GSA). In wartime, however, the responsibility is taken over by a new superagency — the Office of Defense, Mobilization. In peacetime, the agency that is supposed to coordinate nuclear disaster planning for the FPA is the Defense Civil Preparedness Agency (DCPA), a part of the Department of Defense. Aiding it are: the Department of Defense (DDC), the Nuclear Regulatory Commission (NRC), the Economic Research and Development Administration (ERDA), the Department of Transportation (DOT) and the Environmental Protection Agency (EPA). The Federal Disaster Assistance Administration (FDAA), part of the Department of Housing and Urban Development (HUD), coordinates natural disaster assistance for the FPA. Assisting it are: the Department of Health, Education and Welfare (HEW), Small Business Administration (SBA), the Agriculture Department (USDA) and the EPA.

St. Petersburg Times — FRANK PETERS Source: Defense Civil Preparedness Agency

FEDERAL PROGRAMS



The dying continued. Many of those who had stumbled away from the blast area were now succumbing to their burns or lacerations. Some families were reunited only to witness the painful deaths of their loved ones.

The surviving Wechsels all had shown some symptoms of radiation sickness. Mrs. Wechek's were the most severe. Yet her dizziness and weakness had passed after that first night and she spent a comparatively comfortable week without symptoms. The refugee camp in Tarpon Springs was one of the best in the area, and local leadership kept most of the inhabitants of the camp as well cared for as the limited resources allowed.

The Brags spent the first few weeks in a deserted building as far south on the mainland as they could walk. Clearly, though, this was not adequate shelter. Mrs. Bragg had run out of her heart medication, and her condition was worsening. Finally, Bragg and his wife still logging their family pictures and a few pieces of tattered clothing, walked to the side of the Sunshine Skyway causeway and waited.

They were rewarded by a lift in the back of a camper van that edged out of the darkness four days after the attack. The camper took them to a camp outside Bradenton.

The camp was poorly run and the elderly and children had a hard time getting their share of the food that was shipped through Sarasota from inland farms. Mrs. Bragg ate little and tried to avoid worrying about the lack of medication. The camp "doctor," actually a surgical scrub nurse, said there might be a shipment in a few days, but Mrs. Bragg's digitals was on a lower priority than antibiotics and morphine. Though both Brags had felt slight side effects from radiation, they had managed to avoid getting a severe dose, leaving their initial bank shelter only briefly during the period of heaviest radiation.

Life in the camps

By the end of two weeks, the fallout situation had improved to the point where workers could operate in the devastated areas for appreciable periods. Earthmoving equipment dug mass graves for the dead found in the de-

bris and cleared the rubble to the point of allowing passage on major thoroughfares but only for official vehicles.

Private auto traffic had been banned, not only to conserve fuel (most of which was confiscated anyway) and operating vehicles, but also to facilitate relief traffic, to control refugees and to deter voyagers, thrill seekers, looters and sightseers. Anyone caught driving without a special pass was arrested and the vehicle impounded for the rescue effort or to cannibalize for spare parts.

Preserving transportation resources was a key government goal, since it was evident that large-scale manufacture of cars, trucks, bulldozers, railroad cars and engines, and other wheeled equipment would not resume for a long time. Though quite a few vehicle assembly plants remained undamaged, it was clear that the component parts would not be available in quantity for several years.

IN THE REFUGEE camps, life was both better and worse. A certain routine had been established in the better-managed camps. Many fell into it without question. Long, patient lines formed each day; refugees, as well as residents of the area, had to pick up rationed food and water supplies for the few functioning toilets. So far, no signs of serious epidemics or outbreaks of disease had been noticed. But the lack of medicine, poor sanitation and nutrition, the weakened state of the survivors, and the uncertain effect of radiation on micro-organisms meant that disease would spread like wildfire, if it once took hold.

The effects of the radiation were now taking a serious toll. Early deaths from the nuclear attack had been those who suffered wounds from the blast or from falling debris and, later, burns and very severe initial radiation. But the victims of moderate doses of radiation (200 to 800 RAD) went into a latent period for seven to 10 days before exhibiting renewed symptoms.

Without the extensive medical equipment necessary for treating radiation sickness, most families were forced to care for their own sick and dying. Camp residents were unsure of the prognosis for any family member; they could only watch helplessly as the victims vomited, hemorrhaged, lost their hair and lost strength. Many died of hemorrhages and infections two weeks or more after

Why Doomsday stories?

The chances of a nuclear war breaking out are almost too small to calculate. But many experts can and do think about such a war, its consequences and how well the United States is prepared for it. This is not a prediction of nuclear war. Rather, it is a sober examination of the effects of nuclear war, particularly on the Sun-coast, in the unlikely event that one does occur. This is the second of four parts on life after Doomsday.

the exposure; others, slowly, started to recover. Watching these slow, painful deaths had a very depressing effect on morale in the refugee camps. But neither the victims nor their families would allow the authorities to segregate the radiation victims in separate camps or areas.

THE FOOD distribution system was still not running smoothly. Increasingly, trucks and trains were hijacked by roaming bands of refugees and robbed of their cargo. Some of it was simply skimmed off at various transshipment points. Camp dwellers ate less than half the amount of food necessary for a normal diet.

A barter system grew up in and around the camps; food was exchanged for medicine, clothing for water. Currency was worthless, precious stones and metals almost useless.

Everywhere, the emergency governmental operation showed severe stresses. Many of the officials in local governments had been killed outright or incapacitated. And it was on them that the principal responsibility for implementation of disaster programs depended.

Some experts in the untouched areas traveled to aid the stricken cities, but it was difficult to recruit volunteers to leave their own homes and families to face the perils of relief work. Although the President signed an executive order, one among thousands, conscripting all types of specialized personnel for relief and reconstruction duties, many refused to leave the undamaged areas to work in what they considered danger zones.

STORIES of tragedy and horror brought out of the ruined cities by work parties and rumors of dire government measures combined to create an atmosphere of fear and hostility both in the camps and the unaffected areas. Even in regions far from the devastated cities and military bases, the authorities began to put controls on the influx of refugees so as not to lose their own food supplies. Some farming areas stopped shipping their surpluses to the cities, fearing to stifle themselves and knowing that new crops would not be in for months to come.

Outdoor fires, torches and makeshift candles replaced cookstoves and electric lights as the regional power grids remained largely unusable and often totally destroyed. Those few with electrical service near the zones of devastation were often reluctant to show lights at night for fear of attracting refugees. Hostility toward the displaced urban residents grew rapidly; people seemed to hold the refugees somehow responsible for the condition they found themselves in.

But still they came, as disaffection with camp life and restrictions caused refugee parties to roam abroad in search of food and medicine or a better dwelling place.

Some, seeing no hope of improvement in the camps, took off for the hinterlands. Two weeks after the attack, a renewed exodus of the relatively stronger and more independent started from the camps, leaving the old, the dying, the sick and the young behind. The authorities found these spontaneous migrations almost impossible to control; they lacked the resources to round up refugees and send them back to their own camps and many lacked the will to enforce the new regulations governing the movement of citizens.

No time for individuals

Mrs. Wechek died of the effects of radiation, complicated by her former physical weakness and the psychological blow of her son's death, about two weeks after the nuclear attack. Wechek was "recruited" to start building a food storage and distribution facility on the edge of the disaster area; his daughter followed him each day and watched silently. She was unable to let him out of her sight. She spoke to no one and barely ate. At night, she tried to curl up at the foot of her father's thin pallet, even though he was now in a makeshift men's dormitory and no women or girls were allowed there.

For a time, the authorities permitted the daughter and father to stick together, but eventually the girl was sent inland to a special camp for the elderly and children suffering from shock.

Wechek's predicament was not unlike that of millions who started showing effects of radiation.

They knew they were ill and wanted to spend what time was left re-establishing contact or caring for loved ones and friends. But the government needed a maximum labor force now. In the eyes of the government, many had work left in them before radiation ended their lives. So they were recruited.

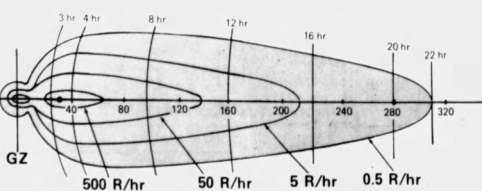
Mrs. Bragg's medication did not arrive in the next shipment and she grew anxious. Without conviction, her husband tried to reassure her that the medicine would soon be plentiful.

There were still problems in the camp that he had found; food was not rationed fairly, the living conditions remained unnecessarily crowded, and the leadership was weak and disorganized. As the fallout hazard in St. Petersburg and Tampa was reported diminishing, Mrs. Bragg talked increasingly of going back. She longed for familiar company and surroundings. Both she and her husband felt helpless and drift. But without her medication, Mrs. Bragg remained too weak to travel, even if there were compliance to go.

NEXT: The rebuilding begins.

PEAK DOSE-RATE PATTERN (5 MT Surface Burst)

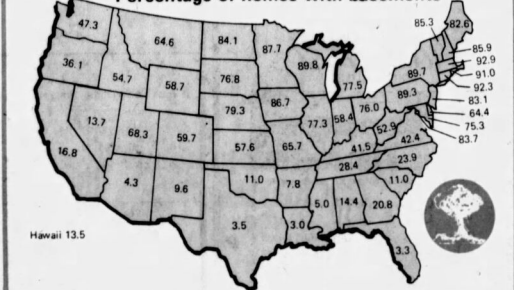
Effective Wind Speed 15 MPH



A lethal dose

The term generally used to describe a unit of radiation dose is "rad." Technically, it is a measure of the amount of ionization produced per unit volume by the particles from radioactive decay. A lethal dose is 600 rads or "R's." Although radiation from a blast would probably not follow this precise pattern, this diagram shows how fast radiation is accumulated by an exposed individual downwind of the blast.

Percentage of homes with basements



About 50 percent of the homes in the United States have basements, which provide good protection against nuclear blast effects. However, most of these are located in the North. Florida has one of the lowest percentages of homes with basements.

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