Medical Self-Help Training Program

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THE PROS and cons of various measures for the defense of the United States are beyond the scope of this paper. It is probably sufficient to state here that our government, while pursuing a stable peace, recognizes the necessity for measures to protect the civilian population until such a peace is achieved. An adequate program for civil defense, the Secretary of Defense has stated, is vital to our entire defense program. Preparedness for civil defense is considered to act as a deterrent.

Expansion of operations to identify and stock community fallout shelters throughout the country evidences the Federal Government's concern with strengthening civil defense. Whether the building of family shelters is desirable has to be determined individually, taking into account the area of residence, individual preferences, cost, and the like (*1*).

Providing shelters, however, is only a first step. Occupants of the shelters need to be prepared to live in them safely and as comfortably as possible and to meet their own needs without outside aid for days, weeks, or perhaps even longer. This preparedness includes knowing how to protect their health and to care for illnesses and injuries in the absence of competent medical care by a physician.

The task of implementing measures to achieve such preparedness is enormous. How do you go about training 50 to 60 million people to meet these needs? What kind of organization is needed? What kind of tools do you use?

The Public Health Service undertook to develop a national training program in medical self-help in cooperation with the Office of Civil Defense in 1960. This program was designed to inform and train people in simple procedures which would enable them to meet their own health needs when professional medical care might not be available. The American Medical Association recognized the need for such a program (*2*) and, along with other health associations, endorsed the program and participated actively in its development.

In developing the training program we sought to prepare lessons which, when taught by competent nonprofessional instructors under medical sponsorship, could be mastered by the average person. The lessons had to go beyond first aid training, which is geared to providing aid only for a short time—until a physician arrives or the patient can be taken to a medical facility. Medical self-help is geared to the kind of aid needed in the event a physician or organized health services are not available over an extended period. Thus, the lessons cover not only the usual subjects taught in first aid courses (modified for the longer-term circumstances mentioned), such as artificial respiration, bleeding and bandaging, fractures and splinting, transportation of the injured, burns, and shock; they also cover radioactive fallout and shelter, sanitation and environmental health, nursing care of the sick and injured, infant and child care, and emergency childbirth (*3*).

Plans for implementing the program were developed through three regional workshops covering the entire country which were held in the fall of 1961. Representatives of State and local medical societies, health departments, education departments, civil defense agencies, health and medical associations, and the American Red Cross formulated plans which were to serve as prototypes for specific plans to be pre-

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pared in each State by its medical self-help steering committee. These State plans provide the mechanism by which the program is carried to the community level (*3*).

The program relies on volunteer instructors and voluntary student attendance. All resources of a community contribute to successful operation of the program. To assist the States and local communities in carrying it out, the Federal Government supplies training aids and student manuals.

The basic training aid is an instructor's kit containing an instructor's guide, guidelines for the presentation of each lesson, filmstrips to illustrate key points and techniques in each lesson, examination and answer sheets, and a filmstrip projector and screen (see photo). Students receive a handbook, "Family Guide—Emergency Health Care." Upon completing the course, they are given a certificate. Additional student handouts are supplied as new classes are organized.

In fiscal 1962, the Federal Government, through the State agencies having administrative responsibility for the medical self-help training program, supplied U.S. communities with 5,000 kits for course instructors. In fiscal 1963, 11,500 full kits and 16,000 abbreviated kits (less projector and screen) were distributed. In fiscal 1964, besides 10,700 full kits, the government produced 500 kits containing Spanish translations. In fiscal 1965, it is producing 250 more Spanish kits. By the end of fiscal 1964, materials for more than 5 million students had been prepared, of which 3.5 million sets have thus far been distributed to the responsible State agencies.

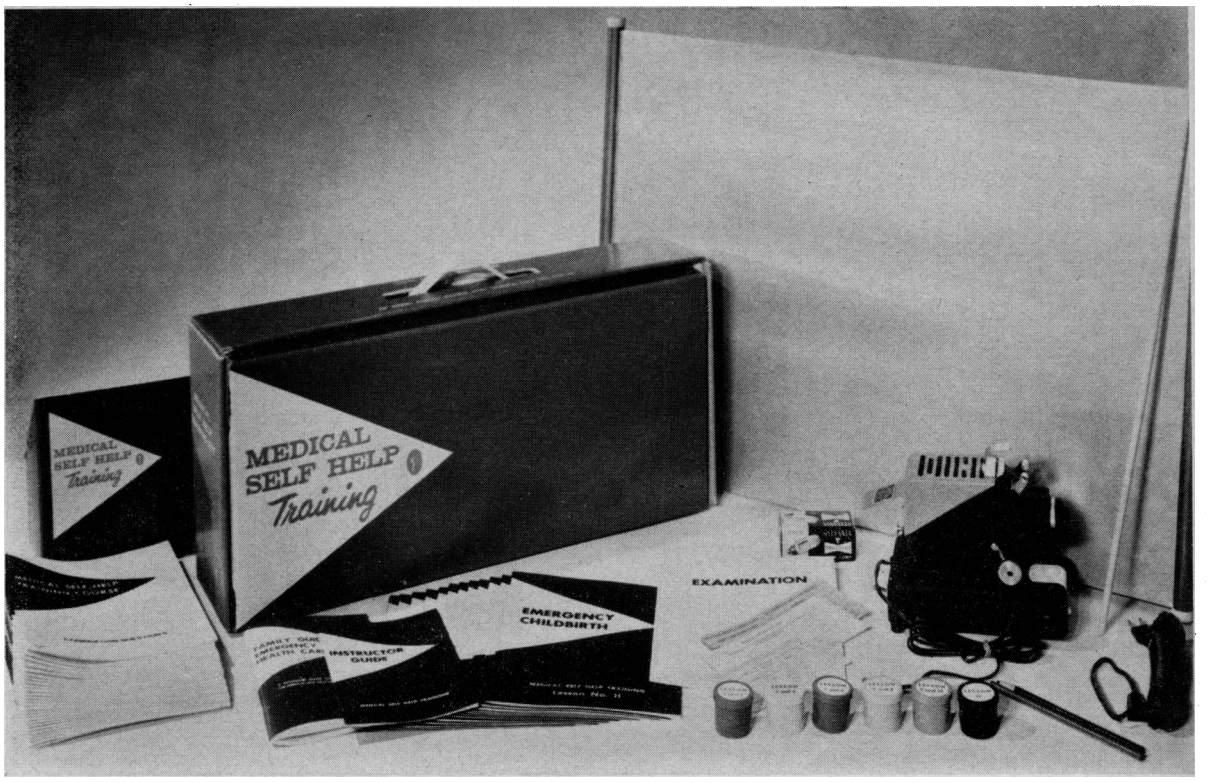
A second method of teaching medical self-help through the use of closed circuit TV, educational TV channels, and regular TV channels has been developed. Local instructors have presented these televised training programs, many of which have been videotaped for repeat presentations.

A set of 11 motion pictures (1 for each lesson) was developed as an additional training aid in fiscal 1964. These 16 mm. sound-color films convey the principles of medical self-help and demonstrate techniques. Realistic settings show disaster situations and confining shelter conditions. Both actors and animation illustrate the lesson points. The films are designed for use in conjunction with class discussion and practice sessions, all of which are necessary parts of the course. The 110 sets of these films initially produced were distributed to the States in February 1965. An additional 1,260 sets now being produced will be distributed before the end of fiscal 1965.

States and communities have developed a variety of patterns for achieving objectives of the medical self-help training program. Experience indicates that programs carried out through established organizations are the most productive. Medical self-help training in business and industry is being carried out on company time in many regions (*4*), and there are programs for training government employees at Federal, State, and local levels. Training programs for police, firemen, and rescue workers are popular. Voluntary and service organizations are active in promoting the training. Agents of the Extension Service of the Department of Agriculture participate in the program in rural areas. Medical self-help training has been incorporated into the curriculums of a number of colleges and high schools as part of health education courses. The training has been made a part of the curriculum in every high school in several States. Incorporation of the course in high school or college curriculums promises to be the surest and most efficient long-range means to train the population for survival in disaster situations.

A number of communities have developed well-planned and well-organized medical self-help programs, starting with measures for training selected core instructors and fanning out into training of additional instructors and a consequent increase in the number of training classes. A report of the organization of one county's program along these lines is contained in this issue on pages 287–292 (*5*).

Although the medical self-help training program was developed to meet the needs of preparedness in case of an all-out attack on this country, it is also valuable in localized natural disasters when communities are isolated by floods, blizzards, tornadoes, hurricanes, or earthquakes. Already many instances have been reported in which persons who have completed medical self-help training were able to save lives



Regular medical self-help instructor's kit. All contents displayed

by applying the knowledge and skills learned in the course.

The care an ill or injured person receives until adequate medical care by a physician can be provided often determines whether or not the person will live. This care can influence the rate of his recovery and the degree of disability he suffers. When many persons are ill or injured simultaneously, the care given by family or neighbors is often crucial.

The medical self-help training program is not intended to compete with courses such as first aid or survival training being conducted by other national organizations. It is intended, rather, to supplement these courses, giving special emphasis to preparation for a major disaster in which improvisation will be required and professional help may not be available.

It is hoped that the medical self-help training course will further motivate people to take advantage of the many specialized and related programs already available. An agreement signed by the American Red Cross and the Public Health Service provides that Red Cross instructors will teach those lessons of medical self-help which go beyond the standard Red Cross first aid course. Students who complete the additional lessons of medical self-help will receive both the Red Cross and the medical self-help graduation certificates.

One must recognize the limitations of medical self-help in the echelons of medical care programs available during disaster situations. Medical self-help is the lowest rung in the ladder, designed to be applicable when other means of providing the usual medical care are not available and in situations where many illnesses and injuries cannot be adequately cared for through conventional services. Survival medical care or advanced medical self-help administered by allied health workers and by specially trained safety and rescue workers will provide care for many more conditions but these, too, will still have limitations. Indeed, even the medical care that physicians can provide will have to be austere until adequate supplies and decreased patient loads permit a resumption of the customary level of treatment.

An extensive national program to promote medical self-help training is now underway. A

13½-minute film entitled, "If Disaster Strikes," features Danny Thomas, who explains the program and urges the film's viewers to take the course. The film is being shown extensively on TV and at meetings. An initial 250 copies distributed to the States did not meet the demand, and an additional 200 copies are being distributed. In addition, TV and radio spot announcements, filmed, recorded, and live, have been distributed widely; newspaper mats, posters, and car cards are being used to publicize the program.

To insure the highest quality of instruction, State and local medical societies, as well as individual practicing physicians, need to provide professional leadership in support of the medical self-help training program. If the program is to reach every family in the United States, which is its goal, widespread and active support is essential. Survival of a community, or indeed of the nation, might well depend on how individual citizens are trained to meet disaster situations.

Summary

The Public Health Service, in cooperation with the Office of Civil Defense, has developed a national medical self-help training program whose goal is to train one member of every household in the United States. Endorsed and supported by the American Medical Association, the program is designed to train the public in simple procedures to meet individual health needs when professional medical care is not available. Preparedness in health care, an important element of national defense, is also valuable when natural disasters occur.

Lessons in the course are devoted to radioactive fallout and shelter, healthful living in emergencies, artificial respiration, bleeding and bandaging, fractures and splinting, burns, shock, transportation of the injured, nursing care of the sick and injured, infant and child care, and emergency childbirth.

The Federal Government has supplied the States and local communities with a variety of training aids to assist with instruction, for example, kits with materials for teaching basic health survival principles and techniques and 16 mm. sound-color films. By the end of fiscal 1965, it will have produced 43,950 medical self-help training kits for instructors, in full or abbreviated form, some with Spanish translations, and also material for more than 5 million students.

Inclusion of the medical self-help training course in high school and college curriculums probably offers the best long-term approach to achieving a trained population.

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