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Gerald D. Coleman

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The Hospital Response: The Morality of the Civilian-Military Contingency Hospital System

Gerald D. Coleman, S.S.

An associate professor of moral and pastoral theology at St. Patrick's Seminary, Menlo Park, California, Father Coleman holds a doctorate from the Institute of Christian Thought in Toronto.

There is obviously no end to the debate and controversy regarding nuclear warfare.¹

The nuclear question sustains particular concern for the hospital systems in this country as they have been called upon to help create adequate preparation for the possibility of a war in the European arena.

In his statement of Oct. 4, 1981, Archbishop John R. Quinn of San Francisco specifically focused on the question of this medical involvement as preparedness for war. In the section of his pastoral letter, "St. Francis of Assisi: Instruments of Peace — Weapons of War," entitled "Our Response," Archbishop Quinn wrote as a second area for concern and response:

... (S)ince many in the medical community are now convinced that it is dangerously deceptive to pretend there can be an effective medical response in the case of a thermonuclear attack, I urge the administrators and staff of Catholic Health Facilities to join all those who are vigorously opposing the intentions of the Department of Defense to establish a "Civilian-Military Contingency Hospital System" if this System is based on the illusion that there can be effective medical response in the case of nuclear war.²

The key phrase here, of course, is "... if this System is based on the illusion" of effective medical response to a nuclear war. This question lies at the heart of the moral dilemma concerning hospital cooperation in the Civilian-Military Contingency Hospital System (CMCHS).

Maj. Michael C. Vojtasko is the deputy director of the CMCHS and he has responded to the question about "illusion" in very concrete terms:

The program has received the endorsement of the American Medical Association, American Hospital Association, and we are working closely with a number of other national health associations and groups such as the American College of Emergency Physicians. It is unfortunate that some groups, principally the Physicians for Social Responsibility (PSR), have attempted to link the CMCHS program with nuclear war. Since the Department of Defense has never stated this as a planning premise of the program, the PSR alleges that this lack of association must mean that we are concealing our real purpose. While we share the concern of all health professionals regarding the medical effects of nuclear war, and whether medical planning is even feasible for such an eventuality, we object strongly to the use of the CMCHS program as a vehicle to state an anti-nuclear policy. Attempts to do so demonstrate, at best, a misunderstanding of the program and puts in jeopardy the success of a logical, cost-effective system of care to Service members who may become casualties from a future conflict.³

Major Vojtasko's statement recognizes clearly the danger of nuclear war. At the same time, however, the statement exegetes the Civilian-Military Contingency Hospital System as a program that is *not* aimed at preparedness for nuclear warfare. It seems evident that the Department of Defense, cited here in Vojtasko's statement, is concerned about preserving the conditions that make possible the continuation of civilized life on earth. The question is answered as far as Vojtasko's comment here: the CMCHS is not a program aimed at care in the eventuality of a nuclear war.

Civilian-Military Contingency Hospital System

In order to sustain a better perspective on the hospital response to this program, it would be beneficial to outline the main elements involved in the CMCHS.

First of all, the Federal Emergency Management Agency (FEMA) is an executive agency that serves as a single point of contact within the federal government for emergency management activities. It is dedicated to the establishment and maintenance of a comprehensive and coordinated emergency management capability in the United States to plan and prepare for, respond and recover from and, most importantly, mitigate the effects of emergencies, disasters, and hazards ranging from safety and protection in the home to nuclear attack.

Secondly, then, it is clear that the responsibility of the FEMA is to make adequate preparation for "nuclear attack." What is equally as clear, however, is that another option has been explored, a decision to move toward the civilian sector for relief in the case of a nuclear attack.

The CMCHS represents a decision, then, to construct a system in peacetime which taps the civilian sector of hospital beds, facilities and manpower. The assumption of this program is that the CMCHS would be activated only in the event that military casualties generated in a

war abroad would exceed the Department of Defense and Veterans' Administration capability to care for these casualties.

It seems logical to conclude that the CMCHS is *part of* an overall effort to prepare for any contingency so that American servicemen and women can be assured of adequate medical care under all circumstances. The obvious question, however, remains outstanding: if the FEMA functions as a federal agency to plan and prepare for the effects of a nuclear attack, why duplicate this effort in the CMCHS?

One might respond to this question by stating that the object of the FEMA program is to care for casualties at home, whereas the CMCHS program is to care for the casualties suffered by American servicemen and women abroad. According to Vojtasko, however, the CMCHS does *not* assume that these casualties would arise from a nuclear contest.

At this point, a brief history of the development of the CMCHS is in order. The theory was first introduced to members of Congress in the Spring of 1978, in Department of Defense testimony before Congressional committees on the FY 1979 Appropriations Bill for the Department of Defense.

In subsequent years, congressional leaders expressed interest in the progress of the program's development and implementation. In June of 1980, the General Accounting Office released a report to Congress on the results of its investigation of the program. The report recommended that Congress mandate a Civilian Military-Veterans' Administration Contingency Hospital System to meet the medical needs of U.S. military casualties in wartime. When Department of Defense representatives visit a community to present the program to hospitals and medical leaders, a letter is sent to each member of that community's congressional delegation, inviting them to participate in the discussion.

In brief, Congress has been well aware of the CMCHS program from its inception, and has had every opportunity to debate the issue and discuss the Department of Defense strategy of gaining support from the civilian community to care for wartime casualties.

The initial public announcement of the CMCHS plan came in early 1980, in an official Department of Defense press release. At that time, the release was picked up by the wire services as well as several major metropolitan newspapers throughout the country. The program then became widely publicized in major newspapers and magazines, tabloids and medical journals.

Initial announcements were accompanied from the start by criticism that the CMCHS was *de facto* assuming preparedness for nuclear warfare. This assumption has always been denied, however. Writing to the *New York Times* on Nov. 10, 1981, John F. Beary III, M.D., acting assistant secretary of the Department of Health Affairs, Washington, D.C., said:

With . . . protest against the CMCHS plan . . . , groups are jeopardizing the care of wounded soldiers who might serve in a future *conventional* conflict, and therefore interfering with our national security. ⁴

As stated and interpreted by the Department of Defense, therefore, the CMCHS program does not assume nuclear war preparedness; aims at supplementing the capabilities of the military health care field; involves the use of civilian hospitals and their delivery capabilities; and serves as a mechanism of preparedness to medically support a future conflict outside the United States. ⁵

The Hospital Response

There is a standard contract, a "Memorandum of Understanding," between the Department of Defense and a hospital which agrees to participate in the CMCHS program.

This memorandum indicates in part in the first paragraph that:

The weapons of modern warfare may now create heretofore unknown numbers of American casualties in a zone of war. This potential medical demand makes it imperative that the Secretary of Defense seek additional sources of medical care for U.S. servicemen and servicewomen in the time of a conflict.

The memorandum then binds the participating hospital to agree that:

. . . upon notification during a state of national emergency as declared by the President it will make available to the Department of Defense a minimum of 50 to a maximum of 80 beds with all necessary treatment and administrative processing as may be required for the patients hospitalized therein; and, for its part, the Department of Defense agrees to compensate at the hospital's regular charges . . . for its patient care services at the time said services are provided.

The final paragraph of the memorandum indicates that both the hospital and the Department of Defense will plan for the admission, treatment, hospitalization and discharge of the military patients and that the hospital will participate in an "annual exercise of CMCHS which will be approved by the Joint Commission on the Accreditation of Hospitals."

There has been a growing discontent with the CMCHS program among hospitals, an anxiety which centers mainly on the assumption that the CMCHS plan is not a preparation for nuclear war.

In October of 1981, the administrator of Queen of the Valley Hospital in Napa, California, retracted an earlier agreement to participate in the CMCHS program. The reason is clear:

Out of concern for the international climate which increasingly seems to accept nuclear war as a "rational" possibility, I must use this as an opportunity to express . . . my opposition to the country's escalating race to produce weapons for nuclear war

In December of 1981, the superior general, along with her Council of the Sisters of Mercy, Burlingame, California, issued a lucid state-

ment directing health care facilities sponsored by the Sisters of Mercy of Burlingame to refrain from signing the CMCHS program. This directive is based on the belief that conventional war would inevitably escalate "to the use of . . . tactical nuclear weapons." The statement here cites both John Moxley, M.D., assistant secretary of defense for health affairs and Secretary of State Alexander Haig as admitting the possibility that the "use of tactical nuclear weapons cannot and should not be ruled out" (Haig's statement). For the Sisters of Mercy, then, agreement with the CMCHS program fosters the illusion that nuclear war is an ethical option.

Also in December of 1981, University of California officials notified the Department of Defense that they would not permit the university's five major hospitals to reserve specific facilities for the care of wounded soldiers if a major war broke out overseas. U.S. officials explained this conclusion by stating that participation in the CMCHS program is a violation of California's privacy laws, and, in addition, U.C. hospitals already sustain programs which provide health care services in the event of a national emergency.

A final example includes the decision of the president of Mary's Help Hospital, Daly City, California. The hospital rescinded its earlier commitment to participate in the CMCHS program because "... [we] do not wish to deceive the public into thinking that there can be effective medical response in the event of a thermonuclear attack . . . (A) future war could escalate to the point of using tactical nuclear weapons . . ."

These examples picture well the general reasons why many hospitals are refusing to participate in the CMCHS program:

- 1) the international climate increasingly accepts nuclear war as a rational possibility;
- 2) in the U.S. there is an escalating race to produce weapons for nuclear war;
- 3) conventional war would inevitably lead to the use of tactical nuclear weapons;
- 4) hospitals already sustain programs to care for people hurt in a national emergency; and
- 5) participation in the CMCHS program deceives the public into thinking that there can be an effective response to a thermonuclear attack.

Department of Defense Response

The Department of Defense has responded in various ways to this general decision on the part of many hospitals not to cooperate with the CMCHS program.

In June of 1981, John H. Moxley III, M.D. called the CMCHS a "contingency plan . . . to ensure that appropriate medical care is avail-

able should we ever become engaged in an overseas conflict which results in more casualties than we can care for within the Federal health care system." Dr. Moxley then writes:

In principle, it [the CMCHS program] is designed to accommodate casualties which might result from a war involving modern, conventional weapons. It is possible, of course, that such a war could escalate to the use of chemical or tactical weapons within a combat theater.

This same basic principle was enunciated by Moxley in May of 1981:

... (T)he most likely scenario for a future military conflict would be in an overseas area using conventional weapons. This does not rule out the possibility that such a war could escalate to a tactical nuclear exchange and planning must, of course, consider that possibility.

In November of 1981, J. Alexander McMahon, president of the American Hospital Association defended the CMCHS program on other grounds:

Rather than developing a standby military hospital system, this use of civilian facilities makes good economic sense, and it is an excellent precedent in government-private cooperation. . . . The government of the United States has decided that there must be a "medical response" to members of the armed forces injured abroad, and to believe that refusal to participate in the CMCHS can deter nuclear war is a position I cannot understand.

In January of 1982, Major Vojtasko wrote to the California Catholic Conference:

From its inception, the CMCHS was designed as a contingency plan to respond to an overseas conflict using conventional weapons and does not assume the treatment of casualties from a nuclear confrontation. The use of the phrase "advanced weaponry" in some of the written material on the program does not include nuclear weapons systems.

As a final example, Brigadier General William P. Winkler, Jr., M.D., commanding officer for the Department of the Army of Lettermen Army Medical Center in the Presidio of San Francisco wrote this response to the decision of Mary's Help Hospital in Daly City, California, to withdraw participation in the CMCHS program:

... (W)ar . . . is a tragic waste of human life and human energies. I find no moral difference between clubs, bullets or nuclear radiation when we are talking about destroying young lives. You should realize that there are few professional soldiers who do not share these views. One wonders why they are then professional soldiers. It is perhaps an over simplification but I think that the reason is an awareness that there comes a time in the course of human events when political and diplomatic solutions are exhausted. At that time, somebody must be willing to sacrifice himself for the benefit of those who remain behind. You must realize that the military does not go to war unless the President and the Congress send it. The military does not defend the kind of war it must fight any more than the fireman defines the kind of fire that he must fight. Like the fireman, we must be prepared for all contingencies and on the day the fire starts, it is too late to prepare or plan on how to put out the fire

If our President and Congress find it necessary to commit U.S. soldiers to battle, whether it be a large scale conflict in Europe or smaller scale in the Persian Gulf or Central America, I can only conclude that large numbers of casualties will be returning to the U.S. CMCHS is an attempt to be prepared to adequately care for these soldiers who will have sacrificed themselves so that others might enjoy their peaceful pursuits here at home.

What conclusions can be drawn from these responses?

- 1) the CMCHS is a contingency plan to supplement federal health care systems;
- 2) the CMCHS assumes the use of conventional weapons but admits the possibility of escalation to the use of chemical or tactical nuclear weapons;
- 3) it is economically more feasible to employ the CMCHS program;
- 4) the CMCHS program is an excellent precedent in government-private cooperation; and
- 5) the CMCHS assumes the use of conventional weaponry and abhors the use of war but recognizes that once war occurs, there is "no moral difference" between conventional weapons and nuclear warfare.

The Vatican and the Use of Nuclear Weapons

In October, 1981, under the chairmanship of Prof. Carlos Chagas, president of the Pontifical Academy of Sciences (Vatican City), a group of 14 specialized scientists from various parts of the world assembled to examine the problem of the consequences of the use of nuclear weapons on the survival and health of humanity.⁶ This group of scientists issued a statement which is a clear assertion that the conditions of life following a nuclear attack would be so severe that the only hope for humanity is prevention of any form of nuclear war. Several quotations from this statement are pertinent:

Recent talk about winning or even surviving a nuclear war must reflect a failure to appreciate a medical reality: any nuclear war would inevitably cause death, disease and suffering of pandemic proportions and without the possibility of effective medical interventions. That reality leads to the same conclusion physicians have reached for life-threatening epidemics throughout history: prevention is essential for control

(N)o one could deliver the medical service required by even a few of the severely burned, the crushed and the radiated victims

The suffering of the surviving population would be without parallel. There would be complete interruption of communications, of food supplies and of water. Help would be given only at the risk of mortal danger from radiation for those venturing outside of buildings in the first few days. The social disruption following such an attack would be unimaginable

Even a nuclear attack directed only at military facilities would be devastating to the country as a whole. This is because military facilities are widespread rather than concentrated at only a few points. Thus, many

nuclear weapons would be exploded. Furthermore, the spread of radiation due to the natural winds and atmospheric mixing would kill vast numbers of people and contaminate large areas. The medical facilities of any nation would be inadequate to care for the survivors. An objective examination of the medical situation that would follow a nuclear war leads to but one conclusion: prevention is our only recourse

(W)here treatment of a given disease is ineffective or where costs are insupportable, attention must be turned to prevention. Both conditions apply to the effects of nuclear war. Treatment would be virtually impossible and the costs would be staggering

Conclusions

It is apparent that the medical community and hospitals must confront this issue as one of the most significant moral concerns of all time. A clear statement is already emerging from the medical sector of society: the medical community is virtually impotent in offering any type of meaningful response to a nuclear attack. Silence at this point is a betrayal of ourselves and of our civilization.

It is eminently clear from the combined responses of the Department of Defense that although the CMCHS program *as such* assumes only the use of conventional weaponry in a war, escalation to the use of tactical nuclear weapons is possible. It is thus morally impossible to think any longer that a "pure" conventional war is feasible, when nuclear weaponry is *de facto* a back-up reality. Even admitting the possibility of only a conventional war, escalation to the employment of nuclear weapons is possible, as admitted by some members of the Department of Defense; and this type of employment cannot *per se* be limited to a tactical engagement.

It is a fitting moral conclusion, then, that the CMCHS subtly encourages preparations for a war of catastrophic proportions, a program which too easily gives the general public the impression that there is an adequate medical response to war in the future, a war which cannot be in fact solely limited to conventional warfare. The CMCHS handbook admits that "a future large scale war overseas will probably begin and end very rapidly and produce casualties at a higher rate than any other war in history." Is it really morally possible to differentiate the type of conflict described here from a nuclear war of some type, especially when General Winkler has stated that he sees "no moral difference between clubs, bullets or nuclear radiation"?

In light of this discussion and the facts presented in this paper, the threshold between conventional and nuclear violence is virtually indistinguishable, thus making the stance of the scientists gathered at the Pontifical Academy of Sciences eminently sensible: prevention is our only recourse; prevention is a moral exigency of the highest order.

Albert Einstein's insight has been frequently quoted in these debates; it is worth repeating here:

The unleashed power of the atom has changed everything except our ways of thinking. Thus we are drifting toward a catastrophe beyond comparison. We shall require a substantially new manner of thinking if mankind is to survive.

Achieving such a change in thinking is the key to survival in a nuclear age. This thinking must be applied to the moral consequences of the CMCHS program.

REFERENCES

1. See, for example, *Overview*, published by the Thomas More Association, "Nuclear Disarmament," March 2, 1982.

2. Archbishop Quinn has been consistent since this October 4 statement in his opposition to nuclear warfare and nuclear escalation: e.g., his speech of Nov. 5, 1981 at Mt. St. Mary's College, Los Angeles, "The Church and Nuclear Escalation"; and his personal appearance at the State Capitol in Sacramento, Calif. on Dec. 1, 1981, helping to launch a statewide campaign calling for a bilateral nuclear weapons freeze.

3. In a letter to the California Catholic Conference, dated Jan. 5, 1982.

4. The major reasons which have emerged against participation in the CMCHS program are these: (1) Intervention by the government in the civilian sector requires executive order or acts of Congress; the "voluntary participation" by a hospital in the CMCHS program avoids public debate and bypasses the legislative process which has historically kept the military subordinate to the deliberations of civilian policy; (2) only nuclear weapons can create casualties at the rate proposed in the CMCHS program itself; and (3) the actual care capabilities of the hospitals which the Defense Department seeks to recruit have not been realistically addressed: e.g., the tremendous strains on skilled manpower, the massive amounts of medical supplies that would be needed, the indefinitely sustained burden on bed capacity.

5. Specifically, participating hospitals would commit a minimum of 50 beds to the system and would contribute certain basic services, including postoperative recovery room, intensive care, blood bank, respiratory therapy, diagnostic X-ray, laboratory services, emergency department, physical therapy, and appropriate support services (food, nursing, supply).

6. Carlos Chagas, Rio de Janeiro; E. Amaldi, Rome; N. Bochkov, Moscow; L. Caldas, Rio de Janeiro; H. Hiatt, Boston; R. Latarjet, Paris; A. Leaf, Boston; J. Lejeune, Paris; L. Leprince-Ringuet, Paris; G. B. Marini-Bettolo, Rome; C. Pavan, Sao Paulo; A. Rich, Cambridge, Mass.; A. Serra, Rome; V. Weisskopf, Cambridge, Mass.

7. *New York Times Magazine*, Aug. 2, 1964.
