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MANPOWER PLANNING COMMITTEE

STATEMENT BY THE MEDICAL COMMITTEE ON MEDICAL MANPOWER
(Reference: AC/23(MC)D/85)

Note by the Secretary

At its meeting on 19th/20th March, 1958 the Medical Committee agreed that a general statement on medical manpower should be made to the Manpower Planning Committee.

2. This statement is attached hereto for the information of Manpower Planning Committee representatives.

(Signed) A. CIPPICO

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MEDICAL MANPOWER

A study of casualty estimates for a nuclear war shows that no NATO country has sufficient doctors to produce a Civil Defence Medical Service capable of providing the standards of treatment which are normally accepted.

2. Methods of medical planning have in fact had to be reversed because of this shortage. Instead of calculating hospital bed requirements, it is now necessary to find out how many beds can in fact be catered for by the manpower likely to be available. This number will certainly fall short of that called for by casualty estimates, even allowing for possible methods of expanding the doctors' potential which are at present being studied, e.g. the higher training of auxiliaries.

3. In these circumstances, it is essential that the best use is made of the relatively meagre resources, and it is thought that this object can best be achieved by full preparatory planning in peacetime. If such planning is to be fully effective, it would require not only registration of doctors, but powers to direct them where they are required.

4. In addition to doctors, however, the Medical Service will require a large number of trained nurses and auxiliaries. At present such personnel are, in the main, voluntary and there is an acute shortage of such volunteers. This shortage will obviously affect adversely plans to expand the professionally qualified potential by giving them higher training which, it should be noted, takes considerable time.

5. It is important to note in this connection that while the Medical Services of the Armed Forces have their requirements provided by law, those of the Civil Defence Service - which in any future war will have just as great, if not a greater, task - are not as yet generally covered by any legal provisions.

6. It is appreciated that the regulations in regard to registration and direction in war are subject to considerable variation in the NATO countries, and that if such regulations have been made it may be extremely difficult to change them. It is desired to emphasise, however, that the Civil Defence Medical Service, which will inevitably fall short of actual requirements and which will almost certainly need to reach its fullest possible strength immediately after the outbreak of war, may have its already limited capability further reduced unless complete manpower planning and direction is achieved in peacetime.

7. There are two other manpower problems affecting the Medical Service. Firstly, the provision of stretcher bearers who would be required in very large numbers; and, secondly the supply of police, or other personnel, to prevent possible flooding of medical units by minor casualties. These two requirements have not yet been fully discussed by the Medical Committee, but it seems probable that there will be a considerable manpower demand.