

Oregon State Defense Council

SURVEY OF EMERGENCY MEDICAL SERVICE

Clackamas County & Oregon City

July 19, 1942

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EMERGENCY MEDICAL SERVICES

REPORT OF SURVEY ON CLACKAMAS COUNTY AND  
OREGON CITY

The peace-time population of Clackamas County is 56,000. It is estimated that the war-time population is 60,000. Oregon City population has remained about the same at 6,100. Other communities in Clackamas County include Oswego, Canby, Molalla, Milwaukie, and Sandy.

Special Community Circumstances affecting Civilian Defense particularly Emergency Medical Services in Oregon City are as follows:

At the request of the secretary of the State Medical Society, the State Chief of E. M. S. and the State Hospital Officer were asked to investigate the phases of the organization of the Emergency Medical Services in Oregon City and Clackamas County.

There are two factions of physicians, nurses, hospitals and mortuaries; therefore, the problem of getting together on a common program is complicated. Installations of Emergency Medical Services must be considered in the light of these existing conditions, some necessitating greater installations than would otherwise be needed.

Local Defense Council

Mr. J. L. Franzen is the Coordinator for Clackamas County and he is also City Manager of Oregon City. Chief of the Emergency Medical Services is Doctor Dan Trullinger. Others active on the Advisory Committee are Doctor Mount of Oregon City and Doctor Renfrew of Canby. Doctor Trullinger is Chairman of the Advisory Committee.

There are no other representatives such as dentists, nurses, hospitals, Red Cross, pharmacists or morticians. Doctor J. P. Cleland, who is Chairman of the local Medical Society has been active recently in stimulating activity and better organization in the Emergency Medical Services.

Local concern has been expressed because of the failure to have existing organizations and others to bring the E. M. S. of Clackamas County up to the standards of the remainder of the protective services.

The pattern of early conflict of scope and activity of the local chapter of the American Red Cross can be accounted for by the fact that definitions had not been sufficiently drawn for plans of duty and scope, and this is seen by the local feeling and unwillingness to fit in the program of the Red Cross to the Civilian Defense setup. Recently the National, Regional, State and local phases of the Red Cross with relationship to the Civilian Defense Program has been clarified, leaving the way open for better cooperation.

General Description of the E. M. S.

Planning for E. M. S. in Clackamas County is divided into centers of population, Oregon City being the chief center of organization; however, there is no close tie between the population centers and Oregon City with reference to the E. M. S.

The Chief of the E. M. S. in Oregon City, who is also the County Coordinator, did not display an intimate knowledge of the organization of the Services outside of Oregon City. He indicated that each community wanted to run its own Civilian Defense Program. In Oregon City there has been an attempted span of E. M. S. provided through a series of casualty stations which would function as sorting stations and also as reserve hospitals. It was the conception of those present that a large number of cases would be taken care of in casualty stations as inpatients, thereby preventing the load from going on to the hospitals.

Ambulance units are to be stationed at the control center and sent out to the casualty stations in case of an incident in the various vicinities. The plan follows the decentralization organization usually set up by the American Red Cross in which all services centralize around the district center, which in this case is called a casualty station, although it is planned to function in a bigger capacity to include hospitalization.

Description of E. M. S. in Clackamas County

Area first aid has not been organized in Oregon City into a special organization. Chief of E. M. S. indicated that the Red Cross has trained a large number of first aiders, but to his knowledge they have not been assigned into the program; therefore, one of the most important phases and functions of the E. M. S. has been overlooked.

There are no official first aid posts in the Clackamas County program although as a matter of fact, some of the so-called casualty stations could be classified on a smaller basis and possibly be called first aid posts.

Twelve casualty stations exist or are planned for Clackamas County, nine of which exist at the present time. There are four in Oregon City located at the Congregational Church, Eastham School, Senior High School, and Barclay School. Others are located at Canby, Oswego, and Estacada. Casualty stations will be established at Milwaukie, Molalla, and Sandy.

At the time of an air raid warning, equipment for the Oregon City casualty stations will be sent out from the control center where it is kept under lock and key. The County Coordinator feels that it is necessary to keep it in a

central place for its protection until the time when bombing should start. It is readily accessible and will be delivered by an ambulance at once. Inspectors see no objection to this plan, although some of the equipment might well be kept at the casualty station.

There are available, or in the process of being made, first aid kits for casualty stations. Stretchers have been prepared and are at the control center for the casualty stations although more will be needed. There is a shortage of blankets, pillows, pillow slips, sheets, and cots, except for the Congregational Church station.

Location of the casualty stations in the city is in the outer district schools; therefore, it does not most suitably meet its requirements. Casualty stations have been omitted from the only congested area in the city, that is in the canyon along the river. It was the reasoning of the Coordinator that all of the wounded should be taken up out of the canyon to the higher levels; therefore, no casualty stations have been established.

Field units have not been organized according to the manual, but consists of twelve ambulance units stationed at the control center to be sent out to the casualty stations and incidents, if and when needed. They are to be distributed in the blocks around the control center. Doctors or nurses will not be available for assignment to field units, asinmuch as there are not a sufficient number in the community; therefore, the manning of ambulance units will be by first aiders. However, definite assignments for this service have not been made.

Kits are available to go out on the ambulances. The type of material and equipment included in these kits is based upon the type that should be used by a first aider and not by physicians.

There are two casualty hospitals in Oregon City: the Hutchinson Hospital and the Oregon City Hospital. Hutchinson Hospital is a 30 bed unit with one surgery, 8 nurses, and 4 nurses' aides. The hospital is small and crowded and they have estimated that by restricting admissions and sending patients to their homes, they would be able to provide for 10 civilian casualties. The inspector agrees that this is the probable limit. The organization of this hospital in regard to civilian defense is not far advanced. It is doubtful that enough planning has been made.

The Oregon City Hospital has a bed capacity of 65, with 16 nurses on the staff out of a total of 48 employees. This building is not entirely occupied, there being space on the second floor. The owner and the administrator estimate that in the hospital and her large home, which is next door, there would be available 125 beds for civilian casualties if equipment for 50 beds could be obtained. While the original estimate seemed rather optimistic, the inspectors believe that most of this number of beds could be placed if equipment were available.

The administration and personnel of the hospital seem to be awake to the need of bed expansion and service during incidents. There are three surgeries and a delivery room. If personnel can be assigned to assist at this hospital, they should be able to expand to take care of the needs of the community without having to depend as much on casualty stations as is planned by the defense officials.

There are no affiliated hospitals or base hospitals. The only reserve setup is the hospital beds at the casualty stations. It is planned that there should be 40 to 50 beds in each.

#### Decontamination of Persons - Relationship

There is a clear understanding on the part of the Chief of E. M. S. and the Coordinator as to the difference between the decontamination of persons and decontamination of area. Decontamination of area is under the public works department of the city. No decontamination facilities are available or had been planned for Oregon City. It was pointed out that there should be at least one central station for casualties for the city, a city of 6,000 people, in order to prevent contamination of hospitals and casualty stations.

#### Role of Local Red Cross in E. M. S.

The local Red Cross has not provided all of the services that could have been provided through agreement between the Red Cross and Office of Civilian Defense. This is probably due to the early pattern of concern over the relationship of Red Cross to Civilian Defense.

Medical supplies and equipment for the E. M. S. have not been furnished by the Red Cross. The Red Cross has trained large numbers of first aiders. The administration of first aiders in the field unit program has not been outlined and is not functioning. This service might well be performed by the local Red Cross for "area first aid" and for field unit first aid, as this is an important function in the Oregon City setup.

Casualty information service is being arranged as a subdivision of the Red Cross General Information Bureau. Ambulance transportation is not under the Red Cross. There is a Red Cross supply depot which has a small amount of medical supplies. Red Cross has not trained nurses' aides in Oregon City.

#### Organization, Training, and Use of Stretcher Teams

Stretcher teams have not been procured, trained, or assigned for use in the Oregon City setup. The Coordinator is concerned over this fact.

Organization, Training, and Use of First Aiders

First Aiders have been trained by the American Red Cross, but no system of administration has been worked out for assignment to the E. M. S.

Organization and Use of Morticians

Morticians have not been organized as part of the E. M. S.

Professional Personnel

Doctors now residing in Oregon City have been assigned to the medical program as follows:

Oregon City Hospital	-	Doctor Guy Mount (Doctor Cleland)
Hutchinson Hospital	—	Doctor Albert Mount Doctor C. A. Stuart (Doctor Strickland)
Casualty Stations	——	Doctor Lee Strickland Doctor Ross Eaton Doctor Huycke Doctor Cleland Doctor McLain
Control Center	————	Doctor Dan Trullinger

There undoubtedly will be further loss of the doctors of this community as two or three of this group are well within the age limit of military service.

The inspector agrees with the Chief of E. M. S. that there is not a sufficient number of doctors to be used completely as the E. M. S. should have them. However, the inspector feels that the number of doctors assigned to casualty stations is probably too large and could be modified somewhat, more of them being assigned to hospital service. As soon as three more doctors leave, it will probably take care of itself, inasmuch as two doctors will be assigned to hospitals and about three to casualty stations. There is not a sufficient number of graduate nurses to properly fill in the Clackamas County program, at least, not enrolled at the present time; therefore, they are being reserved chiefly for hospitals with the possibility of placing one in each casualty station. There are no nurses' aides in this program.

Dentists have not been assigned to the program. However, it was indicated that they would be enrolled and assigned to proper places such as decontamination, casualty stations, and hospitals.

### Enrolment Status of Classes of Personnel in Civilian Defense

Doctors have not been enrolled; graduate nurses have been enrolled. First aiders have not been enrolled. Hospital personnel has not been enrolled. Arm bands are not available for the E. M. S. but will be later as indicated by the Coordinator, as soon as some of the services are assigned. The failure to enroll personnel in the E. M. S. should be corrected and the enrollment carried out at once.

### Drills

Control center practice has been carried out for all services, and ambulances have mobilized several times, but there has been no complete drill of field units although casualty stations have been alerted on several occasions. It was suggested that the medical program be drilled monthly.

### Records

Casualty stations are to be equipped with medical supplies in the form of a kit which should prove adequate. These are being purchased by the city of Oregon City. Ambulance units number 12. This should be sufficient for Oregon City and the surrounding territory. There are 30 stretchers which were made in the shops at Oregon City patterned after the Army field stretcher. This number should be increased and some placed in the two hospitals for exchange and some at the decontamination station for exchange. There are no blankets, pillows, cots, or other bedding available at any of the casualty stations with the exception of the Congregational Church which is collecting some of these needed supplies. This, of course, renders casualty stations sterile as far as inpatient service is concerned.

There are no plasma units available in Oregon City with the exception of one or two in the Oregon City Hospital. Serum for tetanus gas gangrene antitoxin and tetanus antitoxin are available in small amounts. Hospitals are depending upon the drugstores to supply them in emergency. Kits for casualty stations and field units are being completed and seem to be satisfactory. The items that can not be procured locally and which are important, include blankets, pillows, cots, and plasma, although the local group believes that they will be able to requisition Red Cross or OCD on the state level for these supplies.

### Source and Control of Morphine

The local plan for the procurement of morphine is to get it from the doctor or the hospital in conformance with the general plan of civilian defense.

### OCD Equipment Available

Very little equipment has been made available for Oregon City. The medical services do not have equipment of any type. It should be borne in mind, however, that Oregon City has not been declared a critical area.

### Organization and Relation of Rescue Squads

Rescue squads are organized under the department of public works of Oregon City. Squads are assigned and have functioned.

### Casualty Medical Follow-Up

Plans have not been made for doctor and nurse follow-up for casualties of civilian defense in casualty stations or in the home. However, the local Chief of E. M. S. who is also the County Health doctor has agreed that that should be the service of his office and that it will devote some time and attention to this.

### Public Education

Public Education so far has been limited to self-aid in decontamination. No explanation of the organization of the E. M. S. has been made through the local newspaper because the Coordinator has stated that he did not consider them sufficiently organized to publish the fact.

### Source of Funds for local E. M. S.

The chief source of funds for medical supplies, equipment, etc., has come from the treasury of Oregon City.

### Control Center Medical Personnel

The local chief of E. M. S. sits at the control center during practice and it is planned to utilize him in this manner. It was pointed out that with a depletion of doctors, it would be desirable to train an adjutant who could sit in on this service.

Inspections were made of the control center by the Medical Officer and Hospital Officer. The hospitals were inspected by the Hospital Officer, and several of the casualty stations, by the Medical Officer.



### Interview with the Coordinator

The Medical Officer and Hospital Officer conferred alone with the Coordinator of the Clackamas County Defense Council, who is also the city manager of Oregon City. We were impressed by his ability and knowledge of all of the services, although he may be too inclined to proceed entirely by himself if there is not sufficient action by the Medical Chief. He frankly stated that he had been concerned about the state of organization of the E. M. S. as it was not sufficiently prepared as compared to the other Emergency Services. He had discussed this problem with the local President of the Medical Society and others and there was some concern because of the inability of the local Chief of E. M. S. to stimulate action and organization.

The following points were discussed with the Coordinator:

#### Casualty Stations

The number of casualty stations was considered large; however, in view of the fact that they are also using them as reserve hospitals might justify the number. It was suggested that some of these should be standbys and not actually alerted. It was suggested, however, that a casualty station be placed in the congested district as the headquarters for supplies, first aid personnel, and stretcher bearers in case of bombing in the canyon level, even though it is planned to move these patients out of the canyon to the hill in the residential district of Oregon City. The Coordinator agreed that it might be done although he had been the one who had doubted the wisdom.

#### Assignment of First Aiders

It was pointed out that first aid service should be made available from the block level and in the field ambulance unit. The coordinator agreed that that was also his opinion, but that sufficient stimulus had not been obtained to get the organization completed. It was suggested that the Red Cross might have a different person in charge of assignment and administration of first aid than the one who has control of the training of first aiders. The suggestion appealed to the Coordinator.

#### Assignment of Stretcher Bearers

It was pointed out to the Coordinator that stretcher bearers were indicated for service at casualty stations and hospitals. He agreed and thought that the Red Cross should be requested to complete this organization.

Casualty information service is being organized through the Red Cross General Information service, according to the Coordinator

The Coordinator agreed to consider the possibility of a decontamination station for casualties for the city, inquiring about its cost. No definite information as to cost was given.

The Coordinator agreed that drills should be held for E. M. S. monthly.

#### Medical Equipment

Cots, pillows, blankets, etc., are needed in Oregon City, but the Coordinator does not know where they may be procured.

#### Dentists

The Coordinator agreed that dentists had a definite place in this program and they should be enrolled.

#### Public Education

The Coordinator indicated that he did not want the E. M. S. publicized, because he did not consider it sufficiently organized.

The Coordinator indicated that the Chief of E. M. S. is a member of the Defense Council and has met with them. The impression was previously obtained from the Chief of E. M. S. that he was not a member of the Defense Council.

The Chief of the E. M. S. is considering the setting up of an advisory committee to include a large scope of people on the program, such as hospital administrators, dentists, morticians, etc.

#### Summary

The situation in Oregon City with regard to E. M. S. has not advanced sufficiently. In the opinion of the inspectors this can be contributed to several causes, such as lack of initiative on the part of the local Chief of E. M. S., the factions in professional and hospital circles, and other causes. Regardless, however, of the difficulties, it is apparent that initiative should be taken to improve this situation and it is hoped that the local chief of the E. M. S. can improve the service.

It was agreed that the State Chief of E. M. S. should keep in close touch with the local Chief and assist him in bringing the organization of the E. M. S. up to standard.

Prepared by Ralf Couch,  
State Hospital Officer  
July 19, 1942

SUPPLEMENTARY REPORT OF SURVEY

(EMERGENCY MEDICAL SERVICES)

OREGON CITY, OREGON

COMMENTS:

Survey of Emergency Medical Services was made in Oregon City, Clackamas County, Oregon, by Dr. Vernon A. Douglas, State Medical Officer, and by Ralf Couch, State Hospital Officer, on July 17, 1942. This was made following a meeting with the local Medical Society, and confirmed in also by the Local Chief of EMS and the Clackamas County Coordinator. Subsequent visits were made by the State Medical Officer on July 21st and August 4th.

The attached report of Emergency Medical Services contains pertinent information which was obtained during the three visits, and gives a picture, it is believed, of the organization of the Emergency Medical Services in Oregon City as it stands at the present time. The information contained in this report was obtained largely through personal interviews with the Local Chief of EMS, the County Coordinator, the Red Cross Executive Secretary, the local Civilian Defense Secretary, as well as by actual visits to hospitals, control center, supply depot, and proposed casualty station locations.

RECOMMENDATIONS:

On the basis of the information secured, and, which appears on the Report Form the following recommendations are made:

1. MEDICAL ADVISORY COUNCIL

It is felt that in order to do the most effective work, the Local Chief of EMS should have at his disposal an active Medical Advisory Council. On this Council should be represented the agencies in Oregon City which are concerned directly with the smooth functioning of the Emergency Medical Services. The usual membership of the Medical Advisory Council is enumerated on the attached Report Form. It is suggested that the Local Chief of EMS request of each organization, which should have membership, that a representative be appointed, preferably the elective or executive head. As soon as this is done, a meeting should be called at which the Local Chief should acquaint the members with problems facing proper organization of the local Emergency Medical Service, and should arrive at some definite conclusion as to what part each organization should play in order to bring about maximum effectiveness in case of raid.

2. PERSONNEL

Registration

Apparently a large number of individuals have been registered for Emergency Medical Service, but it did not appear that these had been followed up to determine whether or not courses had been

completed, or for the purpose of assigning them to posts. It is recommended that steps be taken soon to see that all persons, including doctors, nurses, first aiders and other who are to assist in Emergency Medical Service register or re-register at the local Defense office, complete their courses if and as required, and be assigned to posts. It should be very clear to each person who has registered and completed his course just where he is to go and what he is to do when a call comes. There is at the present time a special need for the assignment of stretcher bearers to hospitals and Casualty Stations.

It is also very important, in view of the large number of individuals who are changing their occupations, to keep the registration files currently up to date. It might be necessary to go through the files almost weekly in order to accomplish this, since many individuals are leaving for the Army and other defense work.

#### Stretcher Teams

Stretcher teams are needed in atleast three locations: One at the scene of the incident, another at Casualty Stations and the third at the hospitals. Men first aiders who are physically qualified for this arduous duty should be selected from those registering for duties and assigned to posts, hospitals, or Casualty Stations. Enough stretcher bearers should be assigned to provide for short hour shifts.

### 3. HOSPITALS

The hospitals on the whole seem to be well equipped. They are able to expand from a total of 95 to 165 beds. In case this does not provide adequate beds in an emergency it would be necessary to call on Portland hospitals for assistance. In the meantime attempts should be made to locate and secure if possible stretchers, cots and blankets and such equipment as is needed for the expanded beds. Hospitals are also in need of stretcher teams, which will undoubtedly be assigned to them later.

A representative of the hospitals on the Medical Advisory Council would keep them acquainted with the developments in the Emergency Medical Service and thus lead to smooth functioning on all sides.

It is advisable that the hospitals select emergency locations to which they may move in case the hospital itself is bombed or in case expansion is necessary.

A separate hospital report has also been made out by the State Hospital Officer, Mr. Ralf Couch.

### 4. EMERGENCY MEDICAL FIELD UNITS

It will probably not be possible to organize Emergency Medical Field

Units in Oregon City due to the shortage of doctors and nurses. Ordinarily these units operate from the hospital to the incident and are transported there by means of ambulances.

In place of Medical Field Units and in view of the shortage of doctors, ambulances should be manned with advanced first aiders to move out from the ambulance depot to the incident or to Casualty Stations as dispatched from the Control Center.

#### 5. CASUALTY STATIONS

Ordinarily a city of the population of Oregon City would maintain only one Casualty Station, but in view of the topography of the city, with the residential district situated high above the business district, two or possibly three, Casualty Stations might be established. With this in mind, it is recommended that two of these should be on the "hill", where they are now. That is, the Congregational Church, and the senior high school (the two others which have been proposed, Eastham School and Barclay School, should not be equipped or manned, but held in reserve as possible alternates for the other two stations). In addition to the two on the "hill", a third Casualty Station should be located in the "canyon". This places a station near the locality where bombing is more apt to occur, and in addition it will care for some of the emergency needs of the one paper mill located on the east side of the river.

It is usually good policy for Casualty Stations to be used as reserve depots for supplies of materials which might be used by field unit teams and first aid squads, but in some cases most of the material used at Casualty Stations can be stored in a larger central depot. However, it is believed that some of the heavier articles, which cannot be easily and quickly moved during an emergency, such as cots or stretchers, should be kept at the Casualty Station.

It is recommended that one Casualty Station be set up as a model with complete equipment if possible. This need not be expensive but it is possible that the job of getting it done might be assigned to one of the active women's organization in Oregon City such as the Women's Motor Corp, the Hospital or Medical Auxiliary, if any, or the local Parent Teachers' Association.

Reference is here made to a pamphlet issued by the Texas Health and Emergency Health Service entitled "It Can Be Done" which has to do with the equipping of Casualty Stations with very little expenditure of funds.

#### 6. REQUEST FOR SUPPLIES

After the Local Chief of EMS has determined what is needed in the way of supplies and equipment to satisfy the requirements of the Casualty Stations, he should send request for such supplies and equipment to the City-County Coordinator, who, it is believed,

should be the person to take the responsibility for securing the needed materials from local organizations or depots, or from the central depot if they are available there.

A list of the needed equipment to take care of the first aid and Casualty Stations is contained in Medical Bulletin #2.

#### 7. CENTRAL DEPOT OF SUPPLIES

It is recommended that there be established in Oregon City a central depot of medical supplies at which supplies accumulated from various sources can be stored until needed. This does not apply to the heavier medical supplies mentioned above, which should be stored at Casualty Stations. There should be a reserve supply of cots, blankets and stretchers at the central depot.

The stocks for the central depot might be secured from stocks already existing, but scattered throughout the community, from the local Red Cross Chapter, from womens' organizations which are willing to contribute, from local funds, or from any other groups in Oregon City which might wish to assist.

#### 8. FIRST AID CORPS

From information which was secured during the survey, it was not clear just how groups of first aiders are to function as teams. In some communities, first aid teams operate from the block level to the incident, and in others from the Casualty Station to the incident. There are also first aiders attached to Medical Field Unit Teams and to ambulances. A decision should be arrived at as to how best the individuals who have completed their first aid course might be used in this connection. It is usually preferable for first aid teams to operate from the Casualty Station, and with the assistance of physicians if these are available. The Casualty Station also provides a common meeting place for other personnel of Emergency Medical Services.

#### 9. GAS CONTAMINATION

As in many communities, no preparations have been made for the care or decontamination of gas casualties. It is recommended that as soon as possible plans be drawn up for decontamination stations which might serve both the casualty stations and hospitals. Preparations for this need not be expensive if a location is found where there is abundant hot water, provision for drainage and parking space.

The duty of organizing this service might well be assigned to a Senior Gas Officer. This person is normally a member of the Health Department staff such as a sanitarian, chemist, or bacteriologist, but there is no reason why other technically trained individuals might not be appointed such as dentists.

Much of the decontamination of individuals who have not been otherwise injured will necessarily have to be done in homes and it is, therefore, recommended that adequate publicity be given as to how this may best be done. Material on this subject is available through the local

Medical Chief. Publicity should emphasize the use of soap and water, chlorine preparations, and ordinary baking soda.

#### 10. TRANSPORTATION

In Oregon City, the ambulances both commercial and improvised, of which the total is 14, are stationed at a central depot near the Control Center. This appears to be a good arrangement, especially since practically all the doctors will be busy at the hospitals.

There is some question whether definite arrangements have been made for the transportation of needed supplies, except for the first aid kits, from the supply depots to other locations where needed.

#### 11. SPECIAL

##### Assistants to Local Medical Chief

Due to an anticipated shortage of doctors in Oregon City and to the extra responsibility connected with administering the Emergency Medical Services it may be necessary for the Local Medical Chief to appoint and train an assistant lay person to take his place at the Control Center and to assist in other ways. This person should be able to take responsibility for dispatching ambulances, directing first aiders or assisting hospitals in securing needed equipment on short notice, and other similar duties.

Mention has already been made of the importance of appointing a Senior Gas officer to handle the problem of gas decontamination.

##### Relationship to Other Communities

This report covers only the Emergency Services in Oregon City and does not include a report on the rest of Clackamas County. As the medical set-up in Oregon City becomes more nearly perfected, steps should be taken to coordinate the services in Oregon City with other communities in the county, with those across the Willamette River and with the medical and hospital facilities in Portland. In case of an air raid in Clackamas County the smaller communities would be looking to Oregon City for help and Oregon City in turn might find it necessary to call on Portland for assistance.

Later on it is hoped that a comprehensive survey of the county as a whole might be made.

Relationships to other divisions of Civilian Defense.

Due partly to the highly technical nature of the Emergency Medical Service, it is quite common for the E. M. S. to become somewhat separated from, and unrelated to, other divisions of Civilian Defense. This may occur to such an extent that neither the Coordinator nor the Medical Chief is acquainted fully with what the other is doing. This has occurred to a certain extent in Oregon City, and to overcome this natural tendency it is recommended that group and individual conferences be held as often as is necessary, to bring about a clear understanding of what the whole program is, and also to become better acquainted with what other divisions of Civilian Defense in Oregon City are striving for. It goes without saying that the strength of the nation in its war effort begins with the integrity and unity of the local community.

The Coordinator should be consider an ex-officio member of the Medical Advisory Council, which is to be formed. This would further bring about a more complete coordination and unity of the whole program of Civilian Defense, especially as it pertains to the medical service.

It is hoped that later follow-up visits or surveys may be made as desired for the purpose of assisting with any other problems which may have arisen. It is to be expected that it would be necessary to make changes in methods from time to time, and with the loss of individuals who leave the community it will be increasingly important to keep the gaps filled in from personnel who are registered for service.