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hospital's reception facilities for the severely injured. Casualty Stations are also required in parts of a city more than three miles from a hospital or geographically isolated. In the larger cities they need not be more numerous than one to 25,000 population.

Field kits, stretchers and cots are provided by the Medical Division for Mobile Medical Teams, Casualty Stations, and hospitals in the target areas.

CASUALTY RECEIVING HOSPITALS

Under the direction of the local Chief of Emergency Medical Service all civilian hospitals, voluntary and governmental, will serve as Casualty Receiving Hospitals for the care of casualties caused by enemy action or any wartime disaster. For the duration of the war every hospital is obligated not only to protect its patients, but to receive a capacity load of casualties. In an emergency, the hospital may be required to restrict admissions to acute cases, discharge as many patients as possible to their homes, establish emergency operating room facilities, and increase its bed capacity by the rehousing of personnel and the utilization of other areas in the hospital not ordinarily used for patient bed care. The number of casualties that can be referred to a hospital, depends upon the number of operating tables, surgical teams, and shock facilities, rather than the number of vacant beds. Casualty Receiving Hospitals will receive payment from the U. S. Public Health Service at the per diem rate of $3.75 for all persons admitted for war connected injuries. This is the rate of reimbursement established by the Federal Board of Hospitalization for federal beneficiaries in government hospitals and may be changed if conditions require.

Casualty Receiving Hospitals in coastal cities or in industrial centers in the interior should be prepared to evacuate their patients to the Emergency Base Hospitals in "safe areas" in the event of military necessity, of damage to the hospital, or of overcrowding because of repeated enemy action.

Hospitals in exposed coastal cities should be especially concerned with the problems of protection of buildings, patients and personnel against the hazards of enemy action and should train and equip their personnel for fire fighting.

EMERGENCY BASE HOSPITALS

The Medical Division of the Office of Civilian Defense in cooperation with the U. S. Public Health Service has prepared for the establishment of a chain of Emergency Base Hospitals in "safe areas" in the coastal States.

These hospitals will care for civilian wartime casualties or other patients whom it may be necessary to transfer from Casualty Receiving Hospitals in communities under enemy attack. Emergency Base Hospitals are being designated in existing general hospitals, sanatoria, and institutions for mental disease that are located away from the coast line and are able to expand or adapt

their facilities to meet the emergency. Such institutions are prepared to accomplish this adaptation (1) by discharging certain groups of patients to their homes or other suitable facilities, (2) by evacuating patients to other institutions, (3) by the more economical use of space ordinarily used for bed patients, and (4) converting to patient care certain areas, such as solaria, day rooms, and auxiliary treatment rooms not ordinarily used for bed patients.

As in the case of Casualty Receiving Hospitals, Emergency Base Hospitals will receive payment from the U. S. Public Health Service at the per diem rate of $3.75 for all Emergency Medical Service patients. The Office of Civilian Defense is prepared to provide additional beds and mattresses from a reserve stock that is now available in depots in all the coastal States. These beds and mattresses are to be moved from storage depots only in the event of an emergency.

The State Chiefs of Emergency Medical Service and their Hospital Officers are responsible for the organization and designation of Emergency Base Hospitals and for the preparation of plans for their activation in the event of need. The location of the Emergency Base Hospitals depends upon the relative safety of the area and the accessibility to the Casualty Receiving Hospitals of target areas which they are to serve. The lines of evacuation of patients and personnel from the cities to the Emergency Base Hospitals are being determined in advance, so far as practicable, in collaboration with military and evacuation authorities.

The professional staffs of Emergency Base Hospitals will be supplemented when necessary by the assignment of affiliated units of reserve medical officers and consultants of the U. S. Public Health Service. A limited number of supervisory nurses will also be provided by the U. S. Public Health Service. Except for the per diem reimbursement, the assignment of medical staff and the loan of certain equipment to the Base Hospitals, additional costs will not be a Federal responsibility unless authorized in advance. Emergency funds are available in many States to meet initial operating costs. In some regions State authorities have earmarked certain hospital supplies, such as blankets, bed linens, ward equipment, and nursing equipment to supplement the beds and mattresses already supplied by the Office of Civilian Defense. Regional and State Hospital Officers and Nurse Deputies under the direction of State Chiefs of Emergency Medical Service are exploring all possible sources for obtaining trained and untrained volunteer assistants in the event that it should be necessary to activate the Emergency Base Hospitals.

The management and control of institutions activated as Emergency Base Hospitals will remain the responsibility of the existing governing board o or agencies.

AFFILIATED UNITS

The Surgeon General of the U. S. Public Health Service in cooperation with the Medical Division of the Office of Civilian Defense has invited a number of selected hospitals and medical schools to organize affiliated units of physicians. Each unit is composed of a balanced staff of fifteen internists, surgeons and specialists who are commissioned in the inactive reserve of the U. S.