

FIGHTING CHANCE

John 8: 31-32

Proverbs 22: 3

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THE LESSON OF AFGHANISTAN

In Afghanistan over one million women, children, and old men have been genocidally butchered by the Soviet Union. In the case of the children, the Soviets devised special bombs inside toys which were designed to maim the children rather than kill. A child with his or her hands blown off is more of a burden to the parents and therefore more desirable to the Soviet butchers. About half of the Afghan people have fled the country. Most of these have gone to Pakistan. The leader of Pakistan helped them. In return for this help, he was murdered by the Soviets.

The Soviets followed a scorched earth policy in their conquest of Afghanistan. They claim now to be leaving. They are not. At the first sign that their puppet regime of Communists might be thrown out by the Afghans, the Soviets halted their withdrawal and renewed their attack with even more formidable weapons. We now have the American press portraying the Soviets as peace-loving, because they say they want to leave Afghanistan. Each attack by the Afghan resistance is portrayed as an unjustified act. The continuing Soviet genocide receives no coverage.

Why is the press engaged in this obviously biased reporting? It is so engaged, because the same people who are the butchers of Afghanistan are the heroes of Glasnost and Peristrioka. Wishful thinking that the government which has murdered tens of millions of its own citizens has now become peace-loving and humane is not consistent with contemplation of the real facts.

Is the real Secretary Gorbachev the smiling hero of the new world wide movement for peace through Western disarmament and happiness through giving Western technology to the needy Soviet Union — or is the real Secretary Gorbachev the man photographed with his lovely wife on the deck of a Typhoon Class nuclear missile submarine with over 200 nuclear warheads aimed at American families?

Ask the people of Afghanistan. They know the answer.

SOVIET CIVIL DEFENSE VIDEO TAPES

A joint "Physicians for Social Responsibility" and "Soviet Physicians" roadshow has been touring the United States. They claim that there is no civil defense in the Soviet Union.

Now we know that socialism is inefficient, but even the Soviets can hardly spend \$200 billion on civil defense with an ongoing expenditure of \$6 billion per year with 150,000 full time personnel and not get at least something for it.

This sort of Soviet propaganda activity, however, can actually help the cause of American civil defense. Americans do not like to be lied to. Let the Soviet agents tell their tales and then give Americans the truth. Some very highly motivated civil defense advocates have been produced in this way.

Although occasional allusions and articles appear about Soviet civil defense and experts like Leon Goure have collected evidence and written extensive federal government reports about Soviet civil defense for decades, there is a need for in depth material on this subject for the American public. This material needs to be easily communicated and yet so extensive that no one can doubt its authenticity and generality.

For this purpose, we decided to make an extensive video record of Soviet civil defense. The result is a four tape, eight hour VCR presentation. Since it includes extensive Soviet training materials, this series is excellent for teaching civil defense facts as well as communicating its political message.

About half of the series consists of seventeen filmstrips which are actually used in the Soviet Union for training civilians about civil defense. Fifteen of them were prepared by the Soviet Ministry of Civil Defense for adults. Two were prepared by the Soviet Ministry of Education for use in Soviet 5th grade classes. Together they are comprised of about 800 colored pictures with Russian captions. We have put the English translations into the VCR soundtrack with the corresponding pictures.

These are not propaganda filmstrips. Only one filmstrip rails against the American imperialist enemy. The filmstrips' only weakness as training aids for Americans is that they assume that the audience has access to excellent civil defense facilities and equipment. The Soviet audience does, but the new American audience does not. The filmstrips are certainly superior to anything which is currently being distributed by the United States government except for the book, *Nuclear War Survival Skills*.

You may want to show the 5th grade material to your local and state school officials. They could put it in their Nuclear Age Curriculum — just after the part which teaches that nuclear war is unsurvivable, so no one should bother preparing civil defenses for the United States.

These Soviet visual materials are tied together and augmented by portions of seven hours of video taped interviews with Dr. Leon Goure, an expert American Sovietologist who has made a special study of Soviet civil defense for over thirty years.

When I first visited Dr. Goure in his office near Washington D.C., I was astonished by the great depth of material he had accumulated. The office is literally lined with bookshelves from floor to ceiling filled with original Soviet civil defense materials, school text books, technical manuals, training aids and posters, books for the general public, books for civil defense professionals, and even a Soviet trade journal reporting regular monthly Soviet civil defense training exercises with all issues through June 1988. (We last visited there in October 1988.)

These interviews with Dr. Goure consist in large part of sessions in which he pages through Soviet materials translating the tests and showing the articles, books, and illustrations as he goes. At one point, to illustrate depth, he goes through every page of 30 issues (1986, 1987, and half of 1988) of a Soviet journal which reports regular civil defense activities. The remainder of the interview is summary in which, drawing upon these materials and others, he describes the Soviet civil defense system.

It is a remarkable system. They have about 150,000 full time professionals who work with about 20,000,000 "volunteers" to keep the Soviet Union in a state of constant readiness. The evacuation system which they built as a temporary protection for the years before their nationwide blast shelter system was completed is still in place and exercised regularly. It is for use in specialized emergencies in which a long warning time happens to be available.

With a blast shelter system comparable to the Swiss and with special high level protection facilities for "key workers" and the Soviet "nomenklatura" (political elite) already constructed, most of their annual \$6 billion budget (40 times the current American budget) goes for maintenance and training. The training is extensive.

Regular schoolroom civil defense training begins in the 2nd grade. This is augmented by training at summer camps which are obligatory for all Soviet school children for three weeks each summer.

After graduation, each citizen receives 20 hours per year of regular training until retirement. (Then it decrease to 10 or 15 hours per year.) If the citizen is one of the 20,000,000 volunteers, an additional 60 hours per year is required. Protection of industrial facilities is heavily emphasized, since the Soviets view civil defense as an essential part of their war fighting and war winning capability. Machine tool operators, for example, must operate their tools with and without their gas masks and practice drills in which one shift keeps the plant running in alternation with another shift which is quartered in a safer place.

Since it is an essential part of the Soviet military establishment, civil defense has equal status with the army, air force, navy, and strategic rocket forces as a regular branch of the Soviet armed services. Related to this was the second surprise in the definitive collection of evidence which Dr. Goure has assembled. The depth of militarism in Soviet society is astonishing.

We tend to think of the military as a special function — larger or smaller in accordance with national priorities. In the Soviet Union, militarism is a way of life. After 10 years of grade school, military service is mandatory. The Soviet high school graduate does not, however, go to boot camp. He goes directly to an active duty unit. Boot camp is unnecessary, because each child, male and female, receives the essentials of boot camp training over a ten year period at the obligatory summer camps.

By the sixth grade the wooden rifles are replaced with real ones and students have contests in assembling and disassembling assault rifles for speed. Obstacle courses including old tanks, barbed wire, and simulated smoke and explosions are regular playground materials with special facilities for this purpose ubiquitously present throughout the country.

Handgrenade throwing is practically a national sport. For academic achievement, a top student may be honored by being designated to carry a rifle (with bayonet) at a war memorial.

Running, skiing, swimming — all of these sports are emphasized — while carrying rifles and other military gear.

Occupations which involve travel to the West receive special training as “Spetznaz” forces. Their job is assassination and disruption behind Western borders in support of Soviet attack. Traveling occupations such as truck driving are matched with these forces, so that the force members can visit and familiarize themselves with their targets.

One elite team of Spetznaz commandos is especially well known. They have two designations. First they are called by their military unit name. Their other designation is “Soviet Olympic Team.”

The first Soviet filmstrip in our VCR series is entitled, “The Shelter — A Reliable Means of Protection.” Maybe we should mass produce that one and present it to the touring KGB clowns who claim that nuclear war is unsurvivable, so Americans should not prepare. At the rate that the new INF treaty and its concomitant economic accords are letting Soviet agents into the United States, it will soon really require mass production to give each of them one of anything.

We have endeavored to make this VCR series both concise and yet comprehensive. Editing is still in progress. If we are unable to condense the remaining materials without cutting too much, it may be a five tape series rather than four. Either way, the initial price of the set will be \$95. Individual tapes will be \$29.50, although each will not necessarily stand alone as a complete story. Initial orders for these tape sets will be filled during March.

DISHONESTY IN THE OREGON GOVERNOR'S OFFICE

Most of the meager civil defense funds of the Federal Emergency Management Agency are distributed to state governments. FEMA then works with the states in developing a civil defense program.

Although the FEMA program is very small and inadequate, it is important that it do what it can to prepare attack-related civil defense which is its legally required and Congressionally directed purpose.

Recently the governors of Washington and Oregon have been refusing to participate in attack preparedness while still expecting to receive FEMA funds which Congress appropriated for this purpose. Oregon, for example, receives \$1.2 million in attack preparedness funds from FEMA.

The Governor of Washington State refused to sign the 1989 agreement with FEMA, so FEMA canceled the payment of the funds designated for Washington State. In effect the Washington Governor has refused to participate in a program mandated by the President and Congress which is intended to help provide for the common defense of the United States.

This action by that Governor and his retainers to foist their personal appeasement and surrender philosophy upon the people of Washington State by leaving those people as unprepared as possible for nuclear attack is disgraceful. Hopefully those people will remember this episode at the time of the next election.

In Oregon, however, this dispute has now descended to the level of outright dishonesty and fraud by the Governor, Neil Goldschmidt. During the previous negotiation with FEMA, Goldschmidt issued false press releases in order to mislead the public concerning his actions.

For example, at one point his office issued a press release stating that FEMA had capitulated and agreed to the Governor's demands. In fact, FEMA had not made any such agreement. Moreover, the Governor was refusing to answer or return telephone calls from General Becton, the Director of FEMA.

During the negotiations for 1989 and after Goldschmidt saw that FEMA had canceled funding in Washington State, Goldschmidt signed the agreement with FEMA in which he agreed to do attack preparedness in return for the \$1.2 million.

Then, however, Goldschmidt immediately wrote a letter to every Oregon State Legislator in which he stated that he signed the FEMA contract just to get the FEMA money, but that he was directing the Oregon Emergency Management Division not to perform any specifically attack-related tasks.

He asked the legislators to appropriate money during their next session to replace the FEMA funds. In the meantime and in order to keep the money flowing, he was lying to FEMA and intentionally violating the 1989 contract.

Governor Goldschmidt should be impeached for his refusal to uphold the United States Constitution in the first place. For deliberate dishonesty in signing the 1989 contract, he should be personally prosecuted for fraud.

WORLD CLASS SURVIVALISM

There are many sorts of people who are generally called “survivalists.” The most prevalent sort stresses family self-sufficiency even in severe crisis. They prepare through knowledge, equipment, and supplies to provide for the needs of their family even if the specialized society around them is no longer present.

Some even provide for their families in case of nuclear war. Many of the supporters of Fighting Chance are “survivalists” of this sort — particularly those who actually take action to provide shelters for their families and neighborhoods. They accept the Biblical admonition that it is their Christian duty to provide for their families in any way that they can for any foreseeable requirements or dangers.

There is one sort of survivalist, however, who takes a more economical approach. This sort stores primarily weapons and ammunition. He plans, in the event of serious emergency, to use those weapons to forceably take whatever he needs from those around him.

Fortunately there are very few of these people in America. Those who do exist will not be tolerated in a real emergency. Their survival will be short indeed.

On a world-wide basis, however, this ruthless attitude seems to be working successfully.

The Soviet Union has a markedly inferior, socialist economy. Their social and economic structure discourages the manufacture of most products which people desire and even many things which are necessary to national survival such as food. As a country, however, they have adopted the strategy of the “guns only” survivalist.

For two generations they have put most of their resources into guns. Even with a socialist economy, it has been possible for them to build the most massive offensive and defensive military force the world has ever known by depriving their people of everything except militarism.

Their plan is simple. If they have the guns, then the other people in the world will eventually have to give them all of the other things which they have failed to produce.

Their strategy is working.

The real story behind the ever increasing number of peace conferences and summit meetings is the economic appeasement which accompanies the military appeasement. Politicians are pretending that Americans are getting a fair trade in these military deals with the Soviets. They are not; but a great deal of effort is being expended upon maintaining the pretense.

The economic appeasement, however, gets little coverage. There is no way to put a good face on it. The Soviets do not have much to trade with the exception of weapons and some natural resources.

Our politicians are giving the Soviets the money they need in order to buy food and technology from the West. Each peace conference is accompanied by a large business conference in which American businessmen arrange deals for Western goods with the Soviets. These deals are good for the Soviet "survivalists." They are also good for the businessmen who arrange to get a piece of the money as it goes past. They are not good for the American people who provide the money through tax-payer guaranteed loans and who are gradually losing their freedom in the process.

Economic appeasement, like military appeasement, is motivated by fear. In this case fear of Soviet military power. The products of this appeasement are arranged by greed — the greed of the deal makers who gain wealth, political power, or prestige in the process.

Greed and fear — not the best of human motivations, but certainly powerful ones. Sustained by the guns of the Soviet "survivalists" these motivations are gradually bargaining away American freedom.

This process can only be stopped by actually deployed American homeland defenses — civil defense and strategic defense. That is the only way to remove the fear.

It is also the only practical action based upon historical example. History shows that appeasement always leads to war. Sooner or later the appeasing parties draw back or the appeased parties overreach. Unfortunately if the appeasement has gone too far — as it did in ancient Carthage and very nearly did in World War II — the appeasers are destroyed by war.

Dr. Robert Jastrow in all probability is right when he warns that, if America does not deploy homeland defenses now, *"America will not be here in the twenty-first century."*

A BASIC MEDICAL KIT FOR A 10-20 PERSON SHELTER

compiled by Jane M. Orient, MD, with assistance from many others

Patients often ask what medical supplies they should store. This is a very good question; after a nuclear war it might be easier to find some person with medical knowledge than to locate drugs and supplies. The question is very difficult to answer. Every physician would make a different list.

No physician today would like to be without certain drugs, especially antibiotics. Unfortunately, all drugs are perishable. After the expiration date, they begin to lose their potency, and some (especially tetracycline) may contain toxic byproducts. This means that supplies should be rotated, increasing the cost of this type of "insurance." However, most of us, in a desperate emergency, would use outdated drugs in preference to none at all.

In putting together your own kit, you will need to take your own family's situation into consideration. And you will need the cooperation of your physician for obtaining prescription drugs. Finally, you will need to consider how much you can afford to spend. Do not buy drugs until the basics (food, water, ventilation, shelter, etc.) are provided. Remember that the human race survived for many centuries without modern medicine -- but could not survive more than a few days without water.

In constructing this list, various assumptions are made about the situation. One is that major surgery will not be practical under shelter conditions. This requires highly trained personnel and at least \$1000 worth of instruments. A person with appendicitis would have a better chance with antibiotics and rest, taking nothing by mouth except medications and clear liquids, than with surgery by amateurs. (In the event of a nationwide disaster such as a nuclear war, our lack of protected hospitals like those that exist in Switzerland would cost lives that might be saved.)

Many items could be added to the list. For example, persons who know what to do with them might want to store materials for splinting or casting fractures (which could be splinted by expedient means in the absence of such materials). Intravenous solutions (and the means of administering them) might also be stored. Because of expense, space requirements, and the need for some expertise in their use, they are not listed here.

Wholesale prices, when available, are given in brackets.

DISINFECTANTS

Betadine scrub (1 pt) [\$2.70]. Use for cleansing intact skin -- *the detergent is very toxic to tissues.*

Betadine solution (1 pt) [\$2.70]. The *solution* may be used to cleanse wounds, preferably in a 1:100 dilution (about 3 drops per ounce of water). With dilution, the tissue toxicity is less, and the concentration of free iodine (the antimicrobial agent) is actually greater. Betadine is *not* suitable for water purification. (For that purpose, one can use *tincture* of iodine, which is 2% iodine and 2% sodium iodide in alcohol, at a concentration of 3-5 drops per quart of clear water or 10 drops per quart of cloudy water.)

Chlorine bleach (e.g. Clorox) (a 5.25% solution of sodium hypochlorite)

Dry pool chlorine ("burn out" or "shock treatment") is 65% calcium hypochlorite. A solution of about the same concentration of hypochlorite as commercial bleach can be made by dissolving about 24.5 gm (about 10 tablespoons) of the powder in 1 gallon of water. CAUTION: The dry material gives off chlorine gas in small quantities, enough to cause symptoms in some persons. Keep container tightly sealed, and prepare solutions in a well-ventilated area.

Use of hypochlorite for water purification:

<u>volume</u>	<u>clear</u>	<u>cloudy</u>
1 qt	2 drops	4 drops
1 gal	8 drops	16 drops
5 gal	1/2 tsp	1 tsp

Allow 30 minutes for the chlorine to kill all the microorganisms (see *Nuclear War Survival Skills*).

For cleaning instruments and surfaces, a dilution of 1:10 is recommended. Such solutions are relatively unstable and should be freshly prepared. Scrub off the blood and body fluids (organic materials react with the chlorine and destroy it), then allow the instrument to soak in the disinfectant. *Note that tuberculosis organisms are uniquely resistant to chlorine.*

Do *not* use hypochlorite for irrigating wounds (as was done during World War I), because it dissolves blood clots.

ANTISEPTICS

Acetic acid, 5% (household vinegar, 1 gal). This can reduce the microbial count (especially *Pseudomonas*) in infected wounds. Half strength vinegar can be used to irrigate the ear in external otitis. Use 3 Tbsp per quart of water as a douche for vaginal infections.

Hydrogen peroxide, 3% solution (1 pt). Some use peroxide to cleanse wounds. It is helpful as a mouthwash for oral ulcers or Vincent's angina.

DRESSINGS

Band-aids (also useful in construction of a Kearny fallout meter (2 boxes)

Sanitary napkins (1 box) to use as pressure dressings

Gauze pads (4 by 4 inches, 4 packs of 200 each) [\$35.00]

Conforming gauze roller bandage (4") (12) [\$4.70]

Tape (1 inch, 12 rolls) [\$12.35]

Ace (elastic) bandages (4 inch) (2)

Safety pins (box of assorted)

Bedsheet for making triangular bandages, strips as required

Sewing shears

SURGICAL INSTRUMENTS (FOR MINOR WOUND REPAIRS)

Iris scissors (1 curved, 1 straight) [\$3.75, \$3.45]

Mayo type scissors (one sharp, one rounded blade) [\$13.45]

Needleholder [\$4.95]

Hemostat (Kelly clamp) (2) [\$5.80]

Splinter forceps

Tissue forceps with teeth [\$2.10]

Scalpel handle (#3) [\$6.95]

Scalpel blades: (10 each, #10, 11) [\$4.70]

Suture needles, assorted [1 dozen 0000 nylon, \$13.15]

Reusable needles obtained from veterinary supplier

Suture material (catgut from veterinary supplier; cotton and nylon thread)

DIAGNOSTIC EQUIPMENT

Thermometers

Sphygmomanometer [\$21.75]

Stethoscope (nurse's) [\$4.50]

Flashlight and extra batteries

OTHER CLINICAL SUPPLIES AND EQUIPMENT

Latex gloves (box of 100) [\$14.95]

Surgical masks (box of 50) [\$13.15]. A mask helps protect against airborne infections and would be of some benefit in preventing inhalation of small particles if one needed to go out of doors in fallout conditions.

Syringes (1 box of disposable 3-5 cc syringes and/or several of reusable glass; several 1 cc syringes for administering adrenalin) [\$11.95/100]

Assorted needles (21, 25 gauge) [\$7.50 per box of 100]

KY jelly (2 tubes) [\$1.90]

Cotton-tipped applicators

Baby ear syringe (a rubber bulb useful for suctioning mouth of newborn or for irrigating ears)

Umbilical clamps (strips of clean cloth can substitute)

Plastic oral airways of assorted sizes [\$4.95]. This simple device can keep unconscious patient from "swallowing his tongue".

Foley catheter set [kit that includes catheter and drainage bag, \$7.50]

Enema bag

Notebook, pencils, pens

Soap

Measuring spoons

Dropper bottles

Plastic bags

OVER THE COUNTER MEDICATIONS

Acetaminophen (Tylenol) 500-mg "extra strength" (1000 tablets) [\$13.90]

Acetaminophen liquid for children (1 bottle)

Antacid (1000 aluminum-magnesium hydroxide tablets) [\$5.75]

Antihistamines

Chlorpheniramine 4 mg and/or

Diphenhydramine (Benadryl) 25 mg (1000 tablets) [\$15.65]. Benadryl is also useful for hives, and of some value for nausea.

Aspirin 300 mg or 10 gr (1000 tablets) [\$9.50]

Kaopectate (Some physicians are skeptical of the value of this time-honored preparation, and recommend Pepto-Bismol instead.)

Laxatives (200 senoxon tablets and 1000 milk of magnesia tablets) [\$4.40, \$6.15]. In small amounts, milk of magnesia can also help to replace magnesium lost in chronic diarrhea.

Petrolatum (vaseline, 1 lb) [\$1.80]. This lubricant and emollient is especially good for diaper rash or for making nonadherent dressings.

Pseudoephedrine 30 mg (1000 tablets) [\$7.95]. Give one or two tid-qid as a

decongestant.
Tolnaftate powder (Tinactin, 45 gm) [\$2.10]. Apply bid-tid for fungal skin infections.
Zinc oxide (1 lb) [\$3.75]. This mild astringent and antiseptic is used in diaper rash and various skin diseases, or as a sunscreen.

From the Grocery Store:

Baking soda is most important for oral fluid replacement -- see below. It has been used as an antacid, though it is certainly not ideal. Persons who need to restrict sodium intake should not take soda for an upset stomach.

Coca-Coca syrup [\$6.50/gallon]. One consultant suggested this as being surprisingly effective for nausea and vomiting.

POTASSIUM IODIDE

To block thyroid gland to prevent uptake of radioactive iodine contaminating food and water, take 4 drops of a saturated solution daily. (Fill a brown dropper bottle about 60% full with crystals, then add water until bottle is 90% full. Shake. Check to be sure that some crystals remain out of solution. See *Nuclear War Survival Skills* p. 114.)

PRESCRIPTION DRUGS

The following is not intended as a self-treatment guide, but as a guide to choosing drugs for storage. Always seek medical advice before using these potent drugs, all of which have potentially serious side effects, including death. Antibiotics should not be used when they are ineffective and unnecessary (as in viral infections) because of side effects and the risk of selecting out resistant bacteria.

For guidance in determining quantities, the usual duration of treatment for an episode of illness is about 10 days. Adult dosages are given unless otherwise indicated. Abbreviations: bid=twice a day; tid=three times daily; qid=four times daily.

Do not take outdated tetracycline, as kidney damage may result.

Always ask the patient whether he is allergic to the drug. If he has a history of hives (an itchy skin rash) or wheezing or swelling in the mouth or throat, do not give the medication, as a fatal reaction may occur.

Antibiotics

Penicillin V 500 mg (1000 tablets) [\$48.50]. Give 500 mg qid for Streptococcal, pneumococcal infections, anaerobic infections "above the diaphragm" such as abscessed teeth. Although its spectrum is limited, this drug is relatively cheap and causes fewer side effects such as diarrhea and vaginitis.

Amoxicillin 250 mg (500 capsules) [\$40.75]. Give 250 to 500 mg tid for urinary, middle ear, and lower respiratory infection. This is a broader spectrum penicillin. Staphylococci are usually resistant.

Ampicillin or amoxicillin for oral suspension 250 mg/tsp (60 doses) [\$15.40]. The suspension is for children who cannot swallow amoxicillin capsules. Give 1/2 to 1 tsp qid, depending on the size of the child.

Erythromycin ethylsuccinate 400 mg (500 tablets) [\$69.35]. Give two tablets bid for pneumonia or Streptococcal sore throat. The drug is also of some benefit in Staphylococcal skin infections.

Tetracycline 250 mg (1000 capsules) [\$17.70]. Give 250-500 mg qid for plague and various other insect-borne infections; urinary infections; bronchitis; infected animal bites; some venereal diseases; Rocky Mountain spotted fever. Avoid this class of drug in pregnant women and young children, if possible.

A more expensive drug in this class is doxycycline 100 mg, which is given once daily (twice for severe infections). Doxycycline has fewer gastrointestinal side effects and is better absorbed than tetracycline with food in the stomach, but is more likely to sensitize the skin to sunlight. [Cost is \$47 for 500 100-mg tablets; for the higher doses that is \$0.18 per day vs. \$0.14 per day for tetracycline.]

Oxytetracycline for intramuscular injection (250 cc, 200 mg/cc) [\$24.50 from veterinary supplier]. The dose is about 500 mg bid for severe, life-threatening infections, or 100 mg tid for mild infections, in which case oral treatment is probably preferable. The injectable form may be necessary in patients too ill to take oral medications or for illnesses like plague or anthrax which may be fatal before oral medication is absorbed. Intramuscular injection causes pain; a local anesthetic may be given simultaneously.

Metronidazole (Flagyl) 250 mg (500 tablets) [\$21.80]. The usual dose is 500 mg tid, higher for some infections (e.g. amebiasis). The drug is effective against certain protozoans including amoebae and Giardia, and for anaerobic bacteria such as those that normally inhabit the bowel and the female genital tract. It can be extremely useful in intraabdominal, pelvic, and wound infections caused by such bacteria.

Chloramphenicol. The dose is 500 gm qid for anaerobic infections; typhoid and other Salmonella infections; psittacosis; rickettsial infections; or

meningitis due to Hemophilus or Meningococcus. This drug is very well absorbed from the gastrointestinal tract and penetrates well into the cerebrospinal fluid (hence its value in meningitis). However, it causes fatal aplastic anemia in about 1 in 50,000 persons treated with it, and some drug companies have stopped manufacturing it.

Trimethoprim-sulfamethoxazole DS (Bactrim, Septra) (500 tablets) [\$41.15]. Give one double strength (DS) tablet bid for urinary infections and some types of bacterial diarrhea, or as a back-up drug for sinusitis, bronchitis, ear infections (for resistant organisms or allergic patients).

Others: Some excellent broader-spectrum drugs, especially amoxicillin with clavulanic acid (Augmentin), cefuroxime (Ceftin), and ciprofloxacin are not included solely because of expense.

For allergic reactions and asthma

Adrenalin (epinephrine) for injection (30 cc vial) [\$5.55]. Give 0.1 to 0.5 cc of a 1:1000 solution subcutaneously for acute anaphylaxis from a drug or other allergy such as bee sting, or for a severe asthma attack.

Prednisone 5 mg (1000 tablets) [\$11.25]. The dosage is variable, usually starting with 40 to 60 mg, tapering as rapidly as possible. Prednisone is used for *severe* cases of asthma, poison ivy, sunburn, and allergic reactions, but is not a substitute for epinephrine because the response is not sufficiently rapid. Use with great caution because steroids depress the immune response, among other side effects; however, the drug can be life-saving.

Theophylline preparation (Theodrine 1000 tablets) [\$10.95]. Give 100-300 mg tid or qid, for asthma. Combinations with ephedrine (such as Theodrine), while out of favor these days, may be much cheaper.

Alupent inhaler [\$15.65]. In asthma or acute allergic reaction with wheezing, this has a more rapid action than theophylline.

For nausea and vomiting

Prochlorperazine (Compazine) 25 mg (100 tablets) [\$10.75]. Often used for nausea and vomiting, this drug also may be of some value in acute psychosis. One consultant recommended promethazine (Phenergan) 50 mg instead [\$9.00/1000]. Phenergan does not have the additional indication for therapy of psychotic disorders.

For psychologic distress

Phenobarbital 60 mg (300 tablets) [\$11.55]. 30-60 mg is useful as a sedative. The usual anticonvulsant dose is 90 mg daily. CAUTION: Barbiturate addiction is very dangerous; fatal withdrawal reactions have occurred.

Haldol (15 cc vial, 2 mg/cc) [\$16.35]. Start with 1 mg intramuscularly for otherwise unmanageable acute psychotic reactions. *Monitor the blood pressure.*

For pain

Xylocaine 1 or 2% (two 50-cc vials) [\$6.50]. For local anesthesia.

Acetaminophen with codeine 60 mg (1000 tablets equivalent to Tylenol #4) [\$44.05]. Codeine is both cheaper and more effective for pain relief in combination with acetaminophen (or aspirin). It also relieves severe cough.

Proparicaine ophthalmic solution 0.5% (2cc) [\$2.25]. 1 to 2 drops will anesthetize the cornea of a patient with a foreign body in his eye. *Use only once, to enable you to remove the foreign body. Continued use may allow severe damage to the eye to occur without the patient's awareness.*

Nalbuphine hydrochloride (Nubain) (two 10-cc vials, 20 mg/cc) [\$29.90]. 10 mg intramuscularly, or more, relieves severe pain. This drug is considered to have less potential for abuse than morphine because it is also a narcotic antagonist (that is, it will cause acute withdrawal in an addict).

For heart and blood pressure

Hydrochlorothiazide 50 mg (1000 tablets) [\$6.80]. One tablet daily helps to control high blood pressure or congestive heart failure.

Nitroglycerin 1/150 gr (200 tablets) [\$6.30]. One under the tongue as needed relieves angina (heart pain).

Lanoxin (digoxin) 0.25 mg (100 tablets) [\$9.10]. Use under physician's advice for certain cardiac conditions such as congestive heart failure or atrial fibrillation with rapid heart rate. The usual maintenance dose is one tablet per day or 1/2 tablet in the elderly.

Atropine 0.5 mg/cc (30 cc) [\$1.35]. Because it speeds the heart rate, this drug is useful in some heart attack victims if they have a profound decrease in pulse. More importantly, it is an antidote to many poisons (such as organophosphate insecticides, some poisonous mushrooms, and chemical warfare agents such as tabun and sarin).

Miscellaneous

A year's supply of any prescription drug needed by a family member--rotate each year. This is especially important for drugs with a short shelf life, such as insulin. (Insulin lasts about six months at room temperature, but for only two to six weeks at 80°F.)

Immunizations, especially tetanus, should always be kept current. (Tetanus

toxoid should be given every ten years. For dirty wounds, a booster may be given if the last dose was more than five years prior to the injury.)

ORAL FLUID REPLACEMENT

Burns

Slightly rounded teaspoon of salt in one qt of water (the equivalent of half-normal, i.e. 0.45%, saline). Have victim drink 4 to 8 quarts in first 8 hours (sipping slowly), 4 to 8 qts in the next 16 hours, then as dictated by thirst.

Cholera or other severe diarrheal illness

To one qt of water add scant tsp Lite-Salt (a mixture of sodium and potassium chloride); 10 tsp sugar; 1/3 tsp sodium bicarbonate

BOOKS

Cain, Harvey, ed. *Emergency Treatment and Management*, 7th ed, WB Saunders, 1985 (indispensable).

Emergency War Surgery (First US revision of *The Emergency War Surgery NATO Handbook*), Desert Publications, Cornville, AZ 86325.

Kearny, Cresson. *Nuclear War Survival Skills* (indispensable).

Lindsey, Douglas. *Simple Surgical Emergencies*. Arco Publishing, New York, 1983 (simple wisdom from the ER front lines).

Physician's Desk Reference. This is a compendium of package inserts from various drugs. It is not the best book for learning about drugs, but doctors get a free copy every year, courtesy of pharmaceutical companies. Your doctor might be willing to give you an old one.

Sanford, Jay P. *Guide to Antimicrobial Therapy 1988*. Order from Jay P. Sanford, MD, PO Box 34456, West Bethesda, MD 20817-0456, \$4 per copy.

Werner, David. *Where There Is No Doctor: A Village Health Care Handbook*. The Hesperian Foundation, PO Box 1692, Palo Alto, CA 94302. (the basics--including how to give an injection, how to treat some dislocations and fractures, the use of common drugs, and assisting at a normal delivery).

Wilkerson, James A. *Medicine for Mountaineering*. The Mountaineers, Seattle, Washington, 1985.

A *Merck Manual* and/or a copy of *Current Therapy* (the latter comes out every year so check the used bookstore).

A textbook of medicine, such as Harrison's *Principles of Internal Medicine* or Beeson-McDermott *Textbook of Medicine*, a textbook of obstetrics, such as Williams *Obstetrics*, and a pediatrics textbook are also helpful. (Again check the used bookstore.)