

Condition of protected sanitation systems and coordination between federal services

Armed Forces Staff – Federal Office for Civil Protection

Key facts

The Swiss Federal Audit Office (SFAO) examined the condition of protected sanitation systems. These are hospitals and underground sanitary installations integrated into care institutions. These installations are aimed at assisting the population in the event of an armed conflict or a disaster. Apart from Israel, Switzerland is the only country to have such infrastructures. The cantons must ensure space in these sites for 0.6% of the resident population. At the end of 2018, 94 hospitals and 248 protected sanitary installations were registered.

The Confederation and the cantons co-finance these installations. The federal authorities pay an average of CHF 2.45 million annually for maintenance and operation. The costs borne by the hospitals are not known. Many sites are ageing, with some of them having been built over 30 years ago. This raises the question of their renovation and the required investment, which is estimated at CHF 4.5 million per hospital, or a theoretical total of close to CHF 400 million.

These installations have the merit of existing, and the SFAO is of the opinion that, if they are in good condition, provision might as well be made for their use. It considers that a review of the strategy on protected sanitation systems is necessary before any renovation is undertaken. The installations should be integrated into cantonal disaster management scenarios. This presupposes a redefinition of the standards for using these spaces in case of need, particularly as regards facilities and staff. On this basis, it is advisable to reassess both the infrastructure requirements and the financial implications.

Inconsistent distribution across the country and barely operational installations

The majority of the installations – 55 hospitals and 229 sanitary installations – have been declared inactive, i.e. they are used only in the event of war. They are located in the northern half of Switzerland, between Basel, Lucerne and Sargans. These cantons decide which installations are active or inactive. This explains the uneven distribution and lack of clear logic. Some cantons only have inactive hospitals, while others keep them active only on paper. Seven hospitals have a special status in order for these underground spaces to be put into operation in case of emergency. There is thus a reserve of 800 protected beds.

The condition of many installations is unsatisfactory. Moreover, their state of preparedness would not be sufficient in case of need. Often, the equipment is obsolete and there is a lack of staff to operate these underground spaces. The areas are sometimes used for storing used hospital equipment or the archives. Some spaces have been turned into cloakrooms. During site visits, the SFAO observed that some installations had problems with damp and water ingress, as well as defective pipework.

In practice, protected hospitals are hardly ever used. Some cantons use them for vaccination programmes when there is a risk of a pandemic. The army's medical service corps can assist the civilian services and operate the underground hospitals. It carries out training exercises during refresher training. However, these activities require a lot of preparation and coordination with the hospitals for only a few days' use. This is viewed as a burden by some hospitals. The majority of soldiers are not medical professionals. They receive training during their periods of military service.

Risk analysis insufficiently taken into account

These installations date back to the Cold War and are tailored to security needs in the event of conflict. Their design is not well suited to dealing with patients in a peacetime disaster scenario. Since the 1990s, the dominant trend has been a reduction in resources and an increase in the number of installations declared inactive.

There are suitable tools for identifying the risks inherent in disasters and major incidents. These are used to establish intervention plans and operational capacity in case of need. Under an approach adopted by the Federal Office for Civil Protection (FOCP), each canton must prepare such a risk analysis. However, few of them have included protected sanitary installations in their intervention arrangements. In 2018, the canton of Valais adopted a strategy which included these installations as part of operations.

Lack of vision, competition between federal services

The configuration of the stakeholders involved is hampering effective collaboration. Powers are scattered across different federal and cantonal services, diluting responsibilities and multiplying the hierarchical channels. The organisational cultures and concerns of the civilian and military authorities are very different, just as they are between the civil protection and healthcare services.

At federal level, the SFAO has observed that there is competition between the FOCP and the Coordinated Medical Services (CMS), the head of which is also in charge of the army medical service corps. The FOCP is responsible for infrastructure, but has no authority in medical matters. The CMS has very few resources and appears to be divorced from reality. The provision of information to the cantons is disorderly, which creates uncertainty. This situation is not conducive to a climate in which people have the confidence to take initiatives.

In 2015, the FOCP set up a working group to examine the future of protected hospitals. Those involved remain largely unaware of the results. The work and the options were not submitted for broad consultation, or indeed validation by the stakeholders. Consequently, the FOCP and CMS have diverged widely in pursuing the issue, with each wanting to take the lead. The two services requested clarification from the Federal Department of Defence, Civil Protection and Sport, which chose to put the matter on hold by requesting an expert opinion in 2018. This study complements that of the SFAO and comes to the same conclusion.

Since then, the situation has hardly changed. The SFAO considers that these differences are hindering further progress on this issue, and that time and money have been wasted as a result. This gives rise to uncertainty for the hospitals when planning renovation work, as they do not know whether the underground installations are still useful.

Original text in French