

Policy Address^{*1}

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A month and a half has passed since the Great Eastern Japan Earthquake struck on March 11. A great number of people remain missing even today. Eleven medical association members died in Iwate and Miyagi prefectures and four are still unaccounted for. Their families and friends must be terribly worried. Other people are taking refuge in harsh conditions away from their homes. I express my heartfelt sympathy to all those affected.

Physicians and medical personnel in the afflicted areas have devoted themselves to desperate efforts without regard to themselves and their families. Physicians in Japan Medical Association Teams (JMATS) are still struggling to provide healthcare in the midst of chaos. I would like to thank them once again.

Immediately after the earthquake many acute patients were admitted to hospitals, placing them in very difficult circumstances. At present, life in evacuation shelters is dragging on and many people are complaining about mental and physical anxiety and poor health. All the same, they are not receiving sufficient healthcare.

Thinking of people who cannot receive healthcare in Japan, which has universal health insurance coverage, there is nothing more heart-breaking and sad as a medical professional.

We must bring healthcare back to the areas stricken by the disaster as soon as possible. And we must restore Japanese healthcare to a state that is safer and more reliable than before the earthquake. With strong determination, we will do this.

Looking Back Over the Year

One year has passed since we the new leadership took office. Initially, we were identified as the



“twisted leadership,”¹ but I was confident that the executives elected by the House of Delegates would, with a consensus of the heart in thinking about the people of Japan and in thinking about the members of the JMA, inevitably form a splendid leadership team. And, seeing how they have, with a cohesiveness cultivated thus far, been striving with all their might to restore healthcare in the face of what is being called an unprecedented crisis caused by the Great Eastern Japan Earthquake, I have no doubt that my view was correct.

I will now talk about a few developments, beginning with healthcare policy. Last November we issued a policy document, “a Health Insurance System which People Can Rely on without Anxiety.” Although universal health insurance is an excellent insurance system, it has its own problems, including the existence of many people in an uninsured state within the National Health Insurance (NHI) program and a gap in insurance premiums between the NHI program and the Employees’ Health Insurance (EHI) program. That is why we proposed unification of the public health insurance systems. Asking people covered by EHI, who have a lower premium, to squeeze out an average premium is not easy, but this issue cannot be avoided if we hope to protect the universal health insurance system.

In regards to community healthcare, the JMA took part in a council of experts organized by the Ministry of Health, Labour and Welfare to assess

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plans to revitalize community healthcare. In this capacity, the JMA was able to set up interviews with representatives of prefectural medical associations. We also included passages in the guidelines for developing plans to revitalize community healthcare encouraging prefectural governments to listen to the opinions of local physicians when working out their plan. The cooperation of physicians will be necessary, and I would like to see full advantage of the community healthcare revitalization fund taken in order to create community health centered on clinic-hospital collaboration.

In the area of long-term care insurance, long-term care beds were going to no longer be covered as of the end of fiscal 2011. However, we did a survey of the current situation and delivered data to the government showing the fact that most patients cannot be moved from long-term care beds to other arrangements. The elimination of coverage was postponed for six years as a result. The recent earthquake helped seal my conviction that actual nursing and health care are not separate at all, but are really on a continuum. I plan to leverage this experience and have the government think seriously about this issue in the future.

Responding to the Great Eastern Japan Earthquake

Debate about the JMAT idea had been exhausted in committee and the concept had been drawn up into a plan. Then, the recent earthquake struck just when we were wondering when an opportunity to put the JMAT plan into action would occur.

On March 15, the JMA's Disaster Countermeasures Headquarters asked physicians nationwide to form medical teams with all possible haste. At the same time, we asked physicians on the scene how many teams were needed in which areas and what kind of healthcare was needed. Based on this information, we matched teams with needs and had certain JMATs be in charge of certain areas. The result was more offers than we expected from physicians around the country. At first we anticipated that the situation would settle down after about one month, but at present there are still over 100 teams on the ground. Thus far approximately 660 teams have been in action, including those that have returned home.

The government's DMATs finish their operations after 48 hours, but from that point on our

JMATs have been in action continuously. Previously each medical organization used to take action separately, but now they move into action as one under the JMAT banner, which I feel is a great advancement. I believe that the physicians who went into the field and saw scenes that were more tragic than imagined can give us important suggestions relating to future measures for JMATs.

Also, at the request of Dr. Yasumasa Ishikawa, Chair of the JMA House of Delegates and President of the Iwate Medical Association, to send physicians who can write up postmortem certificates based on postmortem examination, the JMA dispatched to the affected areas physicians with autopsy experience, mainly police surgeons.

We have to gradually have local physicians in the afflicted prefectures take over, but we may still ask again for the dispatch of JMATs to areas where there are simply not enough physicians. I hope you will help us in that situation.

Stance toward the Current Kan Administration

Next I would like to take up what kind of stance the new leadership will take when dealing with the current administration.

When the leadership was initially launched, the Welfare and Medical Service Agency, which provides loans for welfare and medical services, was in line to be screened in a review and prioritization of government programs. But, we pressed strongly for the agency's continuation, which resulted in keeping things as they are. Now, I hope that the agency will be made use of in the restoration from the recent earthquake.

After the earthquake I went alone to see the disaster area, thinking that if I had gone in my capacity as president of the JMA it would only cause trouble for physicians in the afflicted prefectures at that time. The town where I was born, Namie-town in Fukushima prefecture, is within 10 kilometers of the Fukushima Daiichi Nuclear Power Plant. I thought that my birthplace will never be reconstructed. The town where my high school was located is right where the nuclear power plant is, and this town too I thought for sure will not be reconstructed. I had lost my hometowns.

I also went to see the beach in Miyagi. It was about three weeks since the earthquake and here and there along the roads one could still see the

limbs of the deceased between the wreckage. On top of that there were some 22,000 people who had taken shelter there, some of whom were living with little food in damaged houses. There were only two meals a day (breakfast and dinner), the distribution of cooked rice by the Japan Self-Defense Forces was not enough, and there were no toilets. I still cannot forget the smell when I entered that area.

What in the world was the government doing? Is this kind of Japanese government acceptable? I felt indignant and immediately lodged a rigorous protest with the government.

This resulted in a public official going right away to inspect that area and giving the same kind of report as mine. Until then the nuclear power plant was the only thing on the government's mind. Then, Yoshito Sengoku was appointed as deputy chief cabinet secretary in charge of reconstruction and the government set up the Special Headquarters for Measures to Assist the Lives of Disaster Victims. Really, what on earth does the current government think about the people of Japan? I am feeling sincerely outraged.

I received all kinds of emails everyday from physicians in the affected prefectures and the thing that was giving them the most trouble was the fact that in that bitter cold there was neither gasoline nor even kerosene or diesel. If there were five gas stations, only two were open. It pained me that under circumstances like that medical personnel cannot even go to help people.

So, I decided to start with what I could do. I obtained a special transit pass in Ibaraki prefecture and tried to drive down the expressway. It could be driven on with only a little repair, and so I personally called Minister of Land, Infrastructure, Transport and Tourism Akihiro Ohata and had him open the expressway. With tankers able to drive on the expressway, two days later there was no need to queue up at gas stations in Ibaraki.

In the devastated areas in the Tohoku region, on the other hand, there was no fuel even though it was snowing. According to my conversation with Minister Ohata the best bet to get fuel through

was along railroads running from eastern Japan and the Japan Sea. The outcome was that I had him get oil transported in by sending it back to Iwate from Aomori, using the Senzan Line to reach Miyagi, and making the Ban'etsu West Line passable into Fukushima.

It is my opinion that the ways of the Japanese government, in which voices from the afflicted areas—not only voices from medical association physicians but even from prefectural governments—do not reach the government at all, are not something that can be forgiven simply because it is inexperienced in this kind of situation.

Toward the Restoration of Japanese Healthcare

Lastly, in regards to healthcare, the JMA established a Survivors Health Support Liaison Council² to support persons afflicted by the disaster.

This was the first organization created to give suggestions to the government with a single voice from the Japan Medical Association, the Japan Dental Association, the Japan Pharmaceutical Association, the Japanese Nursing Association, the Association of Japanese Medical Colleges, the Japan Hospital Association, and the All Japan Hospital Association. I became the representative and Vice-president Yoshitake Yokokura became head of the secretariat. We will continue to make a wholehearted effort to restore the former healthcare environment as soon as possible for the people of Japan.

We will make proposals to the government on how people who cannot return home because of radioactive contamination even though their house is still standing and people from towns that were completely obliterated by the tsunami can keep up their lives. We will also make proposals on how to rebuild a healthcare system there so that anyone can receive healthcare anywhere at anytime. With your continued guidance, I am determined to see the Japan Medical Association be an association for the people of Japan, and so humbly ask for your support.

References

1. Haranaka K. Policy Address. JMAJ. 2011;54(1):1–2.
2. Survivors Health Support Liaison Council. Translated by Japan

Medical Association. 2011. http://www.med.or.jp/english/report/20110428_fig.pdf (accessed June 15, 2011).