

Great East Japan Earthquake—A message from Japan V

Response of the Hokkaido Medical Association to the Great East Japan Earthquake

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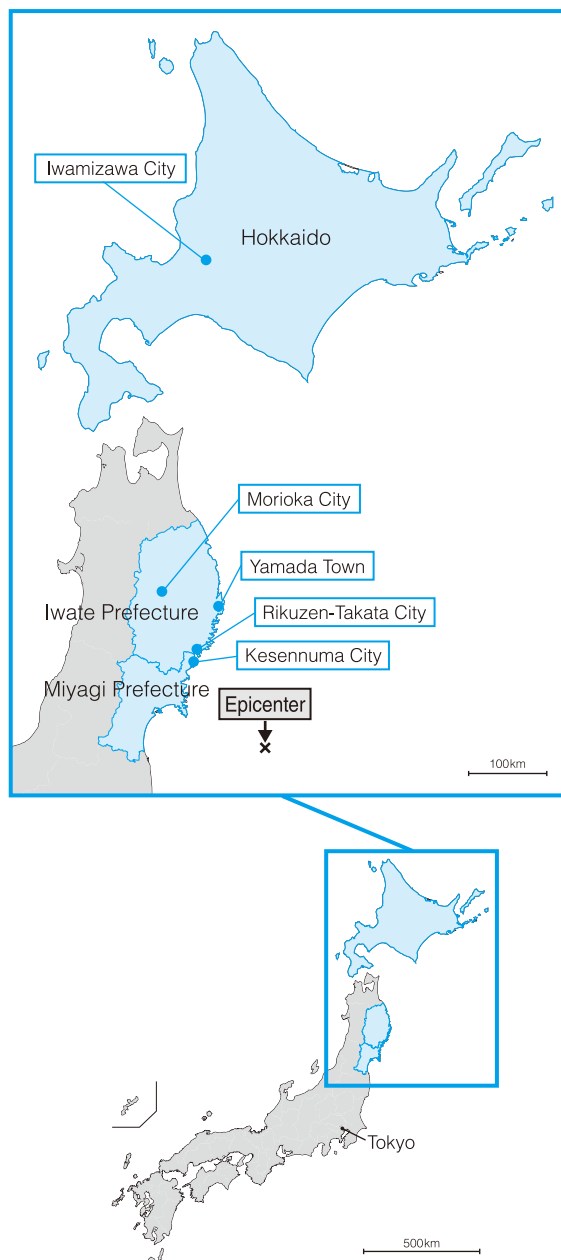
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Introduction

On March 11 immense damage was caused in the Tohoku region by an enormous earthquake and tsunami, and the television news reports that showed terrible scenes of destruction that seemed too unreal to be true were broadcasted continuously throughout the day. In addition, radiation leakages from the nuclear power plant accident and subsequent harmful rumors also caused tremendous damage. Offers of assistance immediately poured in from around the country, and here I would like to describe the responses to this disaster of Iwamizawa City, where I live, and the Hokkaido Medical Association (HMA).

Response of Iwamizawa City

Located thirty minutes by train from Sapporo, Iwamizawa City, where I live, is a rural city with a population of 90,000 whose main industry is agriculture. Following the Great East Japan Earthquake, many people headed for the Tohoku region to provide assistance. Immediately after the earthquake disaster, Iwamizawa City provided stockpiled rice and blankets, sent two public health nurses to Morioka City in Iwate Prefecture, and dispatched emergency water system restoration teams as well as emergency firefighting relief teams. The Iwamizawa Municipal General Hospital dispatched Japan Medical Association Team (JMAT) firstly to Kesennuma City (March 25–April 3) and then to Rikuzen-Takata City (May 28–June 3) in Miyagi Prefecture, and 157 homes



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were provided. Nine teachers and students from the Hokkaido University of Education Iwamizawa Campus lived in tents as they undertook volunteer aid activities in Noda Village in Iwate Prefecture. The Rotary Club procured and serviced 100 used vehicles and sent these to Noda Village and Ofunato City to provide people with a means of getting around in their daily lives. The Hokkaido Chuo Rosai Hospital sent food supplies to the Aomori Rosai Hospital and Tohoku Rosai Hospital. Funeral homes also took turns in providing assistance with funerals. Various charity concerts and fund-raising activities were also held in Iwamizawa City.

In my own hospital, a donation box was installed and there were many people who put money in the box with teary eyes, lamenting that this was all that they could do to help. I am sure that all municipalities throughout Japan responded to the disaster with similar measures. Ganbare Tohoku! Although the Tohoku region suffered tremendous damage, witnessing such an outpouring of goodwill gave me a small sense of pride to be Japanese.

Response of the Hokkaido Medical Association

1. Confirmation of the status of damage within Hokkaido

On the day of the disaster, telephone calls were made to the Hakodate, Tomakomai, and Kushiro City Medical Associations, which are located on the Pacific coast, to confirm the status of damage. At the point that contact was made, no damage had been reported.

2. Collection of information

Secretariat staff were placed on constant standby, including holiday periods; information was gathered from the Japan Medical Association (JMA) and the HMA, and others. The reports made to the HMA President Nagasawa and Emergency Medicine Division Director Meguro as required.

3. Request for medical examiners and medical aid teams to provide their cooperation

On March 14, a request was received from the JMA to form and dispatch medical examiner and medical aid teams, and so the HMA requested to the presidents of all municipal medical associations and university medical associations for their cooperation in providing aid. In addition,

a request was sent to the Hokkaido branch of the Japanese Association of Psychiatric Hospitals to participate in JMAT.

4. Dispatch of JMAT

JMAT is disaster medical care team organized by the JMA to provide medical care and health support after the acute phase of a disaster. The team provides support to hospitals and clinics in the disaster zone in providing everyday medical care services, as well as providing assistance at evacuation centers and first-aid stations.

(1) JMA route: By arrangement with the Iwate Medical Association (the support recipient designated by the JMA), psychological care teams and medical aid teams were sent to Yamada Town.

(2) Government route: Medical aid teams were sent to Kesenuma City in Miyagi Prefecture (the support recipient designated by the Hokkaido Prefectural Government).

5. Dispatch of JMAT II

JMAT II is medical care team that are mobilized as necessary to provide health support—including public sanitation problems—in the disaster zone at the stage where disaster medical care and health support provided after the acute period has achieved a certain level results and aid teams can be withdrawn.

The HMA requested the cooperation of the three medical organizations that participated in JMAT as well as the Hokkaido branch of the Japanese Association of Psychiatric Hospitals, and they were dispatched to Yamada Town in September.

6. Establishment of Disaster Countermeasures Headquarters at the HMA Building

7. Survey regarding the acceptance of patients from the disaster zone

Based on the request of the JMA, a survey was conducted via municipal organizations and medical schools regarding the number of beds available at hospitals and clinics that could accept patients from the disaster zone.

8. Provision of Information

Information about such issues as health insurance, pharmaceuticals distribution, and long-term prescriptions was provided in real time via a mailing list and was also posted on the HMA website and in the HMA bulletin.

9. Confirmation of the situation in the disaster zone

To enable medical aid teams to function smoothly,

secretariat staff gathered information on lifelines in the disaster zone as needed and provided the latest information.

10. Participation in related meetings

11. Condolence visits to medical associations in the disaster zone

From the end of March until the beginning of April, the HMA President Nagase visited medical associations—including the JMA—in the devastated areas of Iwate, Miyagi, Fukushima, and Aomori Prefectures and giving each association a solatium.

12. Disaster Zone Inspection Report: Emergency

Medicine Division Director Junichi Meguro Inspections were conducted on April 28 and 29. At the request of the Hokkaido Government, on April 28 we inspected the situation in Kesenuma City, to which JMAT had been dispatched, and on April 29 the authors inspected the situation in Yamada Town, which the JMA had allocated to us. In Yamada town, the authors were shown a stone monument engraved with the lessons learned from the 1933 Sanriku Earthquake and Tsunami:

- (1) After a huge earthquake a tsunami will come.
- (2) If there is an earthquake, gather together on high ground.
- (3) If a tsunami comes, climb to the highest place you can find.
- (4) The tsunami will catch up with you if you try to run a long distance. Choose beforehand a high place to which you can escape.
- (5) Do not build your home on land that is lower than the land approved for housing by the prefectural government.

Although the author is sure there were various reasons why, but unfortunately it appears that these lessons were not heeded. Approximately one and a half months had passed since the earthquake, but the scenes that the author was actually seeing were still far, far more wretched than could be imagined. Under circumstances in which the raw scars of the disaster remained, and with many people having lost family members and/or friends, valiant efforts were being made to being the process of recovery. The author witnessed people striving with their whole hearts to return to their previous lives with the assistance of medical professionals and all the other people coming from around the country to help with recovery.

It will take considerable time before the medical systems in the disaster areas are restored to their previous state. We will continue to support them in cooperation with the Iwate Medical Association.

Conclusion

I would like to thank the HMA Board Member Junichi Meguro for allowing me to use his materials, namely the slides presented at the HMA board meeting and the inspection report published in the HMA bulletin, to prepare this paper.

Lastly, I would like to offer my prayer to those who lost their lives to this disaster, and express my deepest condolences to the surviving victims.