

Great East Japan Earthquake — A message from Japan IX

## Activities of the Shiga Medical Association in the Great East Japan Earthquake

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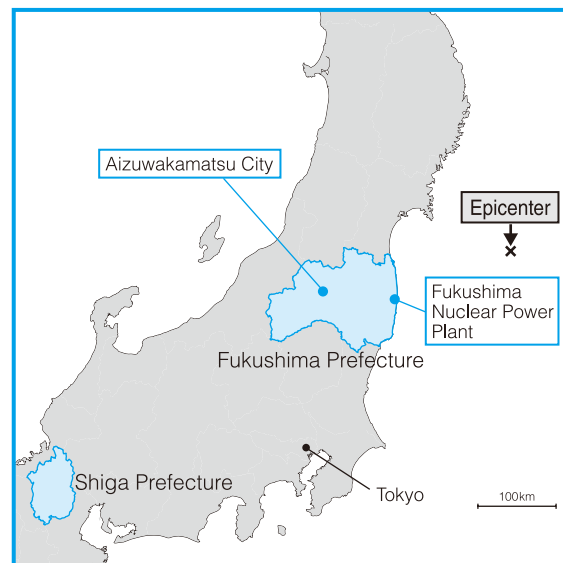
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### Introduction

At around 2:50 PM on March 11, 2011, we were in the middle of a meeting on the third floor of the Shiga Medical Association (Shiga MA)'s office, a three-story steel frame building that the association is renting. All of a sudden, we felt that the desk and the entire room started to shake noiselessly and slowly with a big motion. We went on with the meeting while commenting on how long the shaking lasted. Someone quickly checked his mobile phone and found that the epicenter was offshore of Miyagi Prefecture. At that moment, it flashed across everyone's mind that a major earthquake had struck.

The unfolding of the disaster after that was unimaginable, with that giant tsunami washing away houses, boats, and cars, as we saw on TV. While many people were swallowed by the tsunami, there were also many evacuees barely survived in the massive disaster. The state of mind of people who lost their family, asset, local history, and hometowns was really unfathomable for us in Shiga Prefecture. We pray that those who lost their lives may rest in peace and offer our heartfelt condolences to those who lost loved ones.

In the midst of all the confusion, images of an explosion at the Fukushima Daiichi Nuclear Power Station in Fukushima Prefecture, which caused the reactor having crossed criticality due to inadequate cooling, were released on the Internet in foreign countries, even while information in Japan was uncertain about the major explosion. Through the media, concern over radioactive contamination spread.



### Unfolding

There was a meeting of the Japan Medical Association (JMA)'s Board of Trustees on March 15. On the Shinkansen heading for Tokyo, I thought that if Shiga MA was going to dispatch relief medical teams, radiation exposure could

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be anticipated, based on the assumption that Fukushima was facing a problem of radioactive contamination. In that case I supposed that it would be appropriate for me, president of the Shiga MA, to join the first team, since I was closer to heaven (or hell) among the association's executives. Then, I wondered when we could leave for the affected areas at the earliest. While looking through my appointment book, I started making calls to cancel some meetings that were scheduled around that time.

At the outset of the meeting of the JMA's Board of Trustees, everyone knew this earthquake had been a terrible catastrophe, but there was still uncertainty in the information we had. Even the prefectural medical associations in the affected areas had said that it was impossible to provide accurate information. Dr. Masami Ishii, an executive board member of the JMA, whose hospital is in Iwaki City, Fukushima Prefecture, rushed out the meeting to prepare for necessary countermeasure against radioactive contamination and promised to send back detailed information as soon as possible. His greatly hurried departure made us imagine the chaos in the disaster-stricken areas. During the meeting, it was pointed out that support actions would have to be taken carefully based on firm information, since the affected areas were in a state of disarray. We should refrain from taking action by ourselves.

After returning to Shiga Prefecture, I told the secretariat "Wait for information. Standby," following the instruction of the JMA.

### **Standby**

Of course, the Disaster Medical Assistant Team (DMAT) had left from Shiga Prefecture two hours after the disaster hit on March 11, same as from other regions. They left with anticipation that it would take long time to arrive, as they would have to search for various routes along the way headed to the disaster-stricken areas. Information-gathering teams also left the prefecture around the same time.

Meanwhile, some members of Shiga MA urged to be dispatched each and every day and asked us "When is the Shiga MA going to send relief medical teams? We are all ready, so give us the departure orders soon!" The secretariat between the JMA and our association members

was bewildered. Would it be all right to go to the stricken areas at our own discretion? But no information was coming in as to where it would be appropriate to go.

During this period, hospital teams had organized local support teams for medical care, after the DMAT withdrew, and continued to provide medical care. We made an effort to get our association members who wanted to be deployed onto those teams. Japan Medical Association Team (JMAT) needed to organize teams, but what kind of teams could Shiga Prefecture organize with other health professionals? The nursing association, pharmaceutical association, and other associations had given members directions to act through their respective headquarters organizations. The Union of Kinki Medical Associations and the JMA had both requested Shiga Prefecture to go to the assistance of Fukushima Prefecture, but directions as to when or where specifically to go were not coming. I called Dr. Takashi Hanyuda, one of the JMA's vice-presidents and the head of the command center, but each time I was directed to wait a little longer. During that time, the board member in charge in Shiga Prefecture waited for dispatch request from the JMA and began gathering information and exploring for a solution to cooperate with other health professionals.

### **Dispatch Request**

At last the request for assistance came directly from the Fukushima Medical Association. It was finally time to mobilize the relief medical team, but it was already April 2. At that time there were 12 teams organized that could be dispatched in succession until May 10. The team arrived at the area under the jurisdiction of the Shirakawa City Medical Association in Fukushima on April 3. Since situations in the afflicted areas were already in the third phase, relief work centered on providing healthcare in evacuation shelters, with the main activities being routine examinations twice a day as well as first aid and house calls outside of hours. As lifelines and the supply of drugs recovered gradually in the Shirakawa region, support for evacuees shifted to help in regaining self-reliance, and the local medical associations once again became able to provide necessary health care. As a result, JMAT from the Shiga MA withdrew on April 14, the day

**Table 1 Shiga Prefecture's disaster medical assistance in the Great East Japan Earthquake**

Dispatch of personnel and equipment		
<b>1. Disaster medical assistance team (DMAT) (dispatch to disaster base hospitals requested by the prefecture)</b>		
March 11–15	At medical transportation bases in Fukushima and other locations	9 hospitals, 11 teams, 62 personnel
<b>2. Medical relief groups</b>		
a. Medical relief groups (dispatch request from the Shiga Prefecture to the Shiga Prefecture Hospital Association)		
March 17–June 30	Made rounds to evacuation shelters under the jurisdiction of the Fukushima Prefecture Aizu Public Health Center	17 hospitals, 30 teams, 154 personnel
b. Communications and coordination personnel for medical relief groups		
March 19–June 30	Stationed at the Disaster Medical Coordination Headquarters in the Fukushima Prefecture Aizu Public Health Center	26 medical and pharmaceutical affairs division personnel
<b>3. Health support teams (health consultations, mental care, and hygiene support)</b>		
March 15–	At evacuation shelters in the cities of Sendai and Fukushima and 1 town	37 teams, 141 personnel
April 3–August 31	In 3 towns and the 2 cities in Fukushima Prefecture	
<b>4. Radiology technicians (exposure screening of people who returned to their homes temporarily)</b>		
May 15–23	Cumulative total of action in Fukushima Prefecture	1 team, 2 personnel
<b>5. Mental health care teams (dispatch request from the Shiga Prefecture to the Shiga Prefecture Hospital Association) (Mental health consultations and treatment for evacuees with physical disorders)</b>		
April 1–June 16	In northern Fukushima Prefecture	31 teams, 118 personnel
July 5–September 30	In the Soso region of Fukushima Prefecture	
<b>6. Sent prefectural emergency stores and materials</b>		
March 19	Ethical pharmaceuticals: About 23,000 pills of 66 different oral drugs and 100 bottles of 6 different injectable drugs Fifty-three types of medical equipment and materials such as sphygmomanometers and clinical thermometers	
Support from organizations within Shiga Prefecture		
<b>1. Shiga Pharmaceutical Association</b>		
March 19–23	Dispatched a total of four pharmacists to Fukushima Prefecture	21 teams, 27 personnel
March 26–June 25	Dispatched a total of 23 pharmacists to Miyagi Prefecture	
<b>2. Shiga Nursing Association</b>		
March 24–April 28	Dispatched a total of 11 nurses to Miyagi Prefecture	16 personnel
March 31–April 14	Dispatched a total of 3 nurses to Iwate Prefecture	
April 11–21	Dispatched a total of 2 nurses to Fukushima Prefecture	
<b>3. Shiga Medical Association</b>		
April 2–14	Dispatched physicians to Aizuwakamatsu, surrounding cities and towns, and to a village in Fukushima Prefecture	4 teams, 10 personnel
<b>4. Shiga Dental Association</b>		
May 8–15	Dispatched dentists to Miyagi Prefecture	3 teams, 11 personnel
May 19–26	Dispatched dentists to Iwate Prefecture	
<b>5. Shiga Acupuncture &amp; Moxibustion Association</b>		
April 29–May 7	Dispatched acupuncturists to Miyagi Prefecture	5 personnel
<b>6. Shiga Dental Hygienists Association</b>		
May 8–15	Dispatched one dental hygienist to Miyagi Prefecture	1 person
<b>7. Shiga Association of Occupational Therapists</b>		
May 15–21	Dispatched one occupational therapist to Iwate Prefecture	1 person
<b>8. Donated over-the-counter drugs and medical devices</b>		
March 24–	About 40,200 items of 38 different over-the-counter drugs and supplies (e.g. common cold drugs, laxatives, and masks)	
March 30–	Diabetic self-test blood sugar meters, Glucocard G+ meters, absorbent cotton for sterilization, etc.	
April 7–	About 4,000 items of over-the-counter drugs and supplies (e.g. common cold drugs, hand disinfectant, masks)	
June 21–	3,456 items of over-the-counter drugs (e.g. insect repellent and antiitch medicine)	

that the fourth team completed its mission. The remaining eight teams were never deployed. I did not, after all, go to the disaster-stricken areas, but we did receive a call of appreciation from Dr. Yuzo Takaya, president of the Fukushima Medical Association. Of course, the hospital team's medical relief groups continued making rounds to evacuation shelters under the jurisdiction of the public health centers in Aizuwakamatsu City, Fukushima until June 30. Mental healthcare teams also continued to be dispatched throughout Fukushima until September 30, and a wide variety of health-related professionals went to the affected areas (Table 1).

### **Nuclear Accident and Medical Support**

I decided to go myself to Fukushima to seek information about the possibility of being requested further assistance in the future. I contacted Dr. Takaya and asked to meet him in the evening at Aizuwakamatsu City, which is the base of his daily activity. When I met Dr. Takaya he told me, "Aizuwakamatsu sits atop essentially solid ground and so the earthquake had little effect. There also wasn't much medical-related damage, and we are able to provide usual medical examination and treatment locally. However, as we accept many evacuees from other local areas, the cooperation of support teams has been proving effective in dealing with them." During our conversation I said, "I would like to ask what is inadequate in the current support system, including issues related to the nuclear power plant disaster?" When I asked that question, I felt that Dr. Takaya was showing a lot of reservation, but he remarked, "How to deploy relief teams from outside Fukushima to the areas close to the nuclear power plant is the difficulty." At once I felt that it was impossible to ask to undertake such a risky mission at the discretion of the local prefectural medical association or the

local government. It is necessary for the national government and the JMA to decide the team allocation and rotation program on their responsibilities. Otherwise, this program cannot be carried out because it is beyond the responsibility of the local government. I found out that this control tower was lacking in regions facing danger of radiation exposure.

### **Assessment of JMAT and Its Future**

The program of JMAT and their dispatch to the disaster-affected areas have been regarded very highly. JMA provided safeguard for the teams in case of worst scenarios. But, was the JMA really able to gather proper information and request appropriate deployment? Why, when we were waiting on standby under the JMA's direction, did we feel a sense of humiliation by getting a later start than others? Was the JMA able to make objective dispatch requests to danger zones? Can JMA make such requests? In preparation for the next unanticipated major disaster, we feel that if we are going to develop JMAT, the JMA should have an opportunity to reconsider whether it can swiftly gather pertinent information and appropriately arrange the dispatch of relief medical teams. Otherwise, small prefectural medical associations like ours in Shiga Prefecture cannot immediately send their own information gathering teams, and we think, it is useless to move without control, and such activities would cause trouble for the afflicted areas.

We continue to negotiate for agreements on the organization of teams with other health professionals in order to dispatch teams locally, within the prefecture, Kinki region, and distant places. Can the JMA, in light of the experiences of this disaster, truly become the control tower for information gathering and dispatch request using the JMAT? We think that now is the time that we should seriously reconsider these issues.