

Participation in Relief Activities in the Aftermath of the Great Nepal Earthquake and Disaster Reconstruction Assistance

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At 11:56 a.m. (Nepal Standard Time) on Thursday April 25, 2015, an earthquake of magnitude 7.8 struck Nepal approximately 77 km northwest of Kathmandu. There is a time difference of 3 hours and 15 minutes between Nepal and Japan, and so the earthquake occurred at 15:11 on the same day Japan Standard Time. The earthquake killed more than 8,000 people and caused an economic loss of approximately 5 billion US dollars (625 billion yen).^{*1} Nepal's Gross Domestic Product for 2014 was 19.4 billion US dollars (2.4 trillion yen), meaning that the economic damage caused by the earthquake equaled one quarter of the country's GDP. According to a friend in Bangladesh, large earthquake tremors were felt in Bangladesh's capital Dhaka, which is located a distance of approximately 1,000 km from Kathmandu.

Two days after the earthquake, on April 27, I got in contact with the Association of Medical Doctors of Asia (AMDA), an NGO that had begun earthquake disaster relief activities, and four days after the earthquake, on April 29, I departed for Nepal as a member of the AMDA. I have heard that AMDA received financial assistance from the Japan Medical Association (JMA).

Flying on a budget airline, we traveled to Kathmandu via Kuala Lumpur, the capital of Malaysia, arriving on April 30.

My first report to Japan from Nepal was as follows.

We arrived in Kathmandu yesterday (April 30). There are collapsed buildings here and there throughout the city, but it seems comparatively calm. Shops have also been reopening yesterday and the day before.

The supermarket we visited to purchase relief supplies is also functioning, except that there is a lack of fresh food products.

Today we are heading for the Sindhupalchowk District in the Bagmati Region first thing in the morning. It is located around four hours' drive north of Kathmandu. Several hours' walk from there are apparently numerous small villages scattered about, and our intention is to deliver relief supplies to places such as these. Due to the huge scale of the damage, the current situation is still unclear.

We will return to Kathmandu once again on May 4. Until then, it will probably be difficult to communicate by e-mail, but I will take a good look at the current situation as we are providing assistance (Yamamoto).

PS: There is a person here in Nepal that I will never forget, an American named Dr. Ron O'Connor. Around 50 years ago, he was apparently under the tutelage of a Japanese physician (Dr. Noboru Iwamura) in Nepal who inspired him to establish an international NGO called MSH (Management Science for Health). Now it is numerous Japanese volunteers seeking to contribute to international health who are under Ron's tutelage.

"Thanks Taro, we wish you the best and are

*1 Foreign exchange rate for June 6, 2015: 1 US\$ = 125 yen.

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As of April 30. On the way to Sindhupalchowk District in the Bagmati Region



May 1. The patient carried on the litters who have external injuries and doctors of AMDA Nepal who take care of him

grateful for your service (Ron)."

I always feel that in various different places there are people with various hopes and beliefs, and receiving these people's hopes provides a driving force for my activities. I am truly grateful.

The road to the disaster zone took twice as long to travel than usual due to the rubble caused by the earthquake as well as the many vehicles trying to pass along it. Even so, on the day we arrived in Sindhupalchowk District in the Bagmati Region electricity services had already been restored, and it was possible for us to operate x-ray equipment that had somehow survived the earthquake undamaged. This was extremely helpful in treating patients who were being examined mainly for symptoms such as bruises and broken bones. Members of AMDA-Nepal teams were already treating patients when we arrived in the disaster zone.

My next report to Japan was sent from Kathmandu on May 5.

The aftershocks continue. Every day, around 70 patients either walk or are carried on stretchers/litters to receive treatment. The majority of them have external injuries, including broken bones and cuts. They walk for four to five hours along mountain paths to come—amongst them are patients that have walked all day to visit the make-shift clinic. My ears still ring with the words of elderly people crying out that they have lost everything—their home destroyed, family members killed,

cattle and goats also crushed under bricks. Cattle and goats are the only assets of the people living in the mountains.

Yet beyond this place there are even deeper mountain ranges, and we have no idea of the situation in places that are several days' walk from here. According to government information from helicopters that were flown over the area, some villages have completely disappeared. And there are still many villages like this.

The relief assistance we provided may have been like a drop of water in a huge river, but my feeling was that all we could do was gather together as many droplets as possible. For the time being, anyway, I will be heading back to Japan today.

My activities in Nepal were the third time I have participated in earthquake disaster relief activities, after the Haiti earthquake and Great East Japan Earthquake, and there were several things that I noticed.

Firstly, as far as I know, assistance from China, India, and ASEAN countries was on an unprecedented scale. There were some 1,000 relief workers from China and India providing assistance, and more than 100 from Malaysia, Indonesia, Thailand, and other countries—there were probably several hundred relief workers from Malaysia. Bangladesh, Sri Lanka, and other countries also sent relief workers to provide assistance. What contributed to this massive movement of people was the existence of budget



A baby born in the make-shift clinic

airlines. This situation gave a premonition of changes to come in the landscape of international emergency assistance, which until now has been monopolized by developed countries. This means that the next time a massive earthquake occurs in Japan, enormous relief teams—including from countries such as these—will prepare to and enter Japan. It will be a different landscape from that of the Great East Japan Earthquake. Without preparation, there is concern that there will be an international eruption of criticism of the confusion and responses in the aftermath of the disaster.

Secondly, against this background, what kind of assistance will Japan provide in the future? This includes not only disaster emergency assistance but also assistance with regard to countermeasures to infectious diseases such as new strains of Influenza and Ebola. In such situations, the teams that Japan send to participate in relief

activities should be *iJMAT*, which the JMA is promoting. Agreements are concluded ahead of time with counterparts in various countries to carry out international disaster assistance activities reciprocally. While in some cases a country may provide assistance, at other times it may be the recipient. These are believed to be extremely important measures as the landscape of international assistance is transforming.

However, with regard to Japan's international relief assistance in the future, I believe that, as a developed country, there is much that Japan can do to broadly benefit countries that have been struck by disaster and the international community, such as providing "lines" of assistance that continue long after the acute rescue/relief phase, rather than just providing "picture-perfect" emergency support in the acute rescue/relief phase that is easy for the media and general public to understand. For example, networks created over long periods (e.g.: the network built-up over 30 years by AMDA or the school health project that the JMA has been implementing in Nepal for many years) could function in times such as these. That is something I have felt in each region I have been to for relief assistance activities.

The need for assistance is continuing as the stage shifts from humanitarian assistance in the acute rescue/relief phase to the reconstruction phase. We are currently (as of the time of writing) in the midst of applying to the Japan Science and Technology Agency (JST) for funding to create a plan and evaluation for joint reconstruction assistance between Japan and Nepal. As long as there are people who require assistance, we intend to continue providing it. This will no doubt become a huge challenge for me, personally, as well.