

## Panel Discussion\*1



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Ichiro Ono, *Deputy Representative/Director, Policy and Public Advocacy, PhRMA Japan*

Panelists: Shigeru Ogisawa, *Director for Disaster Response Operations Division, Disaster Management Bureau, Cabinet Office*  
Haruhiko Hakuno, MD, *The Team Leader, Emergency and Perinatal Medical Care Team, Regional Medical Care Planning Section, Health Policy Bureau, MHLW*  
Ken Burris, *Former COO at FEMA*  
Nicolette A. Louissaint, MD, *Director of Programming of Healthcare Ready*

### The Importance of “Coordination” in Disaster Response Systems

**[Ishii]** It has now been five years since the Great East Japan Earthquake but we are still in the midst of reconstruction. Through today’s symposium we were able to see many issues. The framework presented by Mr. Ogata of the Cabinet Office in Section One is likely the basis of Japan’s disaster response. However, after seeing the US example of collaboration between the FEMA and non-profit organization Healthcare Ready, I felt that implementing a similar effective approach in Japan would pro-



vide further enhancement. In the future of our disaster response systems, what specifically should we take into consideration? I would like to ask your opinion on this.

**[Burris]** Through the many years that I have been involved in disaster, I have experienced great number of struggles. FEMA is a central organization responsible for the overall coordination of the federal government, so complex factors such as politics and power get tangled up, resulting in many tricky aspects. That is precisely why it is necessary to create a disaster response system. I believe that the key to success is not “command” but rather “coordi-



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nate.” You cannot effectively move things simply by command, so coordination need to be made. The end result depends on how to coordinate within the system.

In the United States, authority is given to the nation. This ripples through the region with different levels of authority and is very complex. During the Hurricane Katrina disaster, the authority was given to the mayor of New Orleans or the Governor of Louisiana. The national government had not authority to order evacuation. Because of that, residents in the disaster areas were not given the order to evacuate in a timely manner. That is why I think it is most important that coordination is made to governmental authority at each level for the disaster response system to function effectively and efficiently.

**[Louissaint]** To me the next step would be identifying the non-governmental actors that need to be engaged with the systems that government is setting up. Understanding who are the individuals, the physicians, and then also the systems and organizations. They need to be the part of the systems. How do you figure out ways to coordinate independently, and then coordinate with the system? That is a big part of the lesson we learned after Hurricane Katrina. How those non-governmental actors incentivize coordination and then coordinate with the government during the Great East Japan Earthquake, the strong initiative taken by the Japan Medical Association (JMA), raising great achievements through cooperation between many medical institutions and physicians was highly commendable and provides a good example of disaster response for other countries.

**[Ishii]** Thank you. I think that when it comes to disaster medical care, we at the JMA have many common aims and activities with Healthcare Ready in the US.

### Responding to Needs of Various Languages and Vulnerable People

**[Ishii]** How is multilingualism dealt with during a disaster in the US?

**[Burriss]** At FEMA we have system that can respond to multilingual needs with the cooperation of disaster assistance personnel who are native speakers. These language groups can be

considered the DMAT of languages. If someone in the disaster area needs to communicate in a language other than English, a staff member who speaks that language will provide support by going to that area.

**[Ishii]** One of the issues in Japan is the lack of medical interpreters. We are expecting over 20 million visitors from other countries during the 2020 Olympic and Paralympic Games in Tokyo and multilingualism is a major concern in various situations.

**[Burriss]** Most of those coming to Japan for the Olympics are likely young people who are quite literate in the use of mobile devices. As long as they can access the Internet, they should be able to easily communicate by using the interpreting functions provided. However, in the case of a disaster, it is possible that Internet access will become difficult, so you will absolutely need the direct support of people who can interpret between Japanese and a foreign language.

**[Ishii]** How about disaster response to people who use medical equipment at home such as for oxygen therapy, or those who need dialysis, or the elderly? How is help offered in the US?

**[Burriss]** Even if an individual needs special medical support, if the information is not communicated and shared properly, it is difficult to respond during a disaster. For many years, we had trouble responding to those who needed electricity to use medical equipment at home. With the introduction of the registry however, we are now able to respond smoothly. Having said that, this sort of response involves the handling of personal information, so it is preferable to intervene through the private sector such as Healthcare Ready, or local jurisdictions, rather than the federal government.

**[Louissaint]** Many of the disaster vulnerable populations include those who are undergoing dialysis, admitted to nursing homes, and others who need psychiatric support because of PTSD. At Healthcare Ready, we work hard to focus on what their needs are so that we can help them. In the US, there are individual plans at dialysis centers or facilities for the elderly, with detailed instructions for the type of response needed or evacuation. It depends on the facility, but for example there are plans that can resume dialysis services or nursing care services within 36 hours. The system provides smooth coordination with large regional centers such as fire departments

and welfare institutions.

## What Is Your Image of Success in Japan?

**[Ono]** Mr. Burris's slide showed us the picture of color pallet and asked us to have the imagine of success of disaster medical care in our own way. In the end, of course we will do whatever we possibly can, but it is realistically impossible to end up with zero deaths after the occurrence of a big earthquake. In Japan today, what should be our image of success when we think about disaster response?



**[Ogisawa]** For example, the estimated casualties from collapsed buildings and big fires in the event of a Tokyo Inland Earthquake is approximately 23,000. My image of success would be to greatly reduce damage by constructing earthquake resistant buildings, prevention of fires, and controlling the outbreak of electrical fires by installing seismic breakers. Also, especially in the Nankai Trough Earthquake when we are expecting a tsunami that will result in tremendous damages, I think it is possible to prevent a considerable amount of damage by evacuating in advance. Of course emergency measures after the earthquake will also be important, but as a factor for success, preparedness would account for nearly 90%.



**[Hakuno]** As the Ministry of Health, Labour and Welfare (MHLW), we are focused on how to provide medical care after the occurrence of a disaster. As you know, after 72 hours from the onset of a disaster, the survival rate drops drastically. Our image of success is to put our collective efforts into connecting to medical care within that time. In order to do that, we must respond by dispatching DMATs immediately and safely transport disaster victims to a place where they can receive the medical care they need. I believe that these are our most important activities.



## Controlling Infectious Diseases during a Disaster.

**[Ishii]** In the Great East Japan Earthquake, collaboration between local medical associations

and government-run health centers were able to contain the spread of infectious diseases at a minimum. I believe that collaboration between government agencies and institutions such as the Japan Pharmaceutical Manufacturers Association are essential for controlling infectious diseases. What preparations are necessary?

**[Ogisawa]** Infectious disease control during a disaster requires the interdisciplinary cooperation of the MHLW, the police, fire department, Self Defense Forces, municipalities and even Ministry of Economy Trade and Industry, regarding procurement of pharmaceuticals, transport, manufacturing bases and distribution channels. It is necessary to check the flow of logistics related to securing and providing medicines for infectious diseases from before a disaster strikes and prepare a system so that the relevant ministries and agencies can be smoothly coordinated. This is not easy, but we must take advantage of the lessons of the Great East Japan Earthquake and proceed in an organized manner.

**[Ishii]** To more effectively control infectious diseases, it is important that we healthcare providers also provide the government with feedback as quickly as possible regarding the status of medical supplies to lead to the next action.

**[Hakuno]** Stockpiling and distribution is a big problem especially with drugs for new flu countermeasures. However, a direction towards a solution is illustrated in the guidelines. Moreover, each prefecture has started drawing more concrete plans. There are still many issues remaining, so I think we need to carefully understand those and continue deliberations.

**[Ishii]** Dr. Louissaint, based on your experience in responding to the Ebola hemorrhagic fever, what are your thoughts on infectious disease control?

**[Louissaint]** During the Ebola hemorrhagic fever outbreak in 2014, I was with the US Department of State. It was hard because while providing international response to the local residents of West Africa, we needed to strengthen measures in the US. Also, unlike influenza, there is no vaccine for the Ebola hemorrhagic fever. While therapeutic agents had been developed, rest and hydration was actually the standard treatment. As you know, since the infectivity and lethality was so high, control by putting infected people into isolation facilities, burying the dead, and preventive clothing for medical staff (PPE:

Personal Protective Equipment) were major challenges.

The lesson we learned from responding to Ebola and other pandemics is that as infection spreads among the local residents, there is less contact with the outside, making communication and access to information difficult. To prepare for this, it is necessary to install an environment of communication with telephones, FAX machines and data communication. In infectious disease control, transmitting and sharing information is just as important as having a health-

care system and needs to be taken into account.

**[Ishii]** Through this discussion, regarding the many issues underlying disaster response and infectious disease control, I am reminded of the importance of how each person in every position needs to make their own considerations and to continually share the latest information, beyond the borders of organizations or nations. For the future development of disaster medical care I hope that we continue to hold opportunities for this type of learning. Thank you very much.