JMAT's Activities and Hospital ships

Hospital Ships: A Transformational Necessity for Japan 27th March 2013

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The Japan Medical Association (JMA)

- The JMA is the Japan's largest <u>Non-Government</u> <u>Professional Organization (NGO)</u> supporting the Medical and Health Activities of Physicians.
- <u>The JMA is the only Medical Association in Japan which</u> the great majority of physicians nationwide belong to.

As representatives of all physicians in Japan, the JMA and Local Medical Associations independently and jointly propose national and community health policies based on Professional Autonomy.

JMA's Major Responses to the Great East Japan Earthquake

Dispatch of JMAT

- 1,398 teams sent from around the country to 4 afflicted prefectures
- Cooperation in Postmortem Examinations
- Transport of Drugs
 - Conducted with the help of US Military (as the first response of Operation Tomodachi), Japan Self-Defense Forces, Police, and the Japan Pharmaceutical Association

Disaster Victims Health Support Liaison Council

- JMA and other related organizations coordinate with concerned ministries
- Ínformation sharing and response to medical needs in the afflicted areas

Disaster Medicine Training

• Disaster medicine training was held on March 10, 2012 with the cooperation of the Harvard Humanitarian Initiatives. Additional training was also implemented on July 26, 2012.

Japan Medical Association Team (JMAT)

- Purpose
 - To provide medical treatment at evacuation sites & firstaid centers
 - To provide medical assistance at hospitals and clinics in the disaster-affected areas
- Team Composition (example)
 - One physician, two nurses and a coordination staff (driver)
- Dispatching Duration of the Team
 - Approximately three to seven days

- A standard JMAT training curriculum will be developed for participants.

Division of Roles between DMAT and JMAT (Basic Concept)







The period of dispatch is from the date teams leave until the date they return, as reported to the JMA. It is not the period of actual operations in the disaster-afflicted area.

Transport of Drugs

March 16 JMA asked the Japan Pharmaceutical Manufacturers Association (JPMA) to provide necessary drugs.

March 17 Through the JPMA 8.5-ton truckloads of drugs were donated which were immediately sent to the JMA office. Due to the urgency of the situation and a gasoline shortage, the JMA decided to ask for cooperation of the US military to transport the drugs from Tokyo to Miyagi and Iwate, not by truck.



March 18 The US Embassy contacted Yokota Air Base and asked for cooperation. Hours after the JMA submitted a request, an official approval was given and <u>"Operation</u> <u>Tomodachi"</u> one of the first trial of its kind started.

Transport of Drugs

March 19 The drugs were transferred from Yokota to Hanamaki (Iwate) and Sendai (Miyagi) by transport aircraft. In a parallel operation, transport about 800 kilograms of drugs procured by the Aichi Medical Association from Komaki Airport to Fukushima Airport by two jet aircrafts was carried out.







With the help of Dr. Takashi Nagata, (Research Fellow, Harvard School of Public Health), Dr. Stephanie R. Kayden (Harvard Humanitarian Initiatives) and Dr. Maya Arii (HSPH), the JMA gained the cooperation of US military through the US Embassy in Tokyo.



JMAT and JMAT II Teams Dispatched to the Afflicted areas (As of February 4, 2013)

| | | JMAT | JMAT II | Total |
|-----------------------------------|-----------------------|-------|---------|-------|
| No. of Teams | | 1,398 | 763 | 2,002 |
| No. of Registered Personnel | Physician | 2,145 | 1,730 | 3,875 |
| | Nurse | 1,775 | 494 | 2,269 |
| | Pharmacist | 458 | 6 | 464 |
| | Coordination Staff | 1,139 | 110 | 1,249 |
| | Other | 534 | 135 | 669 |
| | Total | 6,051 | 2,475 | 8,526 |

JMAT2's Major Goal: to prevent death in remote areas (prolonged life in evacuation centers, solitary death in temporary housing, and the necessity of mental care).

Disaster Victims Health Support Liaison Council

- JMA, the Japan Dental Association and other related organizations coordinate with concerned ministries (Cabinet Office, Ministry of Health, Labour and Welfare, Ministry of Internal Affairs and Communications, Ministry of Education, Culture, Sports, Science & Technology, Reconstruction Agency.)
- Information sharing and response to medical needs in the afflicted areas

Great East Japan Earthquake

• Features:

• **Giant Tsunami** hit an area stretching 500 km (310 mile) on the Pacific coast.

• More than 90% of deaths were caused by drowning.

- The number of evacuees in the region were about 400,000 at its peak.
- Serious accident occurred in reactors 1 to 4 at Fukushima Daiichi Nuclear Power Plant.
- Afflicted areas experienced shortages in the supply of basic goods and food (due to fear of radiation, bad weather, severed roads and bridges, poor communication tools....)



Damage Predicted for the Nankai Trough Earthquake



Distribution of Seismic Intensity in the Case of a Landward Earthquake

Damage Predicted for a Major Nankai Trough Earthquake (First Report) August 29,2012; Working Group to Consider Countermeasures for the Nankai Trough Earthquake, Committee to Consider the Promotion of Disaster Prevention Policies. Central Disaster Prevention Council



The JMA's Image of Hospital Ships



WINDS User Terminals



ANGKASA: Malaysian National Space Agency ASTI: Advanced Science and Technology Institute LAPAN: National Institute of Aeronautics and Space NDMO: National Desaster Management Office NEMA: National Emergency Management Agency NRSC: National Road Safety Committee CAIAG: Central Asian Institute for Applied Geosciences GISTDA: Geo-Informatics and Space Technology Development Agency ICIMOD: International Center for Integrated Mountain Development SPARRSO: Space Research and Remote Sensing Organization NCSRT: National Center of Space Research and Technologies NECTEC: National Electronics Computer Technology Center



Earthquake Research Institute, The University of Tokyo http://outreach.eri.u-tokyo.ac.jp/eqvolc/201103_tohoku/#largesteq