

Faced with the Great Eastern Japan Earthquake Disaster

– What can the Japanese Association of Rehabilitation Medicine (JARM) do ? –



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Today's Topics



1. Characteristics of the earthquake disaster
2. Preparedness of the JARM
3. Actions by the JARM so far
 - 1) Organization of disaster relief headquarters
 - 2) Cooperation with other organizations
 - 3) Disaster relief activities
4. What should we do next?

Characteristics of the Earthquake Disaster



1. Extremely strong (9-M) undersea megathrust earthquake accompanied by highly destructive tsunami waves of up to 37.9m.
2. Geographically extensive, affecting 18 out of 49 prefectures. Iwate, Miyagi and Fukushima were most severely damaged.
3. Caused over 15,000 deaths, and over 9,400 people are still missing.
4. The mortality was higher among persons with disabilities compared with general population (2.5% vs. 1%).
5. 92% of the deaths were caused by tsunami, with far less traumatic injuries.
6. Over 116,000 people are still living in shelters.
7. The tsunami wiped out basis of life for local farmers and fishermen, and destroyed world's most advanced high technology industries there.
8. Markedly complicated by nuclear power plant failure, leading to radioactive contamination, power shortage, and ungrounded rumors.

Preparedness of the JARM



Item	Status	Rating
Policy agenda of the JARM	Had listed crisis management since 2008, but disaster countermeasures had never been implemented.	×
Budget for disaster relief	Not individually appropriated.	×
Guidelines for disaster relief	Planned, but not implemented.	×
Simulation training	Not practiced.	×
Cooperation with related organizations	Not attempted.	×
Disaster-related information	Not systematically gathered nor analyzed	×

Situations during the 1st week



1. All five of the JARM executives were affected by the earthquake.
 1. 1 stayed in a shelter for 3 nights, 1 had his house destroyed
2. Had been put in a very tough situation even in Tokyo during the first week because of:
 - 1) Heavy responsibilities as executives of our own facilities
 - 2) Electrical shortage and planned blackouts
 - 3) Train schedule disruption
 - 4) Precarious communication environment
 - 5) Limited and confused information about the disaster
 - 6) Pressing regular activities of the JARM

Actions by the JARM



Organization of Disaster Relief Headquarters



- First, we struggled to set up organizational structure to face the disaster.
- On the first day, we established **earthquake disaster relief headquarters**.
- On the third day, we asked four JARM members with experience of the Great Kobe Earthquake in 1995 to form a **working group** to propose actions.
- We also contacted chairs of **8 regional sectors** and **board of specialists** to ask for cooperation.
- On the 7th day, **earthquake-related information center** was started to centralize information gathering, analysis and publicizing.

Cooperation with related organizations, local and central governments



1. Requested cooperation from **five rehab-related organizations** (3/13)
2. Started a “**Life Function Specialist Team**” to assist rehab and living after the earthquake through multidisciplinary approach (3/16)
3. Appealed to the **government** the importance of rehab interventions in disaster relief (3/17).
4. Established the **10 rehab-related-organizations group** for disaster relief (4/13)
5. Joined the **Liaison Conference of Health Care for the Disaster Victims** (5/11)

Relief activities through the 10-rehab-related organization group



- The members are the JARM, PT, OT, ST Associations, Rehab Hospitals and Institutions Group, Adult Daycare Liaison Council, Visiting Rehab Association, Community-based Rehab Support Group and Care Manager Association.
- Closely collaborate with the Ministry of Health, Labor and Welfare and other agencies.

Organi-
zation

Strategic council
(Hamamura)

- formulates grand plans
- makes decisions

Think tank
(Liu)

- analyzes and judges information and situations
- Makes proposals for decision making

Secretariat
(Ishikawa)

- gathers and classifies information
- performs daily management
- coordinates among organizations

Actual relief activities by the JARM



1. Transfer of disaster victims to remote areas



1. Upon request by local psychiatrists for transfer of patients hospitalized in acute rehab units within the disaster zone.
2. Asked each regional sector of the JARM to list rehab facilities that could accept them, and 137 rehabilitation units nationwide were listed.
3. Asked the MSW Association for consultation services for the transfer.
4. No formal data are available yet, but about 50 - 60 patients seem to have been transferred.

2.Support caravan for SCI patients



- Upon request by the Japan Spinal Cord Foundation, the JARM sent physiatrists for the caravan.
- The mission was to confirm safety of 200 persons with SCI in the disaster zone and to grasp their needs.
- Two courses of a 3-day caravan were launched and the mission was completed.

3. Operation of a welfare shelter



- Upon request by Ishinomaki City in Miyagi, we are supporting a welfare shelter set up in a gym for persons with disabilities and their families (50 in total).
- Send a rehab team (1 physiatrist, 1 PT, 1 OT and 2 rehab nurses) on a weekly rotation basis to arrange living environment, prevent inactivity and improve functioning in collaboration with local rehab and care resources.
- Will be continued till August, when temporary housing will be available.

Local health care professionals



Tatami mattress corner



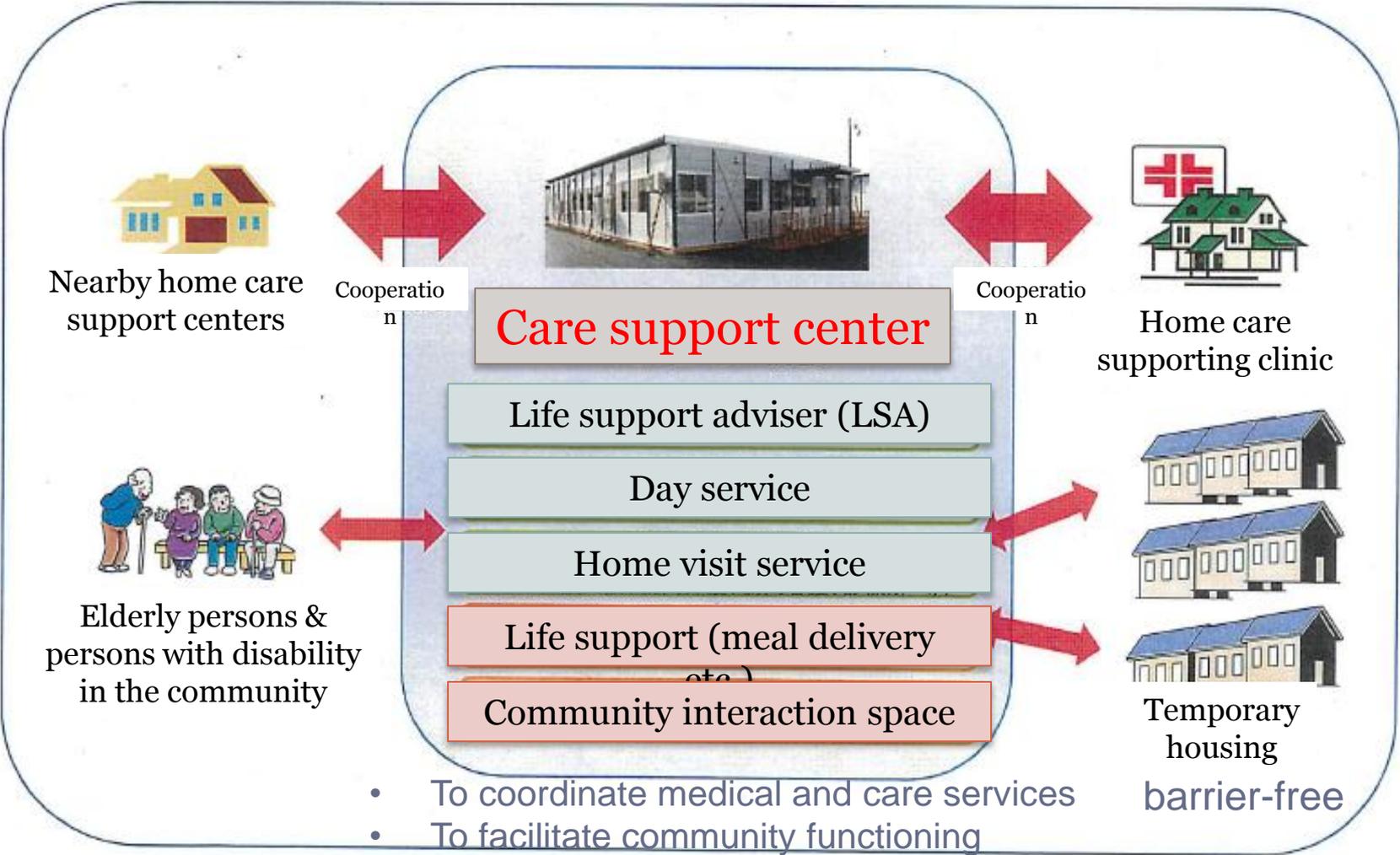
Beds provided by Paramount Co.



Cardboard partition



Proposals for temporary housing

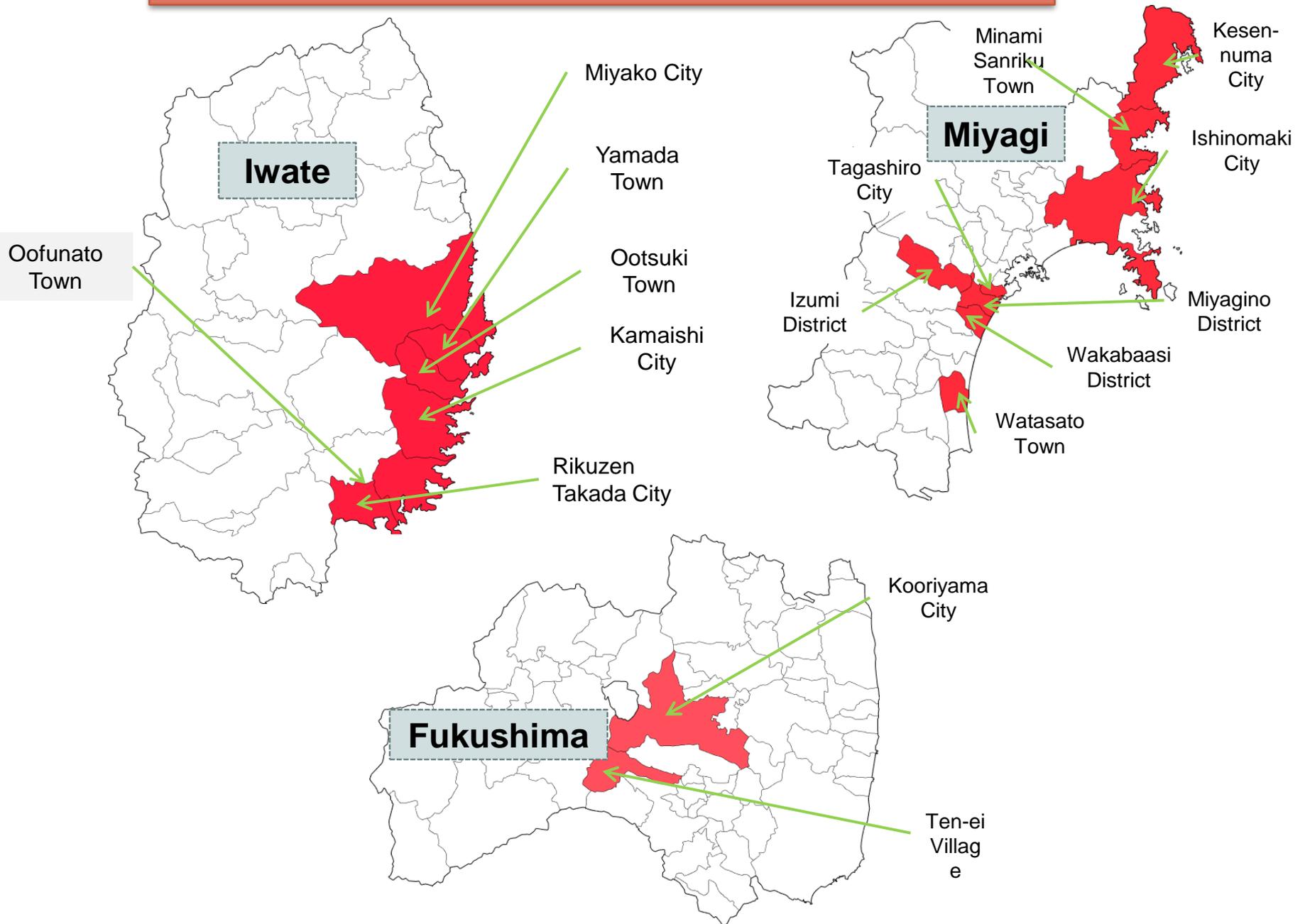


4. Support activities in non-disaster areas



- Support activities for 5,000 disaster victims relocated to 103 shelters in Saitama from Fukushima.
- Screening for risks of inactivity and needs of individualized rehabilitation interventions.
- Collaborative activities by local medical, PT, OT and ST associations.

Relief activities map (as of May 31, 2011)



What should we do next?



1. Increase preparedness.
2. Strengthen crisis management capability.
3. Plan and do simulation training.
4. Appropriate independent disaster relief budget.
5. Increase information management capability.
6. Strengthen basis for collaboration with other organization and governments.
7. Train rehabilitation DMAT to increase relief capability.



FOR OUR BRIGHT FUTURE

- In 2013, JARM will celebrate its **50th anniversary**. Just when our association was about to reach such a milestone, this catastrophic earthquake occurred.
- What must we do? What can we do?
- As a group of rehab professionals, we think we should make as much effort as possible for the relief and recovery of the disaster victims and areas.
- Without putting our best effort into the problems before us, there can be no bright future for the next 50 years of JARM. Now is the time to gather our strength and help our people.
- We are planning to hold a **“Reconstruction Symposium” in June 2013**. Please drop by Japan just before the ISPRM in Beijing to encourage us!