

[Japan]

Japan Medical Association Team's (JMAT) Activities and Nuclear Accident in Fukushima after the Great East Japan Earthquake



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First of all, I would like to express my heartfelt appreciation for the support received from CMAAO member medical associations in response to the Great East Japan Earthquake.

The essential points in disaster medical response include preparedness for disaster, crisis management that adapts to the requirements of the moment under strong leadership in unforeseen circumstances, and accurate and prompt provision of information.

Japan Medical Association Team's (JMAT) Operations

JMAT was something that the Japan Medical Association (JMA) had considered in preparation for a disaster and was in the process of setting up. In response to the earthquake of March 11, the JMA hastily decided to form JMAT based on the details considered thus far and ended up dispatching about 1,400 teams with 6,000 members.

JMAT operations mainly consisted of health care in evacuation shelters and first aid stations after the acute phase of the disaster and ongoing support of health care for patients in affected hospitals and clinics. This became the first disaster for which JMAT was mobilized.

The earthquake, and especially the tsunami it triggered, inflicted tremendous damage over a widespread area, mainly along Japan's north-eastern Pacific coast, from the Tohoku region to the Kanto region. The main areas stricken by the disaster are places that are difficult to reach and have markedly aging populations with a serious shortage of doctors. Among the survivors of the

disaster, few had serious injuries requiring wide area medical transportation while most needed health management and care for chronic conditions while staying in evacuation shelters such as school gymnasiums, where numerous disaster victims had no choice but to put up with group living for several months, from snowy winter to summer, when temperature rose above 30 degrees Celsius.

In an action related to JMAT operations, the JMA transported a large quantity of pharmaceuticals to the afflicted areas with the cooperation of the US military in Japan. This assistance from the US military was the result of negotiation with the US embassy in Japan from the standpoint of humanitarian support, which made use of connections with the Harvard School of Public Health that the JMA had cultivated over many years. For the US military, on the other hand, this was one of the first actions it took in Operation Tomodachi, the US military's operation to support disaster relief following the Great East Japan Earthquake.

JMAT operations were completed after 1,384 teams were dispatched to the afflicted areas up through July 15. (At present, JMAT II teams are in action mainly to provide health management in the disaster area.)

Major Responses to the Nuclear Accident

We daily created and distributed a map with actual radioactivity readings in Fukushima. The map was referred when dispatching medical

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teams to Fukushima.

On April 19, the Ministry of Education, Culture, Sports, Science and Technology, tentatively set the level of 20 mSv/y as a radiation safety standard for infants and children to be used for school grounds and buildings in Fukushima. The standard was increased from the original limit of 1 mSv/y of exposure to 20 mSv/y. So, the JMA immediately submitted a petition to the Minister, asking for actions to minimize radiation exposure. After that, the Minister withdrew the radiation safety standard.

Many people living in the afflicted areas tend to seek medical consultation from fear, even though there is no need for concern of radiation exposure. Therefore, when nuclear facilities are stricken by disaster, it is essential to measure and detect the presence of radioactive contamination, and transmit information to local residents. Par-

ticularly, physicians who were affected together with the rest of the community should be given accurate and prompt information because they are trusted by local residents, and can provide explanations to them, and contribute to their sense of reassurance.

Preparation for the Future Disasters

The JMA is conducting post-analysis of JMAT operations, developing a training system linked to continuous learning programs, and taking part in the national government's planning of disaster measures. Through such initiatives we would like to contribute to the CMAAO, as its members in the Asian Pacific region collectively called the Pacific Rim all face the risk of large-scale disasters like the 2004 great Sumatra Earthquake and tsunami.