Disaster Medical Services: Medical response to the Niigata Chuetsu Earthquake


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Ongoing Issues 2 Years after the Disaster

More than 2 years have elapsed since the Niigata Chuetsu Earthquake occurred in Japan’s Niigata Prefecture on October 23, 2004, with a seismic intensity of 7. Since then, events occurring as a result of the earthquake have been recounted, and details of the disaster have been reported and discussed on various occasions. Such discussion has included issues of how local physicians responded, what actions local medical associations took, and what systems the prefectural medical association and prefectural government employed in responding to the disaster. Criticism has included the lack of prompt communication and sharing of medical information as well as the lack of individuals able to take on leading or coordinating roles in the field.

The Niigata Medical Association set up an emergency headquarters immediately after the disaster to identify the extent of damage, medical needs, and the preparedness of medical facilities, while arranging cooperation with the division of health and welfare of the prefecture, which served as the disaster headquarters of the prefectural government. Although we attempted to collect information on damage to the facilities of medical association members, communication was problematic and sufficient information could not be obtained from areas near the center of the quake. As a result of these circumstances, it was not until 3 days after the quake struck that the association’s clerical personnel were dispatched to the disaster site for support and information gathering. This was an indication of failed cooperation among the local medical associations in the affected area, the local government, and the prefectural medical association.

The president and vice-president of the Ojiya-Uonuma-Kawaguchi Medical Association, a local medical association at the disaster site, reported the following issues to personnel from the prefectural medical association. The local medical association requested that the prefectural government and prefectural medical association dispatch someone who could supervise doctors in the affected area and take charge of assigning personnel and distributing medicines, areas in which the capability of the local medical association was limited. No one was responsible for overall activities. The disaster headquarters of the prefectural government did not have a proper understanding of the type of system needed to provide emergency medical care. The Japanese Red Cross Society was working extensively throughout the affected area, but required additional specialists after the acute phase, including internists, pediatricians, and psychiatrists. Although patient-oriented specific care of the injured or sick was necessary, no instructions or directives in this regard were issued by the government.

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Finally, although medical association member doctors were visiting shelters on their own and working as volunteers without regard to their personal safety, it was unfortunate that their assistance was not well recognized by others.

**Disaster Medical Preparedness and the Role of the Medical Association**

The Niigata Chuetsu Earthquake pointed out the weakness of the disaster preparedness of our prefectural medical association, namely, that it employs a request-based approach, unlike the Japanese Red Cross Medical Center or other emergency medical centers that are able to act in accordance with their own judgment. We were charged with directing mobilization of relief squads in response to requests from the affected area, and our medical aid groups were to be deployed when requested by the prefectural government. Having reflected on these issues, the Niigata Medical Association continued to explore disaster medical preparedness and the role of the prefectural medical association in fiscal 2005. The roles of individual physicians and individual medical institutions naturally may differ from the activities of medical associations as a whole. Likewise, the roles of medical associations vary according to whether they represent the affected area, surrounding counties and cities, or prefectures. Given this situation, we have discussed the basic roles of medical associations in times of disaster, as summarized below:

- **Serving as a contact point for medical information and services set up in the prefectural disaster headquarters**

  The prefectural medical association should establish an organization to serve as a contact point for medical information and services at the same time the prefecture establishes a disaster headquarters.

- **Serving as a contact point for medical information and services set up in the headquarters at the disaster site**

  Local medical associations (county or city medical associations) should serve as contact points for medical information and services in the disaster headquarters established by the municipal government. The prefectural medical association should provide full backing to the functioning of the contact point at the disaster site. At the same time, a link with the contact point in the prefectural disaster headquarters should be established.

- **Collecting information**

  Actually visiting the disaster site is key to the acquisition of relevant information.

- **Coordinating medical aid activities**

  A majority view is that it is necessary to have someone to coordinate medical activities provided by the various different parties. However, each party necessarily will have different needs and will require different services from the coordinator. Thus, the disaster medical coordinator should support and coordinate all medical aid activities in cooperation with emergency medical aid headquarters at the disaster site, and should have the power to make decisions and take action quickly to resolve problems, while communicating and negotiating with the prefectural or national government as the occasion demands. The position of coordinator is somewhat controversial, with possibilities including the head of the local health care center or a person sent from a disaster base hospital, a hospital that can accept patients in times of disaster and that has good supply of water, medicines, and medical materials to support other medical institutions in the affected area. However, determining what should be done and where it should be done is more important than determining the person who should do it.

**Publication by the Local Medical Association**

In February 2006, the Ojiya-Uonuma-Kawaguchi Medical Association issued a monograph entitled “Record of Medical Activities in the Niigata Chuetsu Earthquake.” The book, which has about 300 pages, includes many photographs. It also includes accounts of physicians and public health nurses who covered the affected area as well as details of a symposium held to examine disaster medical services in which a large number of interested parties participated from both inside and outside the prefecture. The book provides a graphic report of medical care activities initiated by 85 member doctors of the above medical association immediately after the disaster. This report also pointed out that the chain of command should be clarified and that the presence of a responsible authorized coordinator is indispensable, while calling for the issue of medical preparedness to be addressed more clearly in the overall disaster preparedness plan of the government.