



Responding to the Disaster in Japan Update of May 2011

On March 11, 2011, a magnitude 9.0 earthquake struck off the east coast of Japan, leaving thousands dead and leading to two further humanitarian disasters. In the quake's immediate aftermath, a large tsunami resulted in additional fatalities and widespread destruction, particularly in Miyagi, Fukushima, and Iwate prefectures. Following this disaster, damage to the region's nuclear power plants elevated the threat of radiation, with widespread contamination of local food and water supplies.

Within hours of the earthquake, a Project HOPE Disaster Response Task Force was convened under the direction of Dr. John Howe, President and CEO. After a situational review, HOPE made a decision to respond strategically to the emergency. This report provides information on Project HOPE's activities over the past eight weeks, and our response plan moving forward.

Assessing the Needs

HOPE's mission to support the Government of Japan began with a call from Ichiro Fujisaki, Japan's Ambassador to the United States, expressing his support for Project HOPE's involvement in his country's disaster recovery operations. Introduced by the Ambassador to Dr. Kiyoshi Kurokawa, Japan's leading health policy leader and Chairman of the Health and Global Policy Institute (HGPI), Project HOPE immediately deployed a team of clinical and operational disaster relief experts to identify the best way of providing needed and requested medical assistance to those impacted by the disaster. The team included HOPE medical staff with experience in previous disaster responses, expert consults from Massachusetts General Hospital, HOPE's Japanese speaking Regional Director, and several Japanese speaking volunteer physicians from the US, assisted by our Special Projects/Volunteer operations team.

The focus area of the assessment was Japan's Northeastern prefectures known as the Tōhoku region – large areas of which had been decimated by the earthquake and tsunami. Working with our Japanese HGPI sponsor and our longtime PH-Japan (formerly Project HOPE Japan) partners, the team met with key central government and regional prefecture representatives, including:

- Health and government authorities from the Ministry of Foreign Affairs and Ministry of Health, Labor and Welfare in Tokyo
- Miyagi and Iwate prefecture Parliament Representatives
- Governor, City Mayor and government health and disaster planners in Iwate's city capital of Morioka

- Iwate municipality and regional health planners in Miyako city disaster relief headquarters
- Miyagi's prefecture capital of Sendai and municipality disaster relief headquarters
- Numerous public and private hospital, clinic and shelter directors along the impacted coastline, from Minamisōma (just outside Japan's 30 kilometer radiation exclusion zone), Matsushima, Ichinomaki, Minamisanriku, Motoyoshi, Kesannuma, Oshima, Rikuzentakata, Ōtsuchi, Yamada, and Miyako
- Various Japan medical societies, professional organizations, private hospital groups and non-profits such as the All Japan Hospital Association, Japan Primary Care Association, Japan Medical Association, Tokushukai Group, Japan Red Cross, various Medical Assistance Teams (DMAT, TMAT, JMAT, PCAT), Japan Platform, etc.
- Deans of Tokoshukai University and Iwate Medical University

Findings and Recommendations

The team generally found the local municipal and prefecture governments energetically conducting recovery operations. With respect to health and medical needs, Japan volunteer medical teams from across the country were actively deployed in support of well-organized temporary clinics and shelters. Lacking, however, was any central integrated government operations center prioritizing, directing, and synchronizing the medical operations. All medical activities were locally coordinated and executed.

Nearly two months after the initial disaster, Japan's emerging health needs are now characterized by the following:

- With the critical response phase ending, there is a shift in emphasis from the acute to the sub-acute and chronic health phase of recovery operations
- National volunteer medical teams are exhausted and being called back to their home cities and towns to care for their own beneficiaries
- Temporary clinics are being requested, to replace damaged or destroyed hospitals and clinics until permanent structures are built – once local governments decide if and where to replace them, and if resources are made available to them
- A “New Medical System” strategy is underway, as townships, cities, and regions are restructured, and as health populations and services area are reclassified into an integrated health system of clinics, hospitals and tertiary referral centers.

Project HOPE Response Plan

Based on the findings of the assessment, and at the request of central, regional prefecture and municipal authorities, Project HOPE has agreed to provide support over the next several months in the following priority areas:

- Two 2-person HOPE volunteer Primary Care Teams are now being deployed to support the Miyagi prefecture and the Japan Primary Care Association's Disaster Relief Project in Ichinomaki and Kesannuma cities. Support will be directed to displaced persons living in

temporary shelters and daily support of elderly patients living in remote areas with a lack of access to health services.

- Two 2-person HOPE volunteer Primary Care Teams teams will be deployed to support the prefecture of Iwate in the vicinity of Yamada Township, to help relieve health personnel shortages in various shelters, clinics and the two destroyed city hospitals. (One hospital alone suffered the deaths of 14 health staff members.) Support will focus on the elderly, handicapped and orphaned children living in shelters until temporary living accommodations are provided by the Government of Japan.
- As local authorities identify critical needs for pharmaceuticals, supplies and disposables – at hospitals and clinics, and in shelters where residents have temporarily resettled – Project HOPE will work with our partners in country and with companies in the health care industry to help meet these needs through product donations.

The Long Term View

During this mid-term phase, Project HOPE staff and volunteers will continue to work with our partners to assess the longer term recovery needs in the impacted area. As a developed nation with significant resources, Japan is better equipped to deal with this disaster than other countries which HOPE has supported following major humanitarian disasters – such as Indonesia after the 2004 Tsunami, and Haiti following the 2010 earthquake. But as the initial assessment demonstrated, there are areas of need where Project HOPE's experience and particular expertise – in health care training and delivery, medical education, logistics, rebuilding and strengthening of health care facilities, etc. – can be uniquely helpful, as the people of Japan struggle to rebuild their lives and their communities. These needs, and resources available to HOPE, will help shape the long-term recovery plan.

The disaster in Japan, deeply tragic in its own right, provides a reminder of the humanitarian needs in the U.S. Gulf Coast following Hurricane Katrina – an unprecedented disaster to which the Japanese government, as well as private Japanese individuals and companies, were among the most generous responders. Global emergencies of this magnitude are, in their essence, human catastrophes – and our response is a confirmation of our friendship between nations and our common commitment to helping people in time of crisis.