The 31st CMAAO General Assembly
Dheva Mantra Resort, Kanjanaburi, Thailand
September 15, 2016

Healthcare in Danger

Mari Michinaga, M.D.
Executive Board Member
Japan Medical Association
“Armed Attack Situations” and Healthcare

• Stipulates the request to physicians and healthcare professionals
  – Provide medical care for evacuees if a large-scale armed attack is to occur

• Prefectural Medical Associations (PMAs)
  – Roles as Designated Local Public Agencies
    • Responsible to take measures to protect the people based on the plans developed by Local Public Organizations accurately and swiftly
    • Act to protect the lives and bodies of local residents, including dispatching of medical teams
JMA’s Position in the National Disaster Management

- JMA dispatched 1393 teams of 6054 JMAT (Japan Medical Association Team) staff in total in the 311 Disaster. Additional medical teams were also continually sent for months.

- (Aug. 1, 2014) Prime Minister Abe appointed JMA as a Designated Public Organization according to the Basic Act on Disaster Control Measures

- (June 9, 2015) Prime Minster Abe appointed the JMA President as a member of the Central Disaster Prevention Council
Disaster Risks in Japan

Earthquake  Tsunami  Volcanic eruption  Typhoon  Flood

→ Combined disaster
  - An earthquake can trigger tsunami and/or fire
  - Nuclear disaster

Disaster at mass gathering events

→ Terrorism
Disaster and Healthcare Needs

• **Before a disaster**
  - There are many who require medical and long-term care due to population ageing

• **Immediately after a disaster**
  - A large number of disaster victim patients
  - Emergency evacuation of inpatients and people who require assistance
  - Local medical professionals are also disaster victims
  - Post-mortem

• **Mid/long-term phase**
  - Health management and public health at shelters
  - Continuation of medical care provided before a disaster
Preparing for Disaster by Leveraging the JMA’s Organizational Strengths

**Vertical**

- **National:** JMA
  - Close collaboration
  - Legally held responsible as the organizations for disaster planning

- **Prefectural:** PMAs
  - Close collaboration

- **Municipal:** Municipal MAs
  - Close collaboration

**Diversity**

- Negotiate and collaborate with the government
- Various areas of practice and specialists

**Universality**

- Covers nationwide

**Horizontal**

- Continuing education
JMA’s Disaster Preparedness

ALL HAZARD
ALL APPROACH

- Continuing education & training
- Establish disaster management system
- Sharing of info
- JMAT Medical assistance
- Collaborate with a wide range of stakeholders
- Special disaster
- Combined disaster

Disaster
JMAT’s Roles

- Medical care at shelters and first-aid stations
- Medical support for the affected hospitals and clinics
  a. **Provide medical care in the affected areas and manage health of disaster victims and residents**
  b. **Public health measures at shelters**: Provide infectious disease control, monitor evacuees' health status, and learn and improve their diet
  c. Medical care and health management for **patients at home**
  d. Learn and evaluate the medical needs where teams are dispatched
  e. Understand which areas are not receiving sufficient medical support (**“areas with no medical support”**), and implement round visits
  f. Collect, learn, and share local information
  g. Support **the installation of liaison meetings for the healthcare personnel in the disaster areas**
  h. Patient transfer
  i. **Transfer of duties over to the medical institutions in the disaster areas after reconstruction** after reconstruction
Division of Roles between DMAT and JMAT
(Basic Concept)

- **Onset of disaster**: Damage to healthcare services in the disaster zone
  - DMAT: Withdrawal and transfer of duties
  - JMAT: Efforts by medical associations in the disaster zone

- **Time**: Restoration of healthcare services in the disaster zone

[Diagram depicting the division of roles between DMAT and JMAT over time, with key points marked on the timeline.]
In addition, 5 teams were dispatched to multiple prefectures.

1,398 JMAT and 975 JMAT II teams have been dispatched to the afflicted areas (as of December 31, 2013).

*In addition, 5 teams were dispatched to multiple prefectures.

Japan Medical Association
Risk of Secondary Disaster for Dispatched Teams

Strong afterquakes repeatedly occur in a large-scale earthquake

- **2016 Kumamoto Earthquake**
  - Apr 14 Foreshock (Magnitude 6.5)
    - JMAT, DMAT, fire teams, JSDF teams were dispatched
  - Apr 16 Mainshock (M7.3)
    - Fortunately, dispatched teams suffered no serious damage

- **JMAT**
  - Covered by an accident insurance with special disaster agreements
  - A dispatch will be canceled when local safety is not ensured
Collaboration with a wide range of stakeholders
Disaster Victims Health Support Liaison Council

After the 311 Disaster in 2011, the Disaster Victims Health Support Liaison Council was established to support the health of disaster victims.

**JMA’s Roles**
- Counterpart of the government
- Keystone in multidisciplinary collaboration

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<th>Chair &amp; Secretary General</th>
<th>Japan Medical Association (JMA)</th>
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<td>Japan Hospital Association</td>
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<td>All Japan Hospital Association</td>
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<th>Association of Japanese Medical Colleges</th>
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<td>Conference to Promote Team Medicine</td>
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<td>(consisting of 16 professional organizations)</td>
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<td>Japanese Paramedics Association</td>
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<td>Japan Association of Geriatric Health Services Facilities</td>
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Collaboration with a wide range of stakeholders

Transport of medical supplies to the disaster areas

Japan Self Defence Force (left), Dr. Maya Arii (middle), and US Military (right)
The powder explosion in Taiwan in June 2015 produced many patients with severe burns. The JMA received an urgent request for medical assistance and dispatched 6 specialists to Taiwan.

- Foreign assistance may be required in a catastrophic disaster.
- Having mutual assistance schemes between NMAs is important.
Demonstration Experiment Simulating a Major Nankai Trough Earthquake – Disaster prevention training –
JMA and Disaster Medicine Training

- March 2012 Seminar
  - Outline of JMAT
  - Humanitarian response and ethics
  - International standards for public health activities
  - Initial rapid assessment
  - Division of roles between DMAT and JMAT
  - Radiation emergency medicine
  - Post-mortem for a large-scale disaster or accident
  - Special disaster and the Civil Protection Law
  - Pandemic response
  - Discussion and conclusion

* In cooperation with HHI (Harvard Humanitarian Initiative)
JMA and Disaster Medicine Training

JMA Continuing Medical Education Program’s curriculum “Disaster Medicine”

[Goal]
A participant is expected to master the basic knowledge on disaster medicine so that he/she can perform adequate care in disaster medicine in case a physician’s place of residence is struck by a disaster or he/she is asked to serve as a member of a medical team to be dispatched.
2020 Tokyo Olympic & Paralympic Games and Disaster Medicine

- Symposium (May 2016)
  - Medical Director of the Chicago Marathon
  - Japanese experts in emergency medicine and disaster
  - Representatives from MHLW
* Members from JMA, the Japanese Government, municipal governments, JSDF, and the Olympic Organizing Committee attended

- Supervised the translation of the International Institute for Race Medicine (IIRM) Medical Care Manual
Nuclear Disaster Preparedness

- Provide disaster medicine training

- The Guidebook explains possible responses against nuclear disaster for physicians, including the timing to administer stable potassium iodide and where the necessary information to make such judgment can be obtained.
Disaster Preparedness, Community Medicine, and Global Health

Disaster Preparedness

Related to each other

Global Health

Community Medicine
SAVE THE DATE

2nd GLOBAL CONFERENCE ON ONE HEALTH
10th - 11th November 2016
Kitakyushu City, Fukuoka Prefecture, Japan

Moving forward from One Health Concept to One Health Approach
# 2nd WVA=WMA Global Conference on One Health

## PROGRAM

### Day 1, Nov. 10, 2016

**Opening Session**
- **Keynote Speech**

  Koichi Tanaka / Nobel Laureate in Chemistry in 2002  
  “Analytical Instruments to Strengthen Measures against Infectious Diseases”  
  Senior Fellow/General Manager, Koichi Tanaka Mass Spectrometry Research Laboratory, Shimadzu Corporation

- **ONE HEALTH CONCEPT**
- **ZOO NOTIC DISEASES**
- **ZOO NOTIC DISEASES (JICA)**

### Day 2, Nov. 11, 2016

- **ANTIMICROBIAL RESISTANCE (MHLW)**
- **Fukuoka Prefecture Session**  
  Mamoru Mohri / Astronaut, “Planet of life observed from space”

- **OTHER ASPECTS OF ONE HEALTH**
- **CONSIDERATION FOR THE FUTURE OF ONE HEALTH CONCEPT**
Thank you for your attention.