#### The 31st CMAAO General Assembly

Dheva Mantra Resort, Kanjanaburi, Thailand September 15, 2016

# Healthcare in Danger

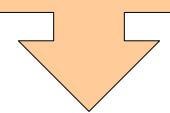
Mari Michinaga, M.D. Executive Board Member Japan Medical Association

#### "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**



- → 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

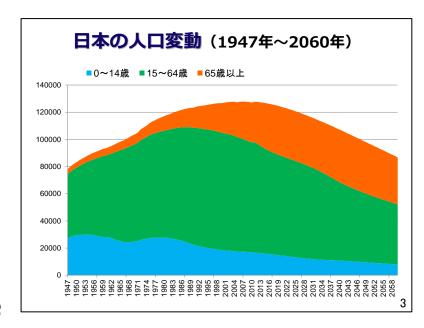
 There are many who require medical and long-term care due to population ageing

#### 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

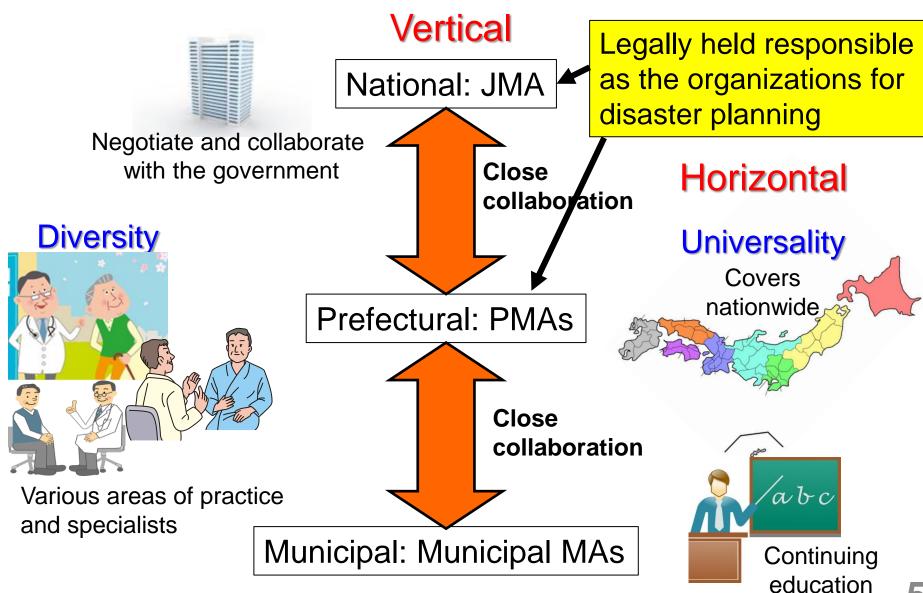
### Mid/long-term phase

- Health management and public health at shelters
- Continuation of medical care provided before a disaster

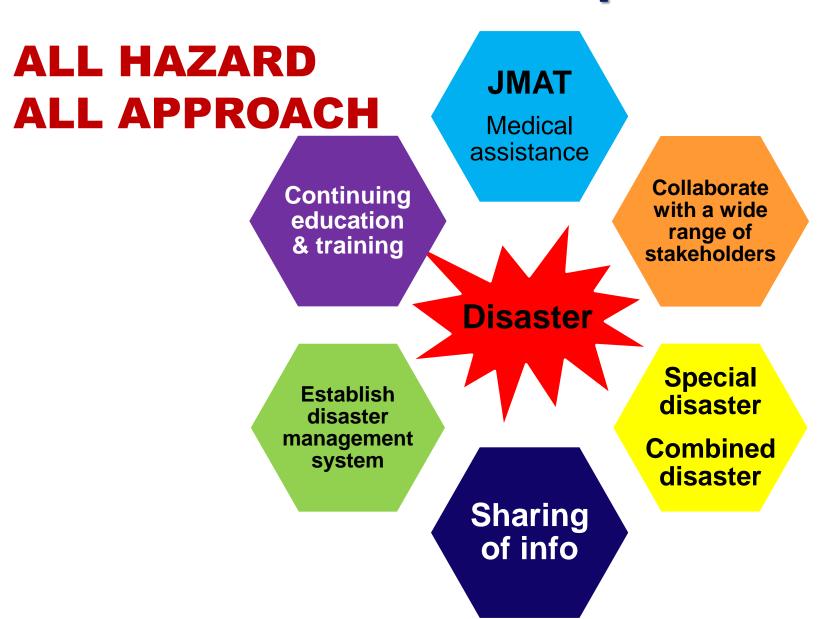




# Preparing for Disaster by Leveraging the JMA's Organizational Strengths



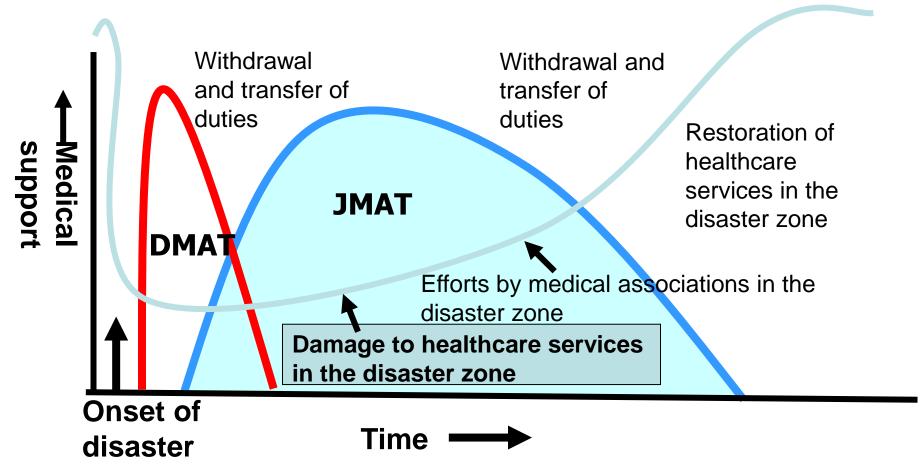
# JMA's Disaster Preparedness

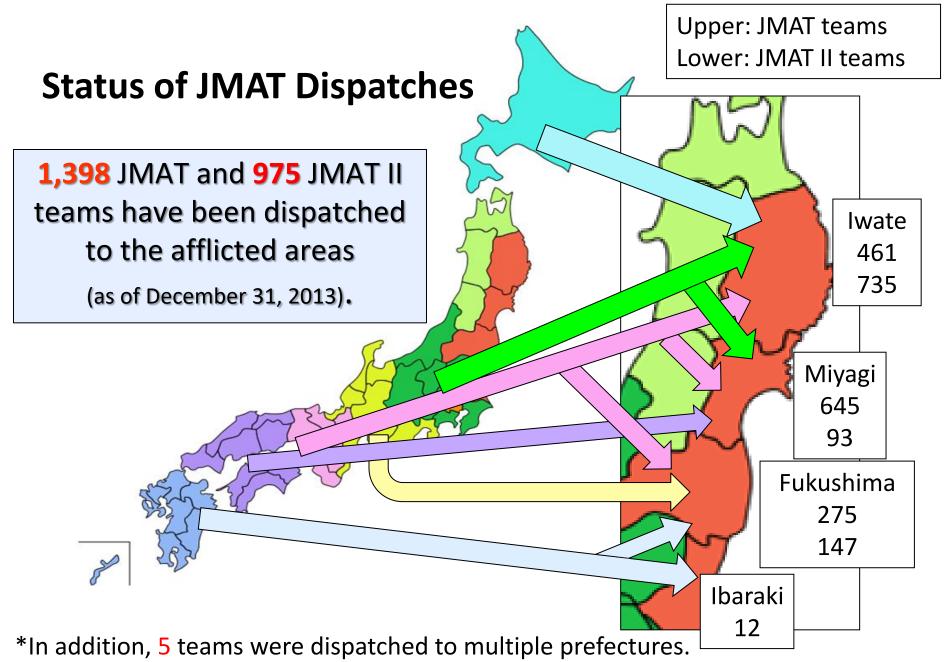


# JMAT's Roles

- Medical care at shelters and first-aid stations
- Medical support for the affected hospitals and clinics
- a. <u>Provide medical care in the affected areas and manage</u> <u>health of disaster victims and residents</u>
- b. <u>Public health measures at shelters</u>: 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 (<u>"areas with no medical support"</u>), 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)





# Risk of Secondary Disaster for Dispatched Teams

Strong afterquakes repeatedly occur in a largescale earthquake

2016 Kumamoto Earthquake

**Apr 14** Foreshock (Magnitude 6.5)

 $\downarrow$ 

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

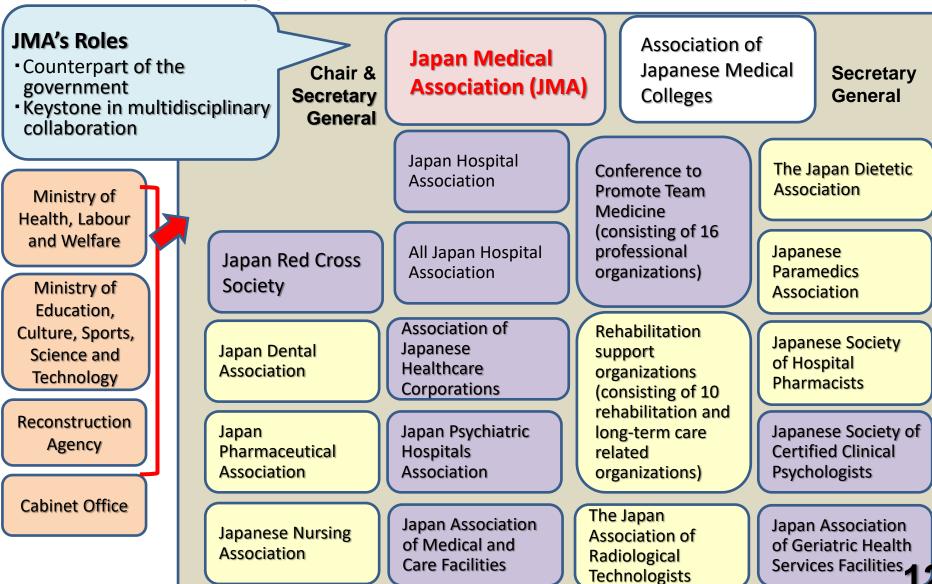
# Collaboration with a wide range of stakeholders



**Emergency Operations Center in Iwate Prefecture (Courtesy of Ministry Defense Joint Staff)** 

## **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.





# Collaboration with a wide range of stakeholders

# Transport of medical supplies to the disaster areas



Japan Self Difence Force (left), Dr. Maya Arii (middle), and US Military (right)

### **i JMAT**

#### International Medical Team in JMAT

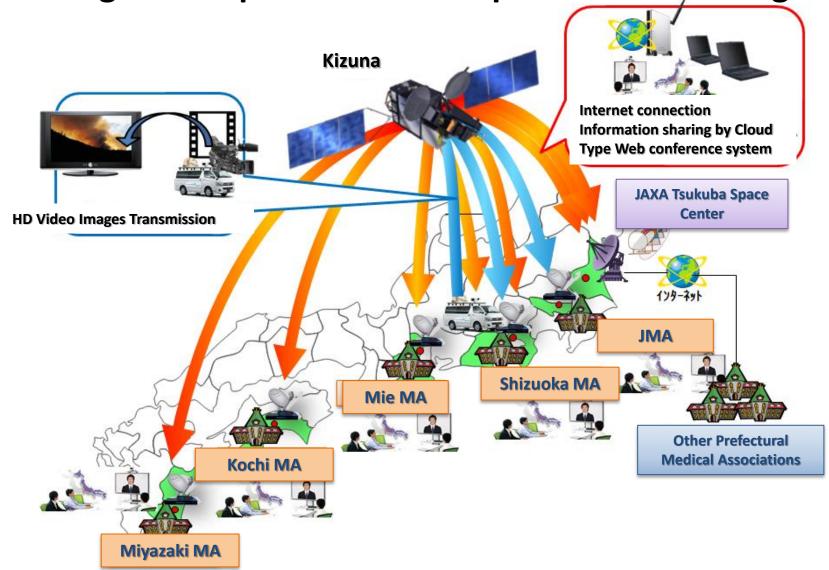
- Foreign assistance may be required In a catastrophic disaster
- Having mutual assistance schemes between NMAs is important

## **i JMAT**

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.

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

<sup>\*</sup> 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

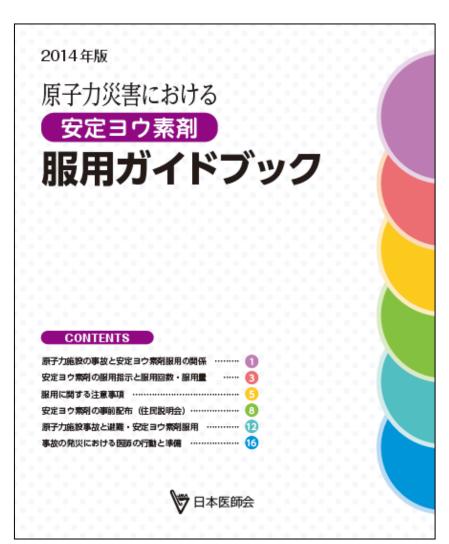
- Symposium (May 2016)
  - Medical Director of the Chicago Marathon
  - Japanese experts in emergency medicine and disaster
  - Representatives from MHLW
  - \* Members from JMA, the Japanese Government, municipal governments, JSDF, and the Olympic Organizing Committee attended



 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











#### SAVE THE DATE

#### 2<sup>nd</sup> GLOBAL CONFERENCE ON ONE HEALTH 10<sup>th</sup> - 11<sup>th</sup> November 2016

Kitakyushu City, Fukuoka Prefecture, Japan

Moving forward from One Health Concept to One Health Approach

#### 2<sup>nd</sup> 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

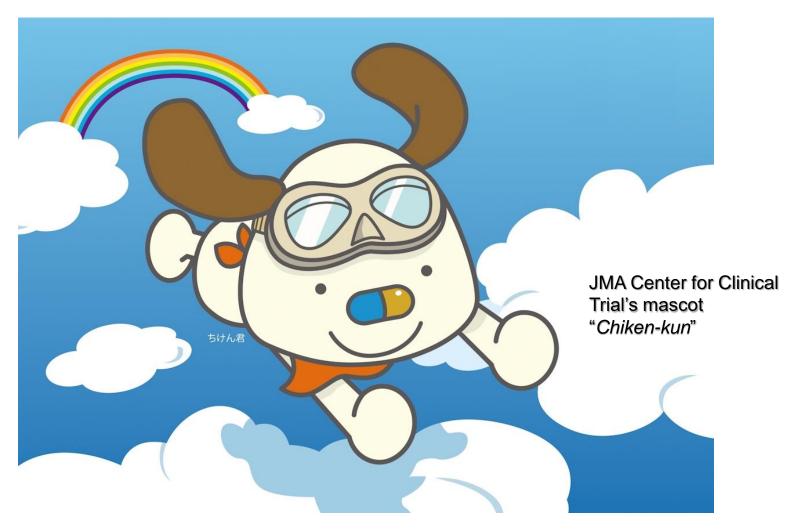
"Analytical Instruments to Strengthen Measures against Infectious Diseases" Senior Fellow/General Manager, Koichi Tanaka Mass Spectrometry Research Laboratory, Shimadzu Corporation

- ONE HEALTH CONCEPT
- ZOONOTIC DISEASES
- ZOONOTIC 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
- CONSIDERATIONA FOR THE FUTURE OF ONE HEALTH CONCEPT

# Thank you for your attention.



**Japan Medical Association**