Response to the Great East Japan Earthquake By the Ministry of Health, Labour and Welfare, the Government of Japan



23 October 2012 Ministry of Health, Labour, and Welfare (MHLW) Government of Japan

1. Damage caused by Great East Japan Earthquake

- Ministry of Health, Labour and Welfare
- On 14: 46 on March 11, 2011 (Fri.), a magnitude 9.0 earthquake occurred off Sanriku. Large scale damage occurred from subsequent earthquakes and tsunami instances centering on the Tohoku region.
- O This became the largest scale earthquake ever observed in the history of Japan and the 4th largest earthquake in the world from 1900 onward.



Human casualties	
Dead	15,870 people
Lost	2,814 people
Injured	6,114 people

Structural damage	
Completely demolished	129,426 buildings
Half demolished	265,240 buildings
Partially damaged	727,054 buildings

(Information from a National Police Agency survey as of September 19, 2012)

Damage situation No.1 (The status of damage at hospitals and clinics in the affected areas)

(1) The status of damage at hospitals and clinics in the affected areas

(Compiled by Health Policy Bureau, MHLW, as of 11 July)

		Number of	Damage by t Japan Ea		
		hospitals	Completely destroyed	Partially destroyed ※1	
	lwate Prefecture	94	3	59	l Pre
	Miyagi Prefecture	147	5	123	N Pre
	Fukushima Prefecture	139	2	108	Fuk Pre
1	Total	380	10	290	

	Number of clinics		Damage by the Great East Japan Earthquake				
	Medical	Dental	Comple destro		Partially destroyed ^{※1}		
			Medical	Dental	Medical	Dental	
lwate Prefecture	927	613	38	46	76	79	
Miyagi Prefecture	1,626	1,065	43	32	581	367	
Fukushima Prefecture	1,483	919	2	5	516	374	
Total 🤇	4,036	2,597	83	83	1,173	820	

1 The scope of complete or partial damage is decided by prefectures. The "partial damage" ranges from inaccessibility to parts of buildings to damage of facilities.

%2 Some hospitals and clinics are currently being checked.

(2) The sta	tus of dama	ge at social	welfare inst	itutions in th	e affected	areas	(Con	npiled by Social	Welfare and W	/ar Victims' Reli	ef Bureau, MHL 13 M
	Number of Sum	Number of	f Welfare facilities for children		Welfare facilities for the Elderly		Welfare facilities for the Disabled		Other welfare facilities		
	institutions ^{**}	facilities affected by disaster	Completely destroyed	Partially destroyed ^{**2}	Completely destroyed	Partiall [,] destroye	·	Completely destroyed	Partially destroyed	Completely destroyed	Partially destroyed
lwate Prefecture	2,142	208	12	29	9	92		9	56	0	1
Miyagi Prefecture	2,712	333	13	131	2	54		11	122	0	0
Fukushima Prefecture	2,352	334	2	92	1	168		0	70	0	1
Total 🔇	7,206	875	27	252	12	314		20	248	0	2

X1 As for the number of facilities, only the main facilities that suffered damage are counted based on various statistics for FY 2009.

*2 The scope of complete or partial damage is decided by prefectures. The "partial damage" ranges from inaccessibility to parts of buildings to damage of facilities.



4. The Ministry of Health, Labour and Welfare's Great East Japan Earthquake System (Reconstruction Period)



Welfare

Application of the Disaster Relief Act

O The state conducts necessary emergency relief activities and covers part of expenses.

(Up to 90% is subsidized by the government, depending on the financial capability of the affected local governments.)

O The Disaster Relief Act has been applied in Miyagi Prefecture, Iwate Prefecture, Fukushima Prefecture, and others. About 440 billion yen was earmarked in the first supplementary budget to cover the costs for disaster relief efforts, including the setting up of emergency provisional housings.





Ministry of Health, Labour and Welfare

(1) Dispatch of medical personnel to the disaster area

- Immediately after the disaster occurred, the <u>Disaster Medical Assistance Team</u> (<u>DMAT</u>) <u>began working onsite</u>. They engaged in rescue activities like hospital assistance and widespread medical transport. (Pulled out on 3/22)
 *DMAT is a trained medical team that can be mobile during the acute stage of the disaster (within 48 hours after outbreak)
- Based on the requests of the affected prefectures, the Ministry of Health, Labour and Welfare issued requests to related organizations like the Japan Medical Association, Japan Pharmaceutical Association, and hospital groups to help with the dispatch of doctors. <u>To date, approx. 31,000 medical personnel have been dispatched.</u>
- O The <u>dispatching of "emotional counselling teams"</u> made up of an average of 4 to 5 professionals including psychiatrists, nurses, and mental health welfare professionals was organized through the Ministry of Health, Labour and Welfare. Shelter rounds, etc, were conducted.
- The <u>dispatching of health nurses and registered dieticians</u> from nationwide prefecture and municipal governments was organized through the Ministry of Health, Labour and Welfare . <u>To date, an approx. total of 11,000 people have been dispatched to the 3</u> <u>affected prefectures.</u>

(2) Response by insurance system

- For the response immediately after the disaster outbreak, victims were allowed to receive medical consultations at medical institutions even without proof of insurance simply by stating their name and dates of birth.
- Affected individuals with every day living difficulties were exempt from insurance premiums and payments at medical institution counters. (The same applied to people who moved to a different city after the earthquake)

*From July 2011 onward, it is generally necessary to show proof of insurance and exemption certificates at the counter.

(Medical team heading to the disaster area)



(Medical team at the disaster area)



(1) Pharmacist activities

- Opened medicine counselling counters at aid centers and shelters. Provision to victims of medicine, medicine taking/administration guidance, and advice on using medicine record books.
- Sorting and management of medicine at medicine collection points and allocation to aid centers and shelters.

(2) Health consult visits by health nurses

- Assessment of people needing support like infants, the elderly, and the disabled, and, corresponding to individual needs, correspondence and organization linking healthcare at medical institutions and by visit, care and welfare services, and volunteers to support needed.
- Health and hygiene management at shelters (prevention of communicable diseases and food poisoning, blood pressure measurement, emotional counselling, etc.)
- To prevent secondary health problems in victims, continued health consult visits and health instruction to emergency temporary housing.

(3) Nutrition improvement measures by registered dieticians

- Under a linkage between prefecture government in affected areas and the Japan Dietetic Association, cooperation was obtained from local government registered dieticians outside the affected areas, who assisted with consultation visits, individual consultations, and securing of food at shelters with nutrient poor rations.
- Assessment of and required improvements in the state of food supply at shelters in Iwate Prefecture, Miyagi Prefecture, and Fukushima Prefecture were organized and implemented.

(Medicine counselling counter operated by pharmacists)



(Health consult visit by a health nurse)



(Nutrition counselling by a dietician)



6. Initial response of the Ministry of Health, Labour and Welfare's to the Great East Japan Earthquake (2) (care, welfare, daily living)

Ministry of Health, Labour and Welfare



(1) Care support to the disaster area

- Requested <u>dispatching of care staff</u> to disaster area care facilities and facilities for the disabled from nationwide prefecture and municipal governments. 2,573 individuals dispatched to date.
- Requested <u>acceptance into care facilities for people from the disaster area in need of aid</u> from nationwide prefecture and municipal governments.

Accepted: 1, 850 people. In addition, acceptance of approx. 1,500 evacuees from the accident at Tokyo Electric Power's Fukushima Dai-ichi Nuclear Power Station (residents of care facilities, etc.).

- Care service usage enabled without requiring proof of insurance as long as the user states information like name and date of birth.
- For affected individuals with every day living difficulties, exemption from insurance premiums, usage fees, and self payment of food and resident fees at care insurance facilities, etc. (The same applied to people who moved to a different city after the earthquake)
 - * From July 1, 2011 onward, it is generally necessary to show proof of insurance and exemption certificates. *Exemption from food fees and resident fees at care insurance facilities applied until February 29, 2012.

(2) Support for the disabled in the disaster area

- Organizations for the disabled established headquarters for disaster control in the disaster area and, in cooperation with local government in the area, <u>are promoting</u> <u>activities linking to the assessment of the conditions of disabled individuals</u> <u>who live in their own homes and the providing of necessary support.</u>
- Welfare service for the disabled as well as medical consultation and medicine pick up at medical institutions and pharmacies possible without being required to show a care recipient certificate as long as the user can state name and date of birth.
- \bigcirc Exemptions available for user charges.

(Home visit by a care worker)





- In addition to having child consultation center workers make visit rounds in shelters, performed assessments of the state of impact on children together with boards of education (Orphaned children(241 orphans) and Bereaved children(1,480 survivors)) (As of August 21, 2012).
- Conforming to the state of the assessed children, made arrangements to have children taken in by family members as much as possible. Applied a family foster care system in those efforts.
- O The "Central Child Support Center of the Great East Japan Earthquake" was established (by the Japan Child and Family Research Institute of the Imperial Gift Foundation Boshi-Aiku-Kai on request from the Ministry of Health, Labour and Welfare) and a council was organized by related organizations to respond to emotional problems of children. (October 27, 2011 onward)



- Special case measures implemented to pay unemployment allowances to workers who are not receiving salaries because their workplaces shut down due to damage from the earthquake, even if those workers are not technically unemployed.
- Government supplying of 2/3 of the leave of absence payment amount when business owners who are forced to reduce business activities due to economic reasons implement leave of absences in order to maintain the employment of their workers.
- As sources of government subsidies, prefecture and municipal governments implement projects to create employment opportunities for victims
 - Examples: Temporary child care and caring for the elderly at temporary housing, refuse clean up, etc.
 - Employment period: within 1 year
- Job generation plan for approx. 41, 000 people nationwide



	3rd day after	Current (September 6, 2012)					
	earthquake	Total	People in shelters	People in houses			
Number of evacuees	approx. 470,000 people	329,777 people	205 people	313,153 people			

[Temporary housing situation]

	Number of houses moved into	Notes
Public housing, etc.	19,597 houses	Nationwide total
Private sector housing	63,068 houses	Nationwide total
Temporary housing	48, 604 houses	Iwate Prefecture, Miyagi Prefecture, Fukushima Prefecture, Ibaraki Prefecture, Chiba Prefecture, Nagano Prefecture, Tochigi Prefecture Number of houses that construction has started for: 53,169 (of which 53,169 are completed)

(1) Assistance with the FY 2011 supplementary budget & FY 2012 budget

- Moving on to disaster area reconstruction, we will mainly support the following activities based on the government's basic policy (determined on July 29, 2011)
 - (1) <u>Support of efforts to reclaim daily living conditions</u> in the area, such as medical treatment and care. Support of area medical supply system reconstruction, support of regeneration of disaster area networks. Provision of a "Area Comprehensive Care" system that supplies health, medical treatment, care, welfare, and daily living services in an integrated way.

(2) Support geared towards the regeneration of employment

Job generation through restoration and reconstruction projects, job training in growing fields, etc.

(2) City Reconstruction Aid Team

- In order to <u>support reconstruction planning</u> for affected <u>cities</u>, we will establish "City Aid Teams for Reconstruction" (City Reconstruction Aid Teams) composed of team members with links to the region such as people from the disaster area. These teams will have compositions that possess lateral bureau mobility and will be able to focus the entire network force on issues. We will maintain a system that allows members of this ministry to directly provide support for the reconstruction of cities.
- Each team will be assigned to a specific city and operate from the point of view of that city instead of a sectioned off point of view limited to the needs of the bureau. They will wield a networked and comprehensive force through the usage of the full array of the policy tools of the Ministry of Health, Labour and Welfare.

(3) Special reconstruction district system

- In order to facilitate reconstruction in the area that is based on creative ingenuity, the Special Reconstruction District Act, which permits special case measures to regulations and systems and tax, fiscal, and financial support measures, was put into operation in December 2011.
- O The Ministry of Health, Labour and Welfare is establishing a special reconstruction zone for development, such as medical equipment developed in Tohoku, special cases for criteria for disaster area medical institutions and care facilities, and special cases for the alleviation of midway withdrawal requirements for defined contribution pension and for temporary pharmacy criteria in the disaster area.

Thank you for your attention