Disaster Medicine and Public Health Management

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Endowed research division (Tokio Marine)

Disaster information management and public collaboration

Hazard and risk evaluation

Human and social response

Regional and urban reconstruction

Disaster medical science

Disaster science

Division of International Cooperation for Disaster Medicine
Medical Management System

Ministry of Health, Labor and Welfare

DMAT HQ

Disaster Base Hospital

Disaster Base Hospital

DMAT

DMAT

DMAT

Emergency Medical Information System (EMIS)
Disaster Base Hospitals in East Japan

Epicenter
DMAT not only provide medical care, but also assists the local HQ and Staging Care Unit (SCU) in medical coordination.
Difference of medical needs

<table>
<thead>
<tr>
<th></th>
<th>Injured (a)</th>
<th>Dead or lost (b)</th>
<th>Peak evacuated population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanshin-Awaji Earthquake</td>
<td>43,800</td>
<td>6,433</td>
<td>307,200</td>
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<tr>
<td>Great East Japan Earthquake</td>
<td>5,942</td>
<td>19,582</td>
<td>488,000</td>
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Less injury, but many other health needs lasted long.

Health sector could not be functional without transportation and communication.

Radiation disaster compromised the situation

Huge impact on the mental health of affected people and responders.

Hospitals were severely damaged and needed support.

General education of disaster medicine was insufficient and could not receive support effectively.
Ogatsu Hospital
Three story was inundated.
40/40 Pts, 66/70 Medical Staff were killed

Ishinomaki Municipal Hospital
120 Pts, 250 Medical Staff were isolated

Futaba Hospital
Forced to evacuate
Misinformation created unattended patients
45/440 Pts died during Tx

Rikuzen Takada Hospital
Four story was inundated
12/51 Pts, 8/82 Medical Staff were killed
170 Isolated people

Shizugawa Hospital
67/109 Pts, 4 Medical Staff were killed
7/150 Isolated people died of hypothermia
Disaster related deaths

Ministry of Reconstruction, Mar. 31, 2014
Total 3,089

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