

Disaster Medicine and Public Health Management

Shinichi Egawa, M.D., Ph.D., F.A.C.S

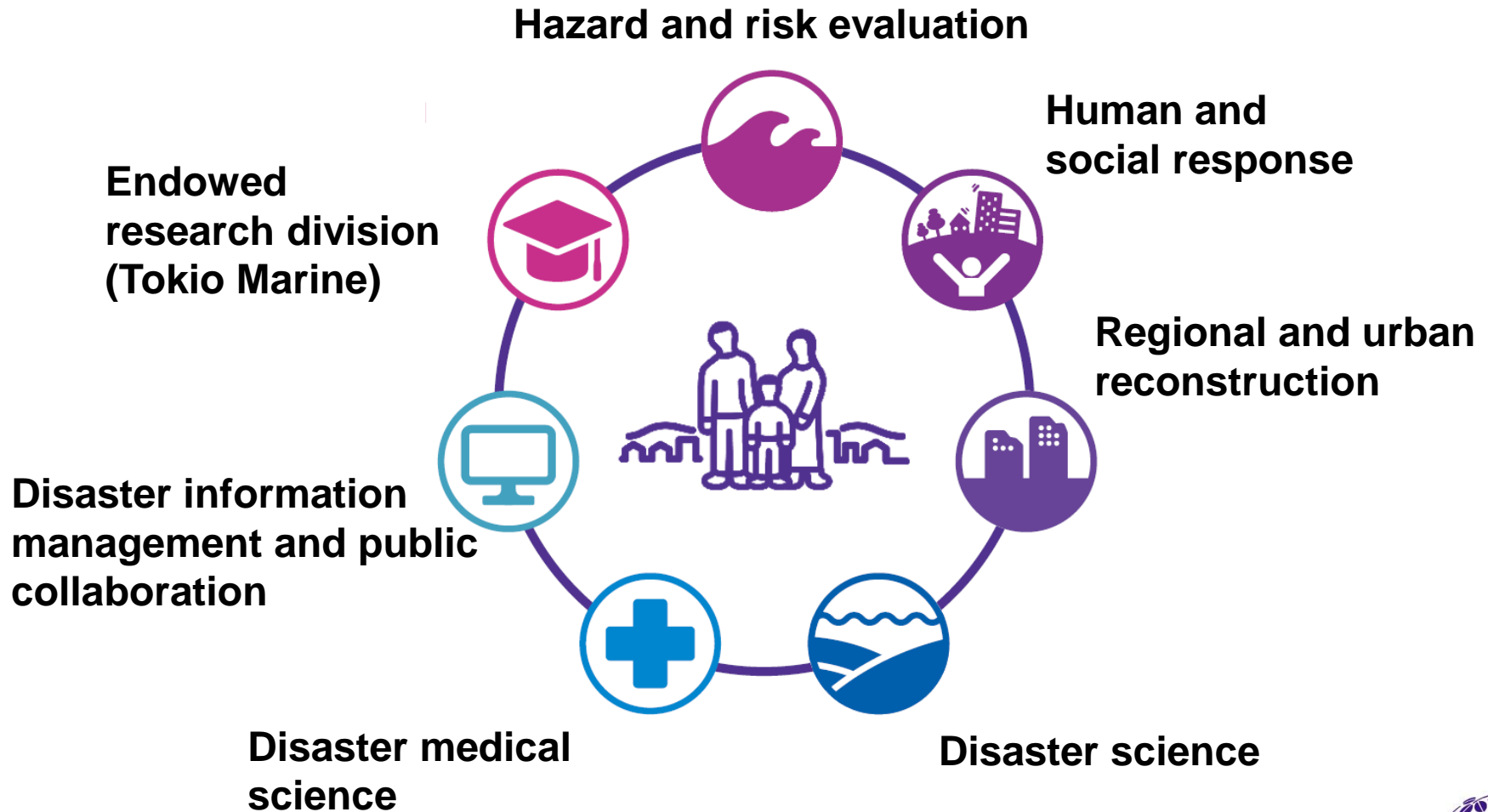
Professor

Division of International Cooperation for Disaster Medicine

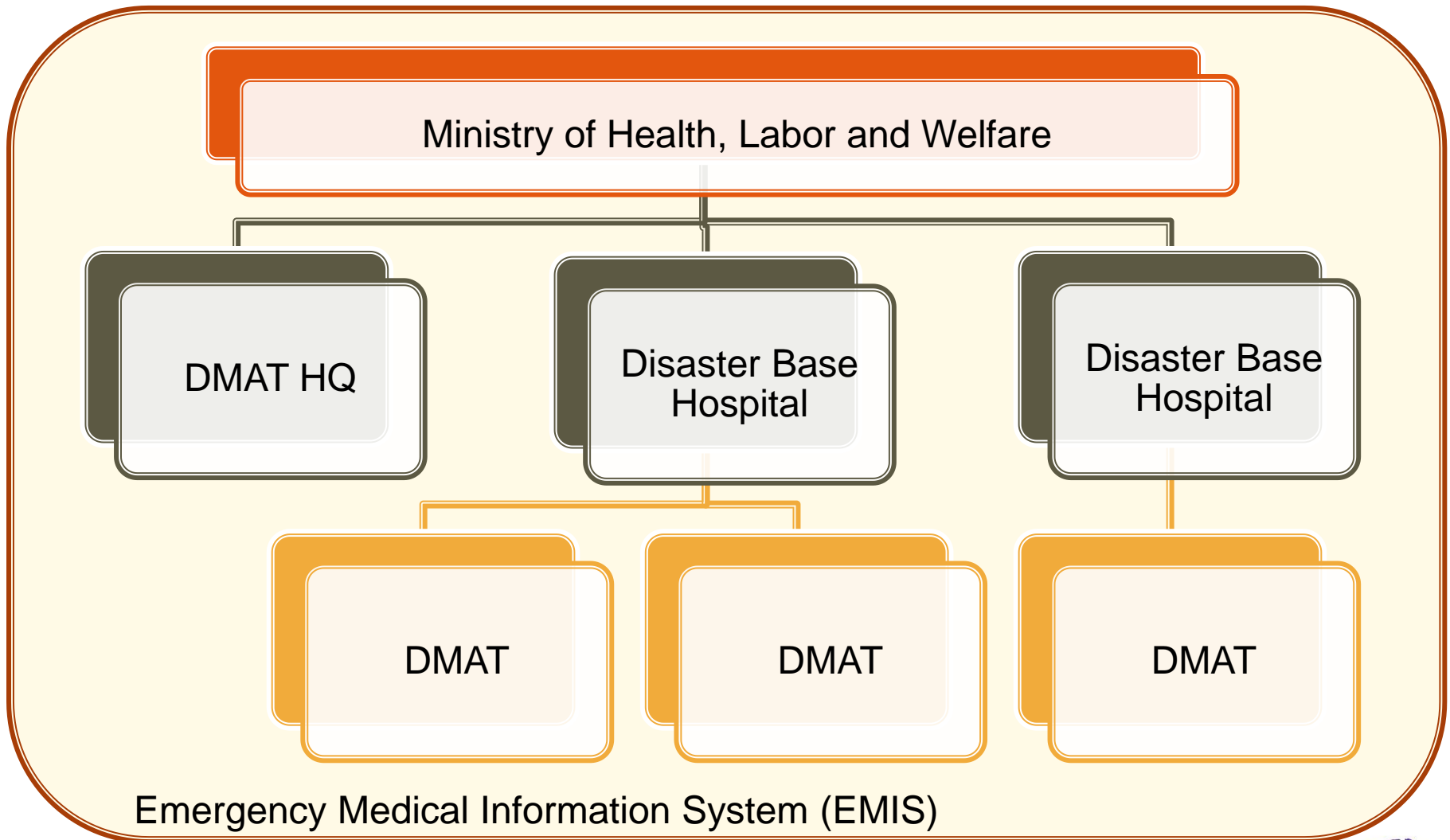
Human Security Course,

IRIDeS, Tohoku University

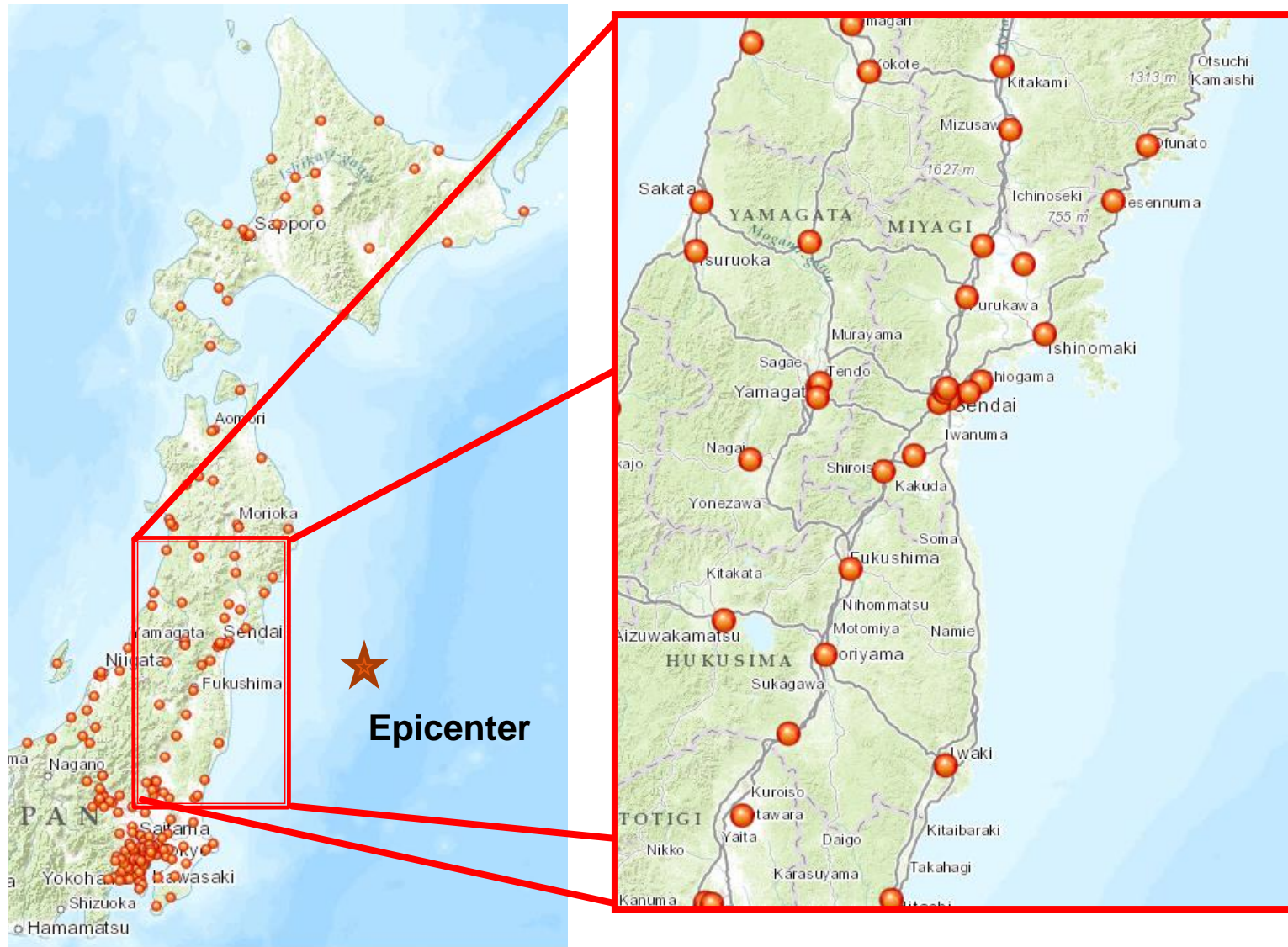
IRIDeS



Medical Management System



Disaster Base Hospitals in East Japan



J-DMAT: Japan Disaster Medical Assistance Team on Training



Staging Care Unit



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



Confined Space Medicine



Wide Area Transportation

Difference of medical needs

	Injured (a)	Dead or lost (b)	Peak evacuated population
Hanshin-Awaji Earthquake	43,800	6,433	307,200
Great East Japan Earthquake	5,942 ↓	19,582 ↑	488,000

Oct 24, 2011 Japan Gov.

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.

Hospital Evacuation

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



Nucl.
PP

Disaster related deaths

Ministry of Reconstruction, Mar. 31, 2014

Total 3, 089

