Japan Disaster Relief (JDR) Medical Teams
For the Tsunami Disaster in Asia

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Japan Disaster Relief (JDR) Medical Teams
For the Tsunami Disaster in Asia

2004 Sumatra Earthquake 010 min

Magnitude: 9.0
Date: Sunday, December 26, 2004
Time: 00:58:50 (UTC)
Location: 3.298° N, 95.779° E
Depth: 10 km set by location program
Primary care services of JDR Medical Team:
Sri Lanka Thailand, Indonesia and Maldives

Sri Lanka: Kalmunai
Dec 30-Jan 15

Thailand: Takuapa
Dec 31-Jan 10

Indonesia: Banda Ache
Jan 1-Jan 21

Maldives: Muli
Duration of the Activities of JDR medical teams

**Sri Lanka**

**Maldives**
- 1st team: 29 Dec. - 8 Jan.
- 2nd team: 29 Dec. - 8 Jan.

**Thailand**
- 1st team: 30 Dec. - 12 Jan.
- 2nd team: 30 Dec. - 12 Jan.

**Indonesia**

Tsunami Disaster

[Image: Tsunami Health Conference logo and World Health Organization logo]
Primary care services in four countries: Indonesia, Maldives, Sri Lanka, and Thailand

Total 95 health personnel dispatched

- 24 Doctors; 15 Emergency Physician, 2 General Physician, 4 Public Health
- 44 Nurses
- 6 Pharmacists
- 21 Medical assistants
- 6 Logisticians (communication and transportation)
JDR Medical Team in Sri Lanka

Colombo City

Sainthamaruthu

Amparai City
JDR Medical Team in Sri Lanka

1st Team: Dec 30-Jan 7
2nd Team: Jan 7-Jan 15

An American NGO (North West Medical Team International) and a Japanese NGO (HuMA)

Number of Patients

Total No. of patients: 2,251
JDR Medical Team in Thailand

Nam kem. Primary School
Khuk Khak Camp

Ban Muang Camp

Mobile Clinic

Team’s rest house 2

Team’s rest house 1

Total No. of Patients: 1,050 (Dec 31-Jan 9)
JDR Medical Team in Banda Ache, Indonesia

Jan 1-Jan 21
JDR Medical Team in Indonesia

1st Team: 1 Jan-10 Jan
2nd Team: 11 Jan-19 Jan
3rd Team: 20 Jan-22 Jan

Total No. of patients: 3,658
No. of surgical pts: 901
No. of other pts: 2,757 (internal, pediatric, others)

Handing over the clinic to “Japan Self Defense Force Medical Team”
JDR Medical Team in Maldives

- Jan 1: 5 Mulee Is
- Jan 2: Kolhfushi Is by ship
- Jan 3: Veyvah Is, Naalaafushi Is by ship
- Jan 4: Raiymandhoo Is by ship
- Jan 5: Dhiggaru Is, Maduvvari Is by ship

Total No. of patients: 229
Activity Reports of JDR Medical Team

Activity Report
Japan Disaster Relief Medical Team
For the Tsunami Disaster of Kingdom of Thailand

Makoto Hara
Leader
Japan Disaster Relief Medical Team
January 13, 2005
Naklua, Kingdom of Thailand

Activity Report
2nd Batch of Japan Disaster Relief Medical Teams
For the Earthquake and Tsunami disaster of the Republic of Indonesia

Masahiro SHIRAHAMA
Leader
Japan Disaster Relief Medical Team
January 16, 2005
Dauis, Port, The Republic of Indonesia

Activity Report
Japan Disaster Relief Medical Team
For the Tsunami Disaster of the Republic of Maldives

Mariko Nakada
Leader
Japan Disaster Relief Medical Team
January 18, 2005
Colombo, The Republic of Maldives

Activity Report
On The Japan Disaster Relief Medical Teams
For the Tsunami Disaster of Sri Lanka

Kazuo YAMADA
Leader
Japan Disaster Relief Medical Team
January 20, 2005
Colombo, Sri Lanka

Memorandum of Understanding on
Handing Over of Medical Equipments and Materials

The Government of Japan through the Japanese Government Agency JICA, the agency won the Japan Disaster Relief Medical Team to the Republic of Indonesia on Feb. 2, 2005. A team of experts from Indonesia were also dispatched to the Indonesian Government’s Ministry of Health in order to support the work of the JDR Medical Team. The list of the equipment and materials is attached.

January 24, 2005

K. Moniruddin

M. Moniruddin

World Health Organization

Tsunami Health Conference

Padang, 4-6 May 2005
Discussion
“Mass casualty management and hospital care”

Key reflections for this panel:
• What type of systems and how effective are they?
• How effectively can be the respective strengths of other medical donors capitalized?

1. Characteristics of JDR medical team
2. Needs assessment
3. Coordination
4. Gap filling in provision of available services
5. Capacity building
1. Characteristics of JDR medical team

Framework of the Japan International Disaster Relief Organization

Overseas Disaster Assistance Division in the Ministry of Foreign Affairs

JICA; Japan International Cooperation Agency

JDR; Japan Disaster Relief Team Office

JMTDR; Japan Medical Team for Disaster Relief
1. Characteristics of JDR medical team

(1) ‘The JDR Law’ regulate the Operation of JDR team.
(2) No Special Organization
(3) Quick Dispatch (Commercial Flights, Small Equipments)
(4) Based on Request From Affected Countries
(5) Independent Operation (Self Sufficient)
   Equipment, Tools & Materials for Operation
   Accommodation, Food, Water, etc.
(6) Activities are Conducted along the Strategy &
   Coordination of UNOCHA/OSOCC/LEMA
(7) Submission of a brief report about team’s activities to the
government and the district office
Standard Medical Team Structure

Team Leader

Sub-Leader (Medical Coordinator)
- Medical Doctor: 3
- Pharmacist: 1
- Chief Nurse: 1
- Nurses: 6

Medical Support Unit: 3
- Coordination with other team
- Reception of Patients
- Data Processing
- Equipment Management

Logistic Unit: 4
- Account
- Procurement
- Vehicle / Staff Management
- Public Re
- Security Management
- Coordination with other team

Logistic division

Medical division

21 Personnel
1. Characteristics of JDR medical team

- **Duration**
  2 weeks

- **Areas of Activities**
  Level of Medical Service=Outpatient Clinic (For acute period and chronic illness)
  Prevention of Epidemics
  Technical Advice

- **Others**
  200 patients / day x 10 days
  - Coded prescriptions and disposable materials
  - Drugs and material for 2000 patients
1. Characteristics of JDR medical team

Standard list of JDR medical team luggage

<table>
<thead>
<tr>
<th>Medical supplies (Medicine)</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Instruments</td>
<td>12</td>
</tr>
<tr>
<td>Medical Materials for Trauma Treatment</td>
<td>6</td>
</tr>
<tr>
<td>Emergency Response Kit</td>
<td>1</td>
</tr>
<tr>
<td>Medical Package for Out-Reach Activities</td>
<td>2</td>
</tr>
<tr>
<td>Tent for Clinic/Accommodation, food, Generator, etc</td>
<td>50〜60</td>
</tr>
<tr>
<td>Stationery, etc</td>
<td>4</td>
</tr>
</tbody>
</table>

About 90 cases : 2.5 t
2. Needs assessment of the place for the medical services

- In Sri Lanka, Courtesy call and visit to:
  Office of Accidental Service of National Hospital
  Ministry of Health
  Deputy Provincial Director of Health Service
- In Thailand, Meeting and visit,
  JICA Thailand office and Rescue team at Phuket
  Authorities in Takua pa District
- In Indonesia,
  Fact-findings of advanced group dispatched to
  Banda Aceh
- In Maldives, Courtesy call and visit to:
  Emergency task force
  National Disaster Manage Center
3. Coordination for connectedness

- In Sri Lanka:
  an American NGO (North West Medical Teams International)
  an Japanese NGO (Humanitarian Medical Assistance, HuMA)

- In Indonesia:
  Japan Self Defense Force Medical Team

- In Maldives:
  Manuel Carballo of International Center for Immigration and Health
4. Gap fillings in provision of available services

• Attending to Donor’s Meeting
• Survey of Medical Needs
• Tentative Assessment of Infectious diseases Outbreak
• Survey of Water and Sanitation
• Education of Public Hygiene to Affected people
5. Capacity building for future disasters

1. Preparedness by training in triage and first aid

2. Establishment of the systems of the transportation or evacuation from affected area.
5. Capacity building

3. Quick response from international assist

No inter-governmental network and coordination of primary care services in Asia

International Search and Rescue Advisory Group (INSARAG):
• Provision of platform for information exchange
• Definition of standards for international urban search assistance
• Development of methodology for international cooperation and coordination in earthquake response.
Seminar on Emergency Medical Care in Sudden Impact Disaster

Joint Meeting: Japan and Indonesian Medical Teams and JICA in cooperation with WHO

On 12 October, 2004, Hotel Sari Pan Pacific, Jakarta, Indonesia
TV conference among experts of mass casualty in four Asian countries (Indonesia, Philippine, Malaysia, Japan)

On 17th Oct, 2004
Conclusions & Proposals

• We provided primary care services in Sri Lanka, Thailand, Indonesia, Maldives simultaneously within the first month after the Tsunami Disaster in Asia

• Needs assessments, Coordination and Gap fillings in our operations were relatively acceptable.

• Capacity building are still to be established.

• It is necessary to make inter-governmental network and coordination of primary care services in Asia headed by WHO, like INSARAG in urban search and rescue activities.