

IARMM newsletter 20 March 2013

(Meeting summary)

A memorial symposium "Infrastructure of health care against mega disaster"

International Association of Risk Management in Medicine (IARMM)

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Our medical society (IARMM) organized a memorial symposium on 10th March 2013 at The University of Tokyo, Japan. The purpose is to clarify of better infrastructure for healthcare against a large scaled disaster based the recent lessons from The Great East Japan Disaster that happened in 11th March 2011. The damage occurred over very huge areas (about 1/3 part of Japan) across several prefectures with over 25000 victims due to the earthquake and the giant tsunami, and with over 300000 displaced people due to atomic power plant explosion, there.

The major conclusions are as follow.

- 1) New healthcare network should be generated in the local governmental area where the mega disaster attaches. The zone unit is state, province or prefecture. The core hospital of this local network should be university hospital which has high disaster resistance. The satellite units are the local government with local associations of medical doctor, pharmacist and nurse.
- 2) Also, we should generate a supporting healthcare network among the local governmental areas which are not damaged with the disaster. The supposing network should be collaborated with the above network in the damaged area.
- 3) Each healthcare unit (hospital and clinic) has to collect disaster information by itself such as Geiger counter, because a huge cutoff of information network system between the central government and the local damaged area may happen in the disaster area.

Against mega risk, the best crisis management system is network, but not a single unit. Power of local network is helpful.