

Lessons Learnt from Japanese Red Cross Response to 3.11

Naoki Shiratsuchi
Japanese Red Cross



日本赤十字社
Japanese Red Cross Society

The International Red Cross and Red Crescent Movement



188 National Red Cross and Red Crescent Societies worldwide



International Federation
of Red Cross and Red Crescent Societies
International Federation of Red Cross and Red Crescent Societies
(IFRC), founded in 1919

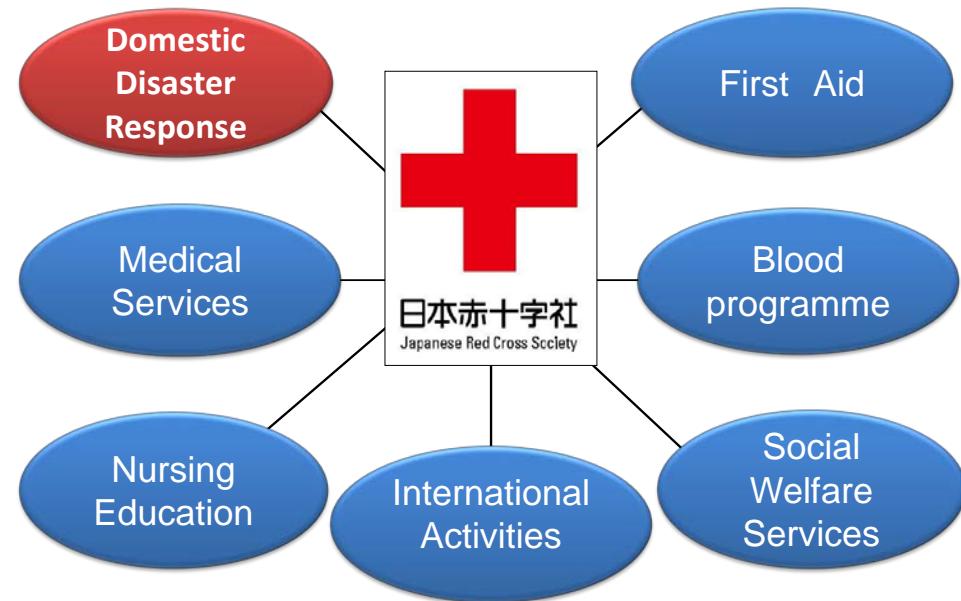


ICRC

International Committee of the Red Cross
(ICRC), founded in 1863

Japanese Red Cross Society

- Established as “Philanthropy Society” in 1877
- The Japanese Red Cross recognized by law



Role and responsibility of JRCS in disaster response

- National Disaster Countermeasure Basic Act defines the role of JRCS in the following area;
 - Medical Relief
 - Storage and Distribution of Relief Goods
 - Supply of Blood Products
 - Fundraising in Japan and Distribution (GIENKIN)
 - Responding to various needs

JRCS Relief Activities to 3.11

- 896 medical teams mobilized
- Emergency relief materials and equipment distributed
 - 1) 132,510 blankets
 - 2) 30,972 emergency relief kits
 - 3) 13,500 sleeping kits
 - 4) 183,500 pieces of clothing
- 6 trucks(10t) and 1 trailer worth of commodities including brooms, shovels, dustpans, scrub brush, buckets, towels brushes and bin liner
- 9 bladder tanks
- Psycho-social programme (PSP); 718 staff members deployed
- JRCS volunteers, worth of over 70,000 man-days of work



Lessons Learnt from 3.11



Lessons Learnt from 3.11

- Unexpected situation – Local governments lost their capacity to respond to the situation
- Emergency medical relief
- Response to Nuclear Accident
- Assistance from the overseas
- Cash Grant Programme

Unexpected situation – Local governments lost their capacity to respond to the situation

- Did not Work
 - Most of the worst affected municipalities lost their capacity to respond to the disaster situation, such as needs assessment and provision of relief services to the affected population in the initial emergency phase
 - JRCS was slow in extending an initial intervention, due to the failure of the system that JRCS responds to requests coming from the affected municipalities.
 - Need for back-up system by prefecture and central government for providing surge capacity in case of affected municipalities lose their response capacity
 - JRCS should develop its own needs assessment capacity

Unexpected situation – Local governments lost their capacity to respond to the situation

- Worked :
 - Ishinomaki Red Cross Hospital - only one hospital survived - played an important role in the Ishinomaki region, Miyagi Prefecture
 - It provided not only emergency medical services but also, on behalf of the municipality, accommodated evacuees in initial days, conducted needs assessment in the region and supported to improve an environmental condition of evacuation centers, such as provision of water supply facilities
 - It was enabled by the strong leadership of a doctor, supported by many medical and administrative personnel dispatched from all over Japan

Emergency Medical Relief

- Worked
 - Medical teams dispatched faster and more
 - Trainings and preparedness enabled initial deployment faster, based on the lessons learnt from Kobe earthquake in 1995
 - Rules and procedures have been changed so that medical teams can be dispatched without requests from the affected authorities

Emergency Medical Relief

- Did not work
 - Treated a less number of patients as well as less severely wounded people in the initial phase (characteristic of tsunami disaster)
 - Trainings focused on response to the earthquake situation based on the experience of Kobe earthquake, i.e. crush syndrome. Not prepared to deal with survivors with chronic diseases from tsunami disaster
 - Emergency medical relief has limitation in saving lives of victims in the situation of tsunami in particular. Population has to be well prepared to evacuate onto safe places
 - JRCS will further more engage in risk reduction programme at school and community level

Response to nuclear accident

- Did not work
 - Activities of JRCS medical teams who were deployed to Fukushima prefecture was temporarily suspended due to the evolving effects of nuclear accident. This was criticized by the population of Fukushima. There was no preparedness against nuclear accident, including SoP and protective equipment (there was a myth of nuclear safety)

Response to nuclear accident

- Worked
 - Operational guidelines were established without delay based on the knowledge of JRCS Atomic Bomb Hospital on radiation
 - Radiation counters (Geiger counters) were provided with the help of International Red Cross
 - Relief activities resumed in Fukushima

Assistance from overseas

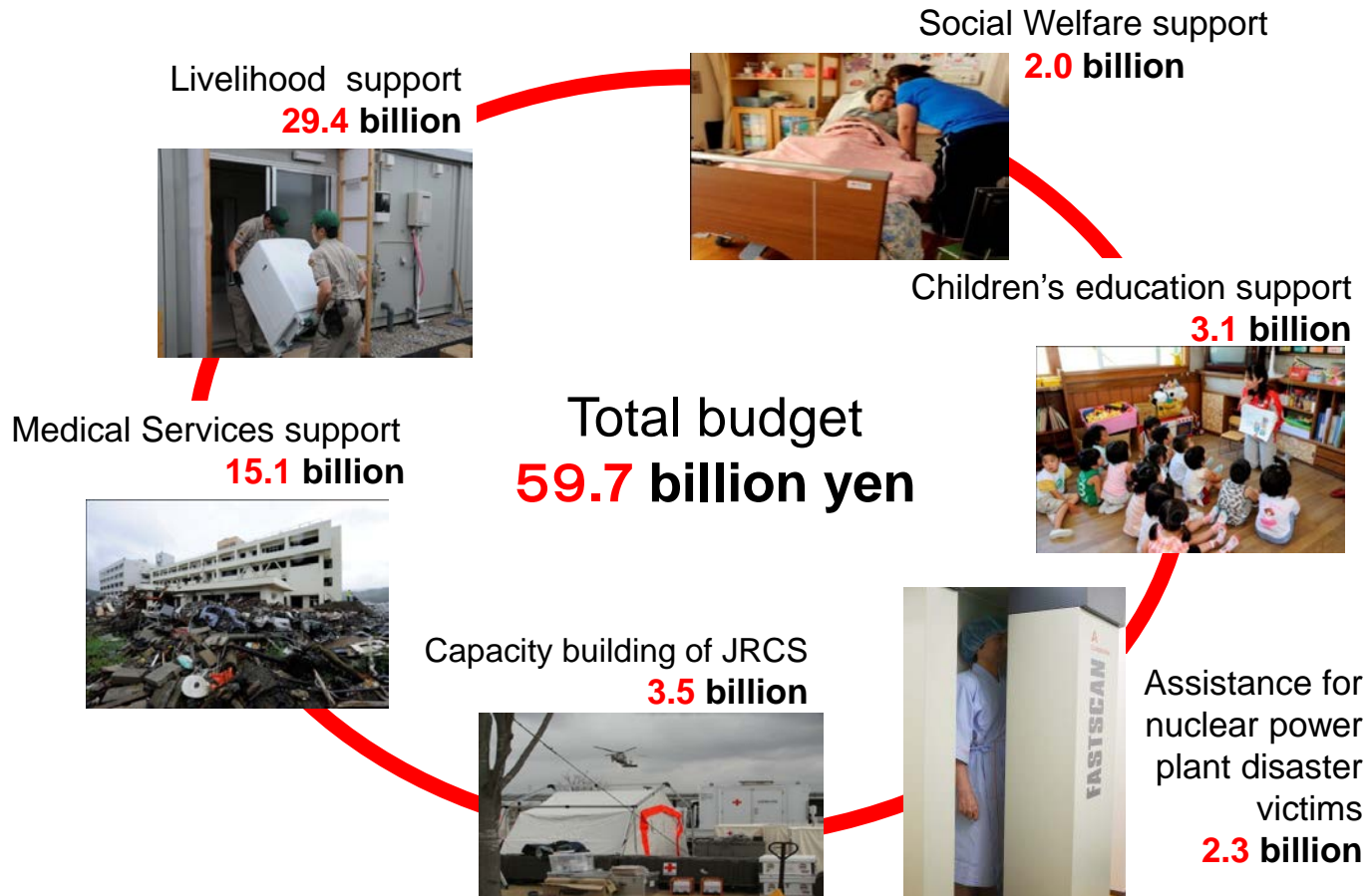
- Did not work
 - Unsolicited relief goods (or donor oriented)
 - Non standardized goods
 - Relief personnel without prior arrangements

Assistance from overseas

- Worked
 - Joint assessment with a team composed of experienced personnel from the International Red Cross and their advice on formulating relief plan
 - Communications delegate from the International Federation supported JRCS in dealing with foreign medias.
 - Cash donations from sister RCRC Societies were useful for supporting afflicted population in their recovery process

Assistance from overseas

More than 100 Red Cross Red Crescent Societies, countries and regions donated
59.7 billion JPY (USD 601 million)



Cash Grant (Gienkin)

- Japanese unique cash grant system – all cash donations collected by designated institutions will be distributed to afflicted population. It has a characteristic as “get well gift”.
- JRCS raised the biggest amount of funds among those institutions designated to receive cash donations (Gienkin)
- All the funds received by designated institutions will be channeled through “Cash Disbursement Committee” who decides criteria for the distribution. Actual cash disbursement will be carried out by afflicted municipalities to each beneficiary.

Cash grant (Gienkin)

- Worked
 - A substantial amount of cash grant is being utilized by beneficiaries to meet their immediate needs as well as long term recovery needs.
 - Administrative costs in receiving and managing huge amount of donations (some USD 10 million) were fully covered by JRCS own fund – no a single dollar was taken from the donations.

Cash grant (Gienkin)

- Did not work:
 - Delay in identification of beneficiaries and disbursement due to over-burden on municipality workload ⇒ limitation of solely relying on local governments
 - Lack of communications and misunderstanding by the media/public about administrative costs

Conclusion

- The following “Myths” have been removed by the 3.11 and an environment is being developed for nation wide discussion for future disasters
 - Myth 1: Preparedness should be based on the disaster scenario made by the central and local governments
 - Myth 2: Disaster preparedness measures in the developed countries like Japan should have been well developed, so that no assistance overseas would be required.
 - Myth 3: Nuclear power plants are absolutely safe
 - Myth 4: Experience and minimum standards developed through responses to mega disasters in the developing countries would not apply to high income countries
- “Over the estimation” would no more be used as excuse

