Conclusions and recommendations

Although earthquakes and other disasters are part of life and therefore are to be expected, proper planning of preventive measures ahead of time can reduce deaths and damage significantly. These measures should be agreed upon, broadly publicized, and carried out by all sectors involved. National, international and nongovernmental organizations, if included from the initial planning stages, can make meaningful and timely contributions. Public health must also play an important role.

Well-coordinated planning and decision-making from beginning to end needs to be decentralized through appropriate delegation to the local level in order to help earthquake victims quickly and effectively. Local officials must be given sufficient resources beforehand and be empowered to make decisions without further consultation, both during planning and after the disaster strikes.

The great majority of earthquake victims are saved by other family members or neighbours. The local community/district/neighbourhood must, therefore, be fully engaged in preparations to reduce vulnerability in case of disaster and be involved in the preparedness planning. Local volunteers should be organized and integrated into emergency teams, periodic drills conducted, and adequate search-and-rescue and first-aid training given. Ordinary citizens can play a meaningful role by securing household appliances and furniture, storing sufficient supplies of water and joining in rescue drills.

Hospital preparedness should be improved by adopting and observing appropriate design codes, by upgrading the safety of essential rooms and equipment, by stocking adequate supplies of relevant medication and by creating safe and/or redundant lifelines for water, electricity, gas, communication, sanitation and fire protection. Alternative means of transporting victims and routes of access to hospitals must be planned.

Psychological stress will affect not only victims but also health care providers (such as doctors and nurses) and volunteers. In order to combat this, it is therefore necessary to prepare these providers to deal with disasters through education during their studies, postgraduate courses and counselling sessions. These courses should be included in preparedness planning. When dealing with the general population, special attention should be given to particularly vulnerable groups such as children, the elderly, the socially isolated and the mentally and physically handicapped.

The establishment of comprehensive and affordable insurance against the consequences of disaster should be encouraged through the solidarity of adequately large groups at risk, government-sponsored re-insurance, discounts for the application of adequate design codes, etc. Where necessary, such insurance programmes could be supplemented by effective financial support, such as "seed money" for accountable private and business recovery plans.

(厚生省；災害医療体制のあり方に関する委員会委員 立道清氏提供)