

Support by the health care providers in the reconstruction phase of disaster

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In the reconstruction phase, health care providers should pay particular attention to vulnerable groups which include the poor, women, children, elderly, handicapped and people with preexisting mental disorders.

Japanese people have experienced two severe natural disasters for the last two decades. The Hanshin-Awaji Earthquake occurred in the early morning of the January 17, 1995. Approximately 6,433 people perished and more than 43,792 people were injured. Homes of more than 300,000 people were totally or partially destroyed. Citizens not directly affected by the earthquake had to endure extreme disruption and confusion in their daily lives due to the long time disruption of daily activities resulting from the severely damaged infrastructure.

The Great East Japan Earthquake measuring a magnitude of 9.0 created a devastating tsunami that resulted in the destruction of a nuclear power station with the release of radioactive materials into the environment. The disaster occurred on March 11, 2011, and created one of the most severe humanitarian disasters in modern day Japan. According to the most recent estimates, 15,870 people perished during the disaster, with an additional 2,814 missing, and more than 329,777 being internally displaced. Some statistical models estimated that 727 of those who perished were children.

Three aspects were focused in this paper. The first is the data of psychological reactions in the small children and their mothers following the Hanshin-Awaji Disaster, and the second is the data obtained of children with intellectual or physical disabilities. Thirdly, I would like to introduce our activities in Indonesia and Tohoku based on our experiences gained after the Hanshin-Awaji Earthquake.

Keywords: reconstruction phase, support, PTSD, disability, family