



Looking Back on the Health Interview Survey for People Evacuated from Namie Town to Iwaki City

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Given the magnitude of the catastrophe caused by the Great East Japan Earthquake and its geographical extent affecting, in particular, the entire Fukushima Prefecture, the support activities we undertook in the project were confined to a minuscule domain, i.e., the Namie evacuees living in Iwaki City. Nonetheless, because of the effort having been a mid/long-term care support spearheaded by nursing professionals, and of the fact that the activities were continued for as long as four and a half years after the commencement in October 2012, the endeavor may be marked out as quite a distinctive project among the support activities carried out by the Red Cross. In these contexts, the support project has been reviewed here according to the following areas:

1. A structural profile to meet the project objectives, and formation of networks
2. Health assistance activities undertaken by the JRCS Public Health Room for Namie: Significance of the house call activities to lend an ear to the Namie evacuees
3. Challenges in the management of the Public Health Room
4. Mid/long-term care support and deployment of the JRCS nursing personnel
5. Management of the *Salon* and its significance
6. The Health Survey: A 4.5-year Follow-up
7. Challenges for the future: Legacy to pass down

1. A structural profile to meet the project objectives, and formation of networks

When implementing the project, we spent a few years forging alliances and a collaborative working system with related groups. The organizations included in the network were the Japanese Red Cross Society (JRCS) Headquarters, Japanese Red Cross College of Nursing, and the JRCS Fukushima Chapter, on the part of the Red Cross. Included also in the alliance were the Health Insurance Section and the General & Administrative Section of the Namie municipal government. On the part of the Fukushima Prefectural Government, we also had the Soso Public Health and Welfare Office, its Iwaki branch, and the Fukushima Center for Disaster Mental Health involved in the network. The JRCS had attempted no project like this, so that we started from tasks such as formulating a manual. To provide support that meets well the need of Namie citizens, it was imperative that all stakeholders carried out the activities in concert in a collaborative manner, occasionally assembling together at one place. This could not be achieved in a short time period, requiring us to build that up through inconspicuous and dedicated information sharing and discussions repeated over and over. The network functioned effectively, thereby leading to the smooth development of the support programs.

2. Health assistance activities undertaken by the JRCS Public Health Room for Namie: Significance of the house call activities to lend an ear to the Namie evacuees

The principle of the activities of the Namie Public Health Room was “care by lending an ear”. To lend an ear is not exclusively to have grasp of the client’s health problem. We presumed that, for the Namie evacuees needing to rebuild their life in an unpredictable and unfamiliar environment, to give accounts of own disaster experience and the life thereafter, *per se*, would work as care. The disaster victims struck by the nuclear accident are as if they were thrown into chaos; therefore, we thought that releasing their experience to others would be meaningful as a journey to find their own story that starts with mayhem and ends with recovery.

The time spent for the house call was as short as approximately one hour per visit paid once a



year. However, over the four-and-a-half-year period as we repeated the house call, the evacuees gave accounts of their experience during the years and told they would await the next visit. The changes brought about little by little in their stories were well documented in the house call record. We believe that such response shown by the Namie evacuees made the nurses perceive tangibly the meaning and effect of the care by the lending-an-ear approach.

3. Challenges in the management of the Public Health Room

In the wake of the disaster, when any medical institutions in Fukushima Prefecture having difficulty procuring healthcare staff, we struggled for local staffing for the Public Health Room. The strain for retaining nursing personnel who were available to work at the facility hovered throughout the project period, except that the part-time staff deployed from Tokyo, took charge of its management when the facility was just opened. It is desirable that, if possible, nursing staff who can continue to preside over the activities are hired locally. This will be the most critical challenge in the disaster support in the future.

4. Mid/long-term care support and deployment of the JRCS nursing personnel

The purpose of the support undertaken this time was to ensure that the care reaches the Namie evacuees. Accordingly, nurses were deployed from the Red Cross hospitals throughout the country over a period of four and a half years. The Nursing Department of the JRCS established a deployment system for requesting nurse deployment, deciding on nurses to deploy, and providing a pre-deployment orientation course and a post-deployment debriefing. Seventy-nine nurses sent by 50 hospitals cooperated in the project in 5 years.

The project allowed the JRCS to institute a long-term nurse deployment system also for domestic disaster. Additionally, we recognized the vital importance of practicing nursing care with a focus on “care by lending an ear” in mid- to long-term disaster support.

5. Management of the *Salon* and its significance

Results of the health interview survey revealed that the Namie citizens wanted to speak with the other former Namie residents and that they wished to have a place for Namie people to get together. Consequently, a *Salon* was organized as a forum for the Namie evacuees to assemble for socialization. While the initiative was launched aiming to provide them with a time for fun—fun of everyone coming together, of doing something or chatting together—it basically intended to be reminiscent of the lost community of Namie, if only to a small extent. The contents of the program that were planned and implemented included *Moms’ Salon* among others, calligraphy class, gymnastics, knitting class, etc. The *Moms’ Salon*, specifically, was a forum for parenting mothers to go out with their children to participate in and worked effectively as a venue where they could learn child rearing and make friends. The program suggested that the support for mothers/children will be a crucial part of the mid/long-term care in the future.

6. The Health Survey: A 4.5-year Follow-up

In cooperation with the deployed nursing personnel, the health survey by personal visit continued for five years. During the time period, the results of the survey were reported each year, indicating gradual changes in the health status and the support needs of the Namie evacuees. Various implications were obtained from the changes in the health status over five years post-disaster, such as a great portion of individuals with mental instability or psychological worries. We are going to publish the results of the health survey in presentations at academic conferences or monographs so that they will be utilized as expertise in disaster nursing.



7. Challenges for the future: Legacy to pass down

Unparalleled both domestically and internationally, the Fukushima Daiichi Nuclear Accident has entailed incalculable damage. What has become evident through our support activities was the immensity of the invisible harm, not to mention the visible destruction. How the accident has changed people's lives, what mental and physical effect it has exerted—what influence it has given specifically to people's mind and their relationship with others around them, to numerous aspects in people's daily living and lives, to human's being, psyche, livelihood, family, work, relation, and to the worthwhileness to live life. Nonetheless, how much longer these consequences will linger is mostly unpredictable up to this point in time.

It is likely that, by force of circumstances, the victims of the nuclear accident must go on with its persistent effect for many more years to come, in which sense, we believe there is a crucial need for continuous support by any viable ways. We, who were involved in the support project, feel committed to continuing to follow up the process by all means.

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