

## **Update on the Disaster Relief Effort from Nihon-Iroren (Japan Federation of Medical Workers' Unions)**

Dear Brothers and Sisters,

On behalf of Japanese medical workers, we extend to you our sincerest gratitude for your condolences for those whose lives have been lost to the last month's massive disaster, donations for the survivors and warm messages of solidarity to Nihon-Iroren and its members.

It has been almost one month since the unprecedented scale of earthquake and tsunami that hit northeastern Japan on Friday, 11<sup>th</sup> March 2011 and the accident of the nuclear power station that ensued.

The earthquake and nuclear accident have been devastating. The affected people have still been in dire situations. According to the Japanese and local governments and media, as of the 6<sup>th</sup> April,

12,431 persons have been confirmed dead, 17,777 are listed missing, and 163,008 stay in temporary shelters in 15 prefectures that have been affected.

55,000 houses have been destroyed either totally or partially, and a countless number of houses have been washed away. 23,000 hectares of farmland has been inundated by the tsunami. 263 fishing ports have been nearly totally destroyed and 18,800 fishing boats have been lost or wrecked. Roads have been cut off at 2,126 locations. 56 bridges have been ruined. 26 railroads have been torn down. The supply of electricity, gas and water has not been restored for 170,000, 230,000, and 260,000 houses respectively. Telecommunications are still out of service and gasoline and kerosene are in severe shortages in many areas.

The 20 kilometer radius from the troubled Fukushima Daiichi Nuclear Power Plant has been designated as an evacuation zone, and the people living in the 20-30 kilometer zone have been advised to stay indoors. The shipment of the agricultural produce and sea food harvested near the plant has been suspended on the grounds of contamination with radioactive substances.

And the estimated loss in the physical infrastructure, houses and private businesses in the disaster-stricken areas is around 16 to 25 trillion yen or 198 to 309 billion US dollars, according to the 23<sup>rd</sup> March press release by the Cabinet Office of Japan.

Over the last month, the central and local governments of Japan and private institutions have continued rescue operations and patient transfers, delivered emergency supplies and sent doctors, nurses and public health nurses to the affected areas. In addition, 24 countries, regions and international organizations have contributed rescue specialists and relief supplies.

The focus is now shifting from rescue to recovery, helping survivors regain houses and means of making their living and reconstructing their local communities.

Nihon-Iroren formed the Disaster Response Committee immediately after the earthquake on the 11<sup>th</sup> March and made an appeal to all its members. Daily Updates on the Disaster have been issued since then. We collected information of whereabouts of

our members and affected people. We also surveyed the need of affected areas, launched a fundraising campaign to support people and hospitals in the disaster areas, made payments from the Nihon-Iroren mutual aid insurance programme and sent in doctors, nurses and other health care personnel in cooperation with medical institutions. As president, I visited the disaster areas to communicate our messages of support and encouragement to the victims and our union members.

Nihon-Iroren represents 165,000 workers in 1,100 medical institutions. About 150 of them are in the disaster areas and 50 have been particularly hit hard, still in a tremendous difficulty in providing medical and long-term care services.

We, Nihon-Iroren and its members are doing our utmost for the relief and medical and nursing care services. Our negotiations with the Japanese government is scheduled for the 14<sup>th</sup> April for the following priority issues:

1. The government should extend the scope of the Disaster Relief Act to cover all areas where a large number of lives have been in jeopardy and many have been injured. The Act should also be applied to areas where many have been unable to go back home and stranded in shelters because of the disruption of transportation. These areas need continued support. The operation of the act should be flexible, taking into account of the severity of the impact of the disaster.
2. The government should thoroughly inform the public and all relevant organizations that those who have lost their health insurance certificate are eligible for the insurance coverage, and that people in the affected areas are exempt from the payment of the health and long-term care insurance contributions and eligible for non-payment or a reduced payment of medical bills. Medical institutions should receive ongoing priority for the delivery of gasoline and medical, hygiene and food supplies. Alternative care facilities should be arranged for inpatients without delay on a wide geographical basis.
3. Medical institutions in disaster areas should be excluded from the scheduled rolling power blackouts which are now implemented as a result of the electricity supply shortage since several power stations have been damaged by the earthquake. Medical devices such as dialyzers and respirators should be given priority in power and water supply.
4. Medical institutions in disaster areas should be supported by more doctors and nurses from other areas.
5. Medical institutions should be given public funds for restoration. Emergency loan programmes should be established for long-term, interest-free funding.
6. Planned closures and curtailment of hospitals funded by the central and local governments and social insurance programmes should be withdrawn. These public hospitals should play a leading role in enhancing community healthcare services.
7. Information on the nuclear power accident should be fully disclosed. The public should be informed of the radioactive contamination and its effect on human health, as well as any action that must be made. The accident should be brought under control as soon as possible with support of the IAEA and other experts. The nuclear

energy has not established its safety technology. The national energy policy, which relies on the nuclear energy as it stands now, should be changed.

Nihon-Iroren will continue its all-out effort for the disaster victims. These people, after they barely survived, are still under harsh conditions and in danger of losing their lives and health. We will work so that the affected regions can be reconstructed as early as possible and people can live in their communities safely and securely.

We are very grateful for your continued attention and support to our effort.

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Nihon-Iroren's bank account for donations for assisting disaster victims:

Bank name: MIZUHO BANK, LTD

Branch name: INARICHO BRANCH

Branch address: 5-1-5 HIGASHI-UENO, TAITO-KU, TOKYO, JAPAN

SWIFT code: MHBKJPJT

Account name: Japan Federation of Medical Workers' Unions, General Secretary, Aizawa Yukitoshi

Bank account number: 090-1385403

Payee address: 1-9-5 Iriya, Taito-ku, Tokyo, 110-0013 Japan

Payee telephone: +81-3-3875-5871

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In solidarity,

Chieko Tanaka

President

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