With relief efforts in Japan slowly coming to an end, news concerning the natural disaster has become scarce. However, Dental Tribune Asia Pacific found that a large number of relief organisations are still operating in the affected areas to help restore much-needed infrastructure such as dental clinics. Dental Tribune Group Editor Daniel Zimmermann had the opportunity to speak with Ella Gudwin, Vice-President of Emergency Response at AmeriCares, Stamford, USA, about the dental needs of the population in the aftermath of the disaster and why organisations like hers are necessary for a successful reconstruction process.

Ms Gudwin, you are coordinating the relief efforts of your organisation in the aftermath of the earthquake/tsunami disaster in Japan. What is the current situation there?

Ella Gudwin: The last time I went to the Miyagi Prefecture was in June and at the time there were mixed feelings about the progress. Now, with the country entering the reconstruction phase, new issues are arising as decisions are made about where the communities will be built and how they will be set up.

While it is good news that people in the affected areas are finally being moved from the shelters to temporary housing facilities, the process has been difficult for some survivors, especially many elderly people who are not very fond of the idea of being separated from their old communities.

How was the health infrastructure affected by the disaster in the area you are working in?

Secondary and primary care services have definitely been affected most. To give you a number, none of the six dental clinics that existed in Minami Sanriku (a coastal town in the Miyagi Prefecture) actually survived the disaster. Currently, there are only two temporary dental facilities to serve a population of approximately 10,000 people.

What dental care-related projects are you currently running in Minami Sanriku?

In regards to dental care specifically, we are building two dental clinics in Minami Sanriku. It is the first infrastructure reconstruction project we have taken on during this transitional phase. This is a three-way partnership in which we are providing US$200,000 for each structure and clinic interior ($400,000 for both facilities combined), and money from the Japanese government is being used to provide the majority of the equipment and supplies. We selected the site for the clinic after consulting with the Minami Sanriku City Council, which is in charge of the long-term reconstruction planning. The Miyagi Dental Association is working with local dentists to staff and operate the new facilities.

In terms of scale, we are running a smaller operation than many other organisations in the region but we are very targeted and help to get money down to the ground early. We do not know of any other organisation focusing on oral health services at the moment, so we are filling a unique gap there.

How important are oral health issues amongst the affected population?

Oral health often tends to be sidelined as a minor concern. Secondary and primary care services have definitely been affected most. To give you a number, none of the six dental clinics care for people still living in temporary housing facilities. In regards to dental care specifically, we are building two dental clinics in Minami Sanriku. It is the first infrastructure reconstruction project we have taken on during this transitional phase. This is a three-way partnership in which we are providing US$200,000 for each structure and clinic interior ($400,000 for both facilities combined), and money from the Japanese government is being used to provide the majority of the equipment and supplies. We selected the site for the clinic after consulting with the Minami Sanriku City Council, which is in charge of the long-term reconstruction planning. The Miyagi Dental Association is working with local dentists to staff and operate the new facilities.

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How important are oral health issues amongst the affected population?

In the case of natural disasters, oral health often tends to be sidelined as a minor concern.
but over the time, there is usually a slow but significant deterioration of oral health. If you take the demographics of the population in the area we are serving into consideration, which consists of many elderly people with dentures, it has indeed become very important. In addition, there was a lack of running water for almost six months, which had a visible impact on dental hygiene as a whole because people stopped performing daily procedures like toothbrushing.

How has coordination with the local authorities been?
Unfortunately, Japan did not adopt the cluster system established by the United Nations after the devastating tsunami in 2004, which was intended to bring together relief organisations all active in the same sector, such as health or food distribution. Though the country has a very good mechanism at the macro-level, coordination at the micro-level, e.g. in towns and villages, was rather ad hoc and not as well orchestrated as it could have been. The further we go now into the reconstruction phase, the more resource gaps are beginning to emerge.

In contrast with other organisations, which have tended to send money through intermediaries, we have decided to set up our operational office in Sendai, where we are close to the communities we are serving, and be part of the daily dialogue about what is happening and where the resource gaps really are.

The issue of radiation was highly debated over the course of the disaster owing to inconsistent information provided by authorities. How does it affect your work?
Fortunately, our staff in Japan is working outside the no-go zone. Our colleagues there however carry radiation dosimeters and iodide tablets as an emergency precaution. There are also weekly sample checks on water and food, like milk, beef and vegetables conducted by local authorities.

How long do you expect your help to be required?
The clinics are expected to be operational for at least two years — possibly as long as ten years. As soon as they open, we expect an upswing of visits because the Japanese people place a high value on health care and are accustomed to seeing a doctor more than ten times a year. Each clinic will have the capacity to treat a maximum of 20 patients per day, although, realistically, we expect them to take care of approximately ten patients per day, depending on the staff available on site.

Our hope is that this project will help not only to ensure that survivors maintain good oral health, but also to keep them inside the community rather than relocating elsewhere, including the remaining dentists. Thank you very much for this interview.

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