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Supporting the restoration of Japan’s health services

DTP’s Daniel Zimmerman interviews Ella Gudwin, Vice-President of AmeriCares

With relief efforts in Japan slowly coming to an end, news concerning the disaster has become scarce. However, Dental Tribune Asia Pacific found that a large number of relief organisations are still operating in the area to help restore much-needed infrastructure such as dental clinics. DT 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 in the affected areas?

Gudwin: The last time I went to the Miyagi Prefecture was in June and what we encountered there was mixed feelings by the people towards the government and its relief efforts in general. The overall mood was temporarily heightened by the celebration of Obon, a Buddhist festival to celebrate the parting of the deceased, but with the country now entering the reconstruction phase, some of the frustration and feeling of discontent is beginning to show.

The good news is that people in the affected areas are finally being moved from shelters to temporary housing facilities, a process that could trigger new problems because people, especially the elderly, are not very fond of the idea of being separated from their former communities.

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

Gudwin: Secondary and primary care services have definitely been affected most. I cannot tell you the exact number but what we found is that none of the six dental clinics that existed in Minami Sanriku (a coastal town in the Miyagi Prefecture) actually survived the disaster, which, of course, is a relatively small number compared with the 500 nursing homes that were also demolished by the tsunami in the same area. Currently, there are only two temporary dental facilities to serve a population of approximately 15,000 people.

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

Gudwin: Basically, we are financially supporting the restoration of health services such as mobile and home-based medical care for people who moved into temporary housing facilities. The dental clinic we are funding in Minami Sanriku is actually the first physical project we have taken on during this transitional phase.

This is a three-way partnership in which we are providing US$200,000 for the structure and clinic interior, such as dental chairs, and money from the Japanese government is being used to provide the majority of the equipment and supplies. We also selected the site for the clinic after having consulted with the Minami Sanriku City Council, which is in charge of the long-term reconstruction planning.

In terms of scale, we are running a smaller operation than most 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

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October 10-17, 2011

Gudwin: 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 such as toothbrushing.

How has coordination with the local authorities been?

Gudwin: 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 macro-level, coordination at 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?

Gudwin: Fortunately, our staff in Minami Sanriku 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, such as milk, beef and vegetables.

How long do you expect your help to be required?

Gudwin: The clinic is intended to be operational for between two and five years. As soon as it is opened, we expect an upswing of visits probably helped by the fact that Japanese people have a culture of health-seeking behaviour and are accustomed to seeing a doctor more than ten times a year. The clinic is sufficiently prepared to treat a maximum of 20 patients per day, although, realistically, we expect them to take care of approximately 10 patients, depending on the staff available onsite.

Our hopes are that this project will help not only to ensure that people maintain good oral health, but also to keep them inside the community rather than them going elsewhere, including the remaining dentists.