



HOPEHGPI

Disaster Recovery

Japan 2011 Higashi Nihon

Daishinsai (東日本大震災)



- Introduction
- HOPE History
- Disaster Experience
- Observations

HGPI Breakfast Meeting

20 May 2011

Tokyo, Japan



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USS Consolation 1945-1975

- 1st Mission –US POWs Wakayama, Honshu
- Station Hospital Okinawa



SS HOPE 1960-1975

- Mar 60 leased to People to People Health Foundation – Project HOPE
- Mar 60-Sep 74 operated under charter as civilian hospital ship SS HOPE
- 1975 scrapped

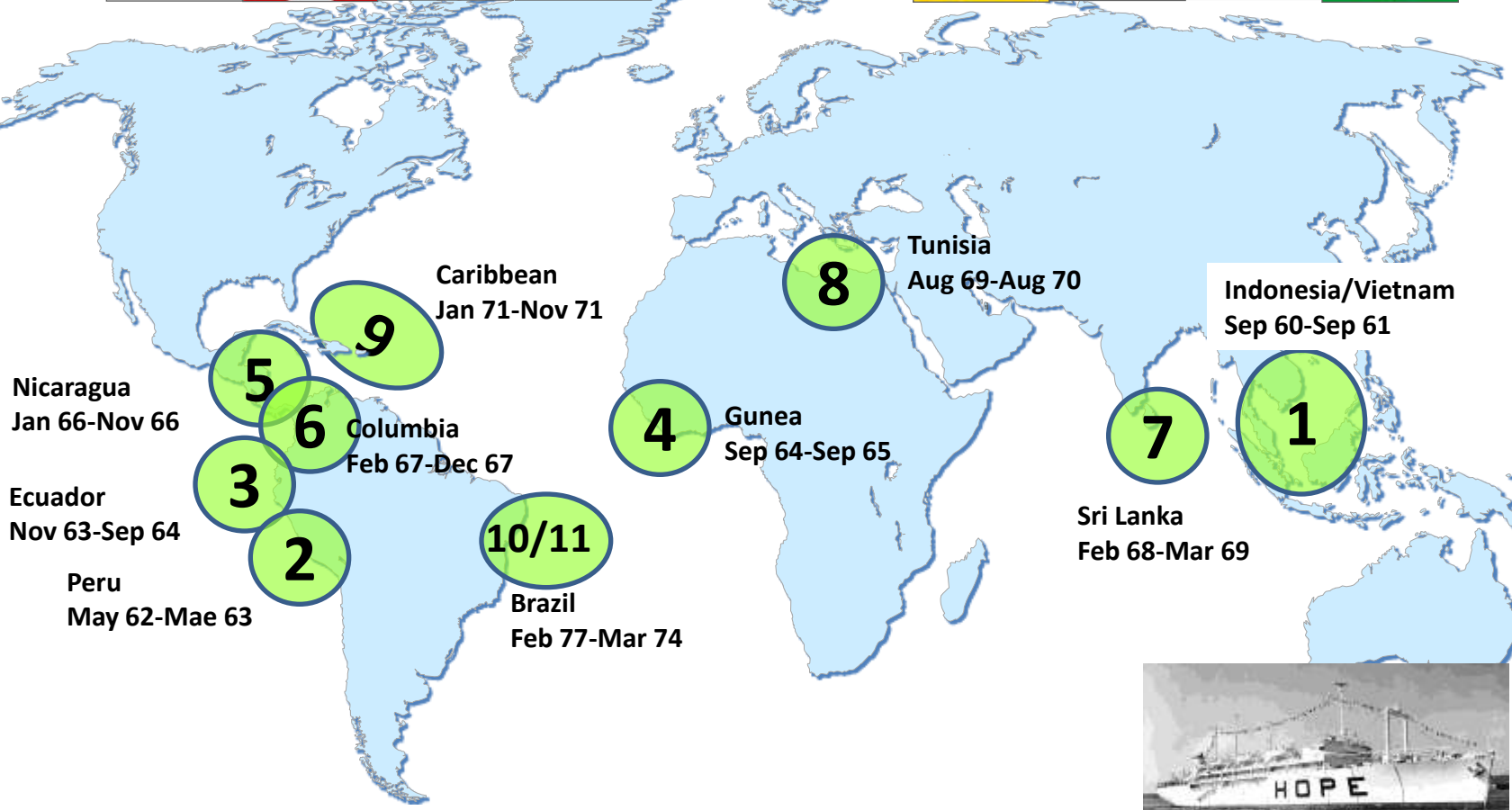




SS HOPE Sails 1960 – 1974

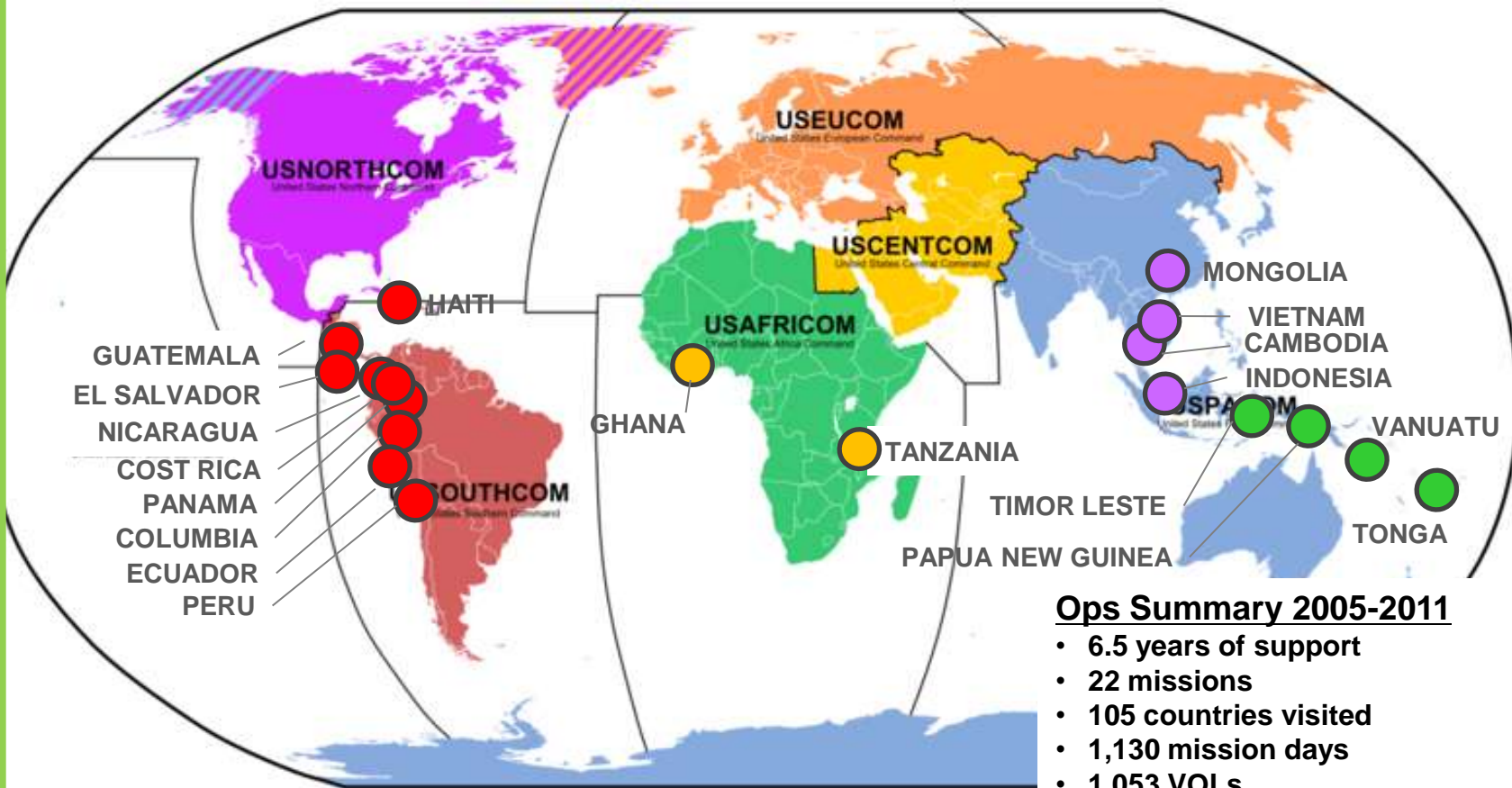


Operation RISING SUN





Annual Scheduled Humanitarian Operations HA CY 2011



- CONTINUING PROMISE
11 Apr – 31 Aug 11
- PACIFIC PARTNERSHIP
21 Mar – 4 Aug 11
- AFRICA PARTNERSHIP STATION
Feb-Apr 11
- PACANGEL
Jun-Aug 11

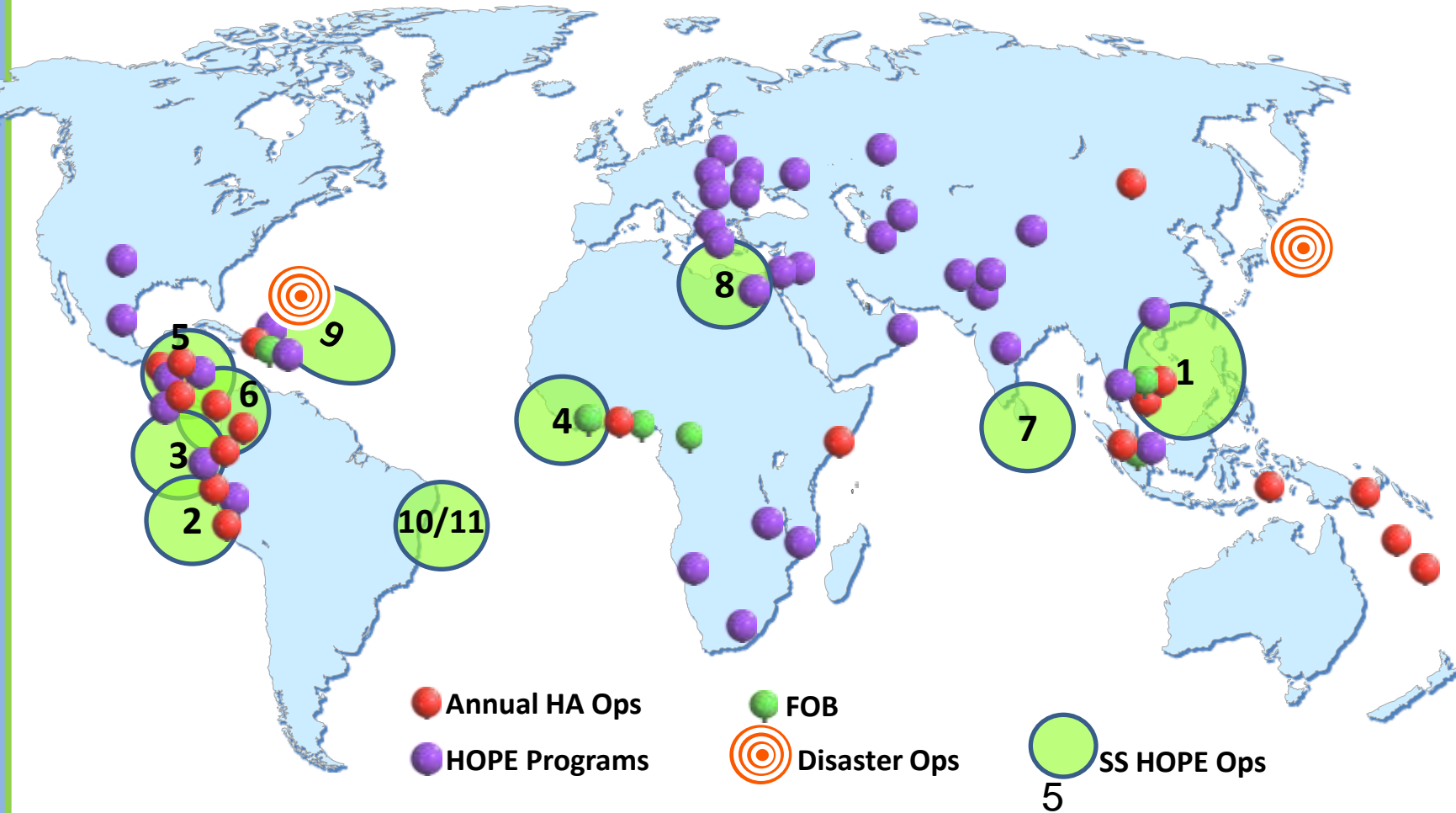
Ops Summary 2005-2011

- 6.5 years of support
- 22 missions
- 105 countries visited
- 1,130 mission days
- 1,053 VOLs
- 560,000 patients seen
- 1.6M patient services
- 9,000 surgeries
- 190,000 ed encounters



Global Engagement Operations Summary CY 2011

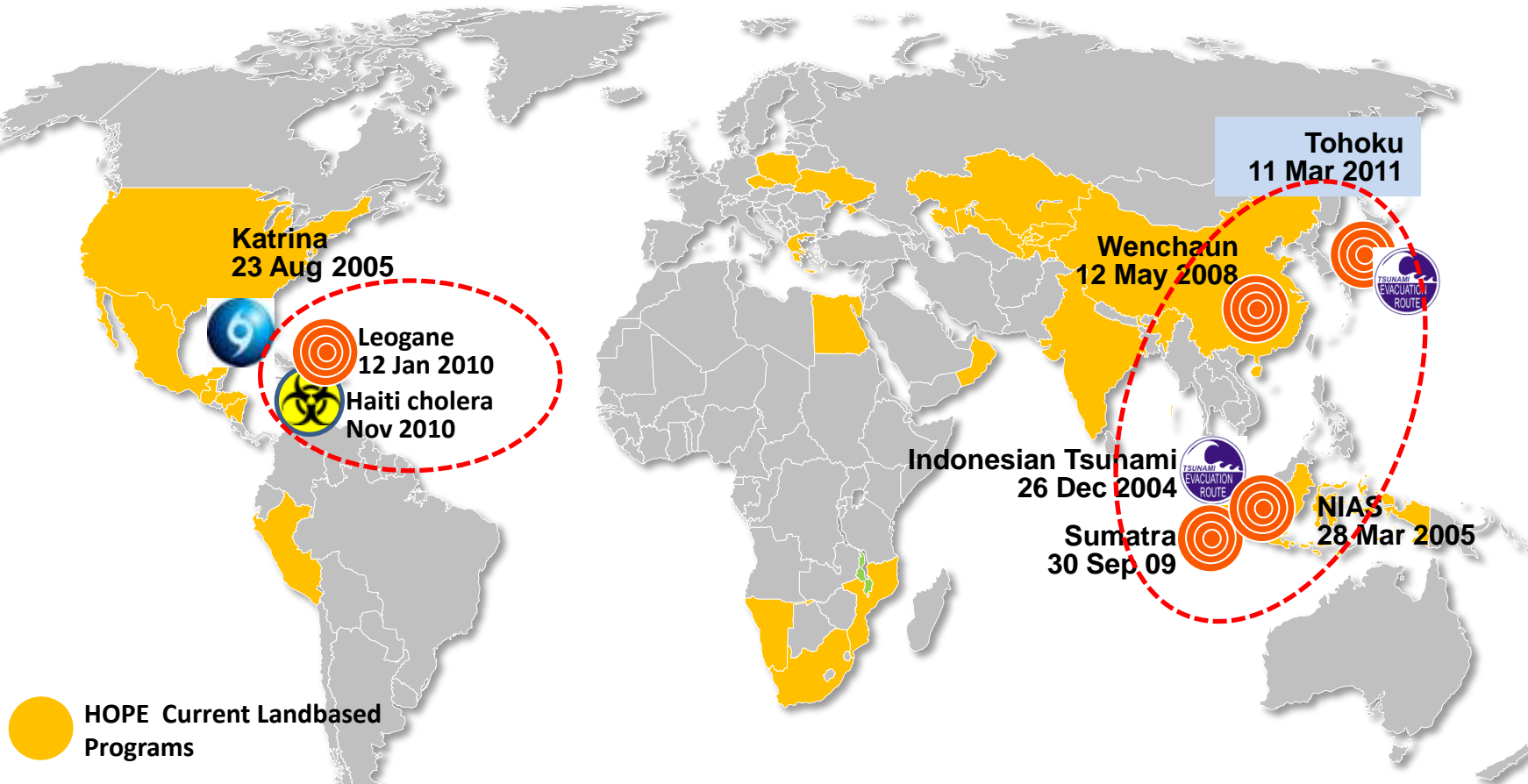
Operation RISING SUN





Real World Disaster Relief Ops CY 2004-2011

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Disasters: Avalanches, Blizzards, Contractible Diseases, Cyclones, Earthquakes, Famines, Floods/Landslides, Heat Waves, Limnic Eruptions, Storms, Tornadoes, Tsunami, Volcanic Eruptions, Wildfires/Bushfires



White Hull Ships

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USNS Mercy (T-AH 19)



USNS Comfort (T-AH 20)



T-AH (X)

- 2020?





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Observations and Assessments

1. Quick recovery – acute to chronic phase
2. Quick local disaster recovery/cleanup
3. Weak centralized management/resourcing
 - Central situational awareness lacking
 - Need for programmatic / systemic integration to prioritize, coordinate, reconstruct, allocate resources, and share knowledge
4. Cultural differences – Shikata, Nihonteki
 - Codified, restrained, mysterious processes
 - Difficult to offer assistance, resources
5. Need to shift from reactive to proactive– look at way ahead and get solutions in hand now



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Case Study

Motoyoshi/Otshuchi/Rikuzentakata Hospitals

- Opportunity to restructure area health networks
- Redefine beneficiary health services offered
- Prioritize local support groups TMAT, JMAT, PCAT, JRC, JP, AJHA, TG, NPOs, societies, others
- Collaboration with local governments
- Expand int'l health education and training
 - Lots of assistance waiting...not for long