

INTRODUCTION

The Purpose of this Project “Human Science of Disaster Reconstruction”

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On March 11, 2011, the event known in Japanese as the Great East Japan Earthquake began. A catastrophic earthquake – magnitude 9.0 on the Richter scale – set off a massive tsunami that reached heights as high as 15 meters, and that, in turn, led to a crippling, Level 7 nuclear power plant accident. The unprecedented triple disaster resulted in the internal evacuation of around 300,000 people, the largest internal displacement of Japanese citizens since the Second World War. People fled for their lives, losing their homes, loved ones, and livelihoods. They were separated from the people closest to them, saw their hometowns destroyed, and were cut off from their own personal histories. The psycho-social suffering, the sheer trauma generated by such an experience is immeasurable.

The researchers affiliated with our project team aimed to respond to the multi-layered suffering these events caused by providing support through harnessing their diverse areas of expertise, including physical, social, and psychiatric medicines, clinical psychology, behavioral and health sciences, human ethology, social welfare science, sociology, cultural anthropology, environmental engineering, architectural science, political sciences, and law (Figure 1). Each of us asked ourselves what we could do and what was being asked of us, and there began our collaboration of individuals aiming to practice the Human Science in a broad meaning.

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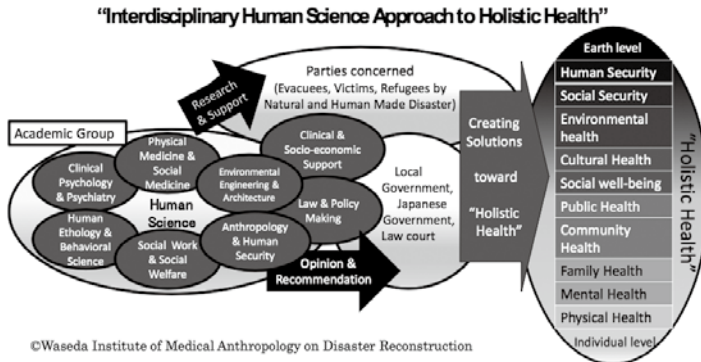


Figure 1. Mission of our project establishing interdisciplinary support action and researches.

The Human Sciences have always aimed to be interdisciplinary in nature, but they were in essence, as the plural term “sciences” suggests, a collection of different areas of expertise with different perspectives, all acting in parallel. There were difficulties in rising above that reality. However, the moment we obtained a shared objective – that of providing disaster relief in response to the 2011 Tohoku earthquake – a truly integrated academic discipline arose. It became a discipline in which experts shared a sense of mutual respect, a discipline in which they could overcome their different views and academic incompatibilities. That was the birth of the singular Human Science.

This book serves as a record of the social contributions required of academic activities during a large-scale disaster. The objective of our work was to provide holistic health care that spanned multiple levels, from individual to environmental, covering everything from physical, mental, family, community, and public health, to social well-being and healthy environments. At the beginning of each paper, the authors organize and present the three goals of their research, including how they connect to the above-mentioned levels of health care.

Part 1 provides reports on fieldwork and relief operations conducted by each researcher in the time immediately after the disaster. The activities described here have continued for the eight years since the earthquake and nuclear power plant accident.

Part 2 provides the results of the research projects. The fieldwork and relief operations described here are our response to the requirements of academic activities. The five papers by Iwagaki, Masuda, Taga, Ishikawa, and myself all describe the results of research conducted using the same survey data. The questionnaires used in the

large-scale survey were created through a collaborative effort designed to get a comprehensive understanding of the issues faced by evacuees. Aiding in its design were many of the researchers involved in this project, supporters of the private relief organization Shinsai Shien Network Saitama (SSN), and even the victims of the disaster themselves. The deputy director of SSN, political scientist Hiroshi Kitamura, presented the complicated issues after the Fukushima disaster in the final article.

I serve as the lead researcher of this research project, which began with my work as a physician during the relief operations conducted after the 1995 Kobe earthquake. At the time, I was working in the Division of Psychosomatic Medicine at the University of Tokyo, and alongside the author of this book’s afterword, Professor Hiroaki Kumano, I was writing a paper on the necessity of psychological health care in the practice of medicine. Similarly, at the time of the Kobe earthquake, Dr. Richard Mollica and Professor Yasushi Kikuchi, honorary advisors to this project, were pioneering efforts to successfully produce practical collaboration between the fields of disaster medicine and social anthropology. From 2013 to 2014, I had the opportunity to work under Dr. Mollica while a visiting research with the Harvard Program in Refugee Trauma (HPRT), and their trailblazing work left a great impression on me. I would like to open this book by presenting the Tokyo Guidelines for Trauma and Reconstruction, which these two individuals created almost 20 years ago. The subtitle of the guidelines, “Formulating new principles and practices for the recovery of post-conflict societies,” hints at the comprehensive support required at different stages of the recovery process after a large-scale disaster. Even 20 years later, the guidelines seem just as valid in providing direct guidance towards finding a really important course to follow in the wake of such disasters.

The 21st century can surely be called the century of disaster. We face a future in which we can expect not only natural disasters including powerful earthquakes and destructive tsunamis, but also numerous human-induced disasters. Regarding nuclear power generation, there are more than 400 nuclear power plants in operation around the world and their numbers will increase in China and other emerging countries going forward. With these in mind, it is difficult to say that Chernobyl and Fukushima will be the last areas associated with the term “nuclear disaster.” It must never be forgotten that major disasters result in extremely serious abuses of human rights. Ultimately, my hope is that the findings of this project, through the presentation of the idea of holistic health care, will contribute to the successful implementation of human recovery.