

VII. Two Days After: 19 January

A. Nationwide Full Response

The Prime Minister visited the affected areas and gave further instructions. A special Emergency Response Headquarters Meeting was convened at ministerial level. The Government allocated a budget for solatium cash to be distributed to those who

had lost family members or were seriously injured. A nationwide emergency transportation program was decided upon, including shuttle airplane services to the Itami, Kansai International and Okayama airports to cover the Shinkansen stop as well as the designation of highways exclusively for emergency vehicles. The full mobilization of engineers to restore lifelines (electricity, gas, water and telecommunications) was confirmed. Structural engineers, especially trained to check the safety of slightly damaged houses) were mobilized from the Yokohama Municipal, Kanagawa and Shizuoka Prefectural Governments (where they have extensive preparedness plans for possible major earthquakes). The number of firefighting and rescue teams was still increasing. Teams from distant locations who left in convoys on 18 January reached Kobe on 19 January after long journeys through traffic jams.

On 19 January the following teams were conducting rescue and relief activities:

Table 10
Outside Teams on Site as of 19 January

Fire Services	220 search and rescue teams
	141 fire squadrons
	183 ambulance teams
	Total of 2,336 fire service professionals, 534 vehicles and 12 helicopters
Police Teams	mobile police task forces
	special rescue forces (474 professionals)
	Total of 2,169 professionals and 9 police helicopters
Self-Defense Forces	13,000 personnel 800 vehicles and 69 helicopters. Navy vessels
Red Cross	28 Red Cross medical teams (248 professionals)

B. Second Phase of Rescue Activities

With the arrival of additional teams, massive and systematic rescue activities continued in the collapsed wooden-house residential areas. By the dawn of 19 January, the Kobe Fire Command and Kobe Prefectural Police Headquarters were able to identify numerous spots where there were high possibilities of trapped inhabitants. They asked survivors to come to the rescue site and point out exactly where the bed of their family member had been. Then the rescue teams, with 10 to 20 persons allocated to each site, would remove piles of wooden beams and sidings to find survivors trapped underneath. Fire service teams rescued 70 people alive and recovered 385 bodies. Self-Defense teams rescued 44 and recovered 431 bodies.

Police figures on their rescue activities have yet to be verified. When this targeted rescue operation was finished at one site, the rescue teams would undertake the so-called "roller search" operation, in which rescuers would line up in regular intervals and proceed forward slowly, checking any space in the heap of debris for survivors. They were able to deploy this method now with the massive number of rescue personnel available for operations.

C. Drastic Change in Medical Needs

On 18 January, numerous medical teams organized by local governments and major hospitals outside affected areas started for Kobe in convoys of ambulances. Many reached Kobe between midnight of 18 January and the early morning of 19 January. When preparing their convoys on the morning of 18 January, they were watching TV footage of the affected areas, showing large-scale fires and people being rescued from collapsed houses. They equipped themselves for emergency surgery and the treatment of fractured bones and burns.

Upon reaching the affected site, they realized that they were facing different medical needs. The medical convoy organized by the Yokohama Municipal Office reached Kobe at 0:00 hours on 19 January. They were immediately guided to five health centers and asked to treat the patients. The majority were showing symptoms of colds, digestion problems and fatigue. It was also necessary to treat bruises and light burns. But the doctors did not find serious burn cases or fractured bones. They realized that during the 12 hours their convoys had been heading for Kobe, the medical needs of the affected area had changed drastically. The target group with which they had to cope was now composed of evacuees (approximately 275,000 people on 19 January) and not people directly injured by the ground motion. Patients who required surgical treatment for bone fractures or serious burns were already hospitalized or evacuated outside the affected area. The Yokohama medical team had a shortage of cold formulas, vitamin tablets and medicines for digestive disorders. They asked that succeeding convoys from Yokohama bring these medicines.

By the end of 19 January, a different type of medical need became evident. Chronic kidney disease patients who regularly received blood dialysis (which requires a large quantity of clean water) had to be treated urgently (if they are not treated every 4 days, they risk their lives), but the clinics who usually treated them were damaged and so they had to find a substitute. Evacuees who had chronic diseases such as diabetes, high blood pressure and rheumatism could not bring with them the medicines they had to take regularly. They could not consult their family doctors any more, and the pharmacies they were familiar with were also damaged by the quake.

The main medical requirement in the affected area was now the daily medical needs of the 275,000 evacuees who were deprived of their family doctors and had to cope with additional cases of colds, digestion problems and fatigue brought on by the evacuation.

The Ministry of Health and Welfare asked drug manufacturers and wholesale companies to release all their stocks of needed medicines for the affected areas. Fortunately, Osaka is the medicine industry center of Japan, and it was possible to truck the necessary volume to affected areas.

D. Restoration of Lifelines and Commercial Activities

To restore the functions of a modern metropolis, repair of the lifelines (electricity, gas, water and telecommunications) and massive public transportation is indispensable. Every effort was made toward this end. The electricity supply to 840,000 households resumed by 17:00 hours on 19 January. Telephone switchboards were already repaired by 18 January and wires were being reconnected. Free telephone booths and fax machines were set up in most of the evacuation centers. Water supply to 63,000 households was restored by 20 January. Restoration of the gas supply proceeded to an average of 20,000 households per day.

Shinkansen (Bullet Train) service resumed between Kyoto and Osaka on 20 January. Commuter train service from Osaka to Nishinomiya (neighboring city east of Kobe) resumed on 19 January. This enabled many evacuees to go shopping in Osaka and bring back the necessary items.

Supermarkets and 24-hour-service food-store chains made an exceptional effort to keep their stores open and supply daily commodities. The supply to supermarkets in collapsed residential districts was carried out by bicycle and hand-push wagons. Kobe's wholesale food market resumed its transactions on 20 January.

The Bank of Japan (the central bank) allocated temporary booths for commercial banks in their undamaged buildings so that people could easily withdraw cash from their accounts.

A restoration of commercial activities was the vital element in providing the affected population with daily commodities and the food of their choice. The distribution system for food and basic items was becoming more and more organized by local authorities with the help of numerous volunteers from all over Japan. Tons of basic commodities were being donated by major enterprises to local government authorities and the Red Cross. Evacuation centers with good road access were receiving abundant food and relief items. However, the free distribution system in evacuation centers could not meet all the different demands of the massive numbers of evacuees. Therefore, the Government asked commercial associations to do their best to reopen retail shops. Local authorities informed the affected population through media information about which large retail shops were operating. Price hikes were seldom seen. Many retail food shops prepared hot soups and porridges in front of their shops and distributed them free of charge to nearby evacuees and passers-by. Also, the scene of small retail shops resuming business - even if their shops were physically damaged and they were operating in tents - was a sign of the restoration of the city and encouraged evacuees to think about reconstruction.

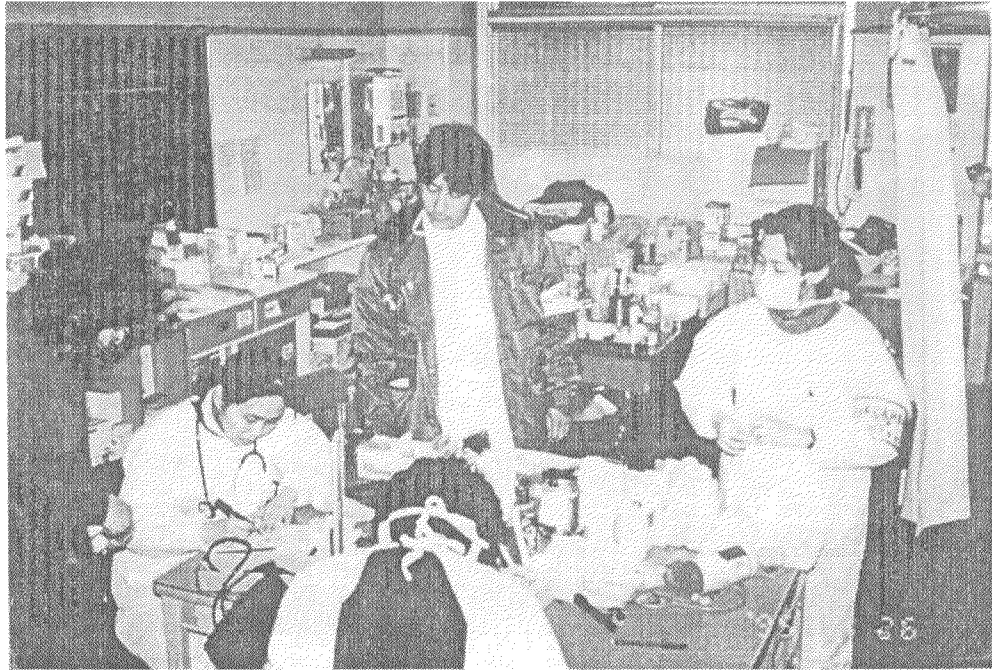


Photo 26 Outside Medical Teams Manning Health Centers
Daily medical needs of the massive evacuees had to be met
photo by Yokohama Municipal Office



Photo 27 Health Consultation at Evacuation Centers
Chronic diseases of the elderly had to be taken care of
Hyogo Prefectural Government