“Oral health often tends to be side-lined as a minor concern”

An interview with Ella Gudwin, AmeriCares, about dental relief efforts in Japan

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 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 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 onsite.

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.