



## **Jordanian and FMU teams cooperate in refugee care**

27 May 2011, Fukushima City, Japan

Here, Dr. Shinya Takase reports and reflects on refugee care jointly provided by teams from FMU and the Hashemite Kingdom of Jordan. Dr. Takase leads FMU's Deep Venous Thrombosis (DVT) Prevention and Care Team, and is a lecturer in the Department of Cardiovascular Surgery.

### **Refugees and shelters in Fukushima Prefecture as of May 11, 2011**

There were 8,085 primary refugees living among 142 shelters, and 16,413 secondary refugees living in 491 locations. Most of the 24,498 total refugees are people displaced from cities, towns, and villages along the Pacific coast of Japan's Tohoku region.

### **Activities of the FMU DVT Prevention and Care Team**

DVT prevention and care activities for refugees began on March 28, 2011. As of May 11, teams had contributed a total of 22 days of care at refugee centers.

Team members visited refugee shelters around the prefecture and screened refugees deemed to be at high risk. These include people with swollen feet, bedridden or immobilized patients, people with other injuries or cancer history, refugees who had lived in a car, pregnant or new mothers, recent surgical patients, and anyone with varicose veins, DVT, or DVT-like symptoms.

High-risk refugees were interviewed and screened with a portable ultrasound device. Thrombi are especially common in veins below the knee. When ultrasound revealed a large or fresh thrombus at risk for pulmonary embolism, the refugee was referred to a nearby core hospital for further examination and care. When no thrombus was detected, guidance on DVT prevention was offered. Refugees with larger-than-normal vein caliber were given support hose designed to compress external veins and minimize thrombosis formation.



As of May 11, the team examined 2238 patients (28% of the primary refugees). Of these, 219 tested positive for thrombosis, and eight were hospitalized immediately for urgent care. Overall, 9.8 percent of primary refugees were diagnosed with DVT, and 874 sets of support hose were distributed (a number corresponding to 39 percent of those who were examined).

### **Activities of volunteers from the Hashemite Kingdom of Jordan**

The Jordanian care team consisted of two vascular surgeons and two nurse/ultrasonographers (male and female). Dr. EL-ABDALLA Omar Nayel, Dr. RASHAIDEH Mohammed Ahmed, Mr. ALZU'BI Abdallah Hayel, and Ms. SHAQDIH Eman Hasan joined FMU's DVT Prevention and Care Team on April 25, 2011, and worked 8 long days from the start. Visiting 20 shelters and 4821 refugees, they screened 736 and detected thrombosis in 10.6% of cases. The Jordanian team distributed 327 sets of support hose.

### **Personal reflections**

We did not know in advance what level of skill and service to expect from our Jordanian colleagues. Upon their arrival, we got better acquainted conversing in English. Concerned about their ability to communicate with refugees, we hoped to find a translator fluent in Arabic and Japanese, but none were available on short notice.

Working closely with colleagues from another country, we encountered different eating habits, religious views, and such. But it was clear that they were highly motivated to visit Japan and help with the care of refugees. They arrived just three days after deciding to come, and brought portable ultrasound gear that seems to have been purchased new for their mission.

At our first meeting on April 25, we tried to anticipate their concerns about radiation exposure. We explained the current status of the Fukushima Daiichi nuclear plant, and assured them that we would not enter the 20-kilometer evacuation radius. Then we detailed radiation levels in Fukushima city and the places we planned to visit.

In reply, our Jordanian colleagues offered to follow us wherever we went, regardless of



radiation levels. We were deeply impressed and encouraged by their strong commitment to help Japan. Furthermore, their knowledge and skill exceeded our expectations, and we were able to begin working together from the same day as our initial meeting.

After the Jordanian team joined us, the detection rate of thrombi increased immediately and the number of support hose distributed also increased. It appears that our collaborative efforts improved refugee care because we could meet and advise many more refugees before DVT and/or pulmonary embolism might have occurred.

The Jordanians brought more than medical care. Despite a language barrier, refugees seemed to understand and appreciate their thoughtful behavior and concern. We frequently heard, "Thank you for coming all the way from the Hashemite Kingdom of Jordan. Inspired by you, we will hang on."

As a team leader, I know without our Jordanian colleagues, we surely would have missed many early intervention opportunities. We really appreciate their support. In Fukushima prefecture, problems caused by the earthquake, tsunami, and nuclear power plant crisis have produced a lot of refugees. We worry that refugee life will continue for a long time, and, even after moving to temporary housing, many refugees will remain at risk for DVT and other ailments. We are keenly aware that ongoing medical and preventive care activities will be needed, and hope to provide long-term support to those whose interrupted livelihoods contributed so richly to our nation and to the world.

**More information from Fukushima is available at [www.cbbstoday.org](http://www.cbbstoday.org).**

*Fukushima Medical University's unique history began in Shirakawa City, where a medical arts college was founded in 1871. The college moved to Sukagawa City soon after. In 1944, Fukushima City was selected for Fukushima Women's Medical College, which reverted to Fukushima Medical University in 1947. Postwar educational reform was introduced in 1952, an important milestone among many in 140 years of medical progress. Fukushima Medical University is committed to providing up-to-date, accurate information to prefectural residents and to concerned individuals worldwide.*