Profile of Masaru SASAKI

In 1977, I graduated from Tokyo Medical College, and worked as a neurosurgeon in Tokyo University Hospital, Mitsui Memory Hospital, Tokyo Metropolitan Bokuto Hospital, Japan Red Cross Medical Center and so on. After I became the neurosurgical specialist in the Japanese Neurosurgical Association Board, I worked as an emergency physician in the Emergency Department of Tokyo University Hospital, Saitama Medical Center, Tokyo Metropolitan Fuchu Hospital and so on.

In 1998, I was dispatched in Shanghai for diagnosis and medical treatment in Shanghai train accident from which many Japanese high school students suffered . This was the first case that many Japanese people were involved in an accident and was provided medical care by Japanese doctors in a foreign country. Since this case, repatriation service was well known in Japan. (Minister of Transport was Shintaro Ishihara at then)

In 2004, we establish Tokyo DMAT (Disaster Medical Assistance Team) earlier than National DMAT. (The governor of Tokyo was Shintaro Ishihara at then)

In October 2004, we dispatched Niigata Prefecture Chuetsu Earthquake. Not to mention natural disaster such as 2011 Great East Japan Earthquake, I contributed to mitigate damages of local accidents such as Shibuya hot springs institution gas explosion accident in 2008 , Akihabara indiscriminate killing incident in 2008, multiple casualty incident in Chichibu shrine rugby ground at NEWS concerts in 2013

In March 2005, I went on short tour for Inspection of Australia and Taiwan emergency system

In 2005, I went to know how to measure against the Amagasaki-shi JR train accident as a member of investigation team

In October 2005, I made the presentation about" Disaster Response in Tokyo "in "Second Annual Taipei International Healthy Cities Conference and Exhibition 2005".

In 2006, I also made the presentation about "the Operation of the Tokyo DMAT" in "Third Annual Taipei International Healthy Cities Conference and Exhibition 2006 in Taipei Healthy Cities Leaders Roundtable and International Healthy Cities Conference",

In 2006, I was invited to "the training introduction for the earthquake directly below Tokyo" by Eastern Army Medical Service. And thereafter I made a presentation in Yoga Camp in 2010, and I have begun to have relation with SDF about disasters.

In 2007, I got promoted to the vice president of Tokyo Metropolitan Hiroo Hospital. In 2012, I got promoted to the president of it, and Former Vice President of Tokyo Metropolitan Health and Medical Treatment Corp in 2016.

In April 2010, I made the presentation about " Roles of EMS in Disaster Response in Tokyo"

at “Disaster Management Seminar 417”

In 2012, I have edited “Business Continuity Plan for Tokyo Metropolitan Hospitals” as a member of the editing committee.

In November 2013, I conducted the arrival and departure training on Hiroo Hospital’s rooftop heliport for SDF’s helicopter.

In 2015, I was appointed as the chairman of the committee which discussed about appropriate medical care for troops on the front-line, and assisted Ministry of Defense to establish the new qualification for front-line medical care provider.

In 2015 and 2016, I wrote some reports about the weakness and vulnerability of surprising SDF medical care abilities , those titles were「自衛隊は国を守る前に、自衛隊員を守れるか？～今。自衛隊の 安全安心のために、あらためて戦傷医療を考える」、「リスクを言うならまず ここから見直せ；あまりにおそまつ！自衛隊の医療」、「世界の戦傷医療 と自衛隊の医療体制」in Japanese.

In April 2016, I was ordered Cabinet Special Advisor, and I have been trying to work hard for facilitation of disaster medical care and the Self-Defense Forces medical care as an authority of the disaster medical care.

In January 2017, we went to Republic South Sudan and Republic of Djibouti on a business trip for investigation of medical system and organization of the Self-Defense Force with the mission of PKO of the United Nations in South Sudan.

In February 2017, I went to Turkey on a business trip for discussion about an improvement of accident risk management in Turkey with the mission of Japan International Cooperation Agency (JICA).

In March 2018, I went to Hualian in Taiwan for investigation of the process of recovery from earthquakes

In April 2018, I have contacted with Dr. John Cook-Jon Lee who treated the North Korea Soldier escaped from North Korea to know how to treat him.

Summary

When we watched that the Self Defense Force (SDF) rescued victims in the disaster sites, I always admired the Self Defense Force. But I wondered that the activity reports of the SDF are rescue help mainly and that the medical service is not reported.　I want to know why the activity of the medical officer of the SDF did not come to the disaster sites for medical care nevertheless activity of civilian DMAT was remarkable, so I have begun to have the relation with SDF medical officers to find this reason.

I was ordered Special Advisor to the Cabinet, and what I have known about SDF’s medical

abilities from the inside of the SDF was weakness and vulnerability of surprising SDF medical care abilities. Far from comparing it with the armed forces medical care of many foreign countries, I came to know the absolute lack of clinical experiences that might be said to be lower than civilian doctors. It is obvious to lead to war potential degradation in the wartime of the emergency much less than disaster.

Recently natural disaster and a military strain surround Japan are increasing and now the sign of the armament expansion has be shown. This urgent proposal is urged from the sense of crisis that in Japan I am the only man who appealed the SDF's poor medical ability from the inside.

I worked hard to appeal to Ministry of Defense for facilitating improvement from the inside in order to achieve a mission entrusted as a Special Advisor to the Cabinet, but the Ministry Defense executives have been saying that "it's always impossible to increase the level of medical care in a short time as you want".

In such irritation, the first fatal accident occurred in Philippines during SDF overseas deployment of training. Although I advised SDF to peer review the prehospital and hospital care about the accident, SDF answered to me that wounded troops had been provided an appropriate medical care by Philippines' medical facility. It's the death of the SDF official dispatched to defend Japan.

How much did the SDF medical care function for the member of the SDF? The land and water start head said that SDF makes sure of safety management of training continuously without medical care proof. We cannot get rid of the concerns if SDF will entrust either troops' lives and our lives.

Masaru SASAKI

Statement

Basic Concept of the Front-Line Rescue / Health Department Personnel and Wound Medical Treatment

The MOD has introduced a new organization of the Front-Line Rescue and Health Department (FLRHD) personnel since September 2016, and has trained the members in

order to conduct medical activities under the circumstances where care under fire (CUF) is actually exposed in the battlefield, which is under circumstances where truly live ammunition is flying in and out.
(http://www.med.kobe-u.ac.jp/comed/pdf/handout/h290703_eme_forum_handout_sasaki.pdf). The Combat Medical Control (CMC) of the MOD has been organized to qualify and improve capabilities of the FLRHD personnel. The essence of wound medical treatment is that "in battle wounds, sometimes strategy actions may take precedence over life-saving actions", so the military medical doctor always has a position both as a soldier and as a doctor, which means a state of the double loyalty. The FLRHD personnel work in CUF where bullets fly in war medical care, and medical doctors do not work in CUF, because of reasonable reason that their education takes time and money. The FLRHD personnel risk their safety, and work under shellfire, instead of medical doctors, and depending on the situation of the battle, it is impossible to carry out the medically essential treatment, and after the battle, it may be subject to litigation or reprimand.

A Chief Health Officer who does not know Essence of Wound Medical Treatment, A Professor of the National Defense Medical College who are suspected "Pakuri"

I pointed out to the Air SDF Chief Health Officer and the Administrative Vice Minister in November 2017 that the chief health officer did not know the overriding principle of wound care, which is the CMC of the MOD has responsibilities to protect "the FLRHD personnel". However, they have low awareness of the problem, and it means a situation of satisfactory activities of "the FLRHD personnel" cannot be hoped. In addition, according to an article of the Asahi Weekly Online "A Professor of National Defense Medical College (NDMC) sneakily secretly edited the original self-defense official's book by text creation and received a complaint as an illegal use which is called "Pakuri", and then he quietly corrected the text." (https://dot.asahi.com/wa/2018080600061.html?page=)　Then, the academic books edited by some leading doctors including the top editor, professor of medical doctor acute medicine, are further suspected of unauthorized quotation from general books mainly illustrations. I cannot help but wonder if the person in the teaching position can truly maintain quality in this degree.

Medical Strategies to Ministry of Defense

June 2017, I gave my opinion the importance of strategy for both military and medical point

view to Administrative Vice-Minister of Defense are as follows:
1. "Although many burns occurred in war wounds, as a treatment, it is required allogeneic skin grafting from dead bodies, but with regard to skin transplantation, at present it is out of the framework of the Organ Transplant Act, autonomous guidelines based on Japanese Society for Burn Injuries, because of the weak financial base of Japan Skin Bank Network, there is a high possibility that it is not possible to deal with current bleeding medical care at the time of occurrence of massive severe burn injury patients"
2. "It is difficult to say underwriting medical institutions can work appropriately for the following reasons, pollution, medical treatment abilities, skills, damage caused by rumors, etc. for the chemical and biological radiation terrorism victims."
3. "It is impossible that non-government medical workers who have not been trained protection against terrorism work on dangerous terrorism spots, and it is grave responsibilities to dispatch non-government general medical career to a dangerous terrorism spots."
However, Administrative Vice-Minister of Defense ignored my opinion saying that though the NDMC and SDF hospital are still less ability, we do not need outside people as Special Adviser to the MOD are always from our side.

Declined Governance Ability of the MOD and the NDMC

In 2017 I reported that "the causes of repeated design changes, the risen cost and the necessity of corrective actions regarding the facility renovation of the NDMC Hospital East Ward Building" came from declined the governance ability of the executives including the principal of the college. Not only this but also the suspected decline in governance as a whole MOD organization such as Chief Health Officer of the Air SDF who does not know the essence of wound medical treatment, and the professor of Acute Medicine who are suspected of "Pakuri" as I stated above. "SEIRON" which is monthly magazine of Sankei Shimbun Co., Ltd. 2018 August issue (https://www.fujisan.co.jp/product/1482/b/1653171/) "If some persons will be injured in the Senkaku Islands ... awfully poor of the SDF medical" the article itself is insignificant, but the source of the article is the remark of Professor of Emergency Medicine Kyorin University Hospital which is the external expert of CMC. I pointed out to the officer that despite he didn't say anything at the CMC as the outside committee, and he made a careless remark as if the medical treatment of the SDF had been delayed remarkably, it was placed on the tone of "SEIRON", but he was not aware of the matter that, it is thought that a sort of governance declines.

Japanese SDF person died during joint drill in the Philippines

An article of “A SDF person died, and another SDF person was in a serious condition, due to a traffic accident during joint drill in the Philippines.”
https://www.asahi.com/articles/ASLB73VCCLB7UTIL00D.html?iref=comtop_list_nat_n01

According to newspapers, two SDF persons faced a head-on collision with a heavy-duty vehicle with a local male driver on October 2nd, and a SDF person died at night on October 6th (There was a report that he died on the morning of October 7th.), and another SDF person was injured even he was discharged from the hospital on that day. The leader of the Amphibious Rapid Deployment Brigade (ARDB) Shinichi Aoki commented that “It is a matter of the great regret, and I pray from the bottom of my heart that the Sergeant 1st Class Maehara’s soul rests in peace. We will continue to make absolutely sure the safety management of training.” If we make absolutely sure for the safety management, we believe that this accident should be carefully reviewed medically. Although I gave a request to the MOD that the accident should be investigated and analyzed in order to protect such accidents for the future, the MOD responded me that the accident was occurred during transportation by a private transport car, not during the joint drill, and there was a reply saying “There is no your turn, because they received proper medical care in the Philippines.” I could not hear the detailed their thoughts.
Does the leader of ARDB have a medical perspective for “to make absolutely sure for the safety management”? If you review carefully from a medical standpoint, it should be evaluated and be analyzed integratedly not only the involvement of medical officers and FLRHD personnel, but also hospital pre-medical treatment, emergency transportation system and emergency treatment, and hospital internal medical treatment, fundamental treatment and medical standards. Also, the legitimacy of medical care is not necessarily rationality but it is guided by feelings. If we consider the difference in medical standards between the Philippines and the general public in Japan, it is not a "proper medical treatment" in the Philippines, unless it is a comment "He died as a result of receiving advanced medical treatment that he cannot usually get in the Philippines" Many Japanese people do not seem to be convinced. I suggested sending back injured SDF persons to Japan by fixed wing aircraft in the inspection report of South Sudan and Djibouti in January 2018, and the written report to the Secretary-General of the time submitted in October 2017. There is a so-called "flying ICU" which incorporates an orbit satellite unit in C130 in the Air

SDF (https://www.youtube.com/watch?v=QiMxvsIZeoE), and carries out air transportation of patients with a serious illness in Japan. Even in such accidents, the US military actively participates in soldiers' accidents and it serves as a support for soldiers. Does SDF consider to dispatch "flying ICU" during the four days from accident to death in this case? Since the accident occurred in the Ground SDF, the Air SDF didn't participate to help them due to sectionalism, I feel concerns that when one precious life is gone, it cannot be done with proper medical treatment without verification, such as whether hospital treatment and in-hospital treatment was really done correctly or whether it is possible to send back a patient to Japan.

Do the medical officers have values?

The SDF have been assisting in wide spread of disaster relief operations and gained national support, but the medical officer's activities are not clear.
Furthermore, it is not clear whether medical officers accompanied the joint drill in the Philippines. I guess no medical officers accompanied.
At the doctors' supply and demand subcommittee, placed in The Ministry of Health, Labor and Welfare, estimates on the doctors' supply and demand line is balanced in 2024 and will move to excessive supply trend.
(Medical / Welfare Administration on April 1, 2016 Medicine · Watch)
If a medical officer does not take role as the medical officer, the significance of the existence of medical officers and NDMC are questioned.
I did a proposal how to increase the standard medical care ability under the critical situation by a 2015 defense seminar held in the Ministry of SDF, but I though this proposal seemed to be in vain.

How dose it to increase the standard medical care ability under critical situation?