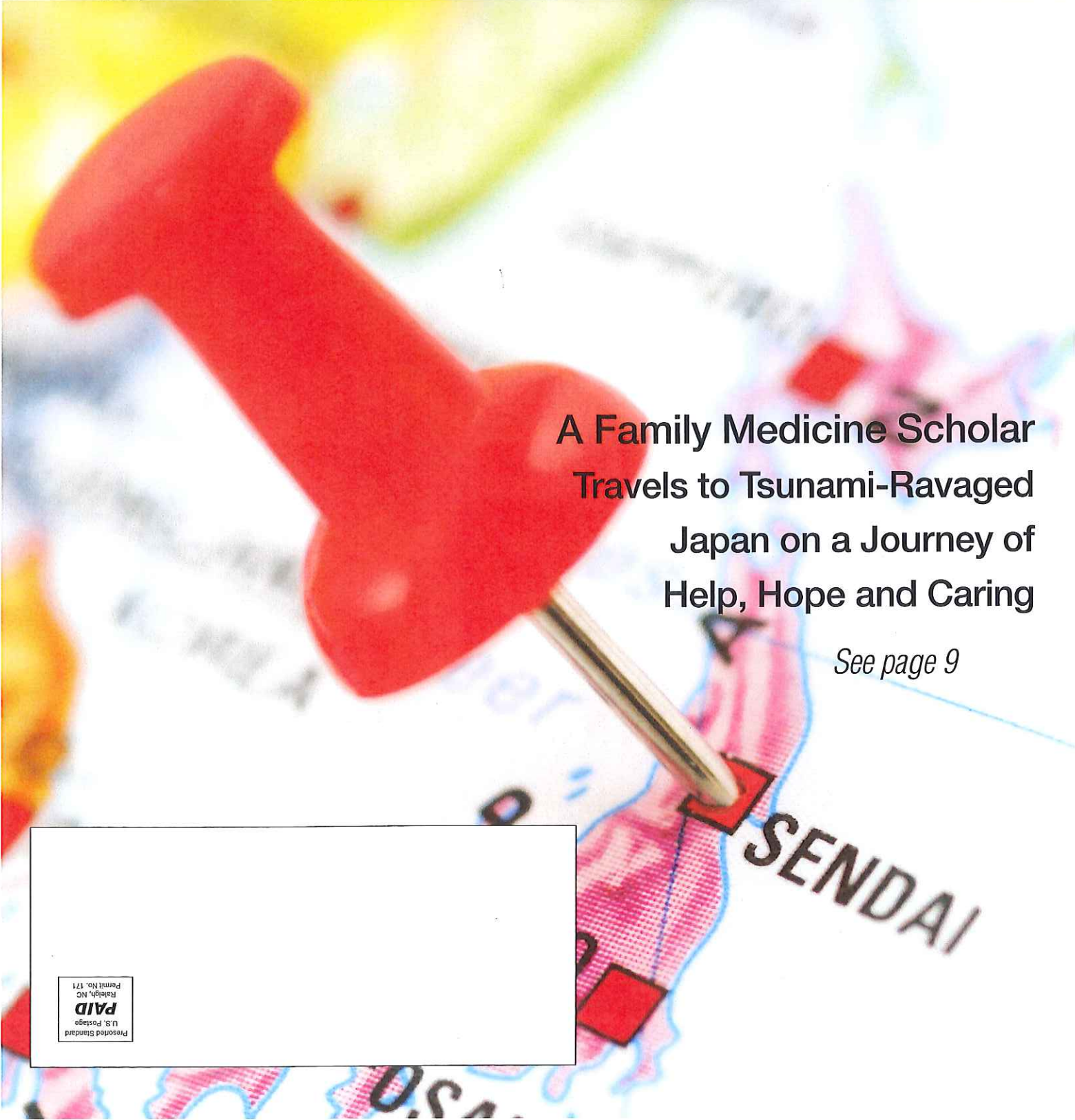


FAMILY PHYSICIAN

QUARTERLY NEWS IN NORTH CAROLINA FAMILY MEDICINE



**A Family Medicine Scholar
Travels to Tsunami-Ravaged
Japan on a Journey of
Help, Hope and Caring**

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BEARING WITNESS

By Scott Gremillion

About the Author

Scott Gremillion is currently a 2nd year medical student at the Brody School of Medicine. He has been recognized as a Brody Scholar and an NCAFP Family Medicine Scholar. He received his BA in International Studies from the University of North Carolina at Chapel Hill and previously served on active duty as an officer in the U.S. Air Force.

A Family Medicine Scholar Travels to Tsunami-Ravaged Japan on a Journey of Help, Hope and Caring

Our stories are intimately our own. They infuse our experiences with meaning, a unifying force for the disparate moments in our lives. For some of us, our story is our only legacy, the only proof we existed. Sometimes people just need to have their story heard.

"How do you maintain your hope after having lost so much in the earthquake and tsunami?" I tentatively asked Mr. Kominato, fearing I was being too forward in a country known for its social graces. His mother, an 84 year old suffering from dementia, a brain hemorrhage, and disuse syndrome, was lying in front of him on a Japanese mat in a government funded refugee camp. Taken aback, almost as if no one had cared to ask him about his thoughts before, Mr. Kominato looked down at his mother and paused to think about his answer. In quiet Japanese he responded, "There is no hope. I keep looking, but there is no hope."

My parents lived in Japan for seven years, a period spanning most of my adult life. My family is about as

American as you can get: tall, outgoing, and unable to say anything that could reasonably pass as Japanese. In short, we stand out in Japan. So, whenever my sisters and I visited it was obvious to everyone in town.

Japanese culture is alluring and, in a culture so different from our own, everything was novel and noteworthy. Trips back to the US were filled with stories of Japan: its people, its monuments, and its history. By the time my father retired and my parents moved back to North Carolina in January 2011, Japan had become our second home.

Two months later, Japan was hit with a devastating earthquake that spawned a massive tsunami and terrifying nuclear disaster. At the recommendation of embassies, most foreigners evacuated the country. In a country where foreigners, like my family, stand out, their absence was glaring.

"Thank you for coming," Dr. Mami Horigami, a physician at Kobe University, told my father and me. Her comment caught us off



Me, Marlana Sheridan (a classmate), & survivors

guard. I was unaware of anything we had done to deserve such appreciation. It was May 2011 and my father and I had, under the guise of giving medical lectures, travelled to Japan to check on our Japanese family and show our support. We had done little more than socialize with old and new friends. Dr. Horigami continued, "We don't see many foreigners anymore. They went home. It feels like we're all alone. So, thank you for coming back to Japan." That's when it clicked for me. There were very few foreigners remaining to hear the stories created by the Great East Japan Earthquake.

As my first year of medical school rushed by, I dreamed of doing something outside of the classroom. I wanted to reconnect with actual people, a seemingly novel concept during the didactic years of medical school. My mind immediately drifted to Japan. It was January 2012 and I had not heard much about the country's recovery for a few months. To me, this absence of reporting implied a successful and rapid recovery for a country known for its resilience and strength in the face of unprecedented adversities, including atomic bombs and natural disasters. Eager to learn more about the human condition, especially in trying times, I began contacting Japanese friends to organize a summer trip to visit the areas most affected by the earthquake and tsunami. I planned on hearing stories of recovery and healing, success and triumph.

"They have changed," Dr. Tadaho Nakamura shared with me. "Japanese are usually very kind and hospitable. Some of the victims are now very curt and rude. They do not understand why they are forced to endure such suffering and they may resent outsiders, even other Japanese, who did not lose everything."

Dr. Nakamura is an anesthesiologist who practices in Sendai, a large city near some of the areas hit hardest by the earthquake and tsunami. Sendai was severely damaged by the earthquake, leaving psychological and physical cracks and scars that can still be seen today. Luckily for Dr. Nakamura and other citizens of the city, it is far enough inland that the tsunami did not touch most of the city.

In the immediate aftermath of the earthquake, Dr. Nakamura volunteered to care for some of the

more than 400,000 refugees created by this disaster. The refugees, including the Kominato family, lost everything: loved ones, homes, pictures, belongings, cars, jobs, and hometowns. Young families, confronted with general uncertainty and a nuclear threat that can have severe effects on young children, fled these destroyed towns. Most will never return. In a country that values family so profoundly, especially the promise of youth and children, these families took with them the hope for which Mr. Kominato has desperately searched the past year.

Arriving in Japan on May 21, 2012, the resiliency and strength that I had seen on the news the previous year was immediately apparent. Despite a tragedy that claimed 15,861 lives, left over 3,000 people still missing, and caused trillions of dollars in damage, the Japanese had cleaned up destroyed towns and persevered. Life, indeed, had gone on.

Sadly, beneath the strong exterior, there was an undercurrent of pain. While debris had been cleared from the streets, a decision had not been made on how to dispose of it. The town streets were clear for pedestrian and motor traffic, but mountains of destroyed homes, family heirlooms, photographs, furniture, and automobiles cast a shadow over every town. These shadows are a pall for the victims, daily reminders of their loss and trauma.

In addition, the physical, emotional, and psychological scars of this trauma were taking longer to clear than the debris on city streets. The healing of individuals, as always, proceeds at its own pace, one that is always longer and slower than we would like.

"I felt so helpless," Dr. Takeshi Kanno said in an interview with ABC News. "[As a doctor] I was so frustrated and angry that I couldn't save everybody. All I could do was sit [next to patients], and watch them take their last breath." (Fujita). Dr. Kanno was a physician in Minamisanriku, a town destroyed by the tsunami. As the tsunami came rushing toward the hospital, he began carrying his patients to the roof. After several trips, he came down and was greeted with rushing ocean water. He went to the roof to see some of his patients, still in their beds, washed away by the tsunami. Without the advantages of modern medicine, he cared

for his patients for three days. When everyone was airlifted off of the roof, Dr. Kanno allowed himself to be taken to his wife...just in time for the birth of their second child. For his heroism, he was honored as one of the "100 Most Influential

People of 2011" by TIME magazine (Mahr).

As healthcare professionals, we use modern pharmaceuticals and technology to diagnose and heal our patients. In disasters, as Dr. Kanno so clearly states, we rarely have these options at our disposal. If we do, their scarcity creates a host of troubling and difficult ethical and moral decisions. Using our formal training as a standard, we truly are "helpless" at healing our patients in the direst circumstances.

As I travelled with Japanese physicians, I felt as most medical students feel, inadequate. As we visited with patients and victims, not only was I confronted with my lack of clinical knowledge and experience, but a language barrier further limited me. Outside of my presence and listening ear, I literally had nothing to offer. I was helpless.

"We have an incredible opportunity here," Dr. Keitaro Harasawa exclaimed. Dr. Harasawa lives in Minamisoma, approximately 23 km from the Fukushima Daiichi Nuclear Power Plant that melted down and exploded last year. This area is not only dealing with the damaging effects of the earthquake and tsunami, but the uncertainty and threat of long-term nuclear exposure. He was originally trained as a cardiac surgeon. Feeling the need to give more holistic and profound care to his patients, he decided to change to a specialty that has just recently begun in Japan – family practice. He continued, "Minamisoma is the 'front-line' of a new medical model. We can change the medical paradigm. We can help heal people by rebuilding the community and giving more person-centered care."

The Great East Japan Earthquake fractured communities, isolating the elderly from their families and support networks and, with the youth exodus, creating an aging population. Many people

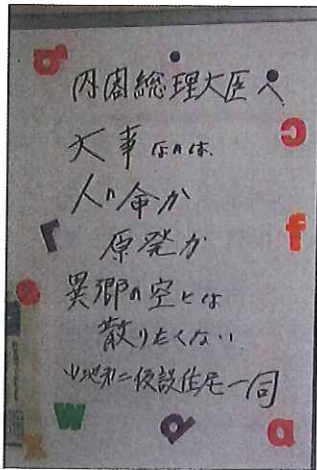


Mr. Kominato (right), Mrs. Kominato (middle), and Dr. Keitaro Harasawa (left)

are alone in refugee camps, lacking transportation or any means to get the medical help and care they so desperately need. For this reason, Dr. Harasawa has begun a program of home visits. To gauge the need, he went door to door in Minamisoma,

through every refugee camp in the area, to talk with the residents. He now goes to visit with those in need every week.

Travelling with him, I saw Dr. Harasawa exemplify his “paradigm-shift”. One interaction was particularly poignant. Each refugee camp has individual homes and a communal area. The communal area is used for community events, such as games organized by local government employees and volunteers and educational talks by doctors about CPR, diabetes, and physical therapy. We had come to visit the Watanabe family, whose matriarch was suffering from dementia, a cerebral hemorrhage, and disuse syndrome. We met Mr. Watanabe in the communal area. He and his friends



The Poster

graciously served us coffee and cookies from their government rations. For people who had lost everything, they were so quick to serve us and give what they did have. As we sat there, the residents began talking with Dr. Harasawa. While I could not understand the content of their conversation, I could tell by the tone and attentiveness of everyone that it was a weighty conversation. Dr. Harasawa listened attentively, occasionally interjecting what

seemed to be an affirming statement. Occasionally, he would translate, telling of the human resources executive who lost his home and a life's worth of keepsakes or the logger who can never return to his hometown and will most likely never be able to find work again. We spent almost an hour talking.

As the conversation progressed, I sipped my coffee, eagerly awaiting the next translation. Paying attention to the manner and tone of conversation, I could sense a collective burden lifted from the shoulders of the residents. The serious atmosphere shifted to something more jovial, as more smiles and laughs filled the room. It was as if a catharsis had happened, revealing the humanity and inner joy of those who had suffered so much.

At the end, Dr. Harasawa pointed to a piece of poster board pinned to the wall. He translated:

“Dear Prime Minister, What is more important: human life or nuclear power? We don't want to die under a foreign sky.”

He explained that those people were sharing with him their experiences of loss and recovery. They planned on writing a book chronicling their lives and experiences. Their ultimate goal is to return to their ravaged and deserted hometowns so they don't

have to “die under a foreign sky.”

Stories represent a fundamental plea—a need for human connection. We tell them to share our lives, thoughts, and history with others. A door to our most private self, we choose to whom and how far we share this vulnerability. As clinicians, people share their most intimate and private stories with us, whether through their words or physiology. This vulnerability is given in the hope their pain and suffering can be witnessed by someone else and, in being witnessed, validated and healed.

“What can I do to help?” I asked the residents of the refugee camp a question I posed to everyone we met. The answer was the same each time, “Don't forget about us. Share our story.”

In traveling to Japan, I heard stories of people stripped of everything. Even the doctors who tried to help victims were left only with their knowledge of the human condition and their own humanity. In these stories and confronted with my own inadequacy, I realized the enduring service clinicians give to their patients, especially when they are most needed, is a listening ear and a witness to their lives and stories.

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