

東日本大震災における石巻の動物救護活動

Animal Rescue Activities in Ishinomaki following the Great East Japan Earthquake

石巻市・あべ動物病院 院長・阿部 俊範

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Good morning everybody.

Thank you for inviting me to this conference. I appreciate it very much. In fact, after the Great East Japan Earthquake hit, Kobe provided the Ishinomaki Animal Rescue Center with an enormous amount of help in the form of personnel, materials and financial support. I'd like to take this opportunity to tell the people of Kobe that we are very grateful for that.

Today, I am going to talk about the rescue activities in Ishinomaki in the wake of the earthquake, and I hope my talk will provide some hints for thinking about the future of such activities.

On March 11, 2011, the Great East Japan Earthquake struck the Tohoku Region. The epicenter of the quake was beneath the ocean just over 70km to the east of the Oshika Peninsula in Miyagi Prefecture. With a magnitude estimated at 9.0 on the Richter scale, this was the most powerful earthquake known to have hit Japan since record keeping began. The powerful tsunami generated by it, which came ashore along the Pacific coastline of the Tohoku Region, caused devastation in many places, including Ishinomaki City. These images show how the coastal area of Ishinomaki City was transformed into a field of rubble by the great wave.

This is Onagawa Town. Here is the town hall and this is the front of the railway station. The station building has completely disappeared, and here you can see a train lying on its side. The town was virtually flattened by the tsunami.

Although I am talking about Miyagi Prefecture, I imagine there are some people living in this part of the country who don't know the geography of that prefecture very well. Among the various municipalities in Miyagi are Ishinomaki City, Higashimatsushima City and Onagawa Town, the two cities and one town that comprise the district for which Ishinomaki Veterinary Medical Association is responsible. In the wake of the earthquake disaster, in order to save as many animals as possible within this district, we set up the Ishinomaki District Animal Rescue Center.

Initially, however, we had no idea how things would actually turn out. When we went to the evacuation centers and started our animal rescue activities, we were unable to keep up with the demand for help no matter how much treatment we provided. And at the beginning, we couldn't understand why.

We only learned of the full extent of the disaster when the Kahoku Shimbun reported the situation on April 11. According to the data published, in Ishinomaki City alone, 3,000 people had been killed up until that time point and 595 people were missing. In our district, comprising Ishinomaki, Higashimatsushima and Onagawa, almost 6,000 people were dead. This was about a third of the total number of people who perished in the Great East Japan Earthquake.

Because we were unaware of the scale of the situation initially, we were caught in the dilemma that, no matter how much animal treatment we provided, the situation remained dire, and we didn't know why. At the same time, when we contacted people in other disaster areas, we received some criticisms along the lines of,

“Why has Ishinomaki made such a fuss by opening its own animal rescue center?” Although these other places were also disaster areas, the scale of the disaster differed significantly from place to place.

The reason why Ishinomaki City and the surrounding area suffered such a severe disaster was that about 80% of the city’s industry was located along the coast. This is Ishinomaki City’s main industrial zone, and almost the entire area shown in this picture was submerged during the tsunami. The only places that escaped flooding were the mountains and the rice fields in the distance. The points marked by red circles here are animal hospitals. Abe Animal Hospital is here. Most of the animal hospitals were under water. In the deepest places, the water level rose as much as 1.8 meters above the ground. Almost all of the submerged areas were industrial or residential areas. What this meant was that many people in these places lost their workplaces, jobs, homes and families. The root cause was the huge scale of the tsunami disaster.

If we expand this picture, the flooded region looks like this. The tsunami engulfed most of the urban district. These are the animal hospitals. We can see how the tsunami hit the city on a video. This is Sakanamati which is at a point more than 500m from the coast. The tsunami when it first arrived hit the district like this. As you can see, the sea covered the area so quickly that it was impossible for people to evacuate.

(Video)

Just one minute later, the situation was like this.

(Video)

There is a grove of pine trees here, but they are all being pulled up from their roots and swept away.

(Video)

People evacuated to high places such as elevated houses.

This is another district, called Minamihama-cho. After the tsunami struck, this place was transformed into a mountain of rubble. Many people told me it looked like

the place had been bombed.

Since Abe Animal Hospital is located about 6km from the sea, I had assumed that the tsunami would never reach the place under any possible contingency. However, the water levels had started to rise in the early evening of the day of the earthquake. This photograph shows the situation on day three after the quake. Although the floodwater was receding, it was still at this level. It took a week for the floodwaters to drain away completely. On the third day, as the water level was going down, the SDF boats began to arrive in the early evening. So we were able to begin delivering supplies to the neighborhood Nakazato Elementary School. That marked the start of our routine delivery runs to various evacuation centers.

The first thing we did was to evacuate rescued animals to our own animal hospital. We also evacuated animals to the second floor of our home and installed a toilet for the large dogs on the veranda. In this way we hospitalized and treated animals for over ten days. But even when the floodwaters had finally receded, the ground everywhere was covered with more than 10cm of sludge, so we couldn’t take the dogs out for walks. Initially we had to operate under conditions where the lifelines were disrupted. Electrical power was restored on the 10th day after the earthquake, and the water supply restored on the 16th day. But although we were unable to clean up the hospital, we did reopen from March 15 even with the place still surrounded by water. We then began treating sick and injured animals.

On the afternoon of March 13, I began visiting the nearby evacuation centers. At many of these centers, people had evacuated accompanied by their pets. At Nakasato Elementary School, I saw people staring with vacant expressions, laying down with bent legs on mats made from flattened out cardboard boxes. However, this particular evacuation center had made two rooms available for people evacuating together with animals. The atmosphere in these two rooms was more cheerful. On seeing this, I thought that, as one might expect, animal-accompanied evacuation was psychologically beneficial for both people and animals.

Also, even large dogs can accompany their evacuating owners if crates are used. But in order for this to be practical, owners must first educate and train their dogs to function and fit within a social situation. First of all, we brought in ordinary food, meal formula dog food, pet sheets and litter. When cats could only urinate on pieces of torn newspaper, they became less able to urinate fully. There was also a considerable demand for disposable diapers, and water was shared between people and animals.

Fortunately, Miyagi Veterinary Medical Association had made forward-thinking arrangements with Miyagi Prefecture in 2007. Ishinomaki Veterinary Medical Association had also made arrangements with the city government just half a year prior to the earthquake, so the city government was active in helping establish the animal rescue center. In order to make disaster preparations, I think the important thing first of all is to make arrangements with the local authorities and then to start rescue activities in the vicinity of your own animal hospital. Also, with regard to procuring pet food, after the disaster struck, pet food was delivered to Sendai City in Miyagi Prefecture but it wasn't distributed from there to outlying parts of the prefecture. This made me think about the meaning of equality in the context of this earthquake. Goods were delivered equally to every evacuation site, but the amount of earthquake damage differed from one place to another. So regardless of how many animals were injured or in need, the same amount of relief was supplied. That is the inequality we call equality. I felt this inequality at work when I was told, "Every place receives the same amount. Why should only Ishinomaki get more?"

We collected food while making contact with the City Office and the public health center. The volunteer centers were very useful in providing us with information on the damage situation, the location of evacuation centers, and whether animals were being kept at specific evacuation centers or not. Also, since there were initially very few volunteers and not many supplies at the volunteer centers, these places were very convenient for storing large amounts of goods. The

Ishinomaki Volunteer Center was opened on March 16 but even several days later, March 19, there were only a few people there and the warehouse was still almost empty. At the time we had this map which we started to circulate around the evacuation centers. We found that animals evacuated together with people were resident at each evacuation center. On seeing this, I realized that the status of animals has been raised to a far higher level over the 16 years since the Kobe Earthquake.

Then the number of animals housed at each evacuation center began to decrease. One of the reasons for this was the temporary evacuation of animals to locations outside Miyagi Prefecture. But this creates another problem. If animals are taken outside their home prefecture, their owners remaining behind are unable to visit them often. So more consideration must be paid to this point in future. I wished that the animal welfare organizations involved could have established shelters more locally. There were cases of untrained dogs or dogs that barked incessantly going back to live with their owners on the upper floors of homes that had been badly damaged or partially destroyed. There were also cases of pets left in their original homes while their owners commuted back and forth from evacuation centers to feed them. Also, some people who could afford the expense moved to Sendai, where the damage was less extensive.

A lot of signs and posters like this were put up. This was a more conscientious one but, in some cases, the animal welfare groups picked up animals from damage sites without giving or leaving any notice. I think it should be made mandatory that these groups must inform the police when they rescue animals and take them away.

People who went home with their pets often became evacuees in their own homes. In one house, I saw two families living together with eight animals. In such situations, even people living in their own homes cannot help but live the life of evacuees too. So we visited these "evacuees" on our rounds as well. Our hospital began conducting medical examinations on the fifth day following the earthquake, and one

owner wearing wellington boots brought a Golden Retriever to us by wading through the water. As they are facilities providing an important public service, it is necessary for animal hospitals to open as soon as possible following major disasters and provide medical examinations.

Among the cases I treated there were many animals that died due to abscesses or blood poisoning caused by external injuries. Large numbers of pets such as turtles, ferrets, rabbits, etc., were among the victims of the disaster. This particular animal became a celebrity at the evacuation center called Big Bang, but it suddenly developed a serious medical condition. I diagnosed it as suffering from pyometra, a uterine condition, and performed free surgery. Today it is still living healthily in a temporary housing unit.

As telephones began working again on Day 10 after the earthquake, we opened the rescue center for a week from March 22 based on an agreement with the local authority. We made the rounds of the evacuation centers and received a great deal of support. Some veterinarians came from Osaka City to help out and a continuing stream of support arrived from Sendai, and this was very helpful.

The role of the rescue center was to conduct general rescue and temporary fostering, and provide free medical examinations, free neutering and spaying surgery, and distribute free pet sheets and pet food. In the evenings, Abe Animal Hospital became a temporary office, and we had meetings there together to consider future rescue activities. Although this initial rescue center closed down after just one week, since the earthquake and tsunami damage was so serious, we agreed that we needed to establish a long-term rescue center with a solid shelter, and we held discussions. Afterwards, we all had a meal together which I remember as a very pleasant occasion.

In order to start up the long-term rescue center, we first had to secure a site. But it was difficult to find a suitable site. Also, none of the sites we were able to locate were equipped with lifelines so we had to use an electricity

generator. About 70% of the prefabricated housing in Ishinomaki had been swept away by the tsunami, and various companies took over the remaining 30%, so we had to begin the center using of trailer homes. Gathering volunteers via the Internet proved very effective, and private sector companies helped out a lot as a way of making a social contribution.

Backed by this support, we started up the 2nd term Ishinomaki Animal Rescue Center on April 2. We had to take-in many animals from the evacuation centers after the 2nd stage evacuation centers began operating on April 20 and the schools re-opened. This made it impossible to keep rescued animals on school grounds any longer. We intended to keep these animals until the temporary housing for evacuees became ready, so we started up the 2nd term Ishinomaki Animal Rescue Center to meet this timing.

At first we didn't have any cages so we asked Dr. Asako Shimamura to call the Sendai-based storage organization manufacturer Iris Ohyama Inc., and as a result, they gave us 100 cages for free, which was extremely helpful. Also, JAHA donated a prefab for us to use. I am sure that donations from organizations will be very important when setting up evacuation centers and rescue centers in future. Nippon Veterinary and Life Science University's Kennel Club also donated a prefab. Using these things as the basic infrastructure, the person in charge of the volunteer infrastructure built up the capacity of the center so that it became capable of handling 140 animals on an ongoing basis.

Among the 140 animals that were housed at the 2nd term Ishinomaki Animal Rescue Center, the ratio of dogs to cats was one to one, with 70% of the animals being kept temporarily and 30% sheltered. Many volunteers gathered to work at the center from all over Japan. They shared the duties of running the center, which was divided into clerical work, supplying goods, infrastructure, and providing medical care. We received lots of supplies from all sides including from Kobe. We packed goods like this and distributed them to the earthquake victims. The center was surrounded by a nice lawn making it an excellent location for volunteers

to take the dogs for walks. But we had occupied the site on the original understanding that we would only be able to use it for three months. At the end of that time we had to move out.

At the center, we performed free neutering and spaying operations, and we vaccinated animals against rabies and other infectious diseases. There were also frequent outbreaks of fleas and ticks in the disaster areas so we took prevention measures to protect our animals from infestation. Microchipping is a very important measure from the standpoint of matching up pets with owners, so I really think all owners should implant microchips on their pets. At the center, we implanted microchips received from a corporate donor into all the animals we handled.

Around 50 or 60 volunteers came to help out at the center everyday. When this many people are working together, it is hard to keep tabs on all their movements, so we hung a manual on the wall to allow people to better manage their daily schedules.

From July, we were able to borrow the site of a Miyagi Prefecture civil engineering project, which was located very conveniently underneath a bridge. Here, the volunteers and dogs were well protected from the rain and also from the hot summer sun, which was very nice.

Also, Tohoku Electronic Industrial Co., Ltd. provided free accommodation for 30 to 40 of our volunteers, and we appreciate their assistance.

Nine veterinarians from Nippon Veterinary and Life Science University came to the center in rotation. I thank them very much for the medical services they provided.

Among the animals we handled, there was a dog named Ride that developed a nose bleed just as the clinical pathologist from Nippon Veterinary and Life Science University was visiting the center. The pathologist performed an examination and diagnosed Ride with transitional cell cancer, which was expected to be

fatal in no more than 90 days. Ride was treated at the University Hospital, where he received radiation therapy free of charge, and returned to his owner 50 days later. After treatment he became very lively, and we nicknamed him "Lucky Ride". I am glad to say he remains alive and well today.

By the middle of September, in line with the completion of most of the temporary housing units, the number of animals staying at the center was decreasing steadily. As a result, the center closed on October 6. Although there were a few remaining individuals taken in by local veterinarians while waiting to go home, we were happy that almost all of the animals under the center's care were reunited with their owners or had found foster owners by this time.

The biggest single problem we had at the rescue center was an epidemic of viral feline rhinotracheitis due to the large number of unvaccinated cats brought into the facility. Those cats in critical condition were taken to the animal hospitals in each area and put on a drip. Fortunately we didn't detect any cases of canine parvovirus infection. Also, a lot of the animals suffered from diarrhea due to the stress they were under. The cats had access to a playroom, which I think helped to reduce the level of stress they were under. By contrast unfortunately the stress suffered by the dogs was intense, contributing to mounting aggression and fear among them which in turn led to an increase in biting incidents. This made it essential to introduce shelter medicine, and we considered the importance of conducting discipline training.

Kobe and Niigata had both previously experienced the same sort of disaster that we experienced in Tohoku. Probably similar sorts of things occurred in these places too. The veterinarians from Kobe gave us advice about these issues.

In April, the volunteer veterinarians who had initially come to help said they would have to return home. At the time, we didn't understand why, because we local vets were already overworked just by taking care of our own damaged hospitals and unable to get very much

involved in rescue center operations. However, they were obviously buoyed by a sense of their own heroism, and began running the center on their own terms. Indeed they took the animals and volunteers almost hostage, telling the local veterinarians things like, "If you can't come to the rescue center that's OK but give us money and leave total control of the operations to us." I thought this was an extremely unwelcome development.

Various problems became bigger. Payments were being made to the NEET (people not in employment, education or training) volunteers brought in by the outside vets, and the shelter work performance was declining. Some people began promoting the opening of their own shelters. There was friction. Dr. Uchida of Rakuno Gakuen University was carrying out dog training to rehabilitate dogs that had bitten volunteers but there were staff who, with no understanding about what he was doing, chastised him. He was told, "Dr. Uchida, please don't give the dogs such strict training." Ultimately, the number of incidents in which dogs bit staff members increased. My thinking was that we needed to improve the system so that the center could operate better and not have more and more people setting up their own shelters.

But one reason why things did go well for the most part at the rescue center in Ishinomaki was the guidance we had received from our predecessors. The same things have occurred following various other major natural disasters. I am very thankful that the people who handled those problems were considerate enough to give us useful guidance. I also appreciate that we were able to consult with these veterans about anything.

At present, we are providing support for animals being kept by owners in temporary housing facilities.

Finally, I would like to make some proposals. What we have to do, first of all, is to protect hospitalized animals. Then we have to extend a helping hand to animals in need from the evacuation centers in the vicinity of our own animal hospitals. These things are important.

Also, in the first days after a disaster strikes, food supplies don't get delivered. Even those areas where the devastation is greatest only receive the same volume of food. I strongly think we have to correct this inequality which is a so-called equality. Regarding evacuation center operations I think it is important to train coordinators who can organize animal welfare volunteers in times of disaster. In the neighborhood of our rescue center is Miyagi Internal Medicine Clinic. The coordinator of Nisseishin (the Japanese Association of Neuro-Psychiatric Clinics) arranged for nine volunteer doctors to work there locally each day, and the clinic's Dr. Miyagi accepted their help without any difficulties. I think that if such centers could have been established for veterinary work too, the local veterinarians would have had a much easier time.

Regarding the need for database construction, I think it is important for databases to be built up in more public places. There are several reasons for this.

Regarding the inequality that is called equality, I think it would be best if monetary donations were sent to the Japanese Red Cross and the Animal Rescue Headquarters. The reason I suggest this is that, at present, aid is distributed equally. Under this method, the most severely devastated places receive equal amounts as those places suffering considerably less damage. This is obviously inequality. I think aid should be distributed in a way that guards against this disparity. For example, when Fukushima Animal Rescue Center was in trouble, instead of relying on the dispersal of general aid by Fukushima Prefecture, we received donated funds tagged directly for the Animal Rescue Center. We were very grateful for this pinpoint support. It was very useful.

In Ishinomaki, about 12,000 dogs were officially registered, and about a third of these animals died. But cats are not registered at all and there must also have been many unregistered dogs too. So precisely how many dogs and cats died by the disaster is difficult to estimate.

I would like to end my speech by expressing my deepest

condolences to all those who have lost family members or pets in this disaster and my regret at the great loss of life. Thank you all, very much, for listening.



【Slide 1】



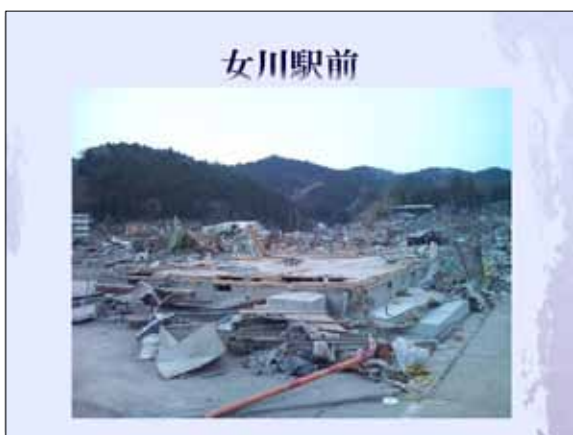
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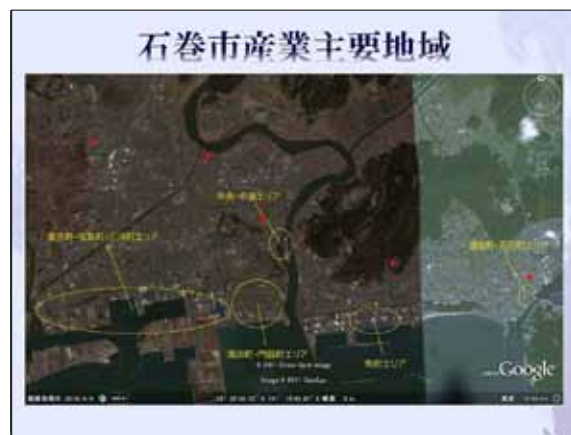
【Slide 2】



【Slide 6】



【Slide 3】



【Slide 7】



【Slide 4】



【Slide 8】



【Slide 9】



【Slide 13】



【Slide 10】

初期動物対応

- ◆ 一般食、処方食
- ◆ ペットシート、猫砂、おむつ
- ◆ 心臓病、白内障等の薬剤
- ◆ クレート
- ◆ 食器
- ◆ 水

【Slide 14】



【Slide 11】

避難所の動物救護

- ◆ 県及び市町村と災害時における愛護動物の救護活動に関する協定書を締結
- ◆ 動物病院周辺の避難所動物救護
- ◆ ペットフードの調達
 - 日本ペットフード協会等からのフードを保健所へ要請
- ◆ 市町村役場・保健所と連絡
- ◆ 災害ボランティアセンターへ
 - ボランティアミーティング
 - 大量な物資はセンターへ

【Slide 15】

入院動物たちの救護

- ◆ どこに避難するか
- ◆ 何をを用意するか(10日分)
 - 水、フード、ペットシート、クレート、キャンプ用品、乾電池(携帯電話用)、懐中電灯(人数分) 太陽電池によるランプ、ストーブ、自転車、サランラップ、ラジオ。

【Slide 12】



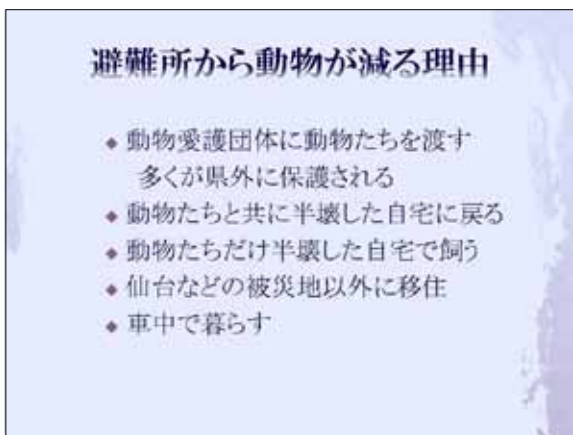
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【Slide 17】



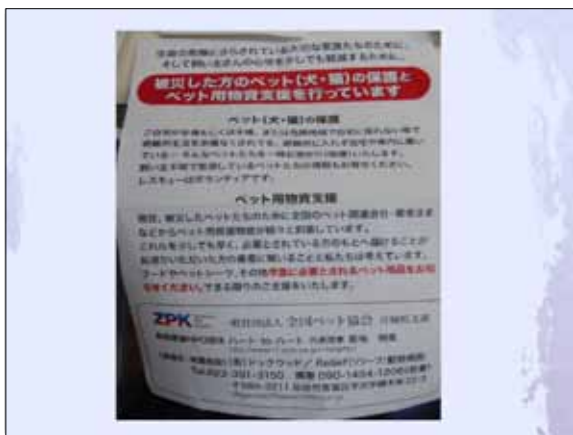
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【Slide 18】



【Slide 22】



【Slide 19】



【Slide 23】



【Slide 20】



【Slide 24】

石巻動物救護センター(第1期)



3月22日～28日まで、石巻動物センター倉庫にて活動開始

【Slide 25】

ミーティング



4月上旬 あべ動物病院にて

【Slide 29】

被災伴侶動物に対する救護活動



宮城県獣医師会
実態ごとに支援



仙台市獣医師会からのサポート

【Slide 26】

動物救護センター立ち上げ

- ◆ 用地確保
- ◆ プレハブ、ビニールハウス確保。
- ◆ ネット上に公式サイト立上げ。ボランティア募集、義援金受付、ニーズリスト、活動報告。
- ◆ ライフラインの確保
- ◆ 企業による社会貢献の場を提供
- ◆ 地元被災獣医師の救済



【Slide 30】

石巻動物救護センターの役割

- ◆ 被災動物の保護と一時預かり
- ◆ 保護動物のマッチングや所有権放棄された動物の譲渡
- ◆ フードやペット用品の無料配布
- ◆ 無料診療及び去勢・避妊手術
- ◆ 動物情報の一元化
- ◆ 同行避難が行われている避難所・仮設住宅への巡回
- ◆ 地元被災獣医師の復興の為

【Slide 27】

石巻動物救護センター(第2期)



4月2日～宮城県東部下水道事務所敷地内

【Slide 31】

ミーティング



4月上旬 あべ動物病院にて

【Slide 28】

トレーラーハウス内シェルター

アイリスオオヤマ寄贈(島村麻子アニコム)



【Slide 32】

JAHA 寄贈



【Slide 33】

ボランティアの仕事

事務
物資
インフラ
犬班
猫班
獣医医療



トレーラーハウス内診療所

【Slide 37】

日獣大ケネルクラブ寄贈



【Slide 34】

物資も次々と届く



【Slide 38】

センター増設



ボランティアによる作業

【Slide 35】



【Slide 39】

多くの真面目なボランティアが集合

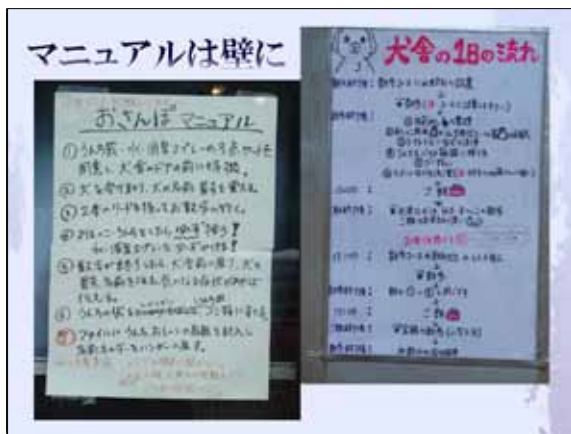


【Slide 36】

センターの実施事項

- ◆ 避妊・去勢の実施
- ◆ 狂犬病などのワクチン接種
- ◆ ノミ・ダニ駆除
- ◆ マイクロチップ
- ◆ フィラリア検査・ウイルス検査
- ◆ しつけ方

【Slide 40】



【Slide 41】



【Slide 45】



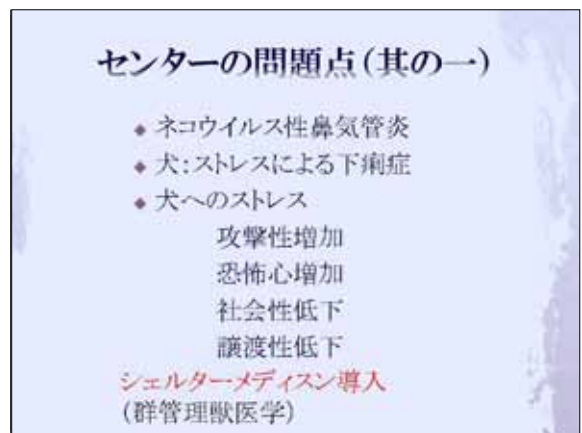
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【Slide 46】



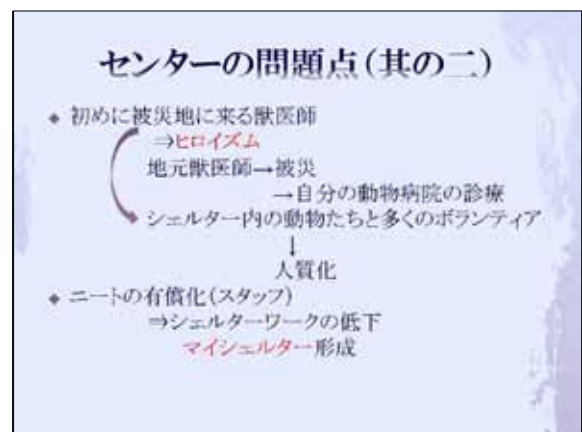
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【Slide 47】



【Slide 44】



【Slide 48】

センターの運営指導

- ◆ 神戸市獣医師会
- ◆ 兵庫県獣医師会
- ◆ 新潟県獣医師会
- ◆ 日本獣医師会
- ◆ 日本動物病院福祉協会

【Slide 49】



御清聴ありがとうございます

【Slide 53】

仮設住宅どうぶつ支援



【Slide 50】



被災地の提言

- ◆ 震災直後、入院動物の避難
- ◆ 動物病院周辺の避難所へ
- ◆ フードなどの要請
- ◆ 動物救護センター
 - 災害時動物ボランティアコーディネータ養成
 - 群管理獣医師及び群管理動物看護師の育成 (シェルターメディスン)
- ◆ 仮設住宅動物支援(Annプロジェクト)
- ◆ データ・ベースの蓄積の必要性
- ◆ 被災地における「平等という不平等」

【Slide 51】

被災犬の推定頭数

管内	世帯数	世帯数	100世帯あたりの頭数	全頭数	被災推定 犬頭数	被災犬の割合
	H23.3.31	H23.3.31				
佐南保健所	48,024	15,770	34	37	34	0.16
東条保健所	49,092	10,002	16	1,381	137	4.8%
(豊后支所)	66,624	11,489	20	6,180	1,602	1.4%
(黒川支所)	29,824	6,229	23	104	24	0.4%
大崎保健所	71,240	14,317	20	798	160	1.1%
東郷保健所	24,810	4,856	27	55	15	0.2%
聖南保健所	26,304	6,806	26	100	49	0.7%
石鼻保健所	79,446	12,410	18	27,740	4,308	34.9%
賀茂保健所	31,343	4,449	14	13,664	1,877	36.3%
計	456,018	89,449	20	52,239	10,241	11.4%

*被災犬: 家屋の全壊により被災前の状態を逸失(死亡・居住移転)した犬

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