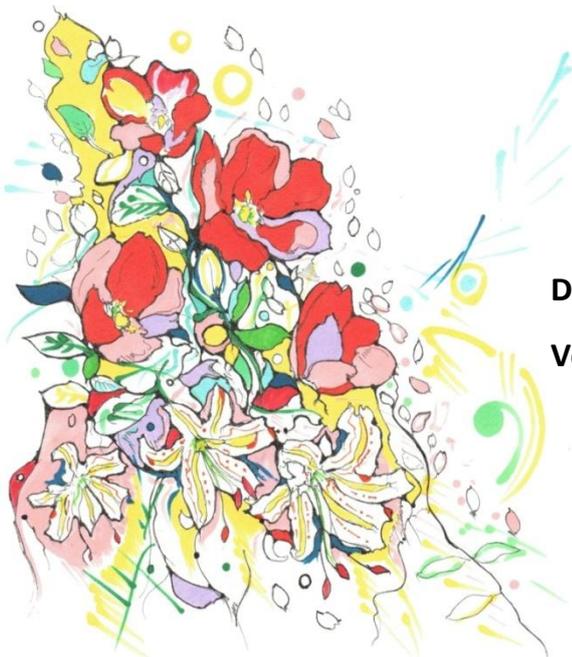




International symposium disaster management and recovery for children and communities 2016

History of the five years of the Soma Area



Date: May7 (Saturday)-May8 (Sunday), 2016

Venue: Soma Civic Center (Large Hall)

【 Soma Shimin Kaikan 】

**Kitamachi 51-1 Nakamura, Soma City, Fukushima
976-0042, Japan**

12:30	<p>Opening session Moderator Kana Yamamoto Minamisoma City General Hospital, Physician Claire Leppold Minamisoma City General Hospital, Researcher</p>
12:30-12:55	<p>Opening exhibition Kyogen performance 「Bo Shibari (Tied to a pole)」 Produced by: Incorporated Non Profit Organization Sensu</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Shite: Main character(servant Tarokaja) Ado: Main character(Master) Ado: Supporting character (servant Jirokaja) Kouken: supporting actor</p> </div> <div style="width: 35%;"> <p>Sakio Hashioka Matasaburo Nomura Takayuki Noguchi Kentaro Okutsu Kenichiro Okutsu</p> </div> <div style="width: 30%; text-align: center;">  <p>14th-generation heir, Izumiryu kyogenkata (comic actor of Izumi school) Matasaburo Nomura</p> </div> </div>
13:00-13:35	<p>Welcome speech Sae Ochi Chief of the executive committee</p> <p>Opening remarks Alex Ross Director of WHO Centre for Health Development</p> <p>congratulatory speeches by guests of honor Satoshi Imamura Japan Medical Association Vice President</p>
13:35-14:50	<p>Reports from local government mayors 4</p> <p>Norio Kanno Mayor of Iitate Singularity of nuclear disaster among disasters</p> <p>Katsunobu Sakurai Mayor of Minamisoma From Minami-Soma city to the world: our vigor for reconstruction</p> <p>Norio Kato Mayor of Shinchi Shinchi-machi: Disaster and recovery</p> <p>Hidekiyo Tachiya Mayor of Soma Human care in the period of disaster recovery</p>
14:50-15:00	<p>Break</p>
15:00-17:00	<p>Keynote Lecture 5 Alex Ross Director of WHO Centre for Health Development Lessons for Disaster Management and Recovery</p>
	<p>Session 1 : Children and disaster recovery 6</p> <p>Chair Yukie Osa Professor of Rikkyo University, Director of AAR Japan</p> <p>Tomohiro Morita Soma Central Hospital, Physician The 3.11 Triple Disaster: Health Effects on the Residents of Soso District, and Possibilities for Health Promotion</p> <p>Masaaki Abe Director, Seisa Nagoya Junior High School Activities of the Follower Team: prevention of PTSD among children</p> <p>Asako Sugioka Japan Legal Support Center, 1st Operation division Recovery from the Great East Japan Earthquake and lawyers, and the role of Japan Legal Support Center</p> <p>Yutaka Kikugawa Executive board, El Sistema Japan Foster power to live through music: Recovery, local regeneration, international exchange through art and culture</p> <p>Yukio Shibuya Professor of Tokyo University of Agriculture Recovery in agriculture in Soma area : Support by the Tokyo University of Agriculture(TUA)</p> <p>Hiroyuki Sato Director of Soma Fisheries Cooperative Fishing trial; The present situation</p>

9:00	Opening session Moderator Kana Yamamoto Minamisoma City General Hospital, Physician Claire Leppold Minamisoma City General Hospital, Researcher
9:00–9:10	Opening remarks Masayasu Kitagawa Emeritus professor of Waseda University
9:10–10:30	Session 2: Health impact by radiation 7 Chair Shinichi Suzuki Fukushima Medical University School of Medicine Department of Thyroid and Endocrinology Professor and Chairman Hiroki Shimura Department of Laboratory Medicine, Fukushima Medical University A progress report of Thyroid Ultrasound Examination program in Fukushima Health Management Survey Gerry Thomas Department of Surgery and Cancer, Imperial College London Thyroid Screening – the Global Perspective Sae Ochi Director of Internal Medicine, Soma Central Hospital Health impact of a disaster on physical performance of school children and elderly people Masaharu Tsubokura Attending physician, Soma Central Hospital, Part time physician at Minamisoma Municipal General Hospital Current situation of internal and external radiation exposure in Soma region
10:40–12:10	Session 3: Social impact by the earthquake and the nuclear accident 8 Chair Tomoyoshi Oikawa Associate director of Minamisoma Municipal General Hospital Peter Johnston Director, Division of Radiation, Transport and Waste Safety, Department of Nuclear Safety and Security, IAEA International Radiation Protection System: Protecting Children in the Community Shuhei Nomura PhD Candidate Department of Epidemiology and Biostatistics, School of Public Health, Imperial College London Post-nuclear evacuation and health risks in Fukushima Ryugo Hayano Professor, Department of Physics, University of Tokyo Empowering the young - radiation protection in Fukushima –
12:10–13:30	Lunch time lecture (Venue: Soma City Senkyaku-Banrai-Kan) 8
13:30–14:50	Keynote Lecture 5 Chair Kenji Shibuya Professor, Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo Shinjiro Nozaki Senior consultant, WHO Centre for Health Development Lessons for Disaster Management and Recovery Claire Leppold Minamisoma City General Hospital, Researcher The Minamisoma Babies Study: Health at Birth in the Four Years Following the 3.11 Triple Disaster
14:50–15:00	Break
15:00–17:00	Panel Discussion Moderator: Kenji Shibuya Professor, Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo Panel Gerry Thomas Department of Surgery and Cancer, Imperial College London Peter Johnston Director, Division of Radiation, Transport and Waste Safety, Department of Nuclear Safety and Security, IAEA Shinjiro Nozaki Senior consultant, WHO Centre for Health Development Shinichi Suzuki Fukushima Medical University School of Medicine Department of Thyroid and Endocrinology Professor and Chairman Hidekiyo Tachiya Mayor of Soma Katsunobu Sakurai Mayor of Minamisoma Claire Leppold Minamisoma City General Hospital, Researcher Kana Yamamoto Minamisoma City General Hospital, Physician Chikako Hokodate Parent-teacher association of Soma
17:00	Closing remarks Masaharu Tsubokura Secretary general

Reports from local government mayors

Norio Kanno
Mayor of Iitate



Singularity of nuclear disaster among disasters

Disasters are caused by many types of natural phenomena and events such as earthquake, tsunami, typhoon and volcanic eruption, but nuclear disaster is singular at many aspects among the known disasters. Unlike the other disasters, nuclear disaster forces the affected peoples to confront the debut for a very long time over generations under life living in radio-contaminated areas, with fear for health risks caused by undesirable radiation exposure. More seriously, young families with children are prone to move out from the affected areas. To mitigate this situation, risk communications in the affected areas is indispensable, and through conversations with the residents, I feel that the governmentally set limit of annual effective dose (1 mSV) behaves like an obstacle in our recovery processes, and wonder if we would be able to liberate from this spell. The health safety for radiation is not simply warranted by drawing the boarder of the dose limit or marking hot spots.

Katsunobu Sakurai
Mayor of Minamisoma



From Minami-Soma city to the world: our vigor for reconstruction

Minami-Soma city has been confronting difficult times in protecting the lives of the residents who were severely affected by the world's historical triple disasters: big earthquake, big tsunami and nuclear plant accident. Even within the same city, the boarders set by the government based on the radiation dose have divided the city into multiple zones. Each zone faces the zone-specific challenges in recovering from the disasters. One of the major challenges is to provide a safe environment for children, and our efforts to overcome such a challenge has become a trigger for the overall reconstruction of this city. I want to show to the world our vigor in our ongoing efforts to rebuild Minami-Soma city.

Norio Kato
Mayor of Shinchi



Shinchi-machi: Disaster and recovery

Five years have passed after the Great East Japan Earthquake. Top priority project of house reconstruction has been almost accomplished, and the affected residents have started new life. The 70 % of the affected agricultural fields have recovered, and traffic infrastructure for life has also almost recovered. Now, all of the highway across entire Shinchi-machi has been completed, and JR rail line, that was swept away by Tsunami, is planned to be open from coming December. We are developing new townscape surrounding the reconstructing rail station. Even though Big Tsunami brought serious damages to our town, all of the residents in our town are trying to turn this difficulty into good opportunity under recovery and development projects.

Hidekiyo Tachiya
Mayor of Soma



Human care in the period of disaster recovery

After the disaster in 2011, our mission has been to 'prevent secondary deaths'. For this goal, putting the residents' lives back in order was of paramount priority. Immediately after the disaster, identification of isolated populations and provision of healthcare at shelters was most important. Later on, prevention of suicide due to economic deprivation and/or psychological distress was addressed. There was also a concern about 'solidary deaths', among the vulnerable population such as the abandoned elderly. In addition to measures against these issues, we are continuously providing radiation protection measures, which includes measurement of internal and external radiation exposure levels of the children. All of these measures have been conducted in a careful and thorough manner.

Keynote Lecture

Chair

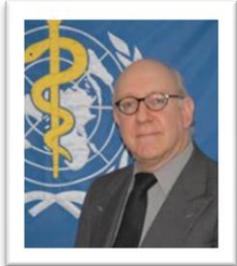
Kenji Shibuya

Professor, Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo



Alex Ross

Director of WHO Centre for Health Development



Shinjiro Nozaki

Senior consultant, WHO Centre for Health Development



Lessons for Disaster Management and Recovery

Natural disasters, communicable disease outbreaks, and other health emergencies have been increasing greatly over the past decade, and certainly the past 100 years. Unfortunately, our latest reminders have been the Kumamoto earthquake, the Ebola and Zika virus outbreaks. The impact on human life and economic losses are enormous. There are many hazards—often unpredictable— which countries and communities must prepare for, manage and cope with. These include floods, earthquakes, volcanic eruptions, typhoons, extreme heat/cold, and rarer instances of chemical and radiation accidents. Communicable disease outbreaks, facilitated by very rapid and extensive global travel, population growth, urbanization, and specie mutation from animal (zoonoses) to humans, are increasing. These include influenza, ebola, zika, dengue, MERS-CoV, chikungunya, resistant tuberculosis (and many other resistance), etc. Together, these are all referred to as health security.

The collective impact is severe, often on vulnerable populations (such as older people, those with disabilities, children, the poor, etc), and one of the least understood areas is the long term psycho-social impact on survivors of significant health emergencies. We have witnessed such impacts in Kobe 20 years after the Great Hanshin-Awaji Earthquake, here in the Soma City area after the Great East Japan Earthquake (GEJE), around the world in New Zealand, China, Nepal, Myanmar and so many others.

Sharing of lessons across countries and communities is essential for improving preparedness, response, recovery and long term planning. This will be instrumental to share with Kumamoto and surrounding areas. Globally and regionally, WHO develops and synthesis evidence, creates tools to help countries, monitors the impact of disasters, and most importantly mobilizes many partners to support countries and communities when requested. The WHO Kobe Center (a global WHO research centre), in collaboration with many partners and parts of WHO, has been synthesizing lessons on urban health emergencies and now on psycho-social impacts from disasters.

International treaties, such as the International Health Regulations (IHR, 2005), and frameworks as the Sendai Framework for Disaster Risk Reduction, guide countries to be able to detect, characterize, and act on health risks – whether biological, chemical or radiological (in the case of the IHR) or all-hazards approaches (Sendai). International coordination mechanisms such as the Inter-Agency Standing Committee, the WHO-managed Global Outbreak Response Network (GOARN), and the WHO managed REMPAN network (radiation and health emergencies) support the response phase.

Knowledge is increasing of what to do and not do. Underlying any country's or community's ability to prepare, respond, and recover from an emergency is to build or reinforce their health system, and to manage unpredictable risks. Many governments do not fully address preparedness given the periodic and unpredictable nature of disasters, and many pressing needs. Addressing national and global health governance is key to ensuring resources, planning, and the ability to collectively respond in an emergency. Engaging many stakeholders and parts of government is essential, but can be difficult. Fear is a major issue during an emergency, particularly with communicable diseases. In addition, as the GEJE demonstrated, public health needs after a disaster have shifted from communicable disease risk to ensuring continuity of care for older persons with non-communicable diseases, persons with disabilities, and managing psycho-social impact on the population and on first responders.

The greatest knowledge comes from what communities themselves are doing. This Symposium will share some of the innovations from Soma City, and how best these can be translated and adapted elsewhere.

The Minamisoma Babies Study:

Health at Birth in the Four Years Following the 3.11 Triple Disaster

The health of mothers and babies is an important aspect of public health. After previous disasters, it has been shown that proportions of low birthweight and preterm births increase in affected populations; yet, little is known to date about any impacts of the 3.11 disaster on maternal and perinatal health. In this presentation, we report the results of our study on health at birth of all babies born in Minamisoma Municipal General Hospital from 2008-2015, to assess for any changes after the 3.11 triple disaster. The results of our study indicate that there have been no significant changes in population birth outcomes, and that maternal evacuation experience and food choices were not associated with neonatal health at birth. These findings are surprising in comparison to results from other disasters, and we present possible reasons that may have contributed to the lack of change. This presentation additionally includes messages for mothers, families, researchers, and the general public, indicating what can be learned from this study and areas that call for further research.

Claire Leppold

Minamisoma City General Hospital, Researcher



Session 1 : Children and disaster recovery

Chair

Yukie Osa

Professor of Rikkyo University,
Director of AAR Japan



Tomohiro Morita

Physician,
Soma Central
Hospital,



The 3.11 Triple Disaster: Health Effects on the Residents of Soso District, and Possibilities for Health Promotion

We investigated mortality and cancer-mortality trends in Soma and Minamisoma City from 2006 to 2014, in order to assess any impacts of the 2011 triple disaster. Our results indicate that the age-adjusted death rate per 100,000 population has not increased from 599 among men and 329 among women, in 2006 to 523 and 302 in 2014, respectively. Similarly, the age-adjusted cancer death rate per 100,000 population did not increase, at 184 among men and 100 among women in 2006 to 166 and 86 in 2014, respectively. Although these results suggested no increased rate of mortality, the proportion of elderly people in this area has increased rapidly after the disasters, which highlights the importance of policies to promote their health. In this presentation, we report the current status of health policy in this area, with a focus on public housing programs for the elderly in Soma City, and the effects of this program on their health.

Masaaki Abe

Director,
Seisa Nagoya
Junior High
School



Activities of the Follower Team: prevention of PTSD among children

The Follower Team is an incorporated non-profit organization established in May 2011 through collaborations between Soma City and Seisa Group. Our mission is to dispatch school counselors to the elementary schools and junior-high schools which were affected by the tsunami, and to deal with PTSD (post-traumatic stress disorder) of the students and staff. The first priority of our program is to establish support system that is consistent, team-oriented, and sustainable, even in emergency settings. Mental stress caused by the disaster is enormous, but this experience can also be a great opportunity for growth and self-mastery. The speaker will present about mental support specifically in the field of education.

Asako Sugioka

Japan Legal
Support
Center, 1st
Operation
division



Recovery from the Great East Japan Earthquake and lawyers, and the role of Japan Legal Support Center

Lawyers are supporting after disaster for the affected residents in livelihood rehabilitation by providing legal advice and proposal as well as serving as legal consultant for case. Under financially support by the Law on Special Great East Japan Earthquake Reconstruction Areas, the affected residents feel freely to request lawyers. In Fukushima prefecture, in addition of cases appealing compensation of damages related nuclear disaster, cases in divorce and familial conflict are dramatically increasing. Total case number of legal advice is still increasing, and continuous responses for legal advice and consult, also in more complicated cases, are clearly needed.

Yutaka Kikugawa

Executive
board, El
Sistema
Japan



Foster power to live through music : Recovery, local regeneration, international exchange through art and culture

El Sistema Japan (a general incorporated association) is conducting a project " Foster power to live through music ", based on cooperative agreement with Soma city. This project was initiated by support for ongoing club activity in schools, and has been extended to cover a variety of activities such as support for a "Soma orchestra & chorus " group composed of 150 children aged from 5 – 17 year old, and music lesson for Japanese music, ancient court music, drum and fife band in elementary schools. Besides of a subsidy from Japanese Agency of Cultural Affairs, an annual budget has been provided as a municipal planning project from April 2014. A hometown payment is open for El Sistema Japan from last year.

Yukio Shibuya

Professor of
Tokyo
University of
Agriculture



Recovery in agriculture in Soma area

: Support by the Tokyo University of Agriculture (TUA)

My talk is going to present support by the Tokyo University of Agriculture (TUA) in recovery in agriculture in Soma and neighboring areas. As solving problems in the locals is our TUA principle: practical learning, supporting recovery of local industry in agriculture, forestry and fishery in the affected areas is our TUA major task. For supports at different dimensions, the details of five projects will be presented as, 1)the questionnaire survey of intention for farmers in agriculture, 2) TUA method of salt removal from flooded land, 3) trial in absorption of radioactive Cs, 4) radiation measurement for each lot in fields, 5) radiation monitoring of insects in the fields

Hiroyuki Sato

Director of
Soma
Fisheries
Cooperative



Fishing trial: The present situation

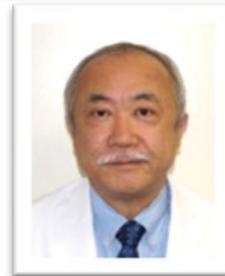
The sea area in operation for the Soma-Futaba Cooperative covers the half of the entire Northern sea area in Fukushima prefecture, from the area in front of the Fukushima Daiichi Nuclear Plant to the prefecture boarder. Fishery facilities including the head office of the Cooperative in the coasts were severely damaged by huge Tsunami following the Great East Japan Earthquake. Further harm from released radioactive substances led the Cooperative to refrain from fishery immediate after the disaster. During the period, any business of fisherman, brokerage as well as marine product processors were quieted down to almost null. To recovery from the situation, the Cooperative had decided at June 22nd 2012 to start fishing trial with six trawl boats to monitor radio-contamination in fishes. The food safety for two types of octopus and one type of Tsubugai (a kind of shellfish) could be confirmed, and has been successfully extended to 72 types of fishes at the present time.

Session 2: Health impact by radiation

Chair

Shinichi Suzuki

Fukushima Medical University School of
Medicine Department of Thyroid and
Endocrinology Professor and Chairman



Hiroki Shimura

Department of
Laboratory Medicine,
Fukushima Medical
University



A progress report of Thyroid Ultrasound Examination program in Fukushima Health Management Survey

Since the accident at the Fukushima Daiichi Nuclear Power Plant was occurred, there have been great concerns regarding possible health impacts by radioactive materials released into the environment such as an increase in radiation-induced thyroid cancer in children observed after the Chernobyl accident. About a half year after the disaster, Fukushima prefecture started the Thyroid Ultrasound Examination program, a part of Fukushima Health Management Survey, for childhood residents aged 18 or less at the earthquake. This survey has been operated with “all-Japan” supports by many members in seven scientific and medical associations corresponding to diagnosis of thyroid diseases. The third round survey of this program is going to start on May in 2016. This presentation will give you tentative results up to now and will clarify the characteristics of thyroid cancer.

Gerry Thomas

Department of
Surgery and Cancer,
Imperial College
London



Thyroid Screening – the Global Perspective

The Thyroid Ultrasound Examination (TUE) performed as part of the Fukushima Health Management Survey is already producing large amounts of data. However, that data needs to be put into context in order to ensure that it is correctly interpreted by other scientists and the media. There has been a tendency to compare the figures for operated thyroid cancer in children of this age with the figures from the TUE without taking into account the method of detection used. This has led to media headlines suggesting that there has been a surge in thyroid cancer incidence post Fukushima, whereas in reality the increase is related to screening rather than to radiation. There are significant differences between the patterns of thyroid cancer post Fukushima compared with that post Chernobyl with respect to the age distribution of the cases, the pathomorphology and molecular biology. In addition, the reports that post-Chernobyl thyroid cancer was an aggressive form of the disease have now questioned by more recent data, suggesting that surgery could be timed to best suit the patient without any detriment to outcome.

Sae Ochi

Director of Internal
Medicine, Soma
Central Hospital



Health impact of a disaster on physical performance of school children and elderly people

The health impact caused by the triple disaster in Fukushima is not limited to that of radiation exposure. Many intermediate factors such as long-term dislocation, bad rumour, fear of radiation exposure, loss of jobs may cause indirect health impact on the health of the residents. Especially, impact on physical performance among the residents is one of the most neglected concerns. In this presentation, fluctuation of physical performance among the residents will be shown using the data of the results of sports tests among elementary school children in Fukushima and the results of physical performance tests among the elderly people in temporary housings in Soma in 2012.

(Director, executive committee of the International Symposium on Disaster Management and Recovery for Children and Communities 2016)

Masaharu Tsubokura

Attending physician,
Soma Central Hospital
Part time physician,
Minamisoma
Municipal General
Hospital



Current situation of internal and external radiation exposure in Soma region

From the immediate aftermath of 3.11 triple disaster, we have investigated internal and external levels of radiation exposure in So-so District through Whole Body Counter (WBC) screenings and use of radiation dosimeters. We have found decreasing trends of radiation doses by year, and as of 2016, almost all children living in So-so District have a yearly radiation dose of less than one millisievert (mSv). It has additionally been found that there is a high level of food safety, including marine products. On the other hand, we have seen deep-seated anxiety and stigma about radiation, and we can conclude that there is a need to continue maintaining a system for individualized consultation and radiation screenings, as well as radiation-related education for the general public. This presentation goes over radiation countermeasures up to this point, and directions for the future.

(Secretary general, executive committee of the International Symposium on Disaster Management and Recovery for Children and Communities 2016)

Session 3: Social impact by the earthquake and the nuclear accident

Chair

Tomoyoshi Oikawa

Associate director of Minamisoma
Municipal General Hospital



Peter Johnston

Director, Division of
Radiation, Transport
and Waste Safety,
Department of
Nuclear Safety and
Security, IAEA



International Radiation Protection System: Protecting Children in the Community

The International Framework for Radiation Protection is established on the basis of scientific evidence compiled by UNSCEAR, which in turn drives Recommendations from the ICRP and ultimately Safety Standards produced by the IAEA. In this Framework, there is no separate approach to protecting children. Children need to be protected from radiation hazards within the context of the community. While there is less scientific evidence than is the case for adults, children are generally more radiation sensitive and so in assessing radiation risks, doses to children are often the limiting case driving the radiological assessment.

The current situation in areas affected by the Fukushima Daiichi accident is defined under the Radiation Framework as an “existing exposure situation” and protection measures need to be both justified (do more good than harm) and optimized (doses should be reduced as much as practical). Considerations of justification should take account of all hazards that the community faces as radiation risks are not always the dominant risk. An obvious example involving radiation exposure to children exists in the medical use of radiation. There are currently many studies of cancer following exposures of children to medical uses of radiation. These epidemiological studies can be difficult to interpret and the results are controversial, but they indicate that approximately 1 child in 1000 that has a CT procedure will develop a cancer later as a result of the radiation exposure. In most cases, such a risk is small compared to the medical risk of failing to diagnose disease. Parents are obvious concerned about radiation exposure of their children, but all risks need to be considered and balanced to produce the best outcome.

Once protection measures are decided on the basis of justification, optimization is the next step. In medicine this is usually done by using the most up-to-date equipment and techniques. For communities near Fukushima, simple measures about the arrangement of everyday life can make a significant difference to radiation exposure and the community needs advice and assistance to implement these measures. The IAEA is involved in a wide array of projects to provide such assistance.

Shuhei Nomura

PhD Candidate
Department of
Epidemiology and
Biostatistics, School of
Public Health, Imperial
College London



Post-nuclear evacuation and health risks in Fukushima

Consideration of the health impacts of evacuation is fundamental to disaster preparedness and response. Japan's 2011 Fukushima Nuclear Power Plant incident required the evacuation of over a hundred thousand people from the area surrounding the nuclear plant, creating a large displaced population with potentially increased vulnerability to mortality and morbidity.

Mr Shuhei Nomura will show data on the post-evacuation health impacts (mortality and chronic diseases) in Minamisoma City and Soma City—located 10-40 km north of the nuclear plant—and present key challenges these cities have faced and lessons learned regarding effective practice and procedures in both early and long-term response to mass-displacement disaster.

Ryugo Hayano

Professor,
Department of
Physics, University of
Tokyo



Empowering the young – radiation protection in Fukushima –

Abstract - In my presentation, after briefly presenting the result of whole-body counter surveys of small children in Fukushima using “BABYSCAN”, I will mainly present on the ‘D-shuttle’ project, which I carried out with high school students.

The ‘D-shuttle’ project was launched in 2014 to compare personal doses of high-school students living in Fukushima, outside of Fukushima, France, Poland and Belarus, utilizing electronic personal dosimeter called D-shuttle. More than 200 students and teachers participated in this study, which has clearly shown that the personal external individual doses in locations where residence is currently allowed in Fukushima Prefecture and in Belarus are well within the range of estimated annual doses due to the terrestrial background radiation level of other regions/countries.

Information of lunch-time session

We will holding a lunch session for the symposium participants. Lunch menu using fresh local products like seafood curry and soy soup with seaweeds, and beef croquette will be served for FREE, so please feel free to drop in.

At the venue, panels presentation about effort for disaster recovery & management in Soma district.

◆Date and time: 8 May (Sunday) 12:10~13:30

※Time of panel presentation on disaster recovery & management

7 May (Saturday) 12:00~17:00 / 8 May (Sunday) 9:00~17:00

◆Venue: Soma Senkyaku Banrai-kan (in front of the symposium venue)

◆Fee: Free of charge

◆If you have food allergy, please feel free to ask the staff about the ingredient of the dishes.

