

A New Role for the Japan Medical Association: Contributing to world peace by “Sogo Fujo”-based relationships

JMAJ 54(6): 417–421, 2011

Shigeru SUGANAMI*¹

The earthquake and tsunami that struck on March 11, 2011 devastated a broad area of the Tohoku region, centering on Fukushima, Miyagi, and Iwate Prefectures, leaving in its wake 15,812 people dead and 3,983 missing as well as forcing more than 400,000 people to evacuate at the peak of the crisis. The Great East Japan Earthquake, as it was named, is said to have been a one-in-1,000 year catastrophe. Currently both the government and private sector are hurrying to provide support for recovery.

The international society has focused on two aspects of the Great East Japan Earthquake in particular. The first of these was, why were there no riots or unruly behavior seen at the evacuation centers? The second was, has the radiation damage in Fukushima Prefecture spread to the rest of Japan?

First of all, I would like to explain about why there was no rioting or unruliness at evacuation centers. What is important here is who manages the evacuation centers; they are managed by “neighborhood associations.” These are the groups that are the points of contact for local community residents and local government agencies. Local government agencies cannot operate effectively without “neighborhood associations.” Chairmen of these neighborhood associations are elected not for their abilities but for their personality, or trustworthiness. Politicians, meanwhile, are elected for their abilities. In times of trouble, local communities operate on the principal of “Sogo Fujo,” mutual cooperation and assistance, and it is the neighborhood associations that are responsible

for these operations. Of course, these activities are carried out on an unpaid, volunteer basis. At evacuation centers, evacuees help each other under the administration of the neighborhood associations, preserving a “reliable order with no disparities.” This is the greatest reason why no riots or disorderly behavior occurred at the evacuation centers. At the time of the Great Hanshin Earthquake in 1995, I tried to explain the “neighborhood association” system to the French terms of “Doctors of the World (Médicins du Monde)” that were being hosted by us, the Association of Medical Doctors of Asia (AMDA), but they could not understand this system. I thought that this was probably because the neighborhood association is peculiar to Japan and there is no equivalent in Western countries.

The role of the Japan Medical Association (JMA) was significantly changed by the Great East Japan Earthquake, being pushed into the leading position in domestic disaster medicine. The reasons for this were that regional medical associations in the disaster zone accepted the medical teams that came from throughout the country, and that the JMA sent a total of nearly 6,000 medical staff in more than 1,500 medical teams into the disaster zone. Prior to the Great East Japan Earthquake, the Japanese Red Cross was the main provider of emergency medical care in disasters. The dispatch of the majority of the JMA-led medical teams (JMAT) was overseen by the Executive Board Member Masami Ishii and others under the direction of JMA’s President Katsuyuki Haranaka. An important point is

*1 President, The Association of Medical Doctors of Asia (AMDA), Okayama, Japan (president@amda.or.jp).

This series is being published from Volume 54, No. 5 (2011), in which members of the JMA Global Health Committee wrote about experiences and lessons learned in the Great East Japan Earthquake.



Regular meeting for medical staff at the Kamaishi City Disaster Headquarters, led by the Kamaishi City Medical Association

that Dr. Ishii's own hospital in Fukushima Prefecture was damaged in the disaster. That is to say, Dr. Ishii was in the dual positions of providing medical assistance as well as receiving medical assistance. I am certain that Dr. Ishii's perspective as an earthquake victim realized JMA's speedy and on-target response, which is crucial to disaster medical care. The greatest fruits of these activities were that physicians who would normally only know each other through conferences and seminars were sent to the disaster zone under the names of the various regional medical associations to which they belonged and they were able to work together and cooperate with each other, building bonds of trust. "A pinch is a chance" meant, for physicians throughout Japan, an opportunity to further strengthen human relationships through Great East Japan Earthquake medical relief activities.

The greatest reason why physicians are socially respected is their medical license, which is entrusted to them by the national government. The message of the medical license is: "Help and save lives; never forsake a patient." The expectations people hold of the medical license is the source of the respect that people hold for physicians. The fact that the JMA—Japan's largest organization of physicians—mobilized physicians from around the country and provided disaster medical relief when the society faced a fateful crisis means that the JMA has become a Japanese public organization both in name and reality. Under the JMA, 891 municipal medical associations nationwide are operating. In collaboration with local govern-

ment agencies, health centers, and local community organizations, these municipal medical associations are voluntarily providing school health, industrial health and community health services that are vital to local communities. It is no exaggeration to say that the JMA is an organization that "promotes Japan's position in the world as the country with the highest average longevity." In addition to the presence of the municipal medical societies in Japan's public health policies, the dispatch of JMAT to the earthquake disaster zone has, I am certain, contributed greatly towards enhancing the general public's trust in the existence of the JMA. The Ministry of Health, Labour and Welfare and other government ministries and agencies have also highly valued the role of the JMA in domestic disaster medical care, and I strongly hope that the JMA will be treated equivalently with the Japanese Red Cross, which has played a major role in disaster relief within Japan.

In the Tohoku disaster zone, many physicians in private practice were also affected. These physicians ate and slept alongside local community residents in evacuation centers while treating patients day and night. For disaster victims spending their most anxious night, there must have been no greater relief than spending it with their local primary care physicians. JMAT provided support to these local physicians. Of course, within the evacuation centers, the local private-practice physicians who had been affected by the disaster established relationships of trust with neighborhood associations and other local community organizations. I am certain that these relationships will be a tremendous asset in the promotion of the community medicine in the future.

Despite the fact that the nuclear accident in Fukushima Prefecture has generated harmful rumors around the world, emergency rescue teams and medical teams from more than 30 countries—in addition to the "Friendship Mission" of the American military forces and Israeli medical teams that were featured in Japanese media—came to Japan in the wake of the disaster. Their message was, "We will not forsake the Japanese victims of this disaster." Those who come to our assistance at such a horrendous time are true friends. AMDA hosted medical teams from such organizations as the Korean medical NGO "Medipeace" (led by Dr. Cho In Sung, Executive Board Member of Korean Medical Associa-



Dr. Cho, Executive Board Member, International Relations, of the Korean Medical Association (right), and Dr. Ueda, who was a victim of the earthquake and tsunami, at the Otsuchi-cho Evacuation Center in Iwate Prefecture

tion, Board Member of Medipeace), Thailand's Bangkok General Hospital, AMDA's Indonesian Chapter (Prof. Dr. dr. Idrus A. Paturusi, Rector of Hasanuddin University) and Malaysian NGO "MERCY Malaysia." The members of these teams stayed in evacuation centers, which gave them understanding of the situation at evacuation centers as well as the localized damage from the Fukushima nuclear power station accident. They were surprised by the gap between reality and the news reports being broadcast in their home countries.

When we accept emergency medical teams coming from overseas, we need to focus on the existence of foreign residents who suffered from disasters, as well as Japanese victims. When facing a fateful crisis, it can be a tremendous relief to be able to receive medical treatment in your mother language from a physician from your home country. Even if medical treatment by physicians from overseas cannot be provided to disaster victims in Japan due to differences in medical licensing and healthcare environments, these physicians deserve deep gratitude of Japanese disaster victims. However, though many overseas medical teams applied for permission from Japan's Ministry of Foreign Affairs (MOFA) to provide emergency care in the disaster zone in Tohoku, their applications were declined. This is not surprising because MOFA cannot guarantee the medical care activities of foreign medical teams in Japan. At the time of the Great Hanshin Earthquake

in 1995, Japan's Ministry of Health and Welfare had to decide whether or not to accept medical teams from overseas. It was such a burden for the Ministry of Health and Welfare, which had already been overwhelmed by the medical needs in the unprecedented scale of disaster. Japanese Government is required to take responsibility for its decision to accept medical relief teams from overseas as a matter of national responsibility. The government cannot act irresponsibly and its decision could have serious consequences. As a general rule, the private sector, rather than the public sector, should accept medical teams from overseas. For example, even if overseas medical teams are not permitted to treat other than the citizens of their own countries, Japanese people can express their gratitude to these countries and their people for kindly taking the trouble of dispatching medical teams to Japan. This would be a path towards establishing mutual trust between peoples. The public relations officer for the Israeli medical team explained with pride that their medical relief activities were "humanitarian assistance diplomacy." It is extremely unfortunate that the Japanese media reported very little on the activities of overseas emergency relief teams other than the American military forces and Israeli medical teams.

I am certain that the dispatch of medical teams to disaster zones in other countries as part of "humanitarian assistance diplomacy," as described by the Israeli medical team representative, is extremely meaningful in terms of establishing the necessary trust for achieving world peace as a form of diplomacy between not only nations but also peoples. However, we must also be mindful of the pride of those receiving the assistance. This pride is the feeling of wanting to play a role in society and have one's actions recognized by society. When the huge earthquake struck Djokjakarta in Indonesia in 2006, AMDA dispatched emergency medical relief teams from Japan under the leadership of AMDA Indonesia. The JMA also sent 35 million yen in donations, which was used to rebuild a health center with the cooperation of AMDA Indonesia. I made a speech at the opening of the rebuilt center. I said: "Last year, you were in trouble, and so we came to help. If in the near future Japan has another disaster like the Great Hanshin Earthquake of 1995, please come and help us." The next person to speak was the governor, who said, "Many



An AMDA medical team on their way from Okayama Airport to Hanamaki Airport in Iwate Prefecture via charter plane



AMDA physicians and nurses providing medical services at an evacuation center

organizations have come from overseas to help us, but you are the first to ask us to help you when you are in trouble. I am extremely happy.” And in fact, the Rector of Hasanuddin University, Prof. Dr. dr. Idrus A. Paturusi visited Iwate Prefecture in the disaster zone at the time of the Great East Japan Earthquake as the head of AMDA Indonesia’s medical team. In Indonesian, “mutual assistance” is expressed by the phrase “*gotong royong*,” and in Zambia by the phrase “*chitanzanae*.” In times of trouble, we help each other. Helping each other repeatedly deepens mutual trust, and in the most extreme cases, creates a sense of “family.” Some 80% of the world’s population lives in a world of “mutual assistance,” and so they can understand this concept.

At the time of the Great Hanshin Earthquake, some 1 million volunteers rushed to Kobe. In the wake of the Great East Japan Earthquake, the Japanese nation as a whole is pulling together and cooperating to provide not only emergency relief but also support for recovery. The motivation for this is the concept of “mutual assistance” in times of trouble. Of course, the spirit that dispatched such a large number of medical teams to the disaster zone under the leadership of the JMA was that of “mutual assistance.”

I wish to advocate “humanitarian assistance diplomacy” through mutual assistance. However, there are national borders to medical licenses. In 2006, on Leyte Island in the Philippines, a huge landslide buried and completely wiped out a village of 1,000 people in 2006, including some 100 schoolchildren. Philippine law caused impedi-

ments to AMDA sending medical teams from Japan and Indonesia, as overseas medical licenses are not recognized for undertaking medical activities in the Philippines. I made an international telephone call to the president of the Southern Leyte Medical Society: “At the time of the Great Hanshin Earthquake in 1995, your country’s President Ramos donated one month of his salary to the earthquake victims. The distance between Japan and the Philippines that had been felt in the hearts of Japanese people—which had been widely reported in the newspapers—grew closer because of this. There are many people in Japan who wish to show their thanks to the people of the Philippines by providing assistance through AMDA for the victims of this landslide. However, under Philippine law, physicians from other countries can not undertake medical activities in the Philippines. I would like to request that you give us permission to undertake medical activities under the authority of the Southern Leyte Medical Society and your medical license.” The president of the Southern Leyte Medical Society readily agreed to this, and so for a period of 10 days the members of the Society worked side by side with us in our emergency medical activities. One year later, a chapel was built on the side of the disaster zone, and the local people held a memorial ceremony for those who had lost their lives. They were extremely happy to be able to do this.

I am certain that the emergency medical care provided to the victims of the Great East Japan Earthquake by the JMA has renewed the Japa-

nese people's esteem for the JMA and their respect for physicians. Again, why is it that physicians are respected by society? It is because they are entrusted with medical licenses by the national government. The general public holds expectations for medical licenses. What is a medical license? Its meaning is to "Help and save lives; never forsake a patient." It is predicted that the international community will experience many natural disasters in the 21st century due to the effects of climatic changes. Who, then, when we are facing a fateful crisis, will come to help? Who will save us? Who will forsake us? The international community also respects medical licenses. I wish to advocate that the national medical associations of the world cooperate and work together to promote "humanitarian assistance diplomacy

between peoples through mutual assistance." The world also holds expectations for medical associations to play a major role in the establishment of trust that will lead to global peace. This is an idea that came out of the role played by the JMA in the aftermath of the Great East Japan Earthquake. Why did this idea originate in Japan? Because Japan is a country that values human life. In addition to having the world's "highest average longevity," Japan is rare amongst the countries of the world for having laws that prohibit the "export of weapons."

Last but not least, I would like to express my heartfelt gratitude to all the people and organizations in the world that have provided the victims of the Great East Japan Earthquake with such warm support and assistance.