

Preface

This issue of the JMAJ features the contents of the 2012 JMA Symposium on Health Policy “Disaster Medicine and Medical Associations” held by the Japan Medical Association (JMA) on March 11, 2012.

The Great East Japan Earthquake that occurred on March 11, 2011, included a massive tsunami, and caused enormous damage leaving more than 19,000 people dead or missing. Many health professionals also became victims while on duty.

First, we would like to express our sympathy for those who lost their lives as well as to the grieving families and other concerned persons. We also express our utmost respect and thanks to health professionals who rushed into the affected areas and devoted their efforts to providing care and treatment for survivors in severely impacted environments.

Mutual coexistence with nature is essential for humans to sustain living in the natural world. It is said that Japan has a high probability of suffering a major earthquake in the Tokyo Metropolitan area, with the Nankai Trough Earthquake occurring serially during a short period of time or concurrently as a supergiant earthquake within the next 30 years. In addition, there is concern about the risk of infectious disease pandemics and the threat of terrorism as well as natural hazards including flooding, typhoons, and volcanic eruptions.

This symposium focused on the envisaged disasters and the responses and specific activities

of medical associations to such events, to reconsider these issues on this occasion of the one year anniversary of the Great East Japan Earthquake.

Among the areas affected by this disaster, the coastal zone in particular was extensively damaged, and the local health care system suffered catastrophic destruction. Restoration and reconstruction of the local community are desired as soon as possible so that refugees can return to the places where they lived before the disaster and lead safe and healthy lives. To this end, formulation of a system to provide health care services that can endure disasters is needed along with the development of lifelines.

The JMA is a professional academic organization consisting of members of medical associations in 47 prefectures throughout Japan. The role of regional medical associations is to undertake community health care. Community health plans should not be prepared only under governmental or financial initiatives. Health care must be provided by mechanisms in which medical institutions including clinics and medium-sized and small hospitals share roles and functions through close inter-cooperation, under a plan formulated based on the characteristic features and actual conditions of “hometowns” in each region of Japan. The JMA intends to step up efforts, playing a leading role in this movement.

We hope that lectures given by presenters, serious discussion, and recommendations by the JMA presented in this issue will contribute to future disaster medicine measures in Japan.

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Yoshitake YOKOKURA
President, JMA