

Works in progress after the 2011 Disaster

On March 11, 2011, Japan experienced the horrible moment when the Great East Japan Earthquake and Tsunami occurred, followed by the explosions at the Fukushima Daiichi Nuclear Power Plant. In the aftermath of the disaster, humanitarian power rose up throughout Japan and the world. This tremendous response was really touching for me in the wake of this paralyzing threat and in the face of the immense power of nature.

Japan Medical Association Team (JMAT) units were dispatched to maintain community health activities in the disaster-stricken areas for about 400,000 evacuees from immediately after the disaster until 15 July, 2011. We moved into the second stage of our relief activities with JMAT II on 16 July 2011. These activities were aimed at providing mid- to long-term health assistance in the affected areas, including the public health system. JMAT II activities were maintained based on discussions in the Disaster Victims Health Support Liaison Council, which consisted of major related health organizations in Japan with related ministries participating as observers and was chaired by the JMA.

To commemorate disaster victims, the JMA held an international symposium entitled "Health Policies for Disaster Medicine and Medical Associations" in Tokyo on 11 March, 2012, one year after the Great East Japan Earthquake.

As Dr. James considerably finished his speech before his allocated time was up, all the sym-

posium participants were able to stand for a minute's silence in memory of the victims at 14:46, the time the earthquake struck. The valuable presentations from global participants have been included in this issue.

Also included as a special feature of this issue is a lecture entitled "Megacity-Megahealth: the Tokyo experience," which was presented by Prof. Nakamura in the Scientific Session of the 2012 WMA General Assembly held in Thailand.

With population maldistribution progressing, societies with megacities need to be integrated with fundamental social mores at certain levels. Still, controversial phenomena occur because more people want to move into megacity regions because of their higher achievement, consequently causing these regions to exceed their population capacity and presumably lower their level of affordable services. A high degree of damage to medical workforces in such developed societies will be inevitable in the case of major disasters as well.

I hope to share our experiences and knowledge in this issue to contribute to greater improvements in healthcare and quality of life for the people of the world in coming years.

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