Trends for Japanese and Japanese Brazilian Physicians in the Federative Republic of Brazil: Historical discussion and current situation

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Introduction

With Napoleon's conquest of the Iberian Peninsula, the period of royalism arising from the transfer of the Portuguese royal dynasty to Brazil passed, and since the establishment of an independent republic (1889), Brazil has promoted policies encouraging immigration. As a result of these policies, immigration from Japan, which had been sporadic until then, began to be carried out in an organized manner following the arrival of the Kasato Maru in Santos (June 1908). Not counting the many black Africans who were sent to Brazil during the colonial period, most immigrants to Brazil at the time came from Europe, and as in North America, the multiethnic social structure created then remains unchanged today. Through this historical process, despite the principles espoused for improving the social framework under the republican system to be on par with those in Europe, what is particularly notable about the multiethnic nation and social inequalities underlying it is that, just as there is no health insurance system in North American or Europe comparable to that in Japan, the reality cannot be denied that in Brazil, while the spread of medical care provided by private medical insurance companies has resulted in the growth of privately operated hospitals, it has also led to not a few health care areas being entrusted to private hospitals funded by the mother countries of immigrants that are rife with racial discrimination and stratification. Public (state and municipal) hospitals are entrusted with SUS medical care, which is equivalent to Japan's national health insurance system, but it cannot be denied that this is insufficient for the low-income population and area of jurisdiction for which it is intended.

Squarely facing the realities of the current situation in Brazil, here I will discuss the history of health care, particularly for the Japanese-Brazilian community, and the current status of health care cooperation between Japan and Brazil.

Establishment of the "Zai-Burajiru Nihonjin Dojinkai" Hospital for Japanese Immigrants in October 1926 (Name Later Changes to "Sociedade Beneficencia Santa Cruz"): Status of health care for the Japanese immigrant community prior to World War II

At this time, there were few qualified Japanese physicians (approximately 10) in Brazil, but records show that despite their small numbers, these physicians remained in contact with Japanese immigrants scattered throughout remote regions of the country and endeavored to provide them with the healthcare they required. That is to say, in addition to distributing snakebite serum, eradicating trachoma, implementing measures against malaria and other parasitic diseases, and opening tuberculosis sanatoriums, these physicians also undertook the training of health care workers. In 1931, led by then-Consul General Uchiyama, a 200-bed hospital, one of the largest even in Sao Paulo, was completed with approximately 1 million Japanese yen in donations. The hospital employed not only Japanese physicians, but also many doctors from countries throughout Europe, and is said to have gained popularity

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on par with that of the University of Sao Paulo Hospital.

Activities of Japanese and Japanese-Brazilian Physicians under Japanese-Brazilian Health Care Cooperation as Part of Japanese ODA Initiated Following the Pacific War (1950s Onwards)

Having vowed to rebuild the nation based on the new Peace Constitution, Japan decided to join the Colombo Plan in 1954, despite not having yet itself fully recovered from the ravages of war, and through technological cooperation provided ODA to other war-devastated Asian countries in the same way as were the American and European powers that had won the war. These activities and the regions to which they were provided expanded at a rapid pace, and entering the 1970s, international technological cooperation also began in Brazil, the country with the largest number of Japanese immigrants. In addition to agriculture, which had been the main occupation of immigrants prior to the war, the proportion of ODA for industrial technology and social infrastructure steadily grew, and cooperative activities by JICA and the Brazilian Government expanded tremendously.

Healthy Municipalities Project in North-East Brazil (Federal Rural University of Pernanmbuco; 1986). Team Leader: Masatake Tateno

This clinic-pathological project was a leader in health care provision to people in the local area. Already in northeastern Brazil the United States had been searching for antibiotic-producing bacterium in the name of international cooperation and taken numerous bacterial strains back home, a method which met with criticism from local research organizations. For this reason, Japanese cooperative efforts were also viewed with suspicion at the time. Despite this, Japan endeavored to promote the development of epidemiological and pathological research for one of the regions of the world where tropical diseases are most prevalent. At the same time, the project was instrumental in reconditioning long-established local physicians and engineering officials who, unaccustomed to sharing common project property, appropriated and monopolized any equipment that was provided. This enabled the utilization of equipment for the entire project, and thus the project was a pioneer in terms of expanding the operations of similar projects that followed.

Gerontology Project (Third Country Training) (Porto Alegre University; 1984). Team Leader: Professor Moriguchi

In southern Brazil, because of the high proportion of European immigrants amongst the population, it is anticipated that aging of society in this region will be more rapid compared with other regions of the country. For this reason, health guidance by Japanese physicians (initially through NGO activities) began in this region earlier than in other regions of Brazil. JICA also recognized the far-sightedness of these efforts and set up a third-country training program which flourished as it drew physicians from throughout the South American continent aspiring to participate in the training program.

The Maternal and Child Health Improvement Project (State of Ceara; 1996). Team Leader: Kiyoshi Haneda

This project was established at the request of the state government as a measure against abuses by some amongst the low-income population of a state law that allowed for medical expenses for caesarian sections in childbirth to be paid for by the state. In a mere two years of activity, the project was able to achieve remarkable results.

University of Campinas (UNICAMP)*2 Gastroenterological Research/Diagnosis Project (Phase 1); UNICAMP Clinical Research Project (Phase 2). Overseen by Professors Masao Fujimaki, Keiichi Yamamoto, Makoto Miyaji, and Ademar Yamanaka

In Phase 1, Japan's latest gastroenterological diagnostic technology—x-rays, ultrasound, endoscope, clinical biochemistry testing, etc.—and equipment were provided and installed in the UNICAMP Gastrocentro. In addition, some 50 specialist physicians from medical hospitals throughout Japan provided instruction and guidance and some 20 Brazilian physicians also underwent training in Japan. These measures

*2 UNICAMP means State University of Campinas and there is only one state university in Campínas that is ours.

contributed tremendously to the enhancement of gastroenterological diagnosis at the UNICAMP hospital. Not only that, five third-country training programs were held, and in each case were attended by approximately 20 medical interns from South American and Portuguese-speaking African countries, thus contributing enormously to the transfer of technology.

Phase 2 focused on countermeasures against complications involving fungal infections which, as the leading cause of death amongst HIV/AIDS patients, was one of the most important public health issues facing Brazil at the time. In addition to the transfer of a broad range of new technology, from methods for detecting and identifying pathogenetic strains within the region to methods for screening and selecting antifungal agents, the project compiled and printed textbooks in local languages in an effort to expand the spread of technology in South America and Portuguese-speaking countries. Due to the high praise with which the results of these efforts were met, the State Government of Sao Paulo established a new "State Center for HIV/AIDS Research, Diagnosis, Treatment and Education" on the grounds of the UNICAMP. Moreover, as part of Japan's health care support for African countries beginning this year, the Japanese Government is also planning to provide support for the dispatch of Brazilian physicians trained in Japanese technologies under Phase 2 to African countries.

Transfer of minimally-invasive (low cost) cardiopulmonary reconstruction technology to the Japan-Brazil Friendship Hospital (Beneficencia Nipo-Brasileira) by Kanazawa University/Toyama University affiliated physicians as part of activities commemorating the 100th anniversary of Japanese immigration to Brazil (June 2008; to be implemented at the Japan-Brazil Friendship Hospital (Beneficencia Nipo-Brasileira). Sponsor: Professor Keiichi Yamamoto and Team Leader: Professor Go Watanabe

This project was requested by the Japan-Brazil Aid Association in autumn of 2006 as a means of promoting the medical welfare of the Japanese-Brazilian community by improving the medical technology of the Friendship Hospital, which is operated by the Association, and making this one of the highlights of the celebrations commemorating the 100th anniversary of Japanese immigration to Brazil. With the NGO assistance of Toyama University professors who had previously been involved with the financial aspects of the UNICAMP-JICA project, so far a symposium and surgical demonstration have been conducted by a 6-member team of physicians and technicians from Kanazawa University led by Professor Go Watanabe, one of the world's top specialists in the field of cardiac surgery. Following this, Brazilian physicians are to be invited to participate in training at Kanazawa University to enable them to acquire technical know-how.

Conclusion

I have briefly discussed how the local health care activities conducted by we physicians in Brazil since the arrival of the Kasato Maru in Santos on June 18, 1908 began with the establishment of the Santa Cruz Hospital, which focused mainly on the Japanese-Brazilian community, and briefly sketched how gradually, overcoming the period of hardship around the Second World War, international medical cooperation and support for health activities expanded tremendously from the 1970s onwards. Looking back at the legacy of our predecessors, not only are we made freshly aware of the significance of the efforts of Japanese and Japanese-Brazilian physicians in the multiethnic social environment of the Federative Republic of Brazil, which differs from that in Japan, but I believe we can again recognize the contribution made by Japan—after itself recovering from the devastation of the Second World War—as well as Japanese and Japanese-Brazilians to the field of international medical cooperation (ODA) for Brazil, a contribution which rivals or even surpasses that made by advanced American and European countries.