

AMDA's Activities and the Japan Medical Association

JMAJ 53(2): 129–130, 2010

Shigeru SUGANAMI*¹

Nothing raises suspicions in the international community more than unexplained kindness. Victims of major disasters ask relief workers and organizations, “Why are you helping me?” Allow me to give a good example. Following the 1995 Neftegorsk earthquake in Sakhalin Island, Russia, AMDA dispatched a rescue plane to the Yuzhno-Sakhalinsk Airport. An official of the Sakhalin Oblast government said to the AMDA medical team, “Sakhalin has doctors, nurses, and medicine. We don’t need medical aid from Japan. Go home.” However, once it accepted the explanation provided by the AMDA medical team’s leader, the Sakhalin Oblast government transported the team by plane to the disaster site some 800 km away. This change in attitude came about because the local officials were satisfied with the explanation that, “We did not come here just to treat victims in Sakhalin. The victims of the Great Hanshin earthquake that occurred just five months ago appreciate the assistance they received from your country. They are hoping to be able to reciprocate to the victims of the Neftegorsk earthquake. What is needed? We have also been sent here to find that out.” When the 1996 Lijiang earthquake struck in Yunnan, China in February, a similar explanation enabled us to dispatch an AMDA medical team on a chartered plane filled with relief supplies to Kunming Wujiaba International Airport in Yunnan.

This explanation is essentially, “We should help each other out when we are in trouble.” In other words, “*sogo-fujo*.” This is a traditional custom not only of Japan, but of some 80% of the world’s population, including other countries in Asia. Guided by this message of *sogo-fujo*, AMDA has conducted relief activities for victims

of more than 120 conflicts and disasters in 50 countries.

I would like to explain why AMDA works with the Japan Medical Association (JMA). AMDA’s slogan is, “We will always be on the frontline as long as there is a life to be saved.” This slogan is based on medical ethics—namely, “help, save, and never give up on life.” However, medical licenses are restricted by national borders. When a mudslide buried an entire village on the island of Leyte in the Philippines in February 2006, leaving some 1,800 people dead, emergency medical activities could be carried out based on the authority of the medical association in Southern Leyte and the license of the medical association chairperson. Different from an NGO, a medical association is an organization with legitimacy recognized by the government. Its mission is, “to guarantee the validity of its members, promote learning, and protect the life of citizens.” The case in Leyte is one that makes me realize how important the collaboration between medical associations is.

The JMA has played a significant role in the establishment and management of the Confederation of Medical Associations in Asia and Oceania (CMAAO), which was launched in 1956. The member medical associations form networks of physicians in their countries. Immeasurable numbers of lives could be saved, across national borders, if those networks were made available as a *sogo-fujo* network when disasters strike. Doctors from different countries cooperating with each other would also solidify human relationships of *respect* and *trust*. That is the greatest strength of *sogo-fujo*. I hope the JMA can demonstrate *sogo-fujo* initiative to the CMAAO

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



The author heading to the Dominican Republic, Haiti's neighbor, for emergency medical relief in January, 2010



AMDA's first team led by Dr. Tokuchi, heading to St. Marc, 60 km north of Port-au-Prince, Haiti

during disasters.

The JMA is also a swift provider of precious funding for AMDA's worldwide disaster medical activities. Some of the disasters for which it has provided funding include the Java earthquake in 2006, the Chūetsu offshore earthquake in 2007, the cyclone disaster in Myanmar and Sichuan earthquake in China in 2008, and the Philippine typhoon, Sumatra earthquake, Samoa earthquake and tsunami, and Indian flooding in 2009. These funds are grateful donations from member physicians. I would like to once again express my gratitude to them.

Many people around the world would like to know the secret of Japan's average life expectancy, which is the highest in the world. The US is no exception. The answer is hidden in the role played, in cooperation with the Ministry of Health, Labour and Welfare in Japan, by the JMA and its 900 affiliated local medical associations nationwide. AMDA holds General Consultative Status at the United Nations Economic and Social Council, which gives it the authority to make policy proposals within the UN. I hope that AMDA and the JMA will work together to turn the secret of Japan's world-leading average life expectancy into a clear-cut program and make policy proposals based on that program to the



Doctors from AMDA Nepal at a hospital in St. Marc

UN and international organizations. I also hope that together we can develop on-site training programs to introduce that secret to healthcare professionals and groups throughout the world. I have no doubt that Japan's 900 local medical associations are the fortune of the JMA and a treasure of the world. That is my conclusion after working for 30 years as a practicing physician and a member of the JMA, including serving two years as chairperson of a local medical association, and 25 years as a representative of AMDA.