

Looking Back on My 44 Years with Japan: Connecting with Medicine, Public Health, and International Health^{*1}

JMAJ 58(3): 102-110, 2015

Michael R. REICH¹

I first came to Japan in July of 1971, almost precisely 44 years ago to this very day. Since then, my relationship with Japan has continued unbroken; indeed, as the years have passed the relationship has widened and deepened. Now when I arrive in Tokyo, I feel deeply that I am returning to my own country.

Over these 44 years, I have worked in the fields of medicine, public health, and international health in Japan, and have come to know many people and institutions. I would like to express my appreciation to all of them for their assistance, especially to the Japan Medical Association, for the support and encouragement I have received over the decades.

The event today provides me with an unusual opportunity to reflect on the path I have followed with Japan. This is not my usual kind of presentation; and I would imagine it is not the usual kind of presentation heard in this auditorium inside the Japan Medical Association. It is a personal story, not an academic analysis. I am going to try to present 44 years in 45 minutes. As my son Gabriel noted, that gives me one minute per year, with one minute at the end for conclusions.

It is not easy to explain one's own life. How do you analyze it? How do you evaluate it? In some ways, this lecture is a kind of "life review," an opportunity to reflect on a large portion of my experiences—those related to Japan. I have organized the story around people, places, and books. This is my effort to answer the question:



“Michael, what have you been doing in Japan? And what does it all mean?”

First of all, why did I come to Japan in 1971? Everyone asks me this question; and I have responded in various ways over the years. Here is the current version. I entered Yale University in 1968, and spent three years there studying molecular biophysics and biochemistry. My plan was to enter medical school, but I decided that first it was important to learn for myself about the world beyond the United States. The late 1960s were a time of turmoil and protest in America, especially on college campuses. That turmoil affected me, and I became dissatisfied with what I called “institutional education.”

At the time, Yale had a special program, called the 5-Year BA Program, to which I applied and was accepted. The idea was to leave Yale for a year, work in a non-Western country, and return to finish your undergraduate studies with expanded horizons and a broader worldview. I found placements in Peru, Tunisia, and Japan, all related to medicine and health. Ultimately I decided on Japan, in part because I had taken a

^{*1} Presented at the Japan Medical Association Celebration Event for the Conferment of the Order of the Rising Sun, Gold Rays with Neck Ribbon on July 9, 2015 and translated from Japanese by the author.

¹ Director of the Takemi Program, Taro Takemi Professor of International Health Policy, Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Boston, MA, USA (reich@hsph.harvard.edu).

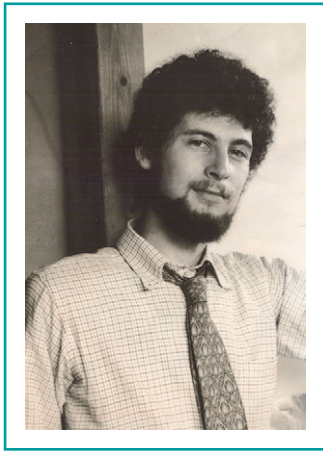


Fig. 1 The author in 1971

college course on Japan, in part because I had worked with a Japanese physician at Boston Children's Hospital during the summer, and in part because my father had visited Japan for work. Looking back, I can see how that simple decision shaped my life in striking ways, but at the time, I was clueless how radically it would transform me.

I was just 21 years old when I arrived in Japan (Fig. 1). I had no idea that I would stay in Japan for three years, instead of one that time. And I had no idea that I would continue visiting Japan every year, multiple times, for the next four decades of my life.

My first workplace was the Heart Institute of Japan, at the Tokyo Women's Medical University, directed by the famous cardiologist Dr. Shigeru Sakakibara. I began working as a technician in the cardio-catheterization room, running the oscilloscope. This was similar to work I had done at Children's Hospital in Boston—but in a very different context. After several months of working in the hospital, however, I decided that I was really more interested in broader social problems related to health: Japan's environmental disasters. With an introduction from Dr. Hiroshi Kasanuki, then a young cardiologist at the Heart Institute, I obtained a meeting with Dr. Taro Takemi, President of the Japan Medical Association.

In thinking back on that meeting, I marvel that Dr. Takemi, then the most powerful force in Japan's medical world, would agree to see a young long-haired American college kid. But not

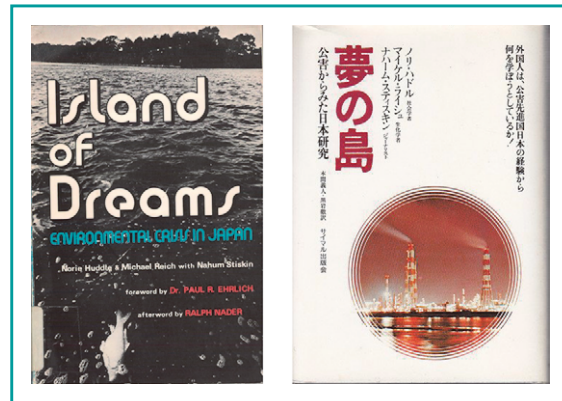


Fig. 2 *Island of Dreams: Environmental Crisis in Japan*

only did he talk with me in his huge office, he also introduced me to Dr. Toshio Toyama, the professor of public health at Keio University (a leading private university in Tokyo) and an expert on air pollution. With Dr. Takemi's blessing, Dr. Toyama provided me with a place to work and sponsorship, and I moved from the Heart Institute to the public health department at Keio Medical School. I worked in the Keio medical library, assisting with translations and editing, while pursuing independent research on Japan's pollution problems, working with Norie Huddle, another American then in Japan.

Three years later, I completed my first book, coauthored with Norie, called *Island of Dreams: Environmental Crisis in Japan* (Fig. 2). This was the first comprehensive book in English on Japan's pollution problems—it started with an historical perspective on the Ashio copper mine pollution in the late 1800s and examined all the major pollution cases of the postwar period. The book was also translated and published in Japanese. We chose the title of “Island of Dreams” as a metaphor, to express the costly underside of Japan's dreams of economic growth. We also decided on this title because it was the name of the garbage dump in Tokyo Bay; perhaps as a result, people thought the book was all about garbage, and it barely sold in Japan.

Remarkably, my advisor at Yale, Professor Harold Morowitz, agreed to accept this book as my undergraduate thesis. So I graduated from college in 1974, after spending three years in classes at Yale and three years researching and



Fig. 3 *Six Lives/Six Deaths: Portraits from Modern Japan*

writing in Japan, with a B.A. in molecular biophysics and biochemistry. I had reached the number of required credits for the degree, through some magical events; and he decided to let me graduate without going back to classes. Morowitz looked at me and my thesis philosophically; he said the purpose of getting a B.A. was to go out and do good things in society; in his view, the book manuscript showed that I was already doing that. Looking back now, it seems incredible that Yale let me do this; but it reflects the institutional flexibility that then existed at Yale, something I still appreciate.

While I was in Japan, I became friends with Dr. Shuichi Kato, a former medical doctor and one of Japan's most prominent cultural historians and commentators in the postwar period. When in the fall of 1974 I returned to Yale as a graduate student, Kato was also arriving as a visiting professor. I worked with him to design and teach a course on Japan society as seen through film; we then collaborated on a second course, with Professor Robert Jay Lifton, a psychiatrist at Yale, about attitudes toward death in Japan. We selected a series of prominent Japanese people from over the past one hundred years, and began each analysis with a writing by that person about the meaning of death for them. My role was initially as teaching assistant and research assistant, but that evolved over time. When the three of us decided to write a book based on the course, I became the person negotiating between the two senior men (both thirty years older than I), between the Japanese and American perspectives, to assure effective collaboration between

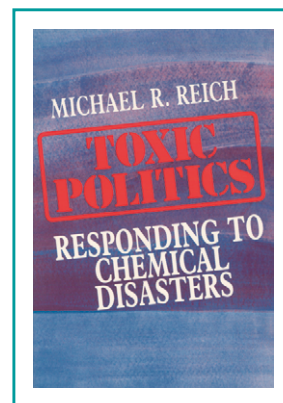


Fig. 4 *Toxic Politics: Responding to Chemical Disasters*

the two worlds. (In many ways, I have continued in that negotiating role between the two worlds of Japan and the USA.) That collaboration became my second book, with the English title, *Six Lives/Six Deaths: Portraits from Modern Japan*, published by Yale University Press in 1979 (Fig. 3). The book appeared first in Japanese. With Kato as the first author and published by Iwanami (a prominent editorial house), it sold well in Japan; some selections from the book were even used in university entrance exams.

In the mid-1970s, I entered the doctoral program in political science at Yale, having already published two books. I decided to continue my work on the politics of pollution, but to extend the analysis to comparative politics: for my dissertation I decided to look at one chemical disaster in Japan, one in the United States, and



Fig. 5 Takemi Fellows, 1984-2015; Groups 1-31

one in Italy. Too many people only compared Japan and the US, while Japan, I thought, shared a number of political characteristics with Italy. I returned to Japan to do research in the late 1970s, and was affiliated with the National Institute of Public Health of Japan, in its majestic old building in Shiroganedai in Tokyo, built in the prewar period with funding from the Rockefeller Foundation.

The three-part comparative study (which was submitted as my doctoral thesis in 1981) became my third book, *Toxic Politics: Responding to Chemical Disasters*, published by Cornell University Press (Fig. 4).

In the early 1980s, I began to help organize the Takemi Program in International Health at the Harvard School of Public Health. This program started when Dr. Taro Takemi invited the Dean of the Harvard School of Public Health, Dr. Howard Hiatt, to visit Japan. Out of their discussions and common concerns emerged the

idea of creating a mid-career fellowship program at Harvard to improve the allocation of resources for health, especially in the world's poorest countries. Dr. Takemi agreed to raise the funds to establish the program and Dr. Hiatt agreed to support its establishment at Harvard. I serendipitously met Dr. Hiatt (at a Harvard cocktail party), and I agreed to help write the first proposals for the program and suggest how it would be structured. In July 1983, I began to implement the Takemi Program, under the direction of Professor David Bell, when I became a faculty member at the Harvard School of Public Health.

The first group of Takemi Fellows arrived at Harvard in the fall of 1984, with one person each from Japan, China, India, South Korea, and Indonesia. Since then, the Takemi Program has continuously grown into a unique mid-career fellowship program in global health; over more than 30 years, 260 fellows from 53 countries have participated (Fig. 5). The Takemi Program is the



Fig. 6 Takemi Symposia on International Health, held in 1984, 1986, 1988, 1990, and 2013

longest continuing fellowship program at the School of Public Health at Harvard, and is a unique collaboration between Japan and the United States to advance health in low- and middle-countries. There is nothing else like it in the world.

In its first decade, the Takemi Program held an international symposium every two years on critical topics in international health. Each symposium resulted in a book, made up of papers submitted by global experts on health policy and by Takemi Fellows, using multidisciplinary research approaches, exactly as Dr. Takemi supported. **Figure 6** shows the covers of books from the symposia; the most recent one was held in October 2013, to celebrate the 30th Anniversary of the Takemi Program. These international meetings have addressed themes high on the global policy agenda, including: how to improve resource allocation for health (1984); the impacts of economic crises on health and nutrition in the 1980s (1986); international cooperation for health (1988); protecting workers' health in developing countries (1990); and the challenges of governing health systems at the community, national and global levels (2013).

About 1990, I began working with colleagues at Harvard, especially Professors Marc Roberts



Fig. 7 *Getting Health Reform Right: A Guide to Improving Performance and Equity*

and William Hsiao, on how to improve the performance of health systems. We combined our disciplinary expertise—on economics, politics, and ethics—to create a comprehensive approach to health system analysis, called the Flagship Framework on Health Systems. We wrote a landmark textbook called *Getting Health Reform Right: A Guide to Improving Performance and Equity*, published in 2004. This was translated into Japanese in 2010 (**Fig. 7**). The translation



Fig. 8 *Access: How Do Good Health Technologies Get to Poor People in Poor Countries?*

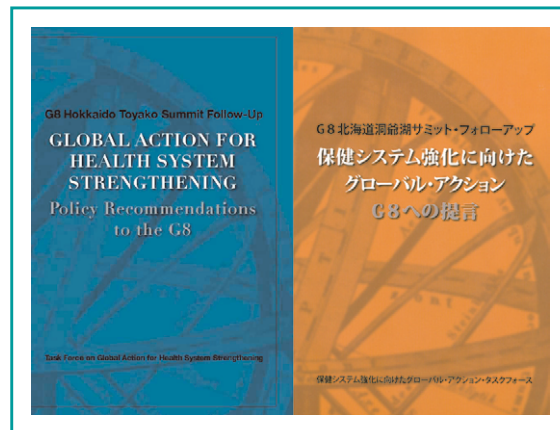


Fig. 9 *Global Action for Health System Strengthening: Policy Recommendations to the G8*

team included a number of former students and Takemi Fellows in Japan.

We have taught this approach to everyone from Ministers of Health to World Bank officials to Masters students at Harvard. The Flagship Course, based on the book, has been taught at the World Bank for nearly 20 years, with over 20,000 participants from countries all around the world. In December 2013, we taught the course in Tokyo, with the collaboration of the government of Japan, to a group of around 80 participants from many nations.

Another major theme in my research is access to health technologies. In 2008, I published a book with a former doctoral student, Dr. Laura Frost, entitled *Access: When Do Good Health Technologies Get to Poor People in Poor Countries?* The Japanese translation is being published in 2015, with the lead translator a former Takemi Fellow, Dr. Kiichiro Tsutani (Fig. 8). This book, which was written with support from the Bill & Melinda Gates Foundation, has been used as a textbook in public health courses around the world. The book's ideas have also been used to design the access strategies for various organizations, including the Japanese pharmaceutical company Eisai Co. The full book is available for free on the internet (at www.accessbook.org). How could I write a book about access and not provide access to it?

In 2007, I began an ongoing series of projects that were about Japan, with Japan, and for Japan, all of them in collaboration with my good friend,

and Dr. Taro Takemi's son, Professor Keizo Takemi. I had worked with Keizo Takemi from 1983 onwards to create the partnerships in Japan that would assure the continuity of the Takemi Program at Harvard. These partnerships, especially with the Japan Medical Association, have been essential to the activities of the Takemi Program. In 2007, after Keizo lost his campaign for re-election to the Upper House, I invited him to come to Harvard as a visiting researcher—as a Takemi Fellow—and our collaboration gained new depth, purpose and value.

We started with three projects that led to major publications in the *Lancet*. Our first project was to assist the government of Japan in preparing a global health proposal for the G8 Toyako Summit in 2008. We focused on the theme of health system strengthening and wrote two papers that were published in the *Lancet*. The project also published a technical report through the Japan Center for International Exchange, and a policy paper submitted to the government in English and Japanese (Fig. 9). This effort influenced global health policy, giving a strong impetus to the theme of health system strengthening, with particular attention to the roles of information, financing, and human resources for health. Three research teams on these topics were directed by Kenji Shibuya, Ravi Rannan-Eliya (from Sri Lanka), and Masamine Jimba. With this report for the G8 Summit, Keizo Takemi became recognized as a global leader on health systems and health policy.

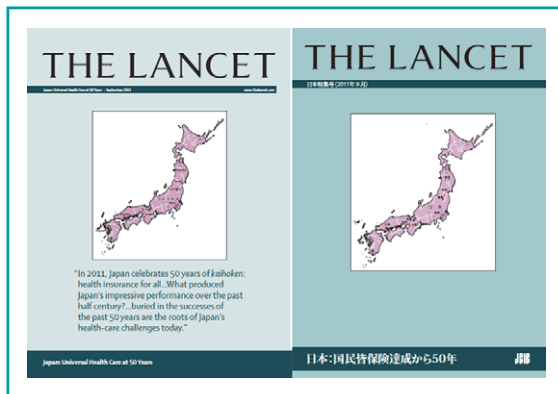


Fig. 10 *Lancet* Special Issue on Japan: Universal Health Care at 50 Years

Our second project focused on Japan's health system, celebrating 50 years of universal health coverage through Japan's *Kokumin Kaihoken Seido* (Fig. 10), thanks to Japan's achievement of health insurance for all in 1961. A special issue on Japan (in both English and Japanese) was the *Lancet's* first dedicated to a high-income country (previous special issues had focused on Mexico, China, southeast Asia, India, and South Africa). The articles in the special issue covered key topics related to Japan's health system—history, health achievements, costs, quality, aging, and global health—and quickly became a landmark publication representing the best research on Japan's health system. The special issue highlighted, for an international audience, Japan's health experiences and policies, and helped explain why and how Japan achieved its impressive health achievements. The three research leaders for this publication were Keizo Takemi, Kenji Shibuya, and Naoki Ikegami (from Keio University). This was not my first encounter with any of these three remarkable individuals. Indeed, I first met Ikegami when he was a medical student at Keio in the early 1970s and I was affiliated with the public health department there; I have known Shibuya from the time he took my classes at Harvard in the 1990s; and of course, I had collaborated with Takemi since 1983.

Our third project built on the *Lancet* special issue to place Japan's achievements of universal health coverage in a comparative analytic per-



Fig. 11 *Universal Health Coverage for Inclusive and Sustainable Development: A Synthesis of 11 Country Case Studies*

spective. The project, headed by Keizo Takemi, created a partnership between Japan and the World Bank, with research teams in 11 countries at different levels of development, to examine the political economy of moving towards universal health coverage, with a focus on health financing and human resources for health. The Japanese research team was directed by Professor Ikegami, and the World Bank project was led by Akiko Maeda. This project produced a summary report in English and Japanese (Fig. 11), a final paper published in the *Lancet*, and multiple research papers on each country in the endeavor: Bangladesh, Brazil, Ethiopia, France, Ghana, Indonesia, Japan, Peru, Thailand, Turkey, and Vietnam. This study emphasized that although moving towards universal health coverage is a complex social and political process, with many challenges, it can be achieved. It requires a long-term policy engagement that combines technical knowledge and political know-how, as the continuing efforts to improve the health system of Japan demonstrate.

My next collaboration with Keizo Takemi was the 30th anniversary celebration of the Takemi Program in International Health, held at Harvard and at the Japan Medical Association in the fall of 2013. We had the pleasure of welcoming nearly 80 Takemi Fellows back to Harvard, an impressive tribute to the program. The symposium focused on the theme of governing health systems at the community, national, and global levels—a top priority question on the



Fig. 12 Keizo Takemi and the Author at the 30 Anniversary Symposium of the Takemi Program in International Health at Harvard, October 2013



Fig. 13 Boston Consul General of Japan Tsutomu Himeno, the Author, and President Yoshitake Yokokura of the Japan Medical Association

current global health agenda. The symposium included research papers by past Takemi Fellows from around the world, and commentaries from global experts at Harvard and other institutions. The symposium was cosponsored by the Japan Medical Association and the Japan Pharmaceutical Manufacturers Association with additional support from several other organizations. At the meeting, we recognized the contributions of a few key individuals as Honorary Takemi Fellows, including Dr. Masami Ishii, Executive Board Member of the JMA, who has consistently supported the Takemi Program for many years. In 2015, we published the symposium book based on the presented papers, co-edited with Keizo Takemi (Fig. 12). For me, the experience of celebrating three decades of supporting researchers in the Takemi Program at Harvard was emotionally fulfilling—and totally exhausting at the same time.

At the end of April 2015, I was honored by Japanese government with the Order of the Rising Sun, Gold Rays with Neck Ribbon, for my continuing efforts to support public health in Japan and Japan's contributions to global health. In early June in Boston, on a beautiful summer day at the official residence of the Japanese Consul General, I received the official medal from Consul General Tsutomu Himeno. I was particularly gratified by the attendance of President Yoshitake Yokokura of the Japan Medical Association, his wife, and several members of the JMA Executive Board. **Figure 13**



Fig. 14 “Non Senza Fatica”; inscription over doorway in Ascoli Piceno, Italy (photo: R. Gnesotto)

shows me with President Yokokura and Consul General Himeno. I am pleased that many others could also attend that special event, including colleagues from Harvard, Takemi Fellows, friends, and family members.

When I received this award from the government of Japan, one past Takemi Fellow, Roberto Gnesotto from Italy, sent me a picture of a building in the town of Ascoli Piceno, with three words printed over the door's arch, “*Non Senza Fatica*” (Fig. 14). This phrase is attributed to Xenophon, the Greek historian and a student of

Socrates. The meaning, simply put, is that without effort there are no achievements. Of course, not all efforts result in positive achievements, But some do. The phrase reminded me that I have made many efforts in my 44 years of relating with Japan, and some have had positive results. I have tried, over these many years, to create something of value by concentrating on contributing in the field of public health in Japan, and linking Japan with the rest of the world in many ways.

This reflection leads to my conclusion. The path I have followed over these 44 years is not a typical one, in either America or Japan. My experiences with Japan remind me of a concept from policy studies, called “path dependency.” The idea is that when confronted with a choice in policies, the chosen selection produces a cascade of continuing positive feedback loops, so that it becomes increasingly difficult to return to the original choice and select the other path. The same thing happens in individual lives. No one told me when I arrived in 1971 that I would

live in Japan for three years and then continue coming back to Japan every year multiple times for the next four decades. Even as you start down a path, it is hard to predict where it will take you. I never imagined when I first came to Japan how this country would become such a large part of my life. But it does seem to me that following one path intensely and deeply led me to contribute to humanity, both in one country and in the world. At the end of the day, even while still walking on the path, that effort seems worthwhile.

Acknowledgments

It is a great honor for me to receive the award of the Order of the Rising Sun, Gold Rays with Neck Ribbon, from the government of Japan. I appreciate this honor and express my personal gratitude to the Japan Medical Association for hosting the event to celebrate the award in Tokyo and for the many years of partnership with the Takemi Program at Harvard University. This partnership has been essential to the continuity of the Takemi Program.