

WELCOME

Japan Medical Women's Association JMWA is a Public interest incorporate association of female doctors.

CONTENTS

[About JMWA](#)

[Purpose of JMWA](#)

[Key Persons for the Establishment of JMWA](#)

Ginko Ogino

Sonoko Maeda

Yayoi Yoshioka

Active History

[Board Members 2018-2020](#)

[President's Message](#)

[Our Public Work](#)

[Official statement for "Relief of the examinee who received on Tokyo Medical University](#)

[Official statement for "Tokyo Medical University has manipulated the entrance exam results of women"](#)

[What the epidemic of the novel coronavirus \(COVID-19\) gives to society](#)

[The Shadow Pandemic :
violence against women and girls is an urgent task to tackle](#)

About JMWA

JMWA was founded in 1902 mainly by Sonoko Maeda and Yayoi Yoshioka. JMWA have been engaged in medical research, promote of medical care, and cooperation between female doctors since the establishment of the association. JMWA was approved in 1969 as an incorporated association and in 2012 as a public interest incorporated association.

Purpose of JMWA

Improving the status of female doctors and mutual training.

Welfare promotion, community medicine, and social activities.

International exchange.

Key Persons for the Establishment of JMWA



Ginko Ogino M.D. (1851~1913)

The first woman to pass the national medical examination in Japan in 1885. At the time, women were not allowed to take the National Doctor Examination in Japan. She urged the government for three years to allow women to take national exams for practitioners.



Sonoko Maeda M.D. (1872 ~ ?)

Founder of JMWA (1902). She published the Japan Women's Medical Association magazine in 1913. She conducted human rights activities for women in cooperation with various women groups.



Yayoi Yoshioka M.D. (1871~1959)

The first president of JMWA (1920-1959). She established Japan's first female doctor training school in 1900, Tokyo Women's Medical University (now Tokyo Women's Medical University).

Active History

The Japan Medical Women's Association (JMWA) was founded in 1902 mainly by Sonoko Maeda and Yayoi Yoshioka. JMWA is a women's doctor group which have been engaged in medical research, promote of medical care, and cooperation between female doctors since the establishment of the association. JMWA was approved in 1969 as an incorporated association and in 2012 as a non-profit incorporated association.

Female doctors involved in the establishment of JMWA

Ginko Ogino M.D. (1851~1913)

The first woman who passed a doctor national examination of Japan in 1885. At that time, it was not allowed that a woman takes a doctor national examination in Japan. She asked the government to allow women to take the doctor's examination.



Sonoko Maeda M.D. (1872~?)

The founder of JMWA (1902). She launched the Japan Medical Women's Association magazine in 1913. She conducted human rights activities for women in association with various women's groups.



Yayoi Yoshioka M.D. (1871~1959)

The first president of JMWA (1920~1959). She established Japan's first female doctor training school "Tokyo Women's Medical School (currently Tokyo Women's Medical University)" in 1900.



Activity History

- 1902 : The Japan Medical Women's Association (JMWA) established
- 1914 : The first JMWA general meeting held
- 1919 : Participated in establishing the Medical Women's International Association (MWIA)
- 1920 : Donation of relief money to defeated Germany after World War I
Donation of therapeutic drugs for the spread of the flu in Siberia
- 1924 : Established a facility for relief from the Great Kanto Earthquake
- 1935 : Construction of free medical care facility for Hansen's disease
Social activities such as tuberculosis prevention
- 1941 : JMWA temporarily discontinued to publish magazine under the World War II
- 1958 : After the war, JMWA magazine resumed first issue
- 1969 : Approved as an incorporated association
Yoshioka Yayoi Award established
- 1970 : Activities as a medical volunteer at the Japan World Exposition
- 1972 : Harumi Ono appointed as MWIA president
- 1976 : The 15th International Congress of the MWIA was held in Tokyo
- 1984 : The Ginko Ogino Prize was established to commemorate the 100th anniversary of Ginko Ogino becoming the first female doctor in Japan
- 1993 : The 5th West Pacific Regional Conference of MWIA held in Kyoto
- 1995 : JMWA conducted the Hanshin Awaji Earthquake Medical Relief Activity Donation of relief money to disaster victims and affected members
- 1996 : Received a letter of appreciation from the Minister of Health and Welfare for medical care and health activities for the Hanshin-Awaji earthquake victims
- 2001 : "Teen sex and health" instructor training course opened
- 2002 : The 100th Anniversary Ceremony of JMWA held
Empress Michiko was present and gave a speech
- 2003 : Japan-Middle East Women's Exchange Public Forum held in Nagoya
- 2004 : The 26th International Congress of the MWIA held in Tokyo
- 2006 : "Maintenance and suggestion business of pediatric emergency care "and" Medical care training program for elderly people and disabled people" held
- 2007 : "Female doctor career support symposium" held
Atsuko Helshiki appointed as MWIA President
- 2008 : "Teen sexual health support network business" held
Japan-Arab Women Exchange Open Forum held in Tokyo
- 2010 : Attend the APEC Women Leaders Network meeting in Tokyo
- 2011 : Donation of relief money to areas affected by the Great East Japan Earthquake
- 2012 : Certified as a non-profit incorporated association

1914



1958



1969



1970



1976



1993



2002



Board Members 2018-2020

President : Tomoko Otani MD,

Vice president : Wakako Hanaoka MD,

Akiko Baba MD, PhD

Director : Masami Aoki MD

Akiko Isogai MD

Yumi Kimura MD

Atsuko Tsukada MD, PhD

Ekuko Nakada MD, PhD

Akiko Nomura MD,

Nanako Hiwatari MD, PhD

Hroko Fijitani MD

Kyoko Murakami MD, PhD

Taeko Yoshikawa MD

President's Message

Coming soon.

Our Public Work

- Research grants for female researchers
- Development enlightenment business of female doctor support symposium and career formation support
- JMWA Yoshioka Yayoi Award
- Medical care training program for elderly people and disabled people
- Public lecture by national open call for participants
- Ginko Ogino Award
- MWIA activity
- Regional discussion meeting
- Women's health support network business
- Maintenance and proposal business of pediatric emergency care
- Collaboration with each women's group ● Publication of Journal (JMWA Magazine)
- Issuing publications

JMWA

#202, 1-3-19 Sendagaya Shibuya-ku, Tokyo 151-0051 Japan

TEL:03-6447-0820 FAX:03-6447-0821

E-mail:office@jmwa.or.jp

HP <http://www.jmwa.or.jp>

Official Statements

Official statement for “Relief for the examinee who received discrimination on Tokyo Medical University”.

Yoshiko Maeda MD, PhD

President of Japan Medical Women’s Association Tokyo Medical University announced that it will confirm the intention to enroll for 101 students who passed the entrance examination in 2017 and 2018 according to the recommendation of the third party committee. When all the students wished to enroll in order from the top grades, it was explained that up to 63 people could enroll. The new dean of Tokyo Medical University repeatedly repeated that she would not know at all about the manipulation of the entrance examination until the incident was discovered, never again. For at least the last two years, it is worth assessing that we have expanded the door to admission to inappropriately rejected candidates. It is an unprecedented response in the entrance examination of the medical university. There are some disappointing points. First of all it is not clear that there is no response to students who have taken the exams before 2016. Students who are unable to obtain opportunities in the examination year that was the object of relief this year and one-year difference must have a toothy feeling. To the second, the criteria for redetermination are uncertain. It is said that the new entrance examination committee made a re-judgment with the intention of newly entering the entrance examination, but how did it re-judge on the evaluation of the interview which could not be reproduced? The third thing is that some people have the possibility of failing even if they express their intention to enter the university. What is the mental burden that is said to be rejected again after being treated inappropriately in the entrance examination? Of the 101 people who express intent, what is the reason why all students wishing to enter cannot enroll? The fourth is that there were no concrete proposals other than the word under consideration for various compensation including monetary. However, attention of the media gathers only at the correspondence of Tokyo Medical University, and the essence of discrimination must not be forgotten. Originally from the entrance into the back door, this case was discrimination against gender, which gave the world a big deal of attention. The Ministry of Education, Culture, Sports, Science and Technology ask voluntary countermeasures against universities other than Tokyo Medical University, but most universities keep silent. Regardless of

whatever reasons, it is a fact that the acceptance rate of female students is lower in numbers than in other undergraduate departments of science. If it is not possible to explain the special reasons for such a difference only in the medical department, it is necessary to promptly clarify the facts and present remedial measures. It is of greatest concern that the entrance examination in 2019 will begin as it is and the discussion of discrimination against women will be ruined. Unless a clear action is taken to eliminate the "unconscious bias" overcome by a senior female doctor, clues to the solution cannot be seen.

(2018/12)

Official statement for “Tokyo Medical University has manipulated the entrance exam results of women”.

Yoshiko Maeda MD, PhD President of Japan Medical Women’s Association

The first impression that I heard the report of Tokyo Medical University is “This is really setting the clock back!”. It is astonishing that women in Japan are still being stripped of their right to seek entry into the medical profession. In Japan, the Promotion of women’s participation and advancement in the workplace Act was enacted on April 1st, 2016. The Japanese Government is aiming for “Promoting Dynamic Engagement of All Citizens” and that should include woman. Medical university institutions should not in this day and age shut the door on any qualified entrants and more specifically should never shut the door on qualified entrants who happen to be women. Ginko Ogino is the first woman who passed the doctor’s national examination in Japan. She wanted to become a doctor when she was 19 years old but was not allowed the chance to learn medicine just because she was a woman. Because there was gender discrimination, it took nine years before she was allowed to enter the private medical college. She graduated from a college with excellent results but still she was not allowed a chance to take the national examination because of gender discrimination. She negotiated with a government official to take a national examination and she ultimately was able to take an examination two years later and passed it. Ginko Ogino would certainly be surprised that women are still being subjected to such insidious gender discrimination in modern Japan. The ratio of women among all medical students in Japan rose steadily to 10% in 1965 then it was with 30% in 1995. After that the levels remained at the same levels to up until this date according to the Ministry of Education, Culture, Sports, Science and Technology’s “school basics investigation”. The ratio of female medical students is higher than 50% in some Japanese universities as stated in this investigation’s findings. I cannot help wondering that the ratio of female medical students remains at the same level at 30%. Instead of worrying about women quitting jobs, they should do more to create an environment where women can keep working. Work reform should not be strictly limited only for “karoshi” prevention but must also aim to make the workplace a more inclusive environment where individuals can demonstrate their talents regardless of one’s gender. The nonprofit foundation

Japan Medical Women's Association set up a gender equality committee in 2007 and holds "the carrier symposium for women who want to become a medical professionals" once a year. We continue to appeal for the creation of ideal workplaces for female doctors and continue to work to challenge preconceptions about the division of roles of men and women. We are continuing our efforts to fight gender discrimination and will work to prevent women from being stripped of their right to seek entry into the medical profession

(Aug.2nd,2018)

What the epidemic of the novel coronavirus (COVID-19) gives to society.

Yoshiko Maeda M.D., Ph.D.

President of Japan Medical Women's Association

March 5th, 2020

The novel coronavirus (COVID-19) was identified as the cause of unexplained pneumonia in Wuhan, China at the end of 2019. What revived in my memory was the new influenza pandemic in 2009. When I returned from Chicago, which I visited at the American Urological Association, I was not able to get off the plane at Narita Airport for more than one hour to check for fever. At that time, the Minister of Health, Labor and Welfare was Mr. Yoichi Masuzoe, and the inspection by quarantine officers at the airfield was strengthened, calling it border measures.

I'm not in a position to talk about COVID-19 measures, especially the Diamond Princess, since I haven't seen the scene. To my knowledge, the treatment and research of infectious disease is quite different from the control of infection. I have worked as an Infection Control Doctor (ICD) at a hospital where I worked before, so I have a little knowledge and experience in infection control. ICD refers to healthcare professionals who specialize in infectious disease, infection control, and nosocomial infection control. In Japan, it is also the name of a professional qualification recognized by the ICD System Council. The ICD works as an Infection Control Team (ICT) in a multi-disciplinary manner.

The new Coronavirus Infectious Disease Control Experts' Meeting was set up on February 14 and more than 10 days have passed since the quarantine of Diamond Princess started, so it may have been quite late. Furthermore, it is clear that the COVID-19 infection on the officers boarding the quarantine had failed to control the infection on board.

Of great concern in the epidemic of infectious disease is fear and discrimination due to lack of information. I wrote about society's discrimination regarding leprosy (Hansen's disease) before, and I think it is undeniable that this time the same feelings have erupted among the people. The first is the prejudice against China and the Chinese who were infected. Next is the prejudice against domestically infected people, their families, and the healthcare professionals involved. The U.S. Department of State has already raised the danger level for travel information to Japan in four stages to the

second-higher "warning attention" on February 22 in light of the spread of the new coronavirus infection. The US Centers for Disease Control and Prevention (CDC) also raised the level of caution on travel to Japan to three levels, the second, "Strengthening Precautionary Measures." Japanese association for Disaster Medicine issued a protest statement on February 22 as Medical personnel, such as doctors and nurses, who have responded to the new coronavirus are being treated illegally, such as being treated as "bacteria" in the workplace. Discrimination and prejudice will eventually return to ourselves. We must keep in mind that if each of us is confirmed, we will be similarly exposed to prejudice.

On the other hand, on SNS such as e-mail, Twitter, and LINE, information that is different from accidents and facts that have not actually occurred, information that is not always accurate, and information about lies that are half-funded are transmitted and spread as hoaxes. We want you to handle the truth of the information carefully.

The Shadow Pandemic : violence against women and girls is an urgent task to tackle

Statement by Yoshiko Maeda, M.D., PHD, President of Japan Medical Women's Association

1) Current state of DV in Japan

"Domestic violence (DV)" is often used in Japan to mean "violence violated by a person who has a close relationship, such as a spouse or lover". " Act on the Prevention of Spousal Violence and the Protection of Victims" which was enacted in 2001 with the aim of preventing damage and protecting victims, is also called "The DV Prevention Act.

Article 1 (1) The term "spousal violence" as used in this Act means bodily harm by one spouse (illegal attacks threatening the other's life or body; the same shall apply hereinafter) or the words and deeds of one spouse that cause equivalent psychological or physical harm to the other (hereinafter collectively referred to as "bodily harm" in this paragraph), and shall cover cases where, subsequent to being subjected to violence by one spouse, the other spouse has obtained a divorce or annulment of the marriage but continues to be subjected to violence by his/her former spouse.

(2) The term "victim(s)" as used in this Act means a person(s) who has been subjected to spousal violence.

(3) The term "spouse" as used in this Act shall include persons who are in a de facto state of marriage, even if it has not been legally registered, "divorce" shall include the circumstances of persons who were in a de facto state of marriage, even if it were not legally registered, and whose situation has changed to a de facto state of divorce.

"Spouse" is a person who has had a marital relationship, a domestic relationship, a factual marriage, or a cohabitation relationship, and who has committed violence while continuing the relationship. Does not include companionship partners who are not living together. "Violence" is limited to physical violence (illegal attacks that harm the body or life, such as beating and kicking) and threats to life and body. Mental violence includes life threatening such as killing. Sexual violence includes sexual acts and forced abortion. Does not include cases where there is no other threat to life and body.

Under the DV Prevention Act, victims and family members who have been subjected to physical violence or have been threatened by life can make a "protection order" petition to the court to prevent them from meeting their spouse. "Protection order" includes access prohibition order, evacuation order, telephone prohibition order, child access prohibition order, relatives etc. access prohibition order. However, it is difficult to make a petition. This is because the victim needs a number of documents (petitions, family register, resident card, proof of cohabitation if not a legal couple), evidence of physical violence or threat. The claimant must also prepare income stamps of 1000 yen and prepaid postage stamps of 2500 yen.

The number of consultations with the Spouse Violence Counseling Support Center is increasing year by year, from 68,196 in 2008 to 114,481 in 2018. The number of counseling cases involving spousal violence in the police increased to 25,210 in 2008 and 77,482 in 2018. However, the number of protection orders filed has not increased to around 3,000 since 2008, and the number of protection orders issued has remained unchanged at around 2,500. In Japan, one wife every three days was killed by her husband by DV, one out of every three adult women suffered DV damage, and one in twenty is likely to be killed. In other words, there are 12 million criminal offenses per year, of which 1.8 million are attempted murders.

2) DV and COVID-19 in the world

In the world over the past year, 240 million women and girls aged 15 to 49 have suffered sexual and physical violence from their immediate partners.

UN Secretary-General Antonio Guterres said in a press conference on the COVID-19 crisis on March 19, 2020, " We are facing a global health crisis unlike any in the 75-year history of the United Nations — one that is spreading human suffering, infecting the global economy and upending people's lives." "We must address the effects of this crisis on women. The world's women are disproportionately carrying the burden at home and in the wider economy." He also said on April 5th, "Over the past weeks as economic and social pressures and fear have grown, we have seen a horrifying global surge in domestic violence." "I urge all governments to make the prevention and redress of violence against women a key part of their national response plans for COVID-19. Together, we can and must prevent violence everywhere, from war zones to people's homes, as we work to beat COVID-19."

The COVID-19 epidemic continues and more and more countries are reporting outing restrictions and urban blockades, and DV is increasing because they are forced to live longer at home. The secretary-general of the UN Women's Organization, Mlambo-Ngcuka, calls this the "The shadow pandemic."

The number of DV reports and consultations is increasing in many countries. It has been reported 65% increase in DV consultation in the UK, 36% increase in spousal violence in France, 25% increase in DV consultation in Argentina, 30% increase in DV consultation in Singapore and Cyprus. On the other hand, while some countries are increasing shelter and increasing their DV budgets, 25% of the world's countries do not even have laws protecting women from DV.

3) DV measures under expansion of COVID-19 in Japan

On April 24, 2020, the following email arrived from the Gender Equality Bureau of the Cabinet Office.

[Support for special fixed benefit (for those who are evacuated by DV)] Regarding this special fixed benefit (100,000 yen per person), there is support for those who are evacuated by DV. Those who are evacuated by DV can receive the benefits by prior application to the

municipality where they live. The application period is from April 24 (Friday) to April 30 (Thursday) , 2020.

Is the deadline in just one week? I confirmed with the Cabinet Office. Although the Cabinet Office is asked to cooperate, the Ministry of Internal Affairs and Communications is responsible for special benefits. It turns out that it is possible to submit an application after the application deadline of April 30th. However, since the benefit application is for each household, if the head of household first performs the procedure after May 1, there is a possibility that the victims who have been evacuated may not be able to receive payment, so application by April 30 is desirable.

Why didn't they make that announcement from the beginning? The negative effects of vertical administration are also shown here, and I strongly suggest that gender-related policies should be handled across ministries and that cooperation with the police and the judiciary should be stronger than ever.

The Gender Equality Bureau of the Cabinet Office operates a DV consultation navigation that connects to the nearest spousal violence support center. In addition to this, they started operation of a new DV consultation business "DV Consultation + (plus)" <https://soudanplus.jp> from April 20. In addition to the 24-hour telephone consultation service, it is also possible to have e-mail consultation and chat consultation using SNS.

However, it is assumed that the victim cannot access the phone, e-mail, or SNS if he or she is being monitored by the perpetrator around the clock due to a request for restrictions on going out or working from home, etc. We need a way to help people. In Spain and France, in collaboration with pharmacists' groups, they have established a system to notify victims of drug purchases at pharmacies nationwide. The system tells the clerk a specific "password" and the clerk reports to the police, so even if the perpetrator is with you, you can ask for help without being noticed.

In order to save the number of victims of DV, which is rapidly increasing due to the expansion of COVID-19, it is an urgent task for the government to take responsibility and to provide useful one-stop support with a wisdom of everyone.

(May 6, 2020)