

WELCOME

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

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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).

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)

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)