

UNITED STATES–JAPAN COOPERATIVE MEDICAL SCIENCE PROGRAM 40TH ANNIVERSARY REPORT

INTRODUCTION

For the past 40 years, the United States–Japan Cooperative Medical Science Program (USJCMSP) has engaged scientists, physicians, public health experts, and government officials in a collaborative, bilateral enterprise to address health problems prevalent in Southeast Asia. Formally established in 1965, the USJCMSP has provided a largely non-political link between Japan and the United States that has strengthened scientific collaboration between the two countries and provided essential health benefits to the peoples of Asia. Since its inception, the scientific focus of the USJCMSP has broadened, as the medical problems facing the countries of the region have changed. Many important scientific and medical benefits have emerged from the Program, including collaborations

to develop and test oral rehydration therapy for cholera and other diarrheal diseases; new or improved vaccines for hepatitis B, cholera, and rotaviruses; ivermectin as a treatment for river blindness; and more effective methods of diagnosis and treatment for leprosy.

Other hallmark contributions of the USJCMSP are its sponsorship of international meetings, workshops, and conferences on far-ranging medical and research issues, which have led to critical scientific exchange and collaboration among scientists from many countries. This publication, “United States–Japan Cooperative Medical Science Program 40th Anniversary Report,” celebrates the history of the USJCMSP, the evolution and scientific advances of the 10 Panels and Boards, other significant achievements, and plans for the future direction of the U.S.–Japan Program.

Importance of the U.S.–Japan Program

In the preparation of this report, scientists currently or previously affiliated with the USJCMSP were asked why the program is important. Here is a selection of responses:

“The program is important because it synchronizes the activities of a group of scientists from two countries—the United States and Japan—and their colleagues from the Pacific Rim, who are focused on specific health problems. The goal is to make a difference in people’s lives. It’s incredibly noble and exciting.”

— Dr. Adel Mahmoud, member of the U.S. Delegation 1994–2001, chair of the U.S. Delegation 2001–present

“The U.S.–Japan Program is the most successful and long-lasting program of its kind. I think its continuation is very important in the exchange of science and technology between the two countries, because people become acquainted with each other and have opportunities to discuss topics of common interest. We have helped prevent many infectious diseases that are prevalent in Asian countries, by providing vaccines and cutting-edge knowledge. Now we are studying the genomics and structural biology of the pathogens.”

— Dr. Hiroo Imura, member of the Japanese Delegation 1991–2002

“I think the Program’s importance is the actual creation of this phenomenal scientific collaboration between the United States and Japan. The success of the Program is not so much about its structure as it is about the people involved. The U.S.–Japan Program has been a model for other international health collaborations. This is the granddaddy of them all.”

— *Dr. John La Montagne*,¹ *USJCMSP Program Director in the United States 1988–2004*

“The U.S.–Japan Program helped close gaps in science. In Japan, we were keen about the diagnosis and epidemiology of the [rotavirus] agent. In the United States, they were weak about diagnosis and epidemiology, but their virology research was well developed. The strengths and weaknesses of research in the two countries complement each other.”

— *Dr. Akira Oya*, *member of the Japanese Panel on Viral Diseases 1975–1985, Chair of the Japanese Panel on Viral Diseases 1985–1989, member of the Japanese Delegation 1989–2002*

“I got to know Hideo Fukumi, who was chair of the Japanese Cholera Panel [from 1965–1978]. He was very helpful in getting the two groups—American and Japanese scientists—to work closely together. The cultures were very different early on. Dr. Fukumi was a very wise man and he remained active in the U.S.–Japan Program almost until he died. The Program strongly supported my commitment to develop a universally effective treatment for cholera. We also initiated joint efforts to develop an effective cholera vaccine, research we could not have begun without the U.S.–Japan Program. I think, if the U.S.–Japan Program continues to focus on health problems that are NOT being addressed by other organizations ... that will be its greatest contribution.”

— *Dr. Charles Carpenter*, *Chair of the U.S. Cholera Panel 1965–1972, member of the U.S. Delegation 1972–1989, Chair of the U.S. Delegation 1990–2000*

“Through this Program, we can maintain the research capacity for infectious diseases, at least in Japan. Otherwise, the interests of our young medical scientists will change to heart disease and cancer. In many medical schools [in Japan], they are abolishing programs on infectious diseases and parasitology. But, because of the U.S.–Japan Program, young doctors are showing more interest in infectious diseases and can participate in that research. Otherwise, research on infectious diseases in Japan would diminish rapidly. Every year since 1996, we have hosted the International Conference on Emerging Infectious Diseases in the Pacific Rim. Through these conferences, we can communicate and discuss with scientists and health administrators from Asian countries on topics common not only to research workers in the U.S. and Japan, but also from Asian countries, where the original target diseases of our program are prevalent.”

— *Dr. Tadao Shimao*, *member of the Japanese Delegation 1978–1993, Chair of the Japanese Delegation 1993–2001*

“I think the USJCMSP has been a very important program to foster scientific and personal relationships between Japanese and U.S. scientists. The program has led to an informality and a camaraderie that are genuine expressions of mutual respect. As director of the National Institute of Allergy and Infectious Diseases (NIAID) [from 1975–1984], this program assisted me in learning much about the NIAID’s research programs pertaining to the major infectious diseases in Asia, including malaria and tuberculosis.

— *Dr. Richard Krause, member of the U.S. Delegation 1976–1984 and 1991–2005*

“I have enjoyed attending the meetings, because we have the same interests. Every year we have a symposium in the United States or in Japan. So we can see the same members of the Program and increase our communication, and friendship. I think it’s very important.”

— *Dr. Fumimaro Takaku, member of the Japanese Malnutrition Panel 1982–1990, Chair of the Japanese Malnutrition Panel 1990–1992, member of the Japanese Delegation 1993–2001*

Footnote

¹ Dr. John La Montagne, deputy director of the National Institute of Allergy and Infectious Diseases, died suddenly in the Mexico City airport on 2 November 2004, while en route to a meeting of the Pan American Health Organization. Dr. La Montagne received his Ph.D. in microbiology from Tulane University in 1971. Following postdoctoral training at the University of Pittsburgh in the laboratory of Julius Youngner, he joined the NIAID in 1976 as the influenza program officer. He worked at the NIAID in various capacities since then: he was the first director of the AIDS program, now the Division of AIDS (1985–1987); director of the division of microbiology and infectious diseases (1987–1998); and most recently was deputy director at NIAID. In 1988, Dr. La Montagne became U.S. Program Officer for the United States–Japan Cooperative Medical Science Program, a position he held until his death.