Our sympathies to the people affected by the Great East Japan Earthquake, and the activities of the Japan Diabetes Society

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The major earthquake that struck northeastern Japan at around 2:46 p.m. on 11 March 2011 and the ensuing tsunami caused massive casualties: 25,000 people have either lost their lives or are reported missing; more than 500,000 people have become victims of the disaster. I hereby express my deep condolences and heartfelt sympathy for the pain and sorrow suffered by those who lost family and friends and for the hardships of those who have been robbed of their homes and places of work.

The Japan Diabetes Society set up their Disaster Headquarters on 13 March to help diabetes patients whose health has been threatened by this major disaster. Over the past 2 weeks, we have been doing all we can. (You can learn about some of our programs at the society Web site.) Japan has experienced its biggest disaster since WWII, and the Japan Diabetes Society will continue to bring together as much expertise and energy as possible and provide assistance to protect the lives and health of diabetes patients living in the devastated areas.

Diabetes patients living in these areas, especially those dependent on insulin, are finding it extremely difficult to obtain this crucial drug. These patients suffer rapidly worsening symptoms if they are deprived of their insulin treatment. Type 1 diabetes patients, in particular, whose insulin secretion capabilities have been depleted or entirely lost, may face a threat to their survival only after 1 or 2 days. To make sure that these patients, who are in desperate need of insulin, can obtain the drug as soon as possible, we received the valuable cooperation of physicians in disaster-affected areas. We set up consultation windows at the Iwate, Miyagi, Fukushima, and Ibaraki

prefectural government offices, the Japan Diabetes Society headquarters, and at various insulin manufacturers so that diabetes patients who have lost contact with their primary physicians on account of this major disaster can find out how and where to obtain insulin. The names of these entities and methods of obtaining insulin were posted on the Japan Diabetes Society Web site on 14 March. I also consulted with Dr. Yutaka Seino, president of the Japan Association for Diabetes Education and Care, who has been engaged in activities to support diabetes patients since immediately after the earthquake. We decided to show, on both our Web sites, the activities of the society's Disaster Headquarters as well as those of the Japan Association for Diabetes Education and Care's disaster relief team. This is to guarantee that all necessary information will be passed on to as many diabetes patients as possible living in these disaster-affected areas.

The activities of the society and the association, including the establishment of a consultation window, were extensively covered in various media. We received far more inquiries than we had expected and were assisted by the members of the Japan Diabetes Society working at the area's key hospitals—such as Iwate Medical University in Iwate Prefecture, Tohoku University in Miyagi Prefecture, Fukushima Medical University in Fukushima Prefecture, and Hitachi General Hospital in Ibaraki Prefecture—as well as those working at medical institutions specializing in diabetes treatment in various locations. These doctors responded to patients' questions, including inquiries about the nearest available source of insulin. These doctors made all-out efforts to ensure that all the patients got their vital medication. Moreover, members of the Japan Diabetes Society, especially those in the disease-affected areas, worked around the clock to respond to inquiries from patients who were affected by the disaster and to provide

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insulin, either through prescriptions or in kind, in ways that suited the status of the patient's condition. I take this opportunity to express my heartfelt appreciation for their heroic efforts. Many members of the Japan Diabetes Society were also sent from medical institutions throughout Japan to join the medical teams that were helping in the disaster-ravaged areas. I express my deep admiration for their dedicated activities.

To promote these activities, the Japan Diabetes Society has been making a series of requests to government and prefectural administrative authorities during this period to (1) secure a means of transportation to allow the necessary insulin and equipment (injection needles and antiseptic cotton) to be supplied to the disaster-stricken areas when needed, and (2) ease the regulations on the in-kind supply of insulin and necessary equipment at various first-aid stations and evacuation shelters, etc. We also have been receiving the cooperation of various pharmaceutical manufacturers who are supplying insulin.

As I write this, 2 weeks have elapsed since the earthquake. The country remains in a state of shock over this massive disaster, the scale of which has far exceeded our initial fears. The Japan Diabetes Society is committed to making the maximum effort to deliver insulin and other oral drugs as quickly as possible to patients who are facing a crisis in their life and health because of a lack of insulin and oral hypoglycemic drugs. I urge all members of our society from throughout Japan—both physicians and other healthcare providers—to continue providing assistance in all the forms needed by diabetes patients living in disaster-stricken areas, who are likely to see the current difficult situation persist for a long time.

The 54th Annual Meeting of the Japan Diabetes Society is planned to be held from May 19 to May 21, 2011 in Sapporo, with Dr. Masakazu Haneda (professor at the Division of Metabolism and Biosystemic Science at Asahikawa Medical University's Department of Medicine)

serving as president. Despite the current difficult circumstances, I fervently want to hold this Meeting, if at all possible. In the wake of this disaster of unprecedented magnitude, I hope to arrange an emergency panel discussion on the subject of diabetes and the earthquake disaster. I also wish to conduct a close examination of the challenges faced by diabetes medicine and healthcare providers and clarify our society's specific assistance programs based on reports from local sites as well as discussions, with the goal of helping the recovery and restoration of the regions struck by this horrifying disaster. At the same time, I hope to make it a scientific meeting with a serious and varied content, dedicated to seeking ways to guarantee the safety, security, and well-being of diabetes patients, and to ensure the growth, development, and bright future of diabetology, which is the field of endeavor that supports them.

Once again, I express my heartfelt sympathies to the many people affected by this disaster. My heart aches when I think about the hardships that diabetic patients in those areas must be experiencing. I am also extremely grateful for the contributions and thoughts of the numerous society members who are assisting these patients, both directly and indirectly. The mission of the Japan Diabetes Society is to protect the lives and health of diabetes patients through scientific progress and the practice of medicine. The safety and security of diabetes patients are the prerequisites for this mission. This terrible disaster undermined and threatened these essential conditions. As the chairman of the Board of Directors of the Japan Diabetes Society, I urge all our members to recall the original mission of our organization and join me in thinking and taking action together.

28 March 2011
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