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The Research Institute of Tuberculosis, JATA

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Tsunami Disaster Relief and Tuberculosis

Dr. Toru Mori

The earthquake that occurred in the Indian Ocean generated a tsunami that struck the surrounding countries including Indonesia, Sri Lanka, India, Thailand and others, resulting in hundreds of thousands of deaths. This catastrophe shocked the world and rapidly made the Japanese word "tsunami" (*tsu*=port, *nami*=wave; big waves attacking ports or sea coasts) known worldwide. I would like to take this opportunity to express my condolences to all those who suffered from this misfortune.

Japan experienced a similar disaster due to an earthquake (South Hyogo Prefecture Earthquake) in 1995 which claimed 6,000 lives and affected over 300,000 people. In addition to the direct health and life impacts due to such destruction, we were anxious about the indirect health effects caused by psychological stress due to loss and pains, sudden changes in living conditions or environments, and difficulty coping with these. Tuberculosis was one of the problems that we worried about; the city of Kobe, the disaster epicenter, already having a high incidence of tuberculosis, would face a worsening of the problem, due to acceleration of clinical development among aged people, and due to the

outbreaks of epidemics engendered by prolonged living in crowded refugee camps.

Very fortunately, this turned out to be a needless fear; so far the statistics have shown no increase above the secular trend in the number of tuberculosis cases in Kobe as a whole, as well as in the specific areas so badly hit. It could be said that the restoration activities there, specific and non-specific, were so successful as to lessen the stress on people's health, in terms of tuberculosis development and transmission.

What is and will be happening in the latest tsunami affected countries and areas? In developing countries, it is feared that the deteriorated health service system would result in delayed case detection and poor case management in treatment, leading to a higher infection rate, poorer patient prognoses, and an increase in drug resistant cases. Part of the latter has been observed in the former socialist countries after the fall of the old regime. Thus, cooperation in disaster relief should have a mid-term perspective together with the acute phase activities, in order to ascertain the true restoration of the health of the affected community.

Quality Assurance Study in Cebu, Philippines

Dr. Shoichi Endo

I will introduce a summary of the study made in Cebu, the Philippines. Dr. C. Giango and Mrs. D. Bacaloso (ex-participants of RIT training courses) are the main actors of the study and they presented this at the IUATLD meeting in Paris in November of 2004.

The Philippines had been conducting a quality assurance service since NTP started in the late 1960s. However, the service was not systematic. JICA started the TB project in Cebu in 1992 and a great effort has been made to improve the microscopy service in NTP.

One microscope was provided for each microscopy center located at a Rural Health Unit where a functional microscope was unavailable. All microscopists were trained before they started their assignment. A Reference Laboratory was set up under the administration of the DOH Regional Office, Cebu, the Philippine Government.

Since the beginning of the project, an attempt had been made to improve the quality control system of microscopy service. A manual for external quality assessment (EQA) for AFB smear microscopy was developed and the feasibility and effectiveness of the operation of the system was tested in Cebu province in 1996 and 1997. In this system, the objective is clearly defined to improve the proficiency of the microscopy service not to correct individual diagnosis, the blindness of rechecking and assessment of smear preparation, and feedback of the result to the microscopy center were emphasized. The quality of microscopy service improved from 1996 to 1997; such as, the smear preparation improved and false reading on scanty positive disappeared. This study was reported in the International Journal of Tuberculosis and Lung Diseases 6(1):39-46 2002 IUATLD.

Recently the group of international experts including RIT staff attempted to

rationalize the EQA system and published their consensus paper "External Quality Assessment for AFB Smear Microscopy". The special features are; a Lot Quality Assurance System which is used for QA of good manufacture and intensified feedback. The same objective to improve proficiency but not to correct individual diagnosis was emphasized. We adopted these in our system and obtained the following results. The sample size for rechecking was significantly reduced to half particularly in the laboratories in Cebu city which examine a large number of smear slides and to 80 percent even in smaller laboratories in Cebu province. The time saved due to the smaller number of slide samples was used for feedback of the results to microscopy centers; The number of major errors (exceeding 2 grades of scale reading) was also reduced. Using our experience, the Department of Health developed an EQA manual and started implementation of the system in all areas of the country. This study was reported at the IUATLD Meeting in November of 2004.

Topics reported at IUATLD meeting:

1. External Quality Assessment for sputum smear microscopy in Cebu province
2. Blind rechecking of AFB smear examination, Cebu city



Dr. Endo discussing problems and their solutions at the health center

Tuberculosis Control Laboratory Management

September 29 to November 28, 2003

Adriene Kellier, Jamaica

During the week of September 22, 2003, individuals from various parts of the globe journeyed to Japan to participate in the Tuberculosis Control Laboratory Management Course. One could not have foreseen what would happen when our various cultures met. The outcome has been a good one and we have had many unforgettable experiences. Our visits to the majestic Mt. Fuji, reflective tour of the Peace Museum and Park in Hiroshima, made our stay not just full of study but afforded us the opportunity to be exposed to the Japanese culture. Our lectures, practice

sessions and observation tours have increased our appreciation, for the important role we as laboratory professionals play in the global control of tuberculosis. We would like to thank JICA and RIT for their investment in making this training possible and we pledge not to let them down. We leave the shores of Japan better equipped to carry out our mandate to make a difference and improve our respective National Tuberculosis Programmes.



HIV/AIDS Prevention and Care in Asia

October 22 to November 29, 2003

Dr. R. L. Sanghluna, India

It is a great pleasure for me to jot down a few words about the training course of HIV/AIDS Prevention and Care in Asia 2003.

On behalf of the participants, I would like to convey our sincere gratitude to JFAP who enabled us to participate in this course which will have a great impact in our own respective countries. It is a good experience to be gathered together from different countries with different approaches and sharing our experience through country presentations is one of the great benefits of the course and we learnt many things from others. I am sure, all of us gained a lot from the

course. We have learnt many things that we've never experienced and which will be a very important tools for fighting and preventing HIV/AIDS. Moreover, we are all impressed by the lectures delivered by many experts which really enhanced our training course. I hope everyone will utilise the training in terms of care and prevention of HIV/AIDS in our respective field



of work after going back home. Apart from the training course, I would like to mention my great appreciation of the Head of and Staff of RIT/JFAP who got involved during this course and we will never forget their openness, caring and kindness to all of us. We know that JFAP has been doing great work in the prevention of HIV/AIDS, inviting all Asian countries, which is going to be a very key point in the ongoing fighting of this dreaded disease. May God bless you always and I wish you all the best in the future to come.

Managing Tuberculosis at the National Level

January 19 , 2004 – February 27, 2004
Dr. Vivian Sanchez-Lofranco, Philippines

The Goup Training Course for the National Tuberculosis Programme was held from 19 January to 27 February 2004. The course is designed to build up the ability of the participants to manage a national tuberculosis program, to set up strategy for implementation and improvement of the programme, to evaluate the programme through lectures, discussions, workshops, and exchange of experiences and views with international participants.

The course started with one week orientation on Japan's culture, its history, economy, politics and interestingly, helped

participants learn some basic spoken Japanese at the Hachioji International Center. Seasonally, the course was just in time for most participants to experience the first snowfall of their lives.

The field trips in Hiroshima and Kyoto are memorable. The heritage and serenity of these places leaves one speechless. In our training course, we enjoyed excellent lectures, interesting workshops and learned the comprehensive Project Management Cycle (PCM) using the logical framework in the analysis of a core problem. No one will forget the tea party held by Princess Akishino, nor her husband's love of animals. The touch of royalty was beyond belief and expectations. The memory will be kept forever. There are many people to thank: Mr and Mrs Mori of the dormitory who took care of us down to the friendly drivers who took us to our destinations safely. We would like to thank the leadership of the Japan Anti-Tuberculosis Association and its affiliates, JICA and its branches, RIT staff.

The leadership training has prepared us to be good managers while knowing Japan, its history and culture, people and what makes it what it is today. Our time is now at hand: the possibility to change the global TB situation through our best effort; proposing an innovative action plan and real solutions in our respective countries. During our short stay in Japan, we have made friends, gained long lasting friendships, unforgettable experiences, reflecting the overall knowledge on what is missing in our respective countries, and to carry out our mission as leaders for the benefit of humankind.



Managing Tuberculosis at Intermediate Level

May 17- August 6, 2004

Dr. Jeanne T. Valderrama, Philippines

Our course was intensive, complete and very well organized. We learned so much from the local and international experts about the various aspects of TB Control—from the very basic to the practical. For some of us, it was our first time to learn about the magnitude of the TB/HIV problem. We all acquired a better perspective on how to improve TB control in our own areas of responsibility. Presenting our country reports and writing our action plans was very challenging for us, causing anxiety and resulting in many sleepless nights. It was not all classroom work and lectures though. Our field visits to the Public Health Centers, Health Care Facilities and communities, demonstrated how, with political will and cooperation, a country's health-care system can truly serve its people. For us from developing countries, this health care system still remains a dream.

Attending this international course at the Research Institute of Tuberculosis was not only an academic experience; it was also a sociocultural bonding for the 23 participants from Asia, Oceania, Africa and South America. Living together at the dormitory gave us a chance to have a better understanding of each other's country. Overcoming homesickness and the language barrier (including our inability to read Japanese), we ventured to explore Tokyo, oftentimes confused and losing our way. We marvelled at the discipline, nationalism, industriousness and honesty of the Japanese. People here were friendly and always ready to help us even if most of them could not speak English. Staying in this beautiful country for three months, visiting picturesque places like Iwate, Hiroshima, Osaka and Kyoto, gave us a glimpse of Japan's rich

heritage and culture.

To the RIT staff, JICA and JATA, we would like to extend our deepest appreciation and heartfelt thanks for this wonderful educational experience. Not only will we be better TB Managers when we return to our home countries, we will also treasure forever in our hearts the Japanese people, the friends we have made and the knowledge that we have gained. To all of you, arigato gozaimashita!



Tuberculosis Control Laboratory Management,

Sep. 27 to Nov. 26, 2004

Dr Ben Chilima, Malawi

In September 2004, ten of us each left our homes in Afghanistan, Bangladesh, Lesotho, Malawi, Mongolia, Myanmar, Pakistan, the Philippines, Uzbekistan and Zambia. We joined together in an intensive training program that has ultimately proven better than our expectations.

We left the familiarity of our homes, our surroundings, cultures and food. Initially, we were apprehensive. However, JICA warmly welcomed us at Narita Airport to resettle in the new home at Hachioji Center. We remember the lessons in Japanese *ikebana*, history, language, education systems and culture.

At RIT in Kiyose, we mixed with

participants from the HIV Training Course. This mix was ideal for learning cultures and how to cook foods from different parts of the world. Surely our spouses back home will rejoice when they hear this!

In this period, RIT / JICA skilfully guided us into a cheerful team. We have worked very hard. We were honoured with articulate lectures from world-famous scientists from RIT, Japan, Korea and Philippines. The lectures were tactfully sandwiched with memorable educational and cultural visits to several institutions, sites, castles and shrines, the pride of Japan.

Our group had no shy participant. Everyone generously took photographs to treasure the memories of our short stay in Japan. Finally, we are eager to return and share the memories



with our people back home.

We have acquired new skills. We promised to implement our action plans. Grateful, we have been fully inspired.

HIV/AIDS prevention and care in Asia

September 27 - November 5, 2004

Dr. Meiwen Yu, China

I was involved in the 11th International Course on AIDS Prevention and Care in Asia in Japan for six weeks. Although it was my second experience living abroad, I was even more excited than when I first tasted an apple at age 15. With the participants from different countries and different cultures, we exchanged our experience and our knowledge as well as cooking skills. We also learned to say HOW ARE YOU and THANK YOU in different languages.

The most mirthful thing about the course was that we received knowledge and skill from the sapient and experienced people who were invited by our organizers: RIT and JFAP. From Project Cycle Management (PCM) to epidemiology and surveillance, from condoms to STI/HIV/AIDS, at last we all had our own PCM: Action Plan. Although we cannot be super persons in HIV/AIDS prevention and care now, I believe that all acquired the spirit of PCM which will further contribute to our works.

Besides HIV/AIDS, we also learned a lot from the Japanese. Thanks to OTANI-san and FUJITA-san who looked after us as if we were babies, the staff from RIT and JFAP, the hospitable Hippo family, the kindly travel agency woman and all the other Japanese who helped us to know the Japanese. We were awed by the comprehensive transportation which easily took us to so many places in Japan.

We are leaving the country, but we will meet again somewhere in the world and discuss HIV/AIDS and the contributions of this course. The course has reached its end on the screen this time but it will continue as the next show next year and it will never stop until the eradication of HIV/AIDS.



Managing Tuberculosis at the National Level

January 17 – February 4, 2005
Dr. Phyu Noe, Myanmar

Fifteen participants from twelve Asian and African countries, most of them senior level personnel from the NTP, attended the course for nearly four weeks. During the course, we have enjoyed the warm hospitality of the Japanese people and also have been able to discover their culture and customs. We were honoured to be given an opportunity to meet Her Imperial Highness, Princess Akishino, the Patroness of the Japan Anti-Tuberculosis Association and we were able to talk to her at close range. This was indeed a great sign of hospitality and willingness of the Government of Japan to cooperate with our countries. We learnt about the political and social economic trends in Japan. We all enjoyed the Tokyo bus tour and study tour to JATA headquarters, Kyoto and Nara. We would like to send our appreciation to the ladies of the Kyoto JATA women's group. This was indeed a great sign of hospitality and willingness of the Government of Japan to Japan to cooperate with our countries. We learnt about the political and social economic trends in Japan. We all enjoyed the Tokyo bus tour and study tour to JATA

headquarters, Kyoto and Nara. We would like to send our appreciation to the ladies of the Kyoto JATA women's group.

We appreciate the effort made by JICA and RIT to adjust the optimum duration of course to make it suitable even for busy officers to be able to attend because it is a very useful course.

We came from TB high-burden countries and we have learnt a lot from this training. Participatory training methodology was really productive and the sharing of knowledge among the participants leads to development of recommendations to solve the problems we encounter. This will strengthen our TB control programmes. This is just the beginning and it will not be the end. I am very much optimistic that if we follow the examples of TB control in Japan, TB will no longer be a public health problem in our countries. Arigato Gozaimashita!



Stop TB Action Training

July 19 – October 7, 2005
Dr. Graham Kapalu Samungole, Zambia

I very much appreciate the opportunity to attend this course. In my country, I am responsible for TB control in our capital city, Lusaka. Lusaka accounts for 30 percent of the total notifications for Zambia.

There are a number of challenges faced in Zambia. To begin with, the TB situation has been worsened by the impact of HIV/AIDS, which affects 16 percent of the population. In TB cases, studies have shown that 70 percent of the patients

are also co-infected with HIV/AIDS.

I am happy that among many other things, this course addressed the issue of TB/HIV. I also benefited a lot from the aspect of problem analysis. Before attending this course, I never analysed the TB program using this approach. The approach assisted me in not only recognizing the problem but also coming up with the appropriate intervention.

The other areas I benefited from a lot are those dealing with Operational Research, Advocacy and the study tours to Niigata, Osaka, Kyoto and Hiroshima.

I was also challenged by the dedication of the Japanese people to duty. I was so impressed with how people keep time here! Equally

remarkable is the friendliness and honesty of the Japanese people.

Overall, I would say that this course is well organised and conducted. It also enabled me to learn from the experiences of other countries in the area of TB control. I have, therefore, no hesitation in recommending this course to many of my other colleagues from countries with a high burden of TB.



A REPORT FROM ALUMNI

DOTS Acceleration in Partnership

Irawan Kosasih from Indonesia

As a former participant of TB courses, I will never forget the first time I arrived at RIT in 1993; it was like a dream that will never come a second time. After more than 10 years now I want to share my experience with all former participants, especially both of my groups in 1993 and 1995. It will be fun and really nice when we can meet again in a reunion.

Combating tuberculosis in the context of partnership has a long history; the International Union Against Tuberculosis and Lung Disease (IUATLD) is the only international voluntary organization dealing specifically with TB; where, like among the 199 countries, the NGO in Indonesia, PPTI (Perkumpulan Pemberantasan Tuberkulosis Indonesia) established in 1968, is a member of IUATLD partnering with the NTP to combat tuberculosis.

The Stop TB Initiative was officially launched in November 1998, has now grown to a true partnership that includes the governments of high burden countries (22), and the principal governmental and non-government organizations working in TB control. The Stop TB Partnership is building partnerships for action against one of the world's most devastating diseases. With 90 percent of the global disease burden affecting developing countries, the main aim of the "Partnership" is to tackle one of the major public health problems of this century by joining forces

and adopting a common strategy to reduce the burden of tuberculosis. The global targets of 70 percent case detection and 85 percent cure rates for those detected must be reached by 2005 in order to halve the TB prevalence and deaths by 2010. Accelerating case detection is, therefore, critical without scarifying the importance of a high cure rate.

The Japan Anti Tuberculosis Association (JATA) had supported the NTP of Indonesia with some national seminars and workshops on DOTS strategy during the second half of the 1990's. From the start of the Revised NTP in 1994, DOTS marketing, up to strengthening the NTP through Gerdunas (Gerakan Terpadu Nasional) as a reflection of the STOP TB partnership in a local setting.

The PPTI-JATA collaboration projects on DOTS implementation in two urban private clinics started in 1997 are really early starts of international partnerships in Indonesia demonstrating excellent results. The two clinics are located in central and south Jakarta Metropolitan City.

During the 1998 to 2003 period, emphasis was on new smear positive cases, the error rate discrepancy was less than 5 %, the conversion rate above 80 percent and 85 percent treatment success was achieved annually. The cure rate and treatment success difference was less than 10 percent. This is not bad at all for an urban private clinic setting. Another 5 percent death and failure with around 80 percent of the remaining 10 percent, the migrant and moving population, has created a complete surveillance?

Table-1: Annual results by cohort:

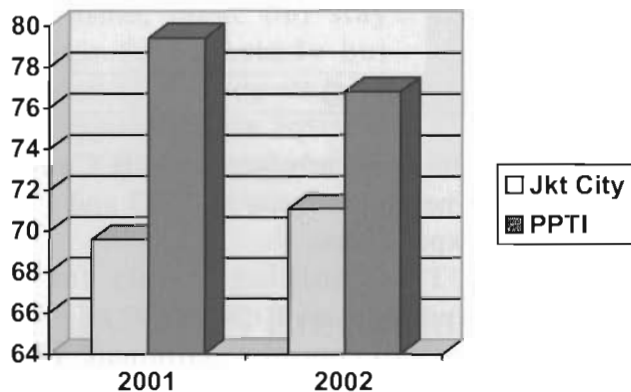
	1998	1999	2000	2001	2002	2003
Error rate	3 %	3.3 %	3 %	3.7 %	2.9 %	2.6 %
Conversion	88.5 %	87.8 %	79 %	81.6 %	81.5 %	85 %
Cure rate	73.3 %	73.3 %	77.9 %	79.4 %	76.8 %	
Success rate	89.7 %	84.1 %	86.9 %	86 %	84.9 %	
Death	3.3 %	2.1 %	2.7 %	3 %	2.1 %	
Failure	0.1 %	2.4 %	3.5 %	1.1 %	1.5 %	
Drop out	1.6 %	7.2 %	2.5 %	1.1 %	1.5 %	

Table-2: New smear positive coverage contributed to the City

Coverage of the two clinics contributed to the Jakarta City TB Programme around 20 percent of new smear positive cases annually during the year of 2001 – 2003 and there was a higher cure rate.

	Annual new smear positive cases notified		
	2001	2002	2003
Jakarta City	3,794	4,398	4,460
PPTI (2 clinics)	769	841	860

Comparison of cure rate:



Through a PPTI-JATA collaboration project, involving the private sector on DOTS, strategy acceleration has proven that even private clinics in urban cities have the ability and can show excellent performance.

A MESSAGE FROM ALUMNI

Dr. Thomas Okello Oyok from Uganda ('94 Group Training Course for Tuberculosis Control) I wish to announce with pleasure that on October 22, 2004 I graduated from Makerere University with a Master of Medicine Degree (Psychiatry) and thus am becoming a specialist in that field. This was a three year course and that is why I took so long to get in touch. With these developments, we find that there are many Neuro-Psychiatric complications of both Tuberculosis and HIV/AIDS. This is an area of special interest for which I will need all the assistance from our institute. I will be interested to have most of my

publications done in Japanese medical journals, I hope the institute will be of help to me as far as this is concerned and as part of the follow-up program.

Greetings to all RIT family members and especially those who still remember me. I do clinical work (Head, Mental Health, Gulu Regional Hospital), research, and also teach medical students at the School of Clinical Officers, Gulu. Greetings once more; please help us to keep in contact with some of our colleagues whose addresses I may have forgotten! I hope to hear from you soon. Thanks.

A MESSAGE FROM DR. IKUSHI ONOZAKI

How are you? Some of you may be wondering if I am really a new staff of RIT. Since I participated in the international TB control course at RIT in 1989, I have been engaged in international TB control activities, visiting many of your countries working with JICA and/or WHO. Or I might have met you when I conducted lectures on operational research, TB/HIV and surveys occasionally in the international courses at RIT. Although I have spent more than half of my time these 15 years overseas, I basically belonged to a prefectural branch of JATA, a Chiba Anti-TB association, where I am busy with domestic duties. As my sons, one of whom was born when I was away from home on a field trip of an international course, have grown up to become high school boys, I have decided to devote myself 100 percent to international activities from this year. That's why Dr Mori, Director of RIT, kindly let

me move from the Chiba branch to RIT.

The past five years, I have been closely working with NTP Cambodia to expand DOTS, to establish real access for poor rural populations to TB services. Starting from DOTS in nine primary health centers in mid-1999, the NTP successfully completed expansion to all health centers at the end of 2004; now, DOTS is available at more than 1,000 places there. Beside the DOTS expansion, we are proud of completing a National TB prevalence survey, TB/HIV surveys as well as a National TB Drug Resistance Survey to introduce scientific evidence/ ideas to NTP planning and monitoring. Reality is often quite different from what we believe or what we were taught. I would like to promote operational/ health system research through the process in DOTS expansion and TB/HIV activities. I am looking forward to seeing you in your countries.

A MESSAGE FROM DR. SHINJI SHISHIDO

Hello everybody.

I am Dr. Shinji Shishido. I participated in the Tuberculosis Control Course in 1977. Following that, I was dispatched to Afghanistan as a consultant of the TB Control Program implemented by JICA from December 1977 to April 1979. In those days, a high defaulter rate was one of the main problems in many countries. I investigated this in an attempt to uncover the reasons for the high defaulter rate and to solve the problems. Unfortunately, because of the invasion by the Soviet Union, the JICA TB Project team had to withdraw. I have been worried about the many troubles burdening Afghanistan for a long time. Now, the JICA TB Project has been starting again, and I hope Afghanistan will fight TB.

When I was in RIT, I accompanied the participants to Nigata, Akita, Aomori, Iwate, Kyoto, and Nara, and on several of these occasions I could make many good friends and learn about many different and excellent cultures through these exchanges.

Next, I was dispatched to the Philippines

by JICA as a chief adviser for TB Control Program for nearly one year in 2003 and I had many good experiences.

Now, I am working mainly for the national TB program as a consultant of RIT. I hope that you will control or eliminate TB in your countries.

Lastly, please take care of yourself and I hope to see you again.



News

The 7th International Congress on AIDS in Asia and the Pacific (ICAAP) held in Kobe, Japan

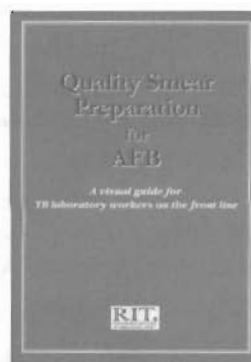
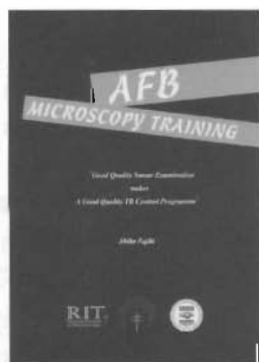


The 7th International Congress on AIDS in Asia and the Pacific (ICAAP) was held in Kobe, Japan from July 1 to 5, 2005. The goals of the 7th ICAAP, in keeping with the past ICAAP, were to increase the understanding of the epidemic and related issues in the region, share the lessons and hopes learned, and gain insights applicable to future efforts. Under the theme "Bridging Science and Community", the meeting presented the most recent achievements in science and community work and encompassed efforts and activities related to prevention, care and treatment at all levels. Since JATA was a co-organizer of ICAAP, RIT/JATA organized symposiums, workshops, and presented posters related to TB/HIV issues. Furthermore, the RIT/JATA booth at the meeting became a place for many ex-participants from the AIDS and TB course to exchange information. A press conference highlighting TB/HIV issues was also held. Lastly, the year 2005 becomes a significant year since the results of the "Treat 3 Million by 2005" (3 by 5) Initiative of WHO/UNAIDS will be evaluated for the first time.

The title of some of symposium and workshops were as follows:

- Workshop at ICAAP: exchange with ex-participants and resource persons
- Impact of the HIV epidemic on TB in Asia -how to mitigate its impact-
- Tuberculosis and HIV/AIDS
- Responding to HIV/AIDS among the mobile populations in Asia Pacifics
- A practical guide to HIV and TB collaboration: putting theory into practice

New RIT publications




① AFB Microscopy Training ② Quality Smear Preparation for AFB
RIT publications on TB Laboratory works, both written by Ms. Akiko Fujiki.
They could be utilized as training materials.


SEASON'S GREETINGS




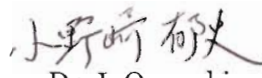
*Best wishes
for a wonderful holiday season
and a Happy New Year filled with Peace*



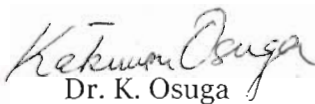

Dr. T. Mori


Dr. N. Ishikawa


Dr. M. Suchi


Dr. I. Onozaki


Ms. A. Fujiki


Dr. K. Osuga


Dr. N. Yamada


Dr. A. Ohkado



December 2005



RIT NEWS

Welcome

- Dr. I. Onozaki
Department: International Cooperation
(from JATA Chiba brunch)
- Mr. R. Yanagi (from Shinyamate Hospital)
Department: International Cooperation
- Ms. Y. Ban
Department: International Cooperation
(from JATA HQ)
- Ms. K. Masuda
Department of Program Support
(from JATA HQ)

Farewell

- Mr. M. Chino moved to Shinyamate Hospital
- Dr. T. Yoshiyama moved to Fukujyuji Hospital
- Ms. Y. Nakata moved to JATA HQ
- Ms. S. Ozaki moved to JATA HQ
- Ms. Y. Kazami resigned
- Ms. Y. Sekiya resigned
- Mr. S. Nakano moved to JATA HQ
- Ms. K. Miyamoto resigned

You are always welcome to send us your news and voices!

NEWSLETTER FROM KIYOSE

*Publisher: T. Mori, Director
Editor: M. Suchi*

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*When your contact address changes,
please let us know.*

We would like to express our deepest condolences to the RIT alumni and their families who were affected by the Asian Tsunami in December 2004, and the earthquake in Pakistan in October 2005.