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2008年 2月 26日

原稿の筆者校正について

拝啓、ますます御健勝のこととお慶び申し上げます。

このたびは「国際保健医療」へのご執筆・ご投稿をありがとうございました。

早速ですが、Volume 23・Number 1の校正原稿ができあがりしましたので、筆者校正をよろしくお願ひ申し上げます。今回は別刷の表紙もお送りいたしますので、併せて校正お願ひします。つきましては、誤植や誤記について朱で訂正をいれ、図表の配置等もご確認いただきまして、同封の封筒をご利用のうえ 3月10日必着でご返送いただければ幸いです。なお勝手ながら、筆者校正は一度だけとなっておりますので入念にご高覧くださいませようお願ひ申し上げます。

また、別刷りの印刷必要部数も確認いたしたく存じます。下記の用紙にご記入いただき、併せてご返送いただくようお願い致します。お忙しいなか恐縮ですが、ご理解とご協力賜りますよう重ねてお願ひ申し上げます。

敬具

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*現在こちらで把握している印刷部数：0部

(参考価格：5部以内 6,000円、10部 8,000円、20部 13,000円、50部 15,750円

100部 17,000円、200部 20,000円、300部 24,000円)

〔特集〕「第 22 回日本国際保健医療学会」ワークショップ
「在日外国人の保健医療－多文化共生時代に求められるもの」

ワークショップ 6

Medical Care for Non-Japanese Residents of Japan: Let's Look at Japanese Society's General "Bedside Manner" First

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Abstract

Before we talk about adequate medical care for non-Japanese, we must consider just how adequate and accepting the system itself is to guarantee it. Japan still has difficulty seeing non-Japanese as residents, immigrants, and taxpayers, and even the highest levels of government operates under the assumption that "foreigners will come here, make money working for our industries, and then just leave. It is not that long ago when government agencies were saying that "non- Japanese don't qualify for *Kokumin Kenkou Hoken*--they aren't *Kokumin*", or citizens. I have also heard of doctors refusing to treat non-Japanese because they thought it would be too much of a nuisance, and mental health institutions telling non-Japanese to go back to their own countries for treatment. Of course, I generally hear about good treatment in Japan as well, but there is room for improvement. The biggest step is to pass a law and draw up rules stating that all patients, regardless of nationality or national origin, are guaranteed medical treatment. I will talk about some of the obstacles in Japan to acceptance of non-Japanese residents from the standpoint of a naturalized Japanese citizen.

Keywords: Internationalization, Exclusionism, Discrimination, Health Care, Remedial Policy

Before we can consider medical treatment of any patient, we must consider how open the system is to receiving the patient in the first place. If the medical community, not to mention society in general, will not receive certain types of people as neighbors, residents, or patients, medical care becomes moot. This brief will consider just how open Japanese society is to non-Japanese in general and as patients in specific.

First, let's consider why non-Japanese are coming to Japan at all. One reason is demographics. It is now common knowledge that Japan's population, thanks to an aging society and low birthrate, is falling. Projected to have the world's highest percentage of elderly by 2050, Japan's population, according to Japan's Health

Ministry and the United Nations, is also forecast to drop from the current 127 million to less than 100 million. This will have a dramatic impact on health care, pensions, and the sustainability of Japan's labor force.

Japan's labor force has faced chronic labor shortages for decades now, and one solution proposed by government policymakers was to bring in non-Japanese workers on special visas from 1990. The United Nations, supported by the Obuchi Administration, agreed in 2000 that 600,000 non-Japanese per year would have to be imported just to maintain Japan's current standard of living. Even though current levels of immigration are around

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(受付日: 2008.01.15、受理日: 2008.02.08)

50,000 net entrants per year, the population of resident non-Japanese residents since 1990 has doubled. You are now more than twice as likely to have a non-Japanese patient than twenty years ago.

This has gathered some domestic media attention. *Shukan Diamondo* economics magazine had as their cover story (June 5, 2004) that "Japan is now an immigration country", noting how both the health of industry, and the health of non-Japanese workers (some working 22-hour days), are connected. *Newsweek Japan* (September 13, 2006) noted, "Japan's economy is now largely reliant on foreign labor. A country which shuts its eyes to immigration has no future."

However, there are the aspects of Japan's internationalization that do not surface in the media. Every year, international marriages occur in Japan: Japanese marrying non-Japanese (more than 70% of whom are J men marrying NJ women) have increased since 2000 from 30,000 couples per annum to 40,000 couples. The number of children they have, according to the *Asahi Shinbun*, is around 21,000 per year, and over the course of ten years this will mathematically amount to nearly a quarter of a million Japanese citizens with international roots.

I repeat, Japanese citizens. These children, even with one non-Japanese parent, are Japanese by law, and for the most part also "Japanese" by culture and upbringing. They, however, are invisible statistically, as the Japan Census does not measure citizens by ethnicity (only by citizenship), which means we have no idea exactly how many "multicultural, multiethnic" Japanese Japan actually has. The current regime of measuring "foreignness", via "registered foreigners", will necessarily not include them--because these children are not foreigners. Japan's true internationalization is thus largely invisible.

This matters especially when we look at how non-Japanese are being treated by Japanese society. There is no law against discrimination by race, ethnicity, or national origin in Japan. This means that places of business can refuse people who don't "look Japanese" service without doing anything illegal. Consequently,

a growing number of places nationwide, including public baths, restaurants, bars, hairdressers, discos, shops, karaoke and pachinko parlors, public pools, apartments, realtors, and even hotels, are refusing service to all people they determine are "foreign", often putting up "JAPANESE ONLY" signs in their doorways. This often happens to people who actually "look foreign" who are actually Japanese, such as the author of this essay.

However, the situation is becoming life-threatening. Hospitals are also copycatting. There are cases of doctors refusing "foreign" patients simply because they feel inadequate in their own language abilities, or claim they had a bad experience with a foreign patient in the past. The most famous case happened in August 2006, where in Zushi, Mie Prefecture, a non-Japanese mother about to give birth was refused entry into seven hospitals because she could not speak Japanese; hospitals claimed they could not take any extra measures to ensure her safe medical care. This put both the mother and the unborn baby at great risk. Although hospital refusals of expectant mothers are happening to Japanese too, this story surfaced, in September 9, 2007's *Sankei Shinbun*, only when the same thing happened to a Japanese. So not only did an alleged "foreign language allergy" override Japanese doctors' Hippocratic Oath, it still took more than a year for the public to find out it happened to a foreigner at all.

This is not a random occurrence. Many prefectures, such as Shizuoka, throughout the 1990's systematically refused to allow foreigners to enter the National Health Insurance (*Kokumin Kenkou Hoken*) because foreigners were not "*kokumin*". Even though everyone in Japan is by law required to be covered by one form of health insurance or another, non-Japanese fell through the social safety net simply because of semantic convenience. The policy has since been revised to include foreigners, but only after local governments saw how many Brazilians were unable to meet medical costs for their maternity deliveries.

The point is that these are the outcomes when discrimination is allowed to exist, with no anti-racial-discrimination law to make it illegal. Discrimination,

by its very nature, spreads when unchecked, as more people realize they can get away with it, and then work backwards from conclusions to find economic, political, and cultural justifications for it.

Japan's medical community has not been innocent of this. And it must take measures in future to ensure basic, adequate, and humanistic medical care for everyone in Japan regardless of race, ethnicity, nationality, or national origin. Here are some suggestions:

- 1. The Japan Association for International Health must make a clear public statement to the authorities and media that "Japan cannot, should not, and will not refuse medical treatment to patients on the basis of race, ethnicity, nationality, or national origin."**
- 2. JAIH should do the same to its contacts in the appropriate ministries, and push for them to make the same public statement and draw up appropriate nationwide regulations and guidelines.**

3. JAIH should support the passage of a law which makes it illegal for medical organizations to refuse care to patients on the basis of race, ethnicity, nationality, or national origin, with clear punishments and sanctions for non-compliers.

4. JAIH should at every opportunity should make it clear in public that non-Japanese are contributors to Japanese society, as taxpayers, laborers, and residents--and as patients and human beings deserving the same treatment and care as anyone else in Japanese society.

Do this, and we as medical care professionals in Japan are one step closer to full and comprehensive enforcement of the Hippocratic Oath.