Hansen’s disease recoverers as agents of change: a case study in Japan

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Summary This manuscript addresses the role and contribution of people affected by Hansen’s disease (leprosy), especially through the efforts of Zen-Ryo-Kyo, the National Hansen’s Disease Sanatoria Residents’ Association, in changing laws and attitudes in Japan since the 1950’s. Health social movements are discussed in the Japanese context and more broadly. An important contribution of this manuscript is the explanatory description of the activities of Zen-Ryo-Kyo in achieving change through addressing issues related to social stigma and discrimination. The argument is made for expanding the scope of social movements to include all stigmatised illnesses and disabilities. Another significant point discussed is the need to move beyond defining Hansen’s disease in medical and legal terms, and to redefine it as a public health and social issue to be solved.

Introduction: Issues in Contemporary Japanese Society

Hansen’s disease involves both medical and social aspects. There were 3,307 residents living in 13 National Hansen’s disease sanatoria in Japan in 2005 (Figure 1).

Those living in the sanatoria are patients who have recovered, and there are only a few new patients with Hansen’s disease each year (Figure 2). Therefore, it is clear that the medical aspects of Hansen’s disease no longer pose a problem in contemporary Japan.

Japan’s Ministry of Health, Labour and Welfare has declared that Hansen’s disease is no longer a public health issue. However, problems connected with the disease’s social aspects, such as social stigma and discrimination, persist, and Hansen’s disease should still be considered a public health and social issue which continues to require public involvement for resolution.

The Leprosy Prevention Law of 1931, which created the policy of completely isolating leprosy sufferers, was repealed only in 1996. Even after the drug therapy using ‘Promin’ was
introduced and Hansen’s disease became curable in the 1950’s, the Japanese government, medical authorities and public opinion were slow to change their attitudes. When the Leprosy Prevention Law was repealed in 1996, the Japanese government admitted that the law violated the human rights of those with Hansen’s disease; however, the social stigma against the disease recoverers remains.\(^4,5\) For example, some family members of recoverers still refuse to allow them to come back to their home towns, and a priest at a local Buddhist temple does not allow a recoverer to visit his ancestor’s grave.

Many people, including Hansen’s disease recoverers, have been working to remove this social stigma. Stigma is defined as a labeling by society.\(^6\) Discrimination studies locate the original source of stigma in the separation of ‘us’ from ‘them’, which corresponds to the distinction between ‘uchi(inner)’ and ‘soto(outer)’ in the Japanese context.\(^7\) While people similar to us are acceptable, those different from us are not. They might be dangerous in some
way, and should be prevented from having contact with us. Thus, stigma is born from fear and the ‘difference’ of others. People with Hansen’s disease have been suffering from stigma for a long time and have been deprived of their freedom to choose their living place, occupation, marriage partner, and higher education. People with illnesses and disabilities, such as HIV/AIDS, physical disabilities, and mental disorders also sufferer from stigmatisation.

This manuscript reviews studies of social movements related to health and illness, and uses them to examine the activities of people in Japan with Hansen’s disease, especially the activities of Zen-Ryo-Kyo, the National Hansen’s Disease Sanatoria Residents’ Association, aimed at reducing stigma. Then, the role and contribution of Zen-Ryo-Kyo are evaluated, providing grounds on which to consider these activities and their supporters.

Now is the time to look back at the history of the movement conducted by people with Hansen’s disease to find ideas to solve the problems of other people with stigmatised illnesses and disabilities and to design social support systems to help similar movements.

**Health Social Movements: An Emerging Perspective on the Study of Social Movements**

Health Social Movements (HSMs) – social movements that deal with health and illness – are among the most interesting topics related to the contemporary health care field. Most studies of HSMs have found that such movements improve health care conditions. Indeed, directed at medical researchers, government, and the public, movements focused on such conditions as breast cancer, inherited diseases, HIV/AIDS, and Alzheimer’s disease have been carried out by disease sufferers and their supporters. They have promoted the development of treatments, more social understanding of diseases, and patients’ rights.

Della Porta and Diani define social movements as ‘informal networks based on shared beliefs and solidarity which mobilise around conflictual issues and deploy frequent and varying forms of protest’. Drawing on this definition, Brown categorised HSMs into three types: (a) movements to acquire access to, or provision of, health care services; (b) movements to combat health inequality and inequality based on race, ethnicity, gender, class and/or sexuality; (c) movements for people with illnesses and disabilities to seek alternative ways of healthy living based on their own illness experiences by challenging science on etiology, diagnoses, treatment and prevention.

Brown’s categories are ideal types: the range of organisational agendas within any movement will not always fit neatly into a single category, and often overlap. For example, Zen-Ryo-Kyo has worked to ensure that sufficient medical professionals are available to treat Hansen’s sufferers; thus it can be said that it has: (a) acquired access to health care services. Zen-Ryo-Kyo has also demanded financial support from the national government to compensate sufferers for the damage to their daily life circumstances caused by the disease. Such activities make it one of the movements: (b) combating economic inequality. In addition, although physicians had continued to use ‘Chaulmooga oil’, the forerunner organisation of Zen-Ryo-Kyo had acquired a new treatment using ‘Promin’ in the 1940’s, thus meeting the criteria of category (c), by seeking alternative treatments.

However, Brown’s categories do not explain Zen-Ryo-Kyo’s activities directed at reducing social stigma, which are the focus of this manuscript. At first glance, the activities of

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8Brown et al. wrote a recent history of social movement theory. Allsop calls health-related movements conducted by patients and families in the UK Health Consumer Movements.
Hansen’s disease recoverers to reduce stigma may seem to fit category (b), but their activities go further. They are engaged in a fight for human rights for all who are stigmatised, and they oppose society’s tendency to draw invidious distinctions. It is a movement that provides a new design for a society without discrimination. Therefore, movements that pursue social change through health-related issues should be added to Brown’s categories as a fourth factor.

**Methods and Data Collection**

This qualitative sociological study used a mixture of methods such as Archival Research, Historical Method, Life History (Oral History) and In-Depth Interview. It could be called Cross-Examination Method or Triangulation. This method is used to investigate why and how Zen-Ryo-Kyo’s activities were carried out, not just the what, where, when. Hence, focused examples are presented descriptively to identify the reasons for the activities and their meaning.

The data used in this study are from published and unpublished documents and fieldwork conducted by the author. Documents include the monthly newsletters published by Zen-Ryo-Kyo since 1952, memorial books edited by Zen-Ryo-Kyo, and autobiographies and biographies of people living in the sanatoria. As fieldwork, in-depth interviews with key members of Zen-Ryo-Kyo and long-time activists, Mr. Hirasawa, Mr. and Mrs. Morimoto and Mr. and Mrs. Shibata, were conducted from May 2004 through to June 2008. Interviews were written up as author’s field-notes and recorded by digital recorder with textual transcripts made afterwards when it was allowed.

The activities of people with Hansen’s disease can be considered a movement to bring about social change. Their activities have tried to reveal how people’s inclination to exaggerate differences causes social stigma, to pose questions on how to respect others as human beings, and to change society which wants to make invidious distinctions. This study reviews the history of the activities of people with Hansen’s disease and examines the factors which have proved effective in reducing stigma.

**THE FOUNDING OF ZEN-RYO-KYO**

Zen-Ryo-Kyo was established in 1951. It was originally called Zen-Rai-Kan-Kyo, the National Leprosy Patients’ Association. But after some of the leaders of the organisation recommended using the term of Hansen’s disease instead of leprosy, and people living in the sanatoria had recovered and there were no longer patients, the organisation adopted the name Zen-Kan-Kyo (National Hansen’s Disease Patients’ Association) in February 1953, and Zen-Ryo-Kyo (National Hansen’s Disease Sanatoria Residents’ Association) in April 1996. Throughout this manuscript I will refer to the organisation as Zen-Ryo-Kyo.

Zen-Ryo-Kyo is a united organisation of 13 sanatoria residents’ associations. Members communicate with each other through monthly newsletters, and representatives of each association get together at the national meeting once a year. At the beginning, in 1955, Zen-Ryo-Kyo had 10,914 members; their average age was 40.2 years for men and 42.8 years for women. By 2000, membership had fallen to 4,769, and the average age had risen to 73.0 years.

Zen-Ryo-Kyo’s goals can be divided into material goals and emotional or intellectual goals. Mr. Harada, the first chair of Zen-Ryo-Kyo, outlined the association’s mission in a
1952 newsletter: ‘Our mission and purpose are not only to demand from the government or Diet treatment and improvement in our daily life, but also to be released from suffering and distress in the areas of religion, morals, culture and philosophy. Our fundamental aim is rehabilitation into the healthy and cheerful freedom that allows full development as a human being’. (Zen-Rai-Kan-Kyo Newsletter, No.13, January 1, 1952).

The first goal includes improving the medical circumstances and daily life in the sanatoria; the second involves social rehabilitation. The association’s concrete activities in pursuit of the second goal are designed to reduce social stigma and discrimination and are the focus of this study.

ZEN-RYO-KYO’S ACCOMPLISHMENTS: CONTINUOUS STRUGGLE AGAINST SOCIAL STIGMA

The activities of Zen-Ryo-Kyo to reduce stigma can be categorised into four types: (1) efforts to change the name from ‘leprosy’ to ‘Hansen’s disease’; (2) efforts to influence the mass media to discontinue using discriminatory expressions; (3) efforts to educate the public about Hansen’s disease; and (4) efforts to repeal the ‘Leprosy Prevention Law’. Some of the activities fit more than one category (See time table—Table 1).

(1) Efforts to change the name of the disease

Since the word ‘leprosy’ evoked negative impressions and had led to social stigma and discrimination, the association began as early as 1952 to promote the term ‘Hansen’s disease’. This appeal was influenced by the activity of residents of Carville, Louisiana in the US, who had demanded that authorities use the term ‘Hansen’s disease’ after the Norwegian medical scientist Armauer Hansen who had identified the mycobacterium. This change was gradually accepted, and Japan’s mass media started using ‘Hansen’s disease’ in the mid-1960’s, and by the end of the 1970’s, the word ‘leprosy’ had been mostly abandoned. However, the ‘Japanese Leprosy Association’, a medical association for Hansen’s disease, did not change its name to ‘Japanese Hansen’s Disease Association’ until 1996, that is, after the repeal of the ‘Leprosy Prevention Law’. Also, Japan’s Ministry of Health and Welfare (now the Ministry of Health, Labour and Welfare) resisted the name change until 1996.

(2) Efforts directed at persuading the media not to use discriminatory expressions

Zen-Ryo-Kyo has protested whenever it notices negative and incorrect information about the disease on film or television or in newspapers, novels and illustrated books. For example, in 1955 Zen-Ryo-Kyo claimed that the film, ‘The Fountain Is Here’, contained a depiction of patients with Hansen’s disease that was unnecessarily cruel, and asked the film-maker to eliminate the scene. After discussions between the association and the director of the film company, the scene was partly modified.

In 1973 Zen-Ryo-Kyo found an irrelevant element in the screenplay for the film entitled ‘The Bowl of Sand’. The association was afraid that the personal background of the main character whose parents were affected by Hansen’s disease was so miserable that the movie would provoke additional discrimination against the disease. After negotiations, the screenplay was modified.
**Table 1. Time line**

<table>
<thead>
<tr>
<th>Year</th>
<th>Activities of Zen-Ryo-Kyo</th>
<th>Social reactions</th>
<th>Act of government</th>
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<tbody>
<tr>
<td>1931</td>
<td>Enacted “Leprosy Prevention Law”</td>
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<tr>
<td>1952</td>
<td>Started to promote the term “Hansen’s disease”</td>
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<tr>
<td>1955</td>
<td>Changed name, Zen-Kan-Kyo</td>
<td>Mass media started to use the name “Hansen’s disease”</td>
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<td></td>
<td>Protest against the stigmatized depiction in the film “The Fountain is Here”</td>
<td></td>
<td></td>
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<tr>
<td>Mid-1960’s</td>
<td></td>
<td>Mass media abandoned use of the term “leprosy”</td>
<td></td>
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<tr>
<td>1973</td>
<td>Protest against the stigmatized depiction in the film “The Bowl of Sand”</td>
<td>Mass media continuously support the activities of Zen-Ryo-Kyo</td>
<td></td>
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<tr>
<td>1973</td>
<td>Protest against incorrect health science textbook for junior high students</td>
<td></td>
<td></td>
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<tr>
<td>Late 1970’s</td>
<td>Mass media abandoned use of the term “leprosy”</td>
<td></td>
<td></td>
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<tr>
<td>Late 70’s ~ 90’s</td>
<td>Mass media continuously support the activities of Zen-Ryo-Kyo</td>
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<tr>
<td>1992</td>
<td>Established Hansen’s Disease Museum</td>
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<td>1996</td>
<td>Made the film “Get Over the Invisible Wall”</td>
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<tr>
<td>1996</td>
<td>Changed name, Zen-Ryo-Kyo</td>
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<tr>
<td>1996 ~</td>
<td>Many civil groups started to support Hansen’s disease recoverers</td>
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<tr>
<td>2002</td>
<td>Won the claim of compensation against Japanese Government</td>
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<td>2003</td>
<td>Protest against a hotel that refused entry to Hansen’s disease recoverers</td>
<td>A hotel refused entry to Hansen’s disease recoverers</td>
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</table>
Another example of the association’s efforts with the media involved a school textbook. In 1973 Zen-Ryo-Kyo found incorrect and misleading information about Hansen’s disease in a junior high school health science textbook. The article did not offer an accurate scientific explanation of Hansen’s disease, and it stimulated social stigma and discrimination by exaggerating the fear against Hansen’s disease. So Zen-Ryo-Kyo requested that the Ministry of Health and Welfare, and the Ministry of Education revise the textbook. The Ministry of Education then directed the publisher to carry out the revisions.

(3) Educating the public

Zen-Ryo-Kyo has worked to help people understand Hansen’s disease. A prime example of these efforts is the National Hansen’s Disease Museum, located at Tama-Zensyo-En, a sanatorium in Tokyo. The museum was established in 1992 by the Toufu Association, a charity organisation connected to the Japanese Imperial family. Mr. Hirasawa works there as a ‘narrator’, talking about his life with Hansen’s disease. The museum attracts about 40 visitors every day and more than 10,000 visitors a year. It was renovated by the national government in 2006 and contributes to providing accurate information about Hansen’s disease and to educating the public about human rights.

In 1996 Zen-Ryo-Kyo produced the film ‘Get over the Invisible Wall’, which described the daily lives of people with Hansen’s disease and criticised the government’s policy of absolute isolation. It also presented a message against social stigma and discrimination. The movie has received considerable attention and was awarded a cinema prize in Japan.

(4) Efforts to repeal the ‘Leprosy Prevention Law’

Zen-Ryo-Kyo worked to repeal the 1931 ‘Leprosy Prevention Law’ which had established a policy of absolute isolation. The origin of the 1931 ‘Leprosy Prevention Law’ was ‘The Matter Related to the Prevention of Leprosy’ which was passed in 1907. From the beginning, Zen-Ryo-Kyo protested against the injustice of the Law and tried to modify or repeal it.

During the process of repealing the Law, numerous meetings were held to discuss possible problems arising from the Law’s repeal. There were various opinions against the law, some inconsistent with each other. The law demanded absolute isolation, but at the same time it guaranteed that the Japanese government would economically and medically support the lives of Hansen’s disease sufferers in the sanatoria. Therefore, some members of Zen-Ryo-Kyo were afraid that they would no longer receive any financial support once the Law was repealed. Coupled with a demand that the government maintain the same standard of social and medical service as before, Zen-Ryo-Kyo finally decided to take action to repeal the law.

Then Zen-Ryo-Kyo joined with local governments, other groups of people with illnesses and disabilities, civil movement groups and lawyers to request that the government repeal the Law, which finally took place in 1996. The Cabinet Council submitted a report to establish the ‘Attendant Resolution of the Repeal of the Leprosy Prevention Law’. The report was discussed in the Diet and was approved in 1996. In 2002 Zen-Ryo-Kyo won compensation from the Japanese government for damages caused by the policy of isolation.
ROLE AND CONTRIBUTION OF ZEN-RYO-KYO AND HANSEN’S DISEASE RECOVERERS

Struggle for all those stigmatised by their illnesses and disabilities

What factors proved effective in the actions to reduce stigma? Why and how? Two factors can be identified. Firstly, this movement is not only for people affected by Hansen’s disease but for all those stigmatised by their illnesses and disabilities. The Zen-Ryo-Kyo activists find motivation in the fact that their activities profit not only their own interests but achieve benefits for all. People who have recovered from Hansen’s disease have never demanded privileged benefits but work also for other people who are suffering from health problems and have faced discrimination. Mr. Hirasawa, a core member of Zen-Ryo-Kyo, said: ‘After all, the activity of any social movement is to build up human ties. There is no improvement where there is no social movement, because there is no mutual confidence’. (Interview with Mr. Hirasawa).

Mr. Hirasawa has also worked for many social movements of patient groups of other illnesses and disabilities, such as people with tuberculosis, physical disabilities, and mental disorders and with groups representing intellectually delayed children. As part of a protest by people with physical disabilities, he asked transportation authorities to install an elevator at a train station and to use a bus without steps at the entrance. These requests were granted; there are now elevators at the station and the number of buses without steps is increasing. Mr. Hirasawa also appealed to the local Education Board to accept intellectually delayed children in the regular schools.

Thus, Mr. Hirasawa has been working for movements to change social infrastructures and systems to accommodate all people. These principles fit well with the purpose of Zen-Ryo-Kyo, as we can see in an article by Mr. Harada, the organisation’s first chair.

‘Our issues and requests are not only for Hansen’s disease patients but also for social improvement. We think our activities will help our nation to be better and more glorious either directly or indirectly’. (Zen-Rai-Kan-Kyo Newsletter, No. 13, Jan. 1, 1952)

At the opening of the Museum in 1992, Mr. Takase, the then chair of Zen-Ryo-Kyo, stated: ‘The Museum has a mission to let people know the reality surrounding Hansen’s disease. Also, through the exhibition about society’s discrimination against those with Hansen’s disease, the museum asks visitors to consider the condition of people who have stigmatised illnesses and disabilities, such as mental illness, chronic diseases and HIV/AIDS, and not to repeat this mistaken history’.21

All these statements show that the Zen-Ryo-Kyo’s movement does not seek its own interest by dividing ‘us’ living with Hansen’s disease from ‘them’ who don’t have Hansen’s disease. Some members of Zen-Ryo-Kyo have collaborated with groups of people with disabilities and contributed to planning municipal structures to accommodate people with disabilities. Zen-Ryo-Kyo also supported the repeal in 1998 of the ‘Aids Prevention Law’ which justified the isolation of people living with HIV/AIDS. The law was repealed just one day after it had been enacted. And now, Zen-Ryo-Kyo is helping the campaign opposed to the

21This attitude has changed the ideas of people who wish to distinguish between ‘us’ and ‘them’ and ‘uchi’ and ‘soto’. Mr. Tokuda, a lawyer who devoted a lot of effort to repealing the ‘Leprosy Prevention Law’, said ‘Face-to-face relationships between people with Hansen’s disease and other people eliminated negative discrimination’ (MBCTV interview ‘The problems of Hansen’s disease has not ended yet’ televised in September, 2001).
‘Law Related to Mental Health and Welfare of the Persons with Mental Disorders’ which justifies placing people under restraint.

Richard Parker, a medical anthropologist, wrote: ‘The key question is whether we will be able to build upon the politics of identity so as to transform it into a politics of solidarity...a politics capable of hearing not only our own pain and suffering, but also the pain and suffering of others, subject to the multiple forms of oppression, exploitation, and injustice that have been produced by the contemporary world system’. The members of Zen-Ryo-Kyo believe that collaboration among vulnerable people has enormous power. Zen-Ryo-Kyo has promoted solidarity among those oppressed as a result of social discrimination against people suffering from illnesses and disabilities, and it has removed the barrier between ‘us’ and ‘them’.

Collaboration between Zen-Ryo-Kyo and other groups

A second factor contributing to the success of the Zen-Ryo-Kyo movement is the number of individuals and groups that have supported it. From the beginning, Zen-Ryo-Kyo has had a particularly strong bond with Japan’s National Hospital Worker’s Union (Zen-I-Ro established in 1948) and Japan’s Patient’s League (Nikkan established in 1948) a group which originally represented tuberculosis patients. These three groups share ties of ‘brotherhood’. Through their partnership Zen-Ryo-Kyo learned how to organise a movement and how to negotiate with government. Japan’s Patients Council (established in 1986) and the National Conference to Support the Life and Rights of Disabled Persons (established in 1967) also work closely with Zen-Ryo-Kyo.

In addition, Zen-Ryo-Kyo has gradually established close collaboration with the Hansen’s Disease Provision Council, an organisation of the members of the Diet, the Communicative Association of Mayors of the towns where Hansen’s disease sanatoria are located, the National Hansen’s Disease Sanatoria Presidents League, the Toufu Association connected to the Japanese Imperial family, and some non-profit welfare organisations, such as the Sasakawa Memorial Health Foundation. These groups have provided Zen-Ryo-Kyo with political, financial, and moral support.

Zen-Ryo-Kyo has also built strong partnerships with lawyers, medical professionals, bureaucrats, mass media, and civil society activists during the campaign to repeal the ‘Leprosy Prevention Law’ in 1996. Lawyers argued that the policy of absolute isolation was discriminatory and violated the human rights protected by the Japanese Constitution. Medical professionals at the annual meeting of the Japanese Leprosy Association blamed themselves for not having taken action against the ‘Leprosy Prevention Law’ even when they knew that absolute isolation was medically unnecessary. Mass media ran stories about social stigma and the discrimination against Hansen’s disease sufferers and advocated repeal of the Law. About 20 civil society groups actively supported Zen-Ryo-Kyo’s claim of compensation against the government. Many civil society groups held meetings to learn about Hansen’s disease and engaged in mutual efforts to communicate with people recovered from the disease. Also, some members of the civil society groups attended court hearings and had an influence on public opinion.

Until 1990, most people took the ‘Leprosy Prevention Law’ for granted, accepting the thinking that held that Hansen’s disease was a terrifying infectious disease. Even medical professionals accepted the Law and fomented social discrimination against sufferers of Hansen’s disease, despite findings that the mycobacterium that causes Hansen’s disease was
very mild and that the disease was curable by drug treatment. Also it took mass media some
time before they adopted a neutral position, although they were aware of the discrimination
against people with Hansen’s disease. Starting to use the name ‘Hansen’s disease’ in place of
‘leprosy’, mass media gradually began to write neutral articles about Hansen’s disease. From
the late 1970’s to the beginning of the 1980’s, many articles which focused on the elimination
discrimination were published. In the 1990’s, all mass media outlets supported Zen-Ryo-
Kyo’s efforts to repeal the ‘Leprosy Prevention Law’. Many civil groups began
collaborating with Zen-Ryo-Kyo in 1999 when Zen-Ryo-Kyo was preparing for legal
proceedings against the government.

Though it is only recently – since the 1990’s – that many individuals and groups have
supported the efforts of Zen-Ryo-Kyo, they moved the government. Mr. Morimoto said that
this change happened only when people affected by Hansen’s disease began to consider their
own lives to be valuable and to believe that society would be changed. Mr. Shibata said that is
was important for the movement to have collaborators who could provide encouragement and
help them to maintain their motivation for the movement.

This sort of movement should serve as a model in many cases where stigma and social
discrimination against people with diseases or disabilities arise.

Discussion: To Establish a Support System for Civil Movements

Aging and the health of its members and financial deadlock now pose severe problems for
Zen-Ryo-Kyo’s activities. Also, social stigma against Hansen’s disease still persists here
and there. For example, in November 2003, a spa hotel in Kumamoto Prefecture refused entry
to 18 Hansen’s disease recoverers who were living in a sanatorium, Kikuchi Keifuen, saying
‘we cannot allow recoverers to stay at our hotel as long as social understanding isn’t ready’.
The problem of stigma has not yet been solved, and the tendency to distinguish between
‘uchi(us)’ and ‘soto(them)’ is still a difficult issue.

Zen-Ryo-Kyo has already undertaken many activities to reduce stigma. Japanese society
needs to provide more support for these efforts. As was clearly stated in the ‘Attendant
Resolution of the Repeal of the Leprosy Prevention Law’ passed in 1996, along with repeal:
‘efforts to provide correct information and to educate the public and children to understand
Hansen’s disease and to reduce social stigma and discrimination are needed’. Many others are
stigmatised because they have inherited diseases, HIV/AIDS, physical disabilities, or mental
disorders, and are discriminated against in education, employment and marriage. It is surely
a public health issue. To know the history of Hansen’s disease provides us a clue to
solving the issue.

‘From the object to be saved to the subject to liberate’. So stated the defence at the final
trial in Kumamoto Regional Court in the national suit on behalf of Hansen’s disease sufferers.
People with Hansen’s disease are no longer objects to be saved but subjects seeking their
own freedom.

A study in Brazil has shown that medical professionals unintentionally contribute to the stigma against people
affected by Hansen’s disease because once people go to the hospital to seek a cure for the disease, they are now stigmatised as patients with Hansen’s disease.

When people who stigmatisate others and those who were stigmatised ‘encounter’ each other, ways to change
mutually and to build new relationship emerge. Compare with the ‘dialogue’ defined by Freire.

It is also said that Zen-Ryo-Kyo has pioneered a way to reduce the economic disadvantages caused by health
problems by constructing social solidarity networks and expanding social welfare.
In addition, their aims include saving other people who suffer from stigma arising from the ‘fear’ of various illnesses and disabilities. Many recoverers including all of my interviewees go into schools and community centres to talk about their experience in order to remove people’s ‘fear’ caused by ignorance about illness. Society should judge their actions fairly and establish social systems to support their activities.

People with Hansen’s disease have offered society the chance to change from an intolerant society to a generous one. Will our society be able to grab this opportunity?

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