



Report from a Women's Shelter for Migrant Workers in Japan

Violence against trafficked women and the situations around people living with HIV/AIDS

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Feminization of Migration and Trafficking in Persons

At the Migrant Workers' Forum held in Kobe in November 2003, Ms. Sharuna Verghis (CARAM ASIA¹) pointed out that the number of "women migrant workers has been increasing, and many of them enter the country and stay here illegally. One avenue of illegal entry is through trafficking." This is the reality of the women that we are supporting at our shelter.

Discrimination against migrant workers' health and lives in Japan

Since the 1980's, there have been many migrant workers coming to Japan due to global currency imbalances, and the Japanese economy's rapid growth and labor shortage. It is impossible to stop the mobility of migrant workers. However, Japan's policies restrict opportunities for the employment and settlement of migrant workers and creates discrimination against migrant workers' health and lives.

The issues around HIV/AIDS are a case in point. Undocumented non-Japanese people (without an official visa) cannot access the national health insurance system by law. Even when they are sick, they must pay all medical costs themselves. Therefore, they are reluctant in consulting health officials and consequently become seriously ill.

According to Dr. Sawada at Minato-machi clinic (where they treat many

non-Japanese patients), in Europe the level of CD4² of those who go to see a doctor is over 400 (an indication that the patient is asymptomatic for AIDS) while the level of CD4 in people in Southeast Asia and Africa who go to see a doctor is under 100. In some cases patients hesitated to go to a hospital, or worse, ended up not being able to physically move themselves. In Japan, when friends and family members helped migrant workers suffering from HIV/AIDS to hospitals, they were often rejected or received only insufficient treatment. These migrant workers often die helplessly in a foreign country. Those able to find help are lucky, but the situation is that most of them are unable to connect with any support groups.

In order to receive medical treatment in Japan, health insurance is essential. A few male migrant workers who were lucky enough to be hired with a legitimate visa by a company can be covered by a health insurance system (provided their company has one). However, there is no way for women who were victims of trafficking (most of them are undocumented and forced to work in the sex industry) to access the national insurance system. HIV/AIDS is recognized as a disability, so people with health insurance can use rehabilitative medical services (including subsidies for medical treatment in order to support those with disabilities) and can obtain HIV/AIDS medicine free of charge. Although it is impossible to cure HIV/AIDS,



medical technology and treatments have progressed substantially, so that people living with HIV/AIDS can enjoy their lives. However, this treatment possibility is only for those with official visas. Women who have been trafficked into the country especially face a more severe situation because they need medical services not only for illness but also for reproduction.

Power structure where the trafficked women fell in: from the sex industry to the home

Many of the Thai women whom I met at our shelter came to Japan about 10 years ago, in the early 90s, at the height of human trafficking in Japan. Almost all of them met their Japanese boyfriends or husbands at bars where they were working. Some lucky women could get spousal visas and access the same level of social resources as Japanese nationals. However, in many of these cases, their husbands or boyfriends knew the women's past and sometimes paid for the women's debts (for being brought to Japan) before their marriage. Such a situation, where monetary control is exerted to influence women's lives, will often cause psychological vulnerability for women, and obstruct the establishment of an equal partnership between a woman and her husband or boyfriend, and sometimes leads to domestic violence.

The Infection Route: at work, from their husband or boyfriend

Our shelter's services include interpretation services for hospital visits. We sometimes have to inform our clients that they are HIV positive. According our experiences, talking with women who are victims of trafficking and forced to work as prostitutes, it is obvious that they are not at fault for HIV/AIDS infections. Some of them are prohibited from using condoms by their brothel managers, putting them in a high-risk

group for HIV infection. Some of them told us that they were HIV negative at the time of their HIV test when they began working. In fact, there are many cases in which they became infected by their boyfriends or husbands.

Accessibility to medical treatment in Japan

Ideally, if a person is diagnosed as HIV positive and still has a well-functioning immune system, she or he will have regular blood tests and medical treatments to prevent or delay the development of AIDS. However, without correct and appropriate information about HIV/AIDS, people who have internalized incorrect or outdated information about the disease, such as "AIDS is a fatal. I can't discuss my infection with anyone," may give up and discontinue taking the treatments. I even heard that some of them have committed suicide out of desperation.

At the clinic we always advise women where to get drugs, supply the correct information on medical treatment, and take time to make them comfortable, considering the patient's feelings, the background of their coming to Japan, their job situation, and the availability of support from their family in their home country. Women who have severe physical and psychological damage from forcible prostitution lack the energy to protect themselves mentally and physically. They need to take long time in finding their hope for the future.

If women do not have official visas and health insurance, they often must come up with the 200 thousand yen monthly HIV medication payments on their own. Once their immune system weakens, various kinds of opportunistic infections can and do develop. Only tuberculosis can be treated for free, as stipulated by the Tuberculosis Control Law. For the other infections, they must pay themselves. Eventually, most women are



forced to leave Japan with neither official visas nor jobs. However, there are often many obstacles in their return home: they have been away from their country for a long time, their family members might not accept them, they have no way to earn a living at home, some still need to send money from Japan home to their families.

Legal status of non-Japanese women - as a spouse of a Japanese husband, as a mother of a Japanese child

In order to get health insurance and receive proper medical treatment in Japan, a woman needs to have a Japanese husband to get a spousal visa. This means that she receives special permission to stay in Japan as the spouse of a Japanese husband and as a mother raising a child of Japanese nationality. It should be noted that the status of non-Japanese women with spousal visas are extremely vulnerable. These women have to live with their husbands in order to obtain a visa, health insurance, and medical treatment, even if the husband is abusive, cannot earn a living, or is unfaithful. If a woman escapes from an abusive husband without child custody, she cannot renew the spousal visa, even if only to keep obtaining medical treatment.

If a patient who is taking antiviral medication for HIV/AIDS cuts their treatment, the virus develops resistance to the medication. As a result, AIDS is likely to develop and other medications might cease to prevent AIDS from developing. Therefore, if a woman's visa has expired and she has lost health insurance, she has to discontinue the medication, often because of financial difficulties, and immediately she is in a life-threatening situation. Her medical treatment completely depends on the existence of her Japanese husband and her child of Japanese nationality. Therein lies the

unfairness of the medical system to these women.

Everybody is at risk of contracting HIV/AIDS regardless of nationality, race, ethnicity, gender, or age. One solution to the difficulties these women find themselves in would be for the Infectious Disease Prevention Law to remove the condition of nationality and residency status from eligibility for health insurance. Then the discrimination migrant workers face would be reduced. I am hoping someday that the women who are victims of trafficking, those who are the most vulnerable in Japanese society, will have hope for their lives.

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Notes

1: CARAM Asia (Coordination of Action Research on Aids & Mobility Asia) is a non-governmental organizational network for research, study, and advocacy about the effects of HIV/AIDS on migrant workers in the Asian Pacific.

2: The CD4 count is a test which measures the number of CD4 cells in a blood sample. CD4 cells are white blood cells onto which HIV attaches and transfers its genetic material. Normal CD4 counts in adults range from 600-1500 cells. This number is a laboratory marker of the strength of a person's immune system. It helps to determine how advanced HIV disease has become. One of the criteria for an AIDS diagnosis is when the CD4 count drops below 200 cells. At this point there is a great risk for developing opportunistic infections like pneumocystis carinii pneumonia (PCP) (CORE Center, <http://www.univ.rush.edu/core/cd4.html>).

For more details, please refer to M-net newsletter, May 2004, no.69 (by Solidarity Network with Migrants Japan)

