

# Disease and Discrimination - A Case of Hansen Disease in Japan and Taiwan

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## Introduction

Hansen's disease (HD), obsolete named Leprosy, is a disease that has been discriminated severely all over the world. HD is a chronic infectious disease caused by the bacteria *Mycobacterium leprae*, but it had been misunderstood as a hereditary disease or highly infectious disease to be feared and terrified for a long time. The social stigma connected with the advanced form of HD lingers in many countries and regions. Effective treatments for HD were found out in the 1930s with the introduction of dapsone and its derivatives. Although the forced quarantine or segregation of patients is unnecessary, some HD colonies or sanatoria still remain around the world. There are some sanatoria in Japan and Taiwan, too.

## Japan and Taiwan in terms of HD

Political and social institutions on HD in Japan and Taiwan might be compared with the periods under Japanese rule. The first Japanese-Sino War broke out between Qing Dynasty China and Japan in 1894 after disputing over the sovereignty of Korea. China defeated and ceded the islands of Taiwan to Japan in the Treaty of Shimonoseki in 1895. The periods dictated by Japan were classified into three. The first, 'early years' of Japanese administration on Taiwan refers to the period between the Japanese forces landing in 1895 and the Tapani Incident of 1915. The Meiji government of Japan appointed Kodama Gentaro as the fourth Governor-General and Goto Shimpei as the Chief of Home Affairs. They established the carrot and stick approach towards governance for several years. This approach held that the natives could not be completely assimilated. Thus, Taiwan would not be governed the same way as Japan, but would be governed under a new set of laws.

The second period of Japanese rule is between the end of the 1915 Tapani Incident and the 1937 Marco Polo Bridge Incident. This second approach to ruling Taiwan held that Taiwanese were similar enough to the Japanese, and thus was using the same laws in the Home Islands. In 1919, Den Kenjiro was appointed to be the first civilian Governor-General of Taiwan. He used a policy of "Doka", which meant assimilation. Taiwan would be viewed as an extension of the Home Islands, and the Taiwanese would be educated as Japanese subjects. In this period, Japanese regulations on HD brought into Taiwan. Governor-General Kamiyama

Mitusnoshin who was nominated by the Japanese Diet in 1926, had planned to construct leprosy sanatoria for three years and then opened Losheng Sanatorium, originally named Rakusei Sanatorium for Lepers, in 1930. Compulsory segregation in this sanatorium had been executed to control leprosy until 1962. After that, the admission to this sanatorium was by patients' willingness and drug therapy by pills allowed outpatient treatment. With a force of sanitary police and medical officers, investigation, quarantine, and imprisonment of leprosy patients were conducted in the term from 1934 till the end of colonial government of Japan.

The third and final period of Japanese rule in Taiwan began with the eruption of the Second Japanese-Sino War in 1937 and ended with the World War II in 1945. With the rise of militarism of Japan in the middle of 1930s, the Governor-General was again held by military officer, and Japan wanted to transport and utilize materials from Taiwan for the war. For this aim, it would be essential that the cooperation of the Taiwanese, and then they had to be fully assimilated as members of Japan. Social movements by them were prohibited and the Colonial Government put in serious efforts to the "Kominka movement" that aimed at Japanizing Taiwanese society. The Colonial Government began to strongly encourage locals to speak the Japanese language, wear Japanese clothing, live in Japanese-style houses, and convert to Shintoism.

Japanese rule in Taiwan ended after Japan defeated World War II and signed the Instrument of Surrender 1945. Republic of China(ROC) troops representing the Allied Command accepted the surrender of Japanese military forces. After the Chinese Civil War, the Kuomintang(KMT), led by Ching Kai-shek, escaped from China and the ROC government fled from Nanjing to Taihoku. Some 2 million refugees, including of KMT party members, soldiers and the intellectual elites, fled from China and arrived in Taiwan. Political and Cultural differences between the Taiwanese Chinese and the mainland Chinese caused the social instabilities, leading to the 228 Incident and the reign of White Terror. When the social were instable, patients and handicapped persons were discriminated with bias and prejudices.

Japanese regulations on HD, that were established in 1907, 1931, 1953 and 1996, had effects on Taiwanese leprosy patients while these periods. In Japan, a law on preventing leprosy(preLPL) was established in 1907. Five leprosy sanatoria administrated by an association of prefectures were constructed. These sanatoria were accommodations for aids to relieve the wandering patients. Wealthy patients could leave and go back their home. If this law had been introduced into Taiwan in the "early years" of Japanese rule, compulsory segregation

might not have been executed. But directors of sanatoria were in fact given a right of disciplinary arrest which could punish the patients without the court who violated rules of sanatoria. Humane treatments of patients had decreased as Japanese militarism had extended.

First national sanatorium named Nagashima-Asiseien located in Okayama was constructed in 1930. The first director was Kensuke Mitsuda who was a key person pursuing forward strategies of compulsory segregation of all patients at home, disciplinary arrest and no marriage without sterilization in sanatoria, leprosy cleansing movements in each prefectures and so on. First leprosy prevention law(LPL1) was established in 1931 strongly urged by Mitsuda. The Health and Welfare Ministry drove legally the leprosy cleansing movements, which was called "Muraiken Undo". In Taiwan, LPL1 was issued by an Imperial edict in 1934. In the second period of Colony was taken the approach of assimilation that used the same law in the Home Islands. The severity of investigation, quarantine, and imprisonment was equally in Japan and Taiwan.

After Japan defeated in 1945, despite patients' vigorous resistance which demanded to repeal LPL1, second leprosy prevention law(LPL2) was established in 1953 in much the same as in 1931. The leprosy cleansing movements drove by Government was conducted as well as before the war. Some thousands patients were compulsory segregated and their human rights were trampled on until 1996 repealing LPL2.

There was no effective treatment for leprosy until the development of dapson in 1940's. The 7<sup>th</sup> International Conference of Leprosy in Tokyo in 1958 made a recommendation to abolish compulsory segregation, to treat outpatient therapy and to repeal the law. Multidrug therapy (MDT) combining all three drugs, dapson, rifampicin, and clofazimine, was recommended by a WHO Expert Committee in 1981. A tide of many countries of the world except Japan followed the recommendation of the conference and WHO.

Japanese Government repealed the law in 1996 but did not admit its commitment to systematic state discrimination. The government was sued by some former leprosy patients, and then the Kumamoto district court in southern Japan ordered the government to pay 127 former leprosy patients for failing to change a policy of segregating them after 1960s. Japanese Prime Minister Koizumi decided not to appeal against a court ruling that it must pay compensation to former patients, and formally apologized to them.

Through the turbulent after the war, Taiwan took the outpatient therapy and the admission to sanatorium by patients' willingness as well as the world standard. But discriminatory sentiments planted in periods of Japanese colonial rule do not wither away. Taipei Rapid Transit System planned to build a depot on the site where the Losheng sanatorium is. The government built a new hospital building, Huei Long Hospital, nearby for setting the patients and the demolition of the original houses was proposed. But a preservation movement has been fight for several years by patients and students. The proposed destruction of this sanatorium might be drove by discriminatory sentiments that someone sill have.

### **Dissolution of discriminations**

Causes of discriminations are the mistakes in the cause of leprosy that it was not sin but bacteria, not inheritance but contagion, not strong contagious but weak. Leprosy prevention laws had isolated patients in sanatoria compulsory, agitated and made citizens fear. Citizens had been indifferent to patients. After curable by drugs, they have no chance to correct their prejudices. Those who have correct knowledge do not discriminate former patients. It may be difficult that those who had prejudices once change their mind. But I hope the students have correct knowledge and do not have prejudices. So education can dissolve the discriminations on leprosy.

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