A Study on the Migrants’ Access to HIV/AIDS Treatment in Kanagawa and Nagano

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Introduction

In 2002, Thailand initiated the National Access to the Antiretroviral Program for PHA (NAPHA) to provide antiretroviral medicines for people with HIV/AIDS free of charge. It initially covered approximately 50,000 cases. In October 2005, the antiretroviral treatment was included in the universal health scheme, and was extended to over 100,000 people.

Given the greatly improved access to antiretroviral medicines and an active public campaign against new infections, the number of new infections and AIDS-related deaths has declined in the last 7 years. Nearly all Thai citizens are entitled to the treatment free of charge. The Ministry of Public Health and Thai civil society have begun to look into extending the NAPHA to also cover ethnic groups without Thai ID cards, as well as migrant workers, in the belief that access to treatment is a basic human right.

However, there are still some Thai AIDS patients who have died without access to treatment, among them Thai migrants in Japan, a highly developed country.

This research tries to address the efforts of Japanese civil society and Thai expatriates in Japan to increase access to treatment through campaigns that encourage workers to have blood tests, to support medical staff in hospitals in their quest to overcome language barriers, to link the treatment standard of Japan to that of Thailand as well as establish a transfer system so that patients can continue to receive medical care in their home countries, and to reduce the rates of infections and deaths among migrant workers. In order to see the accomplishments and improvements in the to migrants’ livelihood, the research studies the areas of Tokyo and Kanagawa in comparison with Nagano, where there is not much help available.

The research also wants to show that if these groups of migrants enjoy the cooperation and support of the governments of Japan and Thailand, the model can be applied to solve the problem of access to treatment for migrants in Japan, a country already providing antiretroviral medicines under its health insurance system. The Thai government can also bring this model to apply in the other countries where Thai workers migrate, to improve their quality of life.

The methodology employed in this research involved studying research papers on migrant labor, their access to treatment, and the HIV/AIDS problem. It also involved conducting interviews with the following: doctors who provide treatment to overstaying migrants in Kanagawa and Nagano, NGOs that provide medical services and translation, Thai and Japanese volunteers, Thai embassy personnel in Tokyo, human rights academics, patients still living in Japan but who will be returning to Thailand, and Thai communities in Japan.

API literature review

According to Ruenkaew (2001), most Thai workers presently in Japan have been there since the 1980s. From 1980 to 1997 the number of entries into and exits from Japan by male Thais was higher than those of females, but from 1998 onwards the number of male Thais entering and exiting Japan was lower. The fluctuation in the number of male Thai migrants, however, has grown higher while that of the women has not. Thai women, though, arrive less frequently and stay longer. It can also be estimated that until year 2000, of the 100,000 Thai who overstayed in Japan, about 60 percent were women.

In 2001, the Japanese government implemented a stringent policy against illegal labor. In 2007, according to Japan’s immigration office, there were 8,460 overstaying Thais in Japan. But Ruenkaew’s research findings show that many Thai workers continue to enter Japan through unlawful entry points and use passports of other nationalities to do so. Therefore, the true figure of overstaying Thais must be higher than reported, but is considerably lower than when their numbers peaked.

Ruenkaew’s research also finds that these workers hardly know the Japanese language, and few of them have developed their language skills, despite their long stay in Japan. “Language seems to be a problem,
leading to a lack of knowledge about rights, law and procedures that is necessary for living in Japan," he said.

Most Thai migrant workers complain about bad working conditions. They say that their wages do not cover their living expenses, thereby forcing them to take on jobs in different places, do overtime work or work even during holidays. While working hard, these workers cannot take care of their health. They do not dare visit doctors due to their fear of being arrested and neither do they seek medical treatment while in Japan due to the high cost of doing so without health insurance. And these workers do not want to return to Thailand, unless their goal of economic security has been achieved.

Angsuthanasombat (2005) describes the work that these workers do, most of which the Japanese refuse to do, as dirty, difficult, and dangerous. He said, “They strive for survival and surrender to exploitative and risky situations, especially in terms of their health.”

And the research points to the difficulties that the workers in Japan encounter to access treatment. “There were some migrant workers who owed excessive amounts of money in Japan for medical care because they had no health insurance due to their illegal working status. For example, one respondent owed the hospital 900,000 yen (350,000 baht) for a stomach operation. Now he has to pay 50,000 yen (20,000 baht) to the hospital every month. A son of a Thai migrant worker was ill from Thalassaemia and went to the hospital. The Thalassaemia treatment cost 2,300,000 yen (900,000 baht). Fortunately, the employer helped them pay the hospital first and agreed to deduct the amount from the Thai worker every month for the next two years.”

With regard to the HIV/AIDS issue, although the research by Trimayuni (2001) does not study migrant workers in Japan, there are similar findings, as follows: migrant workers’ having little knowledge about HIV/AIDS, except that it is a fatal disease; their having no knowledge about safe sex, or using condoms; their lacking knowledge on medical care language problems; having to contend with unaffordable medical expenses in the receiving country; and their tendency to mostly take herbal medicines on their own.

Particularly, “female migrant workers are very vulnerable to the HIV/AIDS virus. Their lack of knowledge about HIV/AIDS is alarming. Factors that contribute to the female migrant workers’ vulnerability to HIV/AIDS are personal problems (e.g., feeling lonely, bored, stressed, and homesick) and external factors (e.g., sexual abuse and contaminated blood transfusion).”

**Problems that migrant workers have faced**

**Hard work, long hours, stress, alcohol consumption and drug addiction**

Stressed from work, many workers turn to heavy drinking and smoking, and lack sufficient rest. According to sources in the Thai communities, many have died because of liver, lung and breast cancers, in particular. Many have psychological problems but are unaware of them.

Some turn to drugs and refuse to undergo medical checkups for fear that their urine test would expose the level of substance in their bodies. But drugs are hard to come by in Japan. So Brontex, a cough syrup with codeine, or just ‘Bon’, is the most sought after among Thai addicts. They even have a slang expression for taking it: ‘Tae Ball’ = ‘go play football’. The syrup can be bought in any pharmacy, snack shop, or Thai liquor store. Drinkers would warm it with a lighter at the bottom of the bottle to stimulate the opium radicals before drinking the syrup.

**The workers’ ignorance of their labor rights**

Japan’s laws recognize the labor rights even of illegal workers, but many workers do not know this and are not included in the social security system. A 40-year-old woman, for example, was injured by falling metal at work. She received money only for her medical expenses during her three weeks in the ICU. And for five years after that, she never had follow-up medical checks, despite the fact that she had a right to them. Japan’s laws stipulate that companies must pay for the treatment of injuries occurring at work, compensate 60 percent of the salary lost, compensate for the resulting disability through the labor accident insurance, and pay the insurance premium according to the number of employees.

Illegal workers have no leverage. There is high competition among them in the snack bars, while prostitutes in the small towns find it impossible to require customers to use condoms.
**Self-medication**

Due to the expensive cost of medical care in Japan, many Thai workers, especially those without visas and health insurance, choose to purchase medicines on their own. They do not undergo medical checkups nor see the doctor, often because the hospitals deny them service. A Thai woman in Ibaraki prefecture, for example, was asked in a hospital beforehand, "Hyaku man en kakaru?" (Could she afford the one million yen for the treatment?). She was then suffering from severe anemia and recurrent high fever.

Some workers with visa and health insurance buy medicines by themselves, due to language problems and their being used to Thai medicines. Thai shops and video rental stores always have over-the-counter medicines from Thailand for sale, and they also sell some prescribed medicines for inflammation, obesity, diabetes, and blood pressure. Some of these medicines are brought over from Thailand.

This practice leads to the incorrect and inappropriate use of medicines, especially those requiring specific dosages. Many Thai workers are addicted to medicines for inflammation. The medicines’ easy availability and their incorrect use are likely to result in ineffective medication. For example, one man who believed he had gout took medicine for it for over a year. When he finally decided to visit a doctor, he found out that he did not have the illness.

Another example: a woman who had been taking medicine for obesity for years suddenly found out about an irregularity in her heartbeat. The doctor took a very long time to diagnose the symptoms because she had been taking too many medicines.

**Health insurance on loan**

Many Thai workers, especially those working in the sex business, enter Japan with fake passports. In the Thai communities, some have Hoken (health insurance), while others do not. The ones who do not have Hoken would borrow the Hoken of others, creating confusion in their medical records and making diagnosis difficult. Many pregnant women do not go to the hospital until the time of delivery. Many of them cannot find hospitals which want to admit them. In some cases, they have to travel a long way to get to a hospital. For example, a Thai woman traveled from the Ibaraki prefecture to give birth in a hospital in Nagano, because this hospital was reputed not to demand money from patients who could not afford to pay.

**Language and economic problems**

Some workers go to the hospital for the treatment of chronic diseases such as diabetes, but cannot do so regularly because of economic constraints. (case found in Gumma Prefecture)

Some have language problems and thus need a companion when visiting doctors. When their friends are not available, they cannot go to receive treatment. Such was the case of patients with heart problems in Gumma. Sometimes, having friends or relatives helps them communicate but may also obstruct them from seeking treatment because of problems of confidentiality such as in the case of of HIV/AIDS.

**Too ill for the hospital**

The lack of access to treatment and information, as well as wrong attitudes toward certain diseases such as AIDS, prevents many Thai workers from receiving treatment early enough. Many are sent to the hospital only when it is too late, and many die upon arrival.

**Human rights violations by the police and immigration officers: No translation and no medical care provided**

A woman was once arrested on her way from Nagano to an immigration office in Shinagawa to seek her own deportation. Despite her severe illness, she was arrested at the Shinagawa railway station, detained for one week, and was not sent to the hospital or a doctor.

**Unsolved problems**

Many researches have been done and proposals made to address the problem of access to treatment among migrant workers in Japan, including a report by the Human Right Watch (2000), the Report of the Experts’ Meeting on HIV/AIDS and Human Rights in Asia Pacific (2004), and the NGO Policy Proposal of the Solidarity Network with Migrants Japan, 2007, which have some policy recommendations in common.
1. Offering medical treatment
All foreigners must be provided with the necessary medical treatment. Physicians are obligated to offer medical treatment to foreigners without a proper visa. Physicians should not leak information to immigration authorities.

2. Medical treatment in case of emergency
Medical treatment must be offered even to the non-Japanese who are suspected of being unable to pay for medical fees.

3. Informed consent and securing translation
Regardless of nationality, all patients have the right to be informed and to give their consent regarding their medical treatment. Interpretation service should be provided to guarantee informed consent. Translation is particularly important before a major examination, during the disclosure of results, or when choosing medical treatment.

4. Respect of self-determination
In principle, the person involved is the one who has to decide the course of medical treatment. Medical personnel should be provided with medical knowledge and information on the social system to facilitate the choice of medical treatment.

5. Protection of privacy
The language barrier is not a sound reason for disclosing information about a non-Japanese patient to a third party.

6. Respect of individuality
Individual lifestyles must be respected. The lack of a proper visa is not a sound reason to suggest repatriation to a non-Japanese patient. Cultural diversity, religion, and moral values must be considered in dealing with a non-Japanese patient.

7. Use of social institutions
Access to social institutions such as social workers, counseling, or NGOs must be provided to non-Japanese patients.

8. Understandable information in the proper language
Non-Japanese patients must be provided with basic information concerning HIV/AIDS, medical treatment, and social institutions in a comprehensible manner.

9. Information in the mother tongue of the patient
Information related to medical treatment in the mother tongue of the patient must be provided.

Despite the aforementioned policy recommendations, neither the migrants' access to treatment nor the Japanese government's policy has improved much. Problems still remain: health insurance's not covering illegal workers; government's inattention to providing translation for medical service, and the lack of emergency care for migrants with only certain prefectures enjoying subsidies from their local governments.

Since 1993, nine prefecture governments, including the Tokyo Metropolitan Government in the Kanto block, have allocated budgets to compensate for unpaid medical fees for the emergency care of undocumented workers. Partial compensation would be paid to the hospitals after the patient was confirmed to be unable to pay, after repeated requests for a year. Since the introduction of this "compensate unpaid fee system", the number of migrant workers refusing treatment has dramatically decreased. However, to date, only nine out of the forty-six prefectures have adopted the system.

At present, only three prefectures including Tokyo, Kanagawa, and Gumma have sufficient budgets for the subsidy system. Five other prefectures, namely, Nagano, Chiba, Ibaraki, Hyougo, and Tochigi have insufficient budgets. Due to the lack of public relations, very few hospitals have ever tapped them, while the rest of the thirty-eight prefectures have no such subsidy at all amidst the Japanese government's stringent campaign to arrest illegal labor "to revive the title Japan – The Safest Country in the World", as announced by the Japanese Immigration Bureau.

In Nagano's neighborhoods such as Miyota and Nakagomi where many immigrant workers live, immigration police raid apartments at dawn and snack bars at night a few times a month, and over ten migrants are arrested each time.
Under such circumstances, access to treatment among migrant workers, in particular those without visa and health insurance, is ever more difficult.

While demand for cheap labor is still high enough in Japan to make its economy and industrial productivity competitive with those of other countries, illegal labor and trainees are in high demand. I was told that many times it was the employers who told illegal workers to flee when police or immigration officers came for inspection or to make arrests. Apparently, strong law enforcement is not the solution to the illegal labor problem.

Lack of access to treatment is a major cause of the higher rate of HIV/AIDS infections among migrant workers compared to the Japanese, and for the worst illness conditions as measured by CD4 counts (a kind of lymphocyte indicating the human immunity level). The CD4 counts of the uninsured HIV positive undocumented migrants (around 50 cell/mm3) were significantly lower than for the insured (around 290 cell/mm3). This was one main reason why many Thai PLWHA with low CD4 count pass away soon after visiting some medical facilities.

This did not only reflect negligence of human rights problems, but also resorted to the failure to prevent the spread of AIDS. Arresting illegal workers assumed to be sources of the disease may not be the solution, but could force them to hide deeper underground. And they have done just that in the last 10 years or more, coming out only when terminally ill.

Assistance provided by Japanese civil society

While many problems have not been resolved yet, there are many civil society organizations in Japan that have provided assistance to migrant workers in various aspects.

The Minatomachi Clinic and Kobayashi Clinic in the Kanagawa prefecture are among the few that have health personnel rendering affordable clinical services. Some volunteer doctors and nurses including volunteer medical students and nurses run mobile medical services in migrant communities in Tokyo and Kanagawa twice a month. This provides medical checkups in the Thai consul’s mobile activities and some might include legal consultation.

To overcome the language barrier, some NGOs like MIC Kanagawa provide medical care interpretation service free of charge in hospitals. Some provide health information service on the telephone in many languages.

Like Japanese civil societies, Thai people who reside in Japan also get together to help their people. TAWAN (Thai word that means “sun”) is a group of Thai women who are either nurses, Thai consultant staff of several Japanese agencies, professional interpreters, or housewives. They gather as a group in order to provide support to Thai migrant workers by running outreach activities that provide information on health care and the prevention of HIV infections. TAWAN with some NGOs like SHARE and some hospitals has tried to contact Thai NGOs to transfer the patients’ information on their medical treatment to ensure uninterrupted treatment when they return to Thailand.

While the national policy regarding the access of migrant workers to treatment has not yet achieved a better direction, some academic and NGOs have started to persuade convince the implementation level that includes health personnel and social workers in the prefecture level by running workshops to make them understand how to help migrant workers who cannot afford medical expenses, through legal means and existing governmental assistance programs.
Three case studies

Note: During the API fellowship period, I was involved in these three case studies. Referring Mr. X back to Thailand was my inspiration to do the research. To ensure that Ms. Y would not go into the same grief path as Mr. X, I had to secretly follow up her health condition (bearing the need for confidentiality in mind.) As for Ms. Z, I had followed up her condition from the time she was confined in the Saku hospital until she died.

Some observations

1. Delayed treatment lowers the patients’ chance to survive due to their terminally deteriorated state as in the case of Mr. X and Ms. Z. It also raises medical expenses. On the other hand, early detection of HIV will highly likely save a patient’s life.

2. Providing information about the free medical treatment in Thailand, particularly the antiretroviral treatment which is a lifelong treatment, is a core factor in making a patient more confident to go back home as in the case of Ms. Y. The understanding of the family is also very important. In the case or Mr. X, it was his family who stopped him from getting treatment, while Ms. Y received very strong support from her family.

3. While doctors in Kanagawa do not bother to worry about accepting patients because there is a government subsidy program, doctors at the Saku Central Hospital in Nagano have to be concerned with increased medical expenses and have to find a solution, instead of just concentrating on the treatment. In these three cases, the doctors were repeatedly asked by the administration section of the hospital about how to deal with the possible unpaid medical fees.

4. The Saku Hospital provided treatment for migrant workers including those who did not have a visa and health insurance, on a very special basis, because this hospital was founded using the money of a farmers’ organization and it was the founding doctors’ will to save lives.

However, for how long this hospital can continue to do so is uncertain because of, for example, the unpaid expenses amounting to 3,420,250 yen in the case of Mr. X and one million yen in the case of Ms. Y (at first the hospital considered it a loss, but her Japanese boyfriend made the payment through her relatives). Can other hospitals bear the burden? The answer is no, as can be seen in their refusal to accept migrant workers and their insistence to have guarantors prior to treatment as Ms. Z was told by the first hospital.

Without the government’s support, hospitals and doctors who wish to help patients and solve health problems will have to exhaust their efforts.

5. The model of Dr. Takayama Yoshihiro of the Saku Central Hospital and the model of SHARE in solving the problem of access to treatment among migrant workers are similar, but, like the Human Rights Watch Report said seven years ago, they would not make any

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<td>Entering Japan in the 1990s, the undocumented worker, ill and unable to walk, was sent to the Saku Central Hospital in November 2005. His blood was found to be positive with the CD4 lower than 50. He was hospitalized for two months, and was sent back to Thailand. With the understanding that AIDS is an incurable and fatal disease, his family stopped sending him to the hospital. He died afterwards.</td>
<td>Also an overstaying migrant, she came to the Saku Central Hospital with symptoms of anemia, but without any other opportunistic diseases. Her blood was positive. She refused to have medical care interpretation to maintain confidentiality. Doctors tried to assure her that the disease was not fatal, and she would receive free treatment when she returned to Thailand. She has been well informed about the medical treatment in Thailand provided by SHARE. Now she is in good health in her hometown in Thailand.</td>
<td>She decided to return to Thailand after she had been denied treatment by a hospital that claimed not to be proficient in dealing with HIV/AIDS, but it was a long New Year weekend and the Thai embassy was closed. Her symptoms of brain abscesses as a result of AIDS worsened and unconscious, she was sent to the Saku Central Hospital. The brain abscesses were already too advanced so that the doctors had a very difficult time trying to improve her general condition enough to start antiretroviral drug treatment. She died soon after arriving in Thailand.</td>
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difference. Everything remains the same, with kind-hearted doctors and NGOs offering help in every tiny spots as best they could. Problems remain. Basic human rights are being violated in the likes of the economic superpower Japan, and these violations are going to cause problems for Japan’s public health. The problems will persist as long as the central and local governments do nothing.

6. Despite the doctors’ best intentions in helping patients, there are still cultural and language barriers to deal with. Professional medical care interpretation would be of great help. Doctors at the Saku Hospital have found that some of the volunteer interpreters in Nagano are not reliable in keeping confidentiality. And they do not strictly adhere to their job, sometimes doing more than what they are supposed to do. They also lack adequate medical knowledge, unlike professionally trained volunteer interpreters in Kanagawa.

However, to train professional medical interpreters requires expertise, and is not possible if without support from government in the national and local levels. MIC Kanagawa, an NGO working on this field, is facing difficulties because the Kanagawa government has reduced its financial support. If the situation is allowed to go on like this, the interpretation support system would probably fail.

7. The campaign for blood testing does not encourage workers who are at risk to take the test, because treatment is not guaranteed. The three cases gave exactly the same reason why they prolonged the testing. So, in order to achieve an effective prevention measure, the government should consider a program providing basic treatment and referring patients when they need to take the antiretroviral medicine.

In order to advance prevention among the foreign communities in Japan and encourage early diagnosis in hospitals for those identified as HIV-positive, it is important that access to treatment is ensured for those non-Japanese HIV-positive residents before they are sent back to their home country and that such fact is made known widely to the foreign communities at large.

Policy Recommendations

The Japanese government as a major donor of the Global Fund has to put all its efforts into solving the problem, without discrimination regarding citizenship. Or else, Japan would be one of just a few developed countries that will see a rise in the rate of HIV/AIDS infections, while the other countries see a decline. And the Japanese government’s reputation will be damaged as Japan is a country that provides AIDS to other countries, but allow deaths from the disease in its own soil.

The Japanese government should allocate part of the aid to set up an emergency fund for local governments to support hospitals so they could provide treatment to migrant workers who cannot pay. Patients should be given initial treatment for opportunistic infections until they are ready to return to their countries to receive the antiretroviral medicines for free. This will help reduce the fatality rate considerably. And the government should support activities that provide information to hospitals and health workers on how to take care of migrants. At present, sending patients to their countries for further treatment can be done, as has been done by SHARE, the Saku Hospital and a few other hospitals. In addition, the central and local governments have to recognize the need to establish a medical interpretation system in every prefecture.

The work of Thai volunteers in giving assistance and providing information on health issues is of utmost importance. These activities should be enhanced with the support of the Thai government through the Thai embassy, which should give high priority to the health care of Thai expatriates, no less than to trade, tourism and culture. And the embassy staff should have
sufficient knowledge on this issue to be able to provide correct medical information upon request.

Thailand’s Ministry of Labor and Ministry of Foreign Affairs should cooperate with the Ministry of Public Health in providing information about health care, HIV/AIDS prevention and the rights of workers and trainees before they leave the country. Embassy volunteers should be trained on health issues.

The financial assistance extended to Thais abroad should be in the form of grants, not loans, because no one would want to deplete their savings, if possible. Everyone wants to return home a victor.

The media that report on the Thais in Thailand and Japan should present the reality that Thai workers in Japan have to face, in order to lower the pressure they receive from their families back home and to make newcomers aware of the real circumstance. Media should also provide information on health issues to really benefit readers.

This research has a weak point that should be further studied: problems among trainees which is increasingly becoming severe, and the obstacles of access to treatment among legal workers in Japan.

However, the Thai and Japanese governments with the cooperation of health workers, NGOs, and the Thai communities in each country will find the recommendations above useful and applicable in any country where Thai workers live, and more lives will be saved.

Epilogue

At the end of July 2008, the Thai Network of People Living with HIV/AIDS, in cooperation with the AIDS Access Foundation, Foundation for AIDS Rights and the Thai NGOs Coalition on AIDS sent a letter to the Prime Minister of Japan and governors of Nagano and Ibaraki Prefectures, urging them to urgently improve their immediate treatment of migrants. The letter cited the case of two Thai migrants who became comatose due to a brain abscess. They fell victims to neglect and subsequently, one of them became disabled, the other lost her life (Ms.Z). On the same day, observing good coordination, the Japanese Network of People Living with HIV/AIDS (JaNP+), in cooperation with Japanese NGOs and doctors, held a press conference in Tokyo in support of the submission of the letter.

Responding to the advocacy on 29th September 2008, the Division of Disease Control, Health Service Bureau of the Japanese Ministry of Health, Labor and Welfare sent a letter to all core AIDS centers in Japan asking them to accept migrants.

The Division of Disease Control, Health Service Bureau states that "however, cases have recently been reported in which some HIV/AIDS Specialized Hospitals have been criticized for neglecting to provide AIDS medical care to non-Japanese patients. We have been asking each prefecture to instruct the management of HIV/AIDS Specialized Hospitals and Prefectural HIV/AIDS Specialized Hospitals about the official policy objectives referenced above. We would like for you to once more instruct both HIV/AIDS Specialized Hospitals and Prefectural HIV/AIDS Specialized Hospitals to provide adequate treatment for non-Japanese patients.”

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