Barrier-Free Communication for the Deaf in Japan : A Local Initiative for Medical Interpretation Services in Japanese Sign Language

メタデータ	言語: English 出版者: 関西外国語大学・関西外国語大学短期大学部 公開日: 2021-09-24 キーワード (Ja): キーワード (En): Deaf, Japanese Sign Language, barrier-free, medical interpretation, ethnography 作成者: Fedorowicz , Steven C. メールアドレス: 所属: 関西外国語大学
URL	https://doi.org/10.18956/00008002

関西外国語大学 研究論集 第114号（2021年９月）
Journal of Inquiry and Research, No.114（September 2021）

Barrier-Free Communication for the Deaf in Japan:
A Local Initiative for Medical Interpretation Services in Japanese Sign Language

Steven C. Fedorowicz

Abstract

A new city hospital in Hirakata, Osaka opened in 2014. In 2011, a small group of deaf citizens requested a much-needed service at the new hospital: on-site, full-time medical interpretation in Japanese Sign Language (JSL). The group sought to strengthen their position by aligning themselves with foreign residents in the city. The Hirakata Initiative for Medical Interpretation Services for Deaf People and Foreign Residents set out "to change the city to be friendly to every citizen with a secured and comfortable life… [and] to ensure easy access for the hearing impaired and foreign residents to medical care." Public forums were scheduled featuring doctors, professors, interpreters and other specialists to discuss the needs and future prospects of medical interpretation. Initially there were feelings of optimism that policies and services crafted locally would ultimately serve as a template for medical interpretation in other areas in Japan. Although the group disbanded before realizing their ultimate goals, their activities were still worthwhile and beneficial. By analyzing the achievements and failures of the initiative, important lessons can be learned for future deaf activism. This paper, through multimodal and autoethnographic techniques, explores how the pluralistic dynamic efforts of local grassroots organizations are often the most successful in improving cultural, linguistic and personal accessibility for deaf communities in Japan (Mori 2011).

Keywords: Deaf, Japanese Sign Language, barrier-free, medical interpretation, ethnography

Introduction: The Hirakata Initiative for Medical Interpretation Services for Deaf People and Foreign Residents

A new city hospital in Hirakata, Osaka was scheduled to open in 2014. In 2011, a small group of deaf citizens decided that the timing was right to request a service at the new hospital that they desperately needed: on-site, full-time medical interpretation services in Japanese Sign Language (JSL). The timing of this request is important because it was in August, 2011, that, for the first time in Japan, sign language was recognized as a real language in the Revised Basic Act of Persons with Disability. Article 3(iii) of this act states:

> Every person with disabilities, wherever possible, shall be ensured opportunities to choose his or her language (including sign language) and/or other means of communication, and the expansion of opportunities to choose his or her means of acquiring or utilizing information shall be promoted (Japanese Federation of the Deaf 2011).

This act was in response to the United Nations Convention on the Rights of Persons with Disabilities adopted in 2006 and ratified in Japan in 2008 (United Nations Department of Economic and Social Affairs n.d.). "Acquiring or utilizing information" for deaf people entails sign language interpretation.

Sign language interpretation in Japan is widely misunderstood, and training and implementation is haphazard. The interpretation between spoken Japanese and sign language is usually viewed as a service for disabled people and a form of social welfare. There is no standard national system for training or licensing and services differ from region to region. As a result, interpreters vary widely in their backgrounds, training and competence: some are licensed and proficient professionals, whereas others have little training, low competence and work as volunteers. Specialized interpretation is rarely available and has even more problems. This is especially true for medical interpreters. They need to understand difficult terminology in spoken Japanese and be able to interpret (and sometimes explain) it in sign language. Most hospitals do not have full-time, on-site interpreters. Deaf people must rely on family or friends to interpret, or else they arrange for a dispatch interpreter well in advance of a medical appointment. In the case of an emergency, the situation can become life threatening.

Hirakata has an estimated 800 "hearing impaired" residents (Hirakata Homepage 2020). The group figured it could strengthen its position by aligning itself with foreign residents in the city. After all, foreigners also need medical interpretation in their own native languages. There were an estimated 4,000 foreign residents in Hirakata in 2011 (Hirakata Homepage 2021). By including foreigners, the group's goals, as stated on their First Forum promotional poster, broadened: "to change the city to be friendly to every citizen with a secured and comfortable life… [and] to ensure easy access for the hearing impaired and foreign residents to medical care." Several meetings were held to plan public forums and workshops with doctors, professors, interpreters and other specialists exploring and discussing the need for and future prospects of medical interpretation. Initially the organizers were optimistic that these locally crafted policies could ultimately serve as a template for medical interpretation in other areas in Japan. However, the planning and implementation of the forums proved to be extremely challenging. Personal and political rifts among deaf people, interpreters and others added to the difficulties of increasingly unfocused goals and strategies. Although the group disbanded before achieving its goals, its activities were nonetheless worthwhile and beneficial. By analyzing the achievements and failures of the initiative and associated activities, important lessons can be learned for future deaf activism. This paper, through multimodal and autoethnographic techniques, explores how the pluralistic dynamic efforts of local grassroots organizations are often the most successful in improving cultural, linguistic and personal accessibility for deaf communities in Japan (Mori 2011).

Positioning the Researcher and the Research

I am a cultural anthropologist and associate professor at a private university in Osaka. I was born in the United States and have lived in Japan for over 20 years. My major research has focused on ethnographic studies of deaf communities using qualitative and quantitative methods, intensive participant-observation, the study of JSL, interviews, surveys, literature reviews, analysis of deaf performance genres and photography. I have participated as an ethnographer and member of Nihon Shuwa Atelier, a local sign language circle founded by deaf people, for almost the entirety of my research. I began as the ultimate outsider—a foreign hearing person—and evolved into a paying member, later taking on responsibilities to help run the group. Over the years, my participation has gone beyond fieldwork – it is very much a part of my everyday life. Most of my Japanese friends are deaf. By chance my neighbors are deaf. I met my wife, a JSL interpreter, during the course of my research. I use JSL every day.

While I do not intend this paper to be overly reflexive, the above personal details are necessary to understand the overall narrative. One of the first strategies of the Hirakata Initiative for Medical Interpretation Services for Deaf People and Foreign Residents was to elicit the assistance of the only foreigner they knew who was fluent in JSL. So, the anthropologist reluctantly became a character in the story. I do not consider myself to be an advocate or volunteer who works on behalf of deaf people. This is not my job as an anthropologist. I endeavor to avoid paternalistic attitudes that do not allow people with disabilities self-determination or even a voice in the discourse and decisions that affect their own lives and livelihood. If asked for help by my deaf friends, I help them on their own terms. I view this as an ethical responsibility and part of my research. One might call this engagement with a community a form of activist research (Flores 2016). This kind of position also aligns with the recent shifts in multimodal ecologies: "the shift toward engagement and collaboration in anthropological research… and… the dynamic roles of anthropologists vis- à-vis both the profession and the communities in which they work" (Collins et al. 2017: 142).

The style of discourse in this narrative will switch between ethnographic reporting of the initiative and its participants and "autoethnographic vignettes" of one participant in particular, the anthropologist, similar to the work of Stevens where she triangulates between primary, secondary and experiential sources (2013:3). Autoethnography itself can be considered as:

> a form or method of research that involves self-observation and reflexive investigation in the context of ethnographic fieldwork and writing. The term has a double sense referring either to the reflexive consideration of a group to which one belongs as a native, member or participant (ethnography of one's own group) or to the reflexive accounting of the narrator's subjective experience and subjectivity (autobiographical writing that has ethnographic interest) (Maréchal 2010:43).

The use of these reporting methodologies should not be seen as moving away from the objectivity of social science. Instead they can be viewed as logical developments of the discipline. Multimodality and autoethnography enhance Geertz's "thick description" (1973) and extreme sense of "being there" (1988) through the addition of perspectives and interpretations offering more layers of context and meanings, and ultimately greater understanding.

The Recruitment of the Anthropologist

A member of Nihon Shuwa Atelier circle introduced me to the general secretary of the medical interpretation group. The secretary, a licensed JSL interpreter, was in his late fifties and married to a deaf woman. At the time he was working for a deaf related NPO in Osaka. The secretary told me about the group and the initiative, stressing that the group wanted to include foreigners because this was a language issue, not a social welfare/disability issue.

He asked if I would be willing to participate and help. Because members of Atelier were involved, I agreed to attend a meeting. Some days later, when I walked into the meeting room I recognized many of the deaf people there. The people who did not know me seemed shocked to see a foreigner and began asking other deaf people in sign language who this person was. They were even more shocked when I understood their questions and signed back. Then the interrogation began. Where are you from? Where in America are you from? How old are you? Where do you work? Do you teach English? Are you married? Is she Japanese? Do you have children? Why do you know JSL? Can you speak Japanese? Have you had problems with medical interpretation? I had never been asked the last question before—and, in fact, I had had problems.

A year earlier, I had a medical situation that required me to go to the hospital several times. The doctors there did not speak English, and there were no interpreters. My spoken Japanese is passable, but I have not had much experience with Japanese medical terminology. In addition, an ill patient may not be the best student of new vocabulary. So, my wife came with me to the hospital to interpret. The doctor and nurses spoke in Japanese and my wife interpreted into JSL. If I could, I responded to the doctor and nurses in Japanese. If I could not, I signed to my wife and she interpreted into Japanese. The doctor and nurses seemed a little confused by this process but said nothing. At the end of my third appointment a nurse asked me, "*Kanja-sama, mimi ga warui desuka*?" ("Is your hearing bad?" —literally, "Do you have bad ears?")

I replied, "*Iie, boku no nihongo ga warui desu…*" ("No, my Japanese is bad…")

The deaf people roared with laughter at this story (most deaf people despise the term "bad ears" as referring to their deafness). They began inquiring about my foreign friends, and asking me to invite them to the group. It was taken for granted that I had foreign friends and there was hope that I could bring several to the group. But I had to disappoint them. Most of my friends are Japanese and deaf. And my foreign students were preparing for final exams and their return to their home countries, so I could not promise their participation either. So, I became a regular member like the others, a person with few foreign connections.

I could not attend the next meeting but in my absence I was appointed co-vice president of the group, which I was surprised to learn at the following meeting.

The First Forum

“The First Forum on Medical Interpretation” took place on May 14, 2011 at a local community center and attracted about 200 people (to the joy and relief of the organizers). The anthropologist served as the official photographer. The keynote speech, “The Need for Medical Interpretation” was delivered by Dr. Yasuhide Nakamura of the Osaka University Graduate School of Human Sciences. The panel discussion, entitled “The Present and Future Perspective of Medical Interpreting” included Dr. Nobuaki Matsuo (who discussed medical tourism), Elza Nakahagi (an activist who discussed Portuguese-Japanese medical interpretation for *nikkeijin* in Japan), Jiro Shimada (a local deaf citizen who discussed the miscommunications during the hospitalization and death of his daughter) and Tomoko Yamada (a JSL interpreter who discussed the current situation of JSL interpretation). The secretary was the moderator and sometimes provided JSL interpretation. During the panel discussion there were many comments and stories from foreigners in the audience about their difficulties with communication when getting medical service in Japan.

The program for the most part went smoothly. This was especially laudable considering the amount of simultaneous interpretation that was going on. Most speakers were hearing and spoke in Japanese. Professional JSL interpreters from a newly formed local NPO were on the stage with the speakers and did a good job of interpreting. Interpretation for English, Chinese, Korean, Spanish, Portuguese and Tagalog was provided via wireless earphone devices. The devices were borrowed from the Japan International Cooperation Agency (JICA). The Japanese-English interpreter was a professional interpreter; she recruited foreign university student volunteers for the interpretation of the other languages.

The event was deemed a success. It had brought deaf people and foreigners together to discuss their similar experiences and difficulties. While there had been a few glitches, they were discussed so that they would not occur at future events. Hope was running high. At least two more forums soon were planned.

The Struggle to Find a Venue for the Second Forum

The biggest problem in the planning of the second forum was finding a venue. The community center that was used before was too small and did not have internet services. It was decided we would ask a local university to use their facilities. A meeting was set up with the secretary, anthropologist and the head of the university's Facilities Management Department. Apparently the Facilities Management head had an important appointment in less than 30 minutes and was not especially enthusiastic about this meeting. The secretary briefly described the group and its initiative and politely requested the use of a hall on campus. The Facilities Management head could not understand why a university would be an appropriate setting for such an event. He said, "This does not seem very academic. And I do not see the connection between handicapped people and foreigners. I do not understand the purpose of this event."

What the Anthropologist Should Have Explained to a Facilities Management Bureaucrat

Japanese Sign Language is a real bona fide language with a rich vocabulary, grammar system and world-view. It is the first and native language of culturally deaf people in Japan. JSL is different from American Sign Language, British Sign Language, Chinese Sign Language, etc. Sign language is not universal. While there is a system of International Sign, it is a constructed language similar to Esperanto and not a native language to anyone.

Japanese Sign Language is different from spoken and written Japanese. Its grammar and word order are different. Recently, Japanese deaf linguists have analyzed JSL using the same terminology as spoken languages (Oka and Akahori 2011). Some of its signs are based upon *kanji* characters. Finger spelling is sometimes used with JSL. JSL has regional differences. The sign language in Tokyo is different from that used in Osaka. Kyushu sign language is different. Hokkaido sign language is different. Even in the Kansai, there are differences between Osaka, Kyoto and Nara sign languages. There are generational differences in JSL; older people sign differently than younger people. There are gender differences in JSL; men and women sign differently. There are polite forms within JSL.

There is another form of sign language use in Japan called Signed Japanese. While it borrows some signs from JSL, it places them in the same word order as spoken Japanese. Users speak and sign at the same time. Facial expression and other non-manual signs along with the use of imagery are important components in JSL; these things are lacking in Signed Japanese. Deaf people describe JSL as the language that deaf people use among themselves and Sign Japanese is the language deaf people have to use with hearing people. In fact, Signed Japanese is considered to be the same as spoken and written Japanese, the only difference being modality.

Therefore, deaf Japanese people consider themselves to be bilingual (JSL and Japanese) as well as bicultural (deaf and Japanese). Issues of identity, language use and disability/social welfare issues are quite complex in the Japanese deaf world.

So, the Hirakata Initiative for Medical Interpretation Services for Deaf People and Foreign Residents is very much about language issues and its forum would be appropriate to an academic setting such as a university.

The Struggle to Find a Venue for the Second Forum (continued)

But the anthropologist did not foresee the antipathy of the university representative and had not prepared any persuasive arguments. Instead, an unplanned and unorganized explanation by the secretary and the anthropologist did not sway the Facilities Management head. “Well,” he began to conclude, “it is only a month away. I do not think there is enough time to prepare in terms of gaining permission from committees and the university president … I will get back to you.”

Facilities Management sent an e-mail to the secretary a week later declining the request. Luckily, the secretary, just two weeks before the second forum, found a venue at a different community center, not far from the university.

The Second Forum

“The Second Forum on Medical Interpretation” took place on September 17, 2011. The poster for the event had the following strong and statement: “Medical interpretation is connected directly with the right to health for the deaf and hard of hearing and foreign residents of Japan.” This time the anthropologist acted as master of ceremonies along with the other co-vice president, both using JSL to address the audience of almost 100. Izabel S. Arocha, Executive Director of the International Medical Interpreters Association (IMIA) gave the keynote speech in English. Japanese and JSL interpretation were provided. Arocha described the situation of medical interpretation in the United States, including major movements, laws and lawsuits that led to mandatory interpretation for non-English speakers at American hospitals. She also gave an overview of the interpretation profession, including training, challenges and professional development. She spoke about medical interpretation in other countries and also included information about sign language medical interpretation.

Arocha’s stressed the following. Sign languages are real languages, the same as spoken languages. Hearing and deaf people equally need medical interpretation. Interpretation is a real job, and a tough one at that. It requires extensive training and professional development as well as cooperation with parties and institutions involved in the process. Competency in a language does not mean a person can automatically become an interpreter.

These points desperately need to be understood in Japan. Japanese Sign Language is a real language and JSL interpreters need to be treated as professionals, the same as interpreters of French, English and other spoken languages. JSL should not be tied to social welfare and offered as a volunteer service. A hearing person who can communicate in JSL cannot be expected to be a competent interpreter without proper interpretation training.

While this forum was mostly seen as successful, there were some glitches, especially in terms of the interpretations. The anthropologist familiar with the three languages used saw and heard some big mistakes. Part of the problem was that the JSL interpreters from the local NPO who had participated in the first forum refused to work in the second forum. They insisted on being paid for their services even though the rest of the group volunteered. There was no money to pay them. Thus, volunteer JSL interpreters without much competence were used. It seems ironic that a forum about interpretation had such poor interpreters. The problems with the local interpretation NPO, including a souring relationship with the secretary, became larger in the following months.

The Third Forum

“The Third Forum on Medical Interpretation” took place on June 17, 2012 in the library of a local private high school. It was a hot, humid day and the location was rather inconvenient, but the was turnout was good, almost 100 people. The venue was small, but there was internet connection. The anthropologist once again took on photography duties. Dr. Kiyomi Takizawa of the Gunma University School of Medicine gave the keynote speech and discussed the use of the internet in medical interpretation. With Skype or something similar, the interpreter does not need to be in the room as the patient and/or doctor. Dr. Takizawa spoke in Japanese and JSL interpretation was provided.

Two medical interpretation simulations were attempted. The first featured a Japanese “doctor” and a Spanish speaking “patient.” A Japanese-Spanish interpreter located at Gunma University participated via Skype. The system seemed to work well enough. The second simulation featured a “doctor,” “deaf patient” and a sign language interpreter at a separate location. Unfortunately, Skype and the internet were not so cooperative and the simulation failed. Deaf and hearing people with Skype experience know how convenient it is and how clunky it is as well. Natural sign language (in terms of speed and rhythm) is difficult over Skype, and this of course would be a major hindrance in a medical situation.

Dr. Takizawa also showed off the Health Life Passport, an application he developed that is available on the internet and smart phones. The Health Life Passport provides almost 200 health-related questions in multiple languages that can be used in a medical examination. Patients can also input their medical histories and prescribed medicines.

These technical endeavors were seen as a welcome addition in the discourse regarding the problems of medical interpretation, adding to the exchange of information and perspectives. Now, nine years later, the technology has greatly improved (and continues to advance through faster wi-fi, increased broadband, artificial intelligence, etc.), and interpretation via tablets and smart phones is commonplace.

Deterioration of the Group

The secretary played a crucial role in this narrative. While the president, co-vice presidents and other members contributed much to the group, the secretary did most of the work. He was in charge of networking and arranging for the speakers, making the schedules, arranging for interpreters, making the announcement posters, etc. The forums would not have taken place without the secretary’s work. But he was not so popular with many the deaf people in and outside of the group. He was criticized for talking too much with Dr. Takizawa at the reception after the third forum and not allowing deaf people to participate in the conversation. His fights with the local interpretation NPO made other problems. Most of the deaf people in the group used these interpreters in their everyday lives and some were members of the NPO. Soon after the third forum the secretary was fired from the group and seemingly banished from the Hirakata deaf world.

The president decided not to hold any more forums. Realistically, without the secretary, the group could not organize future events. It was also decided to drop the foreigner factor from the initiative and group. Foreign participation declined after the first forum as did the amount of interpretation (there wasn’t even any English interpretation at the third forum). The focus was now to be JSL interpretation for deaf people at the new hospital.

The group did not meet for over a year; the president lamented that group members were too busy to meet. In 2013 the president visited Hirakata City Hall at least six times to meet with social welfare officials and submit requests for medical interpretation to the mayor. He also met with the vice director of the City Hospital at least once. The requests went unanswered.

The Formation of a New Consortium

In August of 2012 the Hirakata City Health and Medical Consortium was founded, comprised of thirteen organizations including hospitals, health centers, dental universities, pharmaceutical associations and medical universities, none of which had any direct connection with the Hirakata Initiative for Medical Interpretation Services for Deaf People. The goals of the consortium were to strengthen cooperation among the many medical organizations in Hirakata in order to share resources (including facilities and equipment), to share information and databases, and to create opportunities for joint research. The consortium hoped to network outside of Hirakata for regional cooperation and to establish a city brand— "Health and Medical City Hirakata." The consortium's activities also included symposia with themes such as disaster relief, preventive health care and lowering health care costs. On January 10, 2014 the consortium sponsored The Medical Interpretation Symposium.

The Medical Interpretation Symposium and the Establishment of the Medical Translator Training Course

The president learned of this symposium first and asked group members to attend. It had been a long time since the group had met. The keynote speaker for the symposium was Dr. Yasuhide Nakamura (who spoke at the first forum). His presentation was entitled "The Future of Medical Interpretation." After his presentation there was a panel discussion with the theme of "Expectations and Prospects of Medical Interpretation" with Dr. Nakamura, Hirakata-shi Mayor Osamu Takeuchi, and Dean of the Nursing Program at Setsunan University, Yoko Gokan with Hirakata-shi Municipal Advisor Mieko Kenjo acting as moderator.

The hall was packed with over 100 people attending. In fact, some people were turned away because there was not enough room. There was a special section in front of the hall for deaf people so they could more easily see the sign language interpretation. There were three sign language interpreters who switched off every 20 minutes. Dr. Nakamura stood at a podium at the center of the stage and the interpreter was on the right side of the stage perhaps three or four meters away from the podium. Dr. Nakamura began his speech and the hall went dark so that his Power Point presentation could be seen on the screen behind him. Deaf people strained to see the interpreter in the dark.

The panel discussion was set up with the moderator on the left side of the stage and the three panel members at a table toward the right side of the stage. The interpreter was again on the right side, standing very close to a panel member. Sometimes the interpreter's hands bumped the panel member. The discussion included anecdotes about medical interpretation difficulties and related challenges due to cultural, religious and dietary differences. The Mayor also announced the establishment of the Medical Interpretation Training Course, forty hours conducted in ten meeting times over a three-month period, to provide instruction for the interpretation of medical terminology in English, Chinese, Korean, Spanish, Portuguese, Tagalog and JSL. He went on to say that he hoped medical interpreters from Hirakata could volunteer at the 2020 Tokyo Olympics and thereby promote for the city nationally.

Afterward, the anthropologist asked the deaf people how they felt about the symposium. There were two categories of response. The president and others like him seemed encouraged. They thought it was good that medical interpretation in sign language was being discussed and were encouraged by the new medical training course. After all, it would be the very first medical interpretation course in Japan for JSL. While they were unsure how this would relate to the group goal of JSL interpretation at the new city hospital, they felt it was a step in the right direction. The other category of response did not address the content of the symposium at all, but rather on the poor sign language interpretation. People complained that they could not see the interpreters in the dark, that the interpreters were difficult to see because they weren't standing on a raised platform, that it was difficult to see the speakers and the interpreter at the same time because they were too far apart. Only one of the interpreters was considered any good. The second interpreter was rated as average and the third was called terrible. It was ironic, once again, that in a symposium about providing interpretation that there were so many problems with the interpretation itself, all stemming from a basic misunderstanding of the needs of deaf people.

Eventually 108 people applied for the new Medical Translator Training Course and 18 were accepted. Three of these were for the JSL section. A dispatch system was set up, but none of the 18 participants was hired for it. The Hirakata Health General Affairs Office said its goal was to improve the skills of the 18 and was looking for outside help to do so.

The new City Hospital opened in September of 2014 without any on-site medical interpreters. The new dispatch system offered interpretation in English, Chinese and JSL. To arrange for a JSL interpreter one must contact the appropriate office at city hall three days to a week in advance. There is no system in place in case of emergency hospitalization.

Dissolving the Hirakata Initiative for Medical Interpretation Services for Deaf People

In December, 2014 the president summoned group members to what would be the final meeting. "Despite not getting a JSL medical interpreter at the new City Hospital, I feel our efforts in the forums and various meetings had some influence on the establishment of the new medical training course and dispatch system," he signed. "On that note I suggest that our role is concluded and that we dissolve the Hirakata Initiative for Medical Interpretation Services for Deaf People."

It is unfortunate that the group's goals were not fully realized, but it is not surprising. Outside of the group, a lack of understanding about the nature of JSL and the needs of deaf people combined with the challenges of city politics, policies and budgets made this an uphill battle from the beginning. Inside the group, members themselves often disagreed on their needs and strategies. The reality is that deaf people are not united or homogeneous after all.

Deaf individuals have different identities, attitudes, use different forms of sign language and thus have differing interpretation needs (Nakamura 2006; Fedorowicz 2013, 2019, 2020; Mori and Sugimoto 2019). Deaf people and their identities are diverse and ever changing. The anthropologist has seen dynamic changes in deaf communities over the years. Friendships and alliances shift due to ideological considerations and personal reasons. New interpretations of deafness arise along with new ideas of identity. And many deaf people have work and family obligations that prevent them from getting involved in major time-consuming projects. Deaf people have real lives, the same as everyone else.

National Laws and the Efforts of Local Groups

Changes and additions to national laws concerning people with disabilities and barrier-free issues, along with timely developments and the efforts of local groups have combined and interacted, to, both directly and indirectly, promote sign language use and awareness. Since the end of World War II, a plethora of acts, laws and revisions have focused on fundamental human rights for people with disabilities (Stevens 2013, Bookman 2020). It is beyond the scope of this article to identify all of them, let alone provide detailed descriptions of their histories and policy outcomes. However, certain trends are apparent that can be illustrated by two recent and important national laws. The Law to Eliminate Discrimination against People with Disabilities (passed by the Diet in 2013 and enacted in 2016) bans unjust discrimination and asks government agencies and private businesses to make reasonable accommodations to remove social barriers including communication. The Revised Barrier-Free Law (passed in 2018 and enacted in 2020) calls for improvements in infrastructure, education and awareness through the creation of a "barrier-free mind." These laws are societal attitude adjustments, shifting the mindset to support accessibility, inclusivity and integration in government, businesses, schools and the media. These changes are encouraged and necessitated by the 2020 Olympics and Paralympics in Tokyo. Sports are often an agent of change, especially when the whole world is watching. Japan hopes to showcase barrier-free facilities, institutions and transportation in order to impress visitors, enhance its international reputation and boost its economy through the anticipated revenues. Despite the COVID-19 pandemic throwing a monkey wrench in the plans, at least Japanese citizens can still benefit from the improvements already made. And sometimes a disaster actually results in positive changes.

For example, the fact that deaf people are some of the last citizens to receive emergency warnings and information during natural disasters was widely reported after the Great East Japan Earthquake of 2011. The documentary film, "3.11 Without Sound — There Were Deaf People in the Disaster Area, Too" (2013) by Ayako Imamura exposes the plights of deaf people during and after 3/11. Imamura's film is "a bitter reminder of how people with disabilities are neglected during disasters and denied access to the kind of information that can literally mean the difference between life and death" (Japan Times 2013). Since 3/11, simultaneous sign language interpretation for government press conferences has become standard. Simultaneous and recorded sign language interpretation for Diet meetings began in January, 2021.

In 2013, the Tottori Prefectural Assembly passed an ordinance promoting the use of sign language.

> [This] will be the first time in Japan that a local ordinance seeking efforts by residents and municipal governments to popularize sign language will be made, the prefectural government said. In the draft of the ordinance, sign language is defined as "a cultural artifact (in the form of) a unique language system," and requires the prefectural government facilitate the use of sign language. The prefectural government also earmarked ¥22 million for teaching sign language in schools and will teach sign language to municipal government officials who work at service counters for residents (The Japan News, October 6, 2013, p. 2).

Between 2013 and 2019, an additional 568 local municipalities have enacted similar ordinances (Japanese Federation of the Deaf 2019). In 2020 the number increased by 69 and so far in 2021 another 15 municipalities have followed suit (Japanese Federation of the Deaf 2021). This brings the total number to 652 and includes Hirakata City as of March 15, 2021. Hirakata's ordinance states:

> By establishing basic matters regarding understanding of sign language, understanding of Deaf people, and promotion of the spread of sign language, all citizens, both disabled and non-disabled, support and respect each other and are enriched. In addition, this ordinance is enacted with the aim of realizing a livable city where people can live independently in the community, participate in all social life, and lively activities. In the future, we will make efforts to make this ordinance known (Hirakata City Homepage 2021).

Of note is that while these ordinances have been supported by the oldest and largest national organization, Japanese Federation of the Deaf, they have been initiated by local groups. This observation serves to support Mori's claim of pluralization in the Japanese deaf world, "the emergence of several smaller entities with power in the presence of an older, single authority. This notion describes a social/political phenomenon that is very dynamic…" (Mori 2011:333).

The activities of other local grassroots groups illustrate actions to improve cultural, linguistic and personal accessibility for deaf communities. In 2013 the NPO Hirakata City Sign Language Interpreter Association produced an earthquake and disaster prevention video in Japanese Sign Language and captioned Japanese in response to the Great East Japan

Earthquake of 2011. While the production and editing might not be entirely professional, the video clearly explains what to do in an earthquake, lists the locations of shelters and describes what services the shelters offer. The video was featured on NHK Sign Language News. In 2013 and 2018, the Deaf LGBTQ Center, located in Kyoto, published and distributed free of charge (in print and digital formats) books that examine the intersections of deaf and LGBTQ issues. The books include illustrations of LGBTQ-related JSL terms. Having started out locally and small, this group now holds national and international events aimed at breaking down stereotypes and prejudice. The success of the Deaf LGBTQ Center is due to its innovative research, networking, crowd-funding, lecture/workshops and media productions. This group has also been featured on NHK Sign Language News.

Conclusion: Current State of JSL Medical Interpretation in Japan

Although hindsight is twenty-twenty, there are still lessons to be learned from the Hirakata Initiative for Medical Interpretation Services for Deaf People. The cause was obviously just and the three forums were successful in exploring various issues of JSL interpretation. However, it is unfortunate there are really no permanent records of these events and the information they garnered. The group lacked technical and internet experience. There were few news stories about the group's activities in the media. It was also unfortunate that a new consortium was formed to take on interpretation issues in Hirakata, but without inviting deaf citizens to participate. Once again, the people most affected were not allowed to take part in the discussion and decision making. The most important lesson is perhaps that the group started too big and without well planned out strategies. Successes came but soon left. Instead of continuing and increasing, participation and resources dwindled. Another problem is that perhaps the goal was just too large.

Tsukuba University of Technology and NPO Information Gap Buster recently published a report, "National Survey of Sign Language Interpreters Working in Hospitals" (2021). The results show that of the 8,3000 hospitals in Japan (Statista Research Department 2021), only 42 hospitals currently provide some type of JSL interpretation service. The report also found that there is no standard curriculum for training medical interpreters in JSL, there is no network of in-hospital JSL interpreters and more than 90% of the working interpreters are non-regular employees. Furthermore, among these 42 hospitals there seems to be no trend in how JSL interpretation was established, with the earliest service beginning in 1986 and the latest in 2020.

This news is not encouraging. But the struggle continues. Margaret Mead is quoted as saying, "Never doubt that a small group of thoughtful, committed citizens can change the world: indeed, it's the only thing that ever has" (Keyes 2006: xvi). Many of my deaf friends have been fighting for their rights almost all of their lives. I do not doubt their commitment or future successes.

Bibliography

Bookman, M. "The Coronavirus Crisis: Disability Politics and Activism in Contemporary Japan." *The Asia-Pacific Journal – Japan Focus* 18-18-3. https://apjjf.org/2020/18/ Bookman. html. Accessed June 23, 2020. 2020.

Collins, S.G., M. Durington, and H. Gill, "Multimodality: An Invitation." *American Anthropologist* 119-1: 142-153. 2017.

Deaf LGBTQ Center, *Rou×LGBTQ sapotto bukku「Deaf X LGBTQ Support Book」*. https://deaf-lgbt-center.jimdofree.com/. Accessed January 27, 2021. 2013.

Deaf LGBTQ Center, *Rou×LGBTQ sapotto bukku「Deaf X LGBTQ Support Book」* Second Edition. https://deaf-lgbt-center.jimdofree.com/. Accessed January 27, 2021. 2018.

Fedorowicz, S.C., "How to Play Deaf in Japan." *The Journal of Intercultural Studies* 38: 17-25. Kansai Gaidai University, 2013.

Fedorowicz, S.C. "Performance, Sign Language, and Deaf Identity in Japan." *Anthropology News website*. http://www.anthropology-news.org/index.php/2019/06/05/performance-sign-language-and-deaf-identity-in-japan/. Accessed June 5, 2019. 2019.

Fedorowicz, S.C. "Deaf Bodies: Toward a Holistic Ethnography of Deaf People in Japan." *Journal of Inquiry and Research* 111: 269-286. Kansai Gaidai University, 2020.

Flores, N. "Activist Research on the Tenure Track." *Anthropology News* 57-3/4:21.

Geertz, C. *The Interpretation of Cultures*. New York: Basic Books, 1973.

Geertz, C. *Works and Lives, The Anthropologist as Author*. Stanford: Stanford University Press, 1988.

Hirakata City Homepage, *Chiiki kenkō fukushi-shitsu (shōgai fukushi tantō) [Community Health and Welfare Office (in charge of disability welfare).]* https://www.city.hirakata.osaka.jp/0000002178.html. Accessed April 1, 2021. 2020.

Hirakata City Homepage, *Jinkō no suii dōtai gaikoku hito jinkō [Population trends / dynamics / foreign population.]* https://www.city.hirakata.osaka.jp/0000018550.html. Accessed April 1, 2021. 2021.

Hirakata City Homepage, *Shuwa de tsumugu sumi yoi machi maikatashi shuwa gengo jōrei [Hirakata City Sign Language Language Ordinance.]* https://www.city.hirakata.osaka.jp/vod/0000034225.html. Accessed March 30, 2021. 2021.

Japanese Federation of the Deaf, *Sign Language Stated in Law!* https://www.jfd.or.jp/en /2011/09/16/pid1488. Accessed April 1, 2021. 2011.

Japanese Federation of the Deaf, *Zenkoku shuwa gengo shiku-chō-kai no torikumi ni tsuite. [Efforts of the National Sign Language Language City Mayors Association].* https://www.jfd.or.jp/info/misc/sgh/20191201-sgh-chokai-gaiyo.pdf. Accessed April 1, 2021. 2019.

Japanese Federation of the Deaf, *Shuwa gengo-hō seitei suishin undō honbu nyūsu [Sign Language Law Enactment Promotion Movement Headquarters News].* https://www.jfd.or.jp/sgh/news. Accessed April 1, 2021. 2021.

Japan Times. *Filmmaker captures the 3/11 stress of Tohoku's deaf.* https://www.japantimes. co.jp/culture/2013/03/10/films/filmmaker-captures-the-311-stress-of-tohokus-deaf/. Accessed March 11, 2013. March 10, 2013.

Keyes, R. *The Quote Verifier*. New York: St. Martin's Griffin, 2006.

Maréchal, G. "Autoethnography." In Albert J. Mills, Gabrielle Durepos & Elden Wiebe (eds.) *Encyclopedia of case study research, Vol. 2*, 43-45. Thousand Oaks, CA: Sage Publications, 2010.

Mori, S. "Pluralization." *Deaf Around the World: The Impact of Language*. 333-338. Oxford: Oxford University Press, 2011.

Mori, S., and A. Sugimoto. "Progress and Problems in the Campaign for Sign Language Recognition in Japan." *The Legal Recognition of Sign Languages: Advocacy and Outcomes Around the World*, M. DeMeulder, J.J. Murray and R.L. McKee, eds., Bristol, UK: Multilingual Matters, 104-118. 2019.

Nakamura, K. *Deaf in Japan: Signing and the Politics of Identity*. Ithaca and London: Cornell University Press, 2006.

Oka, N., and H. Akahori, *Nihon shuwa no shikumi: bunpō ga kiso kara wakaru. [The System of Japanese Sign Language: Understanding from the Foundation of Grammar].* Tokyo: Taishūkan Shoten, 2011.

Statista Research Department. *Number of hospitals in Japan from 2010 to 2019.* https://www. statista. com/statistics/605639/japan-hospital-number/#:~:text=As%20of%20October% 202019%2C%20 there,Tokyo%20during%20the%20measured%20period. Accessed April 1, 2021. 2021.

Stevens, C. *Disability in Japan*. New York: Routledge, 2013.

The Japan News. *Tottori Prefecture to promote use of sign language*. Print edition, p. 2. October 6, 2013.

Tsukuba University of Technology and NPO Information Gap Buster, *Byōin de hataraku shuwa gengo tsūyaku-sha no zenkoku jittai chōsa [National Survey of Sign Language Interpreters Working in Hospitals].* https://www.infogapbuster.org/?p=4413&fbclid=IwAR 0M9FjXTBGESiJ67vRg6mBgNW sS1EN5vk_ia7bE_5NKvkpeE5ACyVNOP-A.

Accessed April 1, 2021. 2021.

United Nations Department of Economic and Social Affairs, *Convention on the Rights of Persons with Disabilities (CRPD)* https://www.un.org/development/desa/disabilities/ convention-on-the-rights-of-persons-with-disabilities.html. Accessed April 1, 2021. n.d.

（Steven C. Fedorowicz　外国語学部准教授）