

JCSS Newsletter



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1. ご挨拶

巨大災害に望んで厳しい自己変革の実践を！

理事長 庄司興吉

数百年に一度という巨大地震による被害が、拡大しつつ深刻化しています。東北関東大震災によって亡くなられた方々に深い哀悼の意を表するとともに、負傷、病状悪化、発病、避難などのために苦労を強いられている方々に、心からお見舞いを申し上げます。

社会学系コンソーシアムとしては、理事長名で声明を出し、哀悼とお見舞いの意を表したうえで、被害地域会員の会費負担を免ずるなど当面できることを実施しました。これからも何ができるかを考え、実施していくつもりです。会員の各学会においても、社会福祉や社会政策にかかわる当面の研究調査や提言と実践など、それぞれ最大限にできることするべく努力中です。

そのうえで中長期的には、社会福祉学・社会学系諸学としては、それぞれの学問領域でこの大震災をどのように受け止め、学問としての自己批判をどのように行い、これからの社会研究をどのように展開し、社会形成にどのように貢献していくべきかについて、検討し、実践していかななくてはならないでしょう。その場合のキーワードは責任です。

数百年に一度の地震を、予測できなかったのは科学の非力さゆえとして、想定して都市・集落づくりや社会生活様式の改善への提言をくり返し行ってきたかどうか、諸科学・諸分野は厳しく反省しなければならないでしょう。数百年に一度は、平均寿命数十年の人間から見れば長い間隔でも、数十億年になる地球の歴史からすれば頻繁に起こるということです。

また、今回の大災害をさらに拡大し深刻化しているのは原発の事故です。広島・長崎の歴史をもつ日本が、発電の四分の一を原子力に頼り、想定の高さの津波がきたために事故になった、などといっている状態をどう考えるべきなのでしょうか。日本社会の主権は市民にあるわけですから、私たち市民が科学と技術のあり方と、それらの応用についての社会的選択を適切にしてきたのかどうか、厳しく問われなければならないでしょう。

社会福祉学・社会学系諸学も、他の諸科学とともに、こうした反省と自己変革の努力の最前線に立たなければならないと思います。

2. 2010 年度事業報告

2010年度は、昨年度に引き続きコンソーシアム・ホームページ運営、「NewsLetter」ならびに「コンソーシアム通信」の発行を行ないました。また、評議員会と二度の理事会さらに国際交流委員会を二度開催しました。

ホームページのさらなる充実に向け、トップページの新着情報欄では、新しい項目に赤字でNEWというマークをつけ、見やすくしました。またイベントカレンダー・コーナーでは、表示形式を一新することで、閲覧者が見やすいように配慮しました。

「コンソーシアム通信」についても、これまで同様、3度にわたって発刊しました(第7号:2010年5月、第8号:2010年8月、第9号:2011年1月)。それぞれの内容は、イベント情報、参加学協会関連情報、また事務局からのお知らせでした。

発足2年目となった評議員会と理事会では、コンソーシアム活動の拡大に向けた活発な議論が展開されました。今年度発足した国際交流委員会での審議をもとに、2014年世界社会学会大会に向けて参加学協会間での協力のあり方や、「戦後日本における社会学系学問の集大成(仮)」事業について、審議を行いました。

2010年1月30日、日本学術会議講堂にてシンポジウム「再論日本の社会福祉学・社会学の国際化に向けて」を開催しました。「シンポジウムについて」にて、このシンポジウムでの議論を紹介しています。

以上

3. 2011 年度事業予定

2011年度は、組織基盤を整えた社会学系コンソーシアムが、さらに活動内容を充実させていく年となります。日本の社会福祉学・社会学の国際化に向けて、参加学協会間での情報共有などの点で貢献してまいります。また評議員会の開催やシンポジウムの開催、「コンソーシアム通信」や「Newsletter」の発行など、定例事業もより内容を充実させていく予定です。

◆「コンソーシアム通信」発行

参加学協会が予定する諸活動に関する情報を皆様のお手元にお届けします。「コンソーシアム通信」は2011年5月、8月と2012年1月に第8号、第9号、第10号が発行される予定です。

◆評議員会開催

コンソーシアム評議員(各学協会より2名ずつ)が集い、評議員会を開催いたします。役員の任期が2年であるため2011年9月末に役員任期が満了する予定でしたが、2011年1月の評議員会での承認を経て、現評議員および理事・監事の任期が2012年3月まで延長されました。2011年度の評議員会では、2012年度からの理事選出を行います。

◆コンソーシアム・シンポジウム開催

2011年度も、シンポジウムを開催いたします。シンポジウムでは、参加学協会の共通の関心事や問題、また社会福祉学・社会学領域での重要事項などを議論いたします。また、2011年度からは理事会の下に新しく「シンポジウム委員会」を設置し、より充実したシンポジウムの開催を目指します。

◆NewsLetter第5号発行

2010年度のニュースレターを発行し、参加学

協会及び社会への情報提供をさらに充実させていきます。

んだ後の全体討論でも、5つの報告を踏まえて、国際化に向けた具体的な活動を考える議論がおこなわれ、文化や国境を超える学問のあり方が模索されました。

4. シンポジウムについて

2011年1月30日（日）に社会学系コンソーシアム公開シンポジウム「再論 日本の社会福祉学・社会学の国際化に向けて」が日本学術会議講堂にて開催されました。当日は加盟団体より多くの参加者にご来場いただきました。

昨年度のシンポジウムに引き続き、今回も「国際化」をテーマとして取り上げました。昨年度は社会福祉学・社会学における国際化の意味とその可能性を議論したことを踏まえ、今年度は5名の専門家の報告によって、具体的な事象を通して国際化を論じていただきました。どの報告も示唆に富んだ興味深いものであり、それらを踏まえて全体討論でも活発な議論が展開されました。

最初に、国際的に活動する多国籍企業がローカル人材の育成支援によって現地子会社を成長させるプログラムの紹介を通じて、国際的活動のためのネットワーク形成に必要な要因の報告がなされました（細萱伸子氏：関東社会学会）。続いて保健医療学会におけるグローバリゼーションとローカリゼーションの現状（藤澤由和：日本保健医療社会学会）、さらに IASSW が実施する非排他的な言語政策が紹介されました（秋元樹：日本社会福祉学会）。次に、社会学のディシプリン再考という重要なテーマが取り上げられ、2004年アメリカ社会学会大会の会長講演を発端としたパブリック社会学のあり方をめぐる国際論争に関する報告がおこなわれました（京谷栄二：日本労働社会学会）。最後に、国際化と研究者の育成をテーマとした報告がおこなわれ、海外留学の現状と海外学位取得者による日本への貢献がどのようなものなのかが示されました（齊藤麻人：地域社会学会）。休憩を挟

5. 2010年度収支中間報告（2011年3月10日時点）

（自2010年4月1日 至2011年3月31日）

I. 収入の部

科 目	予算額	中間報告	予実績差異	備考
1 会費	530,000	535,000	5,000	
(1)年会費 1万円相当	210,000	225,000	15,000	2年分納付 1 新規加盟 半年納付 1
(2)年会費 2万円相当	60,000	80,000	20,000	
(3)年会費 3万円相当	60,000	30,000	-30,000	会員数減少による年会費減額団体の影響
(4)年会費 10万円相当	200,000	200,000	0	
2 雑収入・寄付	0	10,131	10,131	利子+広告収入
3 前年度繰越金	0	15,278	15,278	
収入合計	530,000	560,409	30,409	

II. 支出の部

科 目	予算額	中間報告	予実績差異	備考
1 事務局経費	261,800	248,821	12,979	
(1)スタッフ謝金	240,000	240,000	0	
(2)HP レンタル・サーバー代	1,800	1,800	0	
(3)メールアドレス維持費	16,000	0	16,000	
(4)事務管理用品	4,000	7,021	-3,021	
2 借入金償還	100,000	100,000	0	
3 定例会議・理事会開催費	148,200	122,231	25,969	
(1)評議員会・理事会開催費	15,000	17,000	-2,000	
(2)定例シンポジウム開催費	133,200	101,633	31,567	
(3)委員会開催費	0	3598	-3598	国際交流委員会
4 その他	20,000	0	20,000	
支出合計中間報告	530,000	471,052	58,948	

6. 2011 年度予算案 (2011 年 3 月 10 日現在)

(自 2010 年 4 月 1 日 至 2011 年 3 月 31 日)

I. 収入の部

科 目	予算額
1 会費	550,000
(1)年会費 1 万円相当	220,000
(2)年会費 2 万円相当	100,000
(3)年会費 3 万円相当	30,000
(4)年会費 10 万円相当	200,000
2 雑収入・寄付	0
3 前年度繰越金	15,278
収入合計	565,278

II. 支出の部

科 目	予算額	備考
1 事務局経費	282,000	
(1)スタッフ謝金	270,000	120,000 * 2 人
(2)HP レンタル・サーバー代	2,000	
(3)メールアドレス維持費	0	レンタル・サーバー・サービスで兼用
(4)事務管理用品	10,000	
2 借入金償還	50,000	2007・08 年度借入金 (2011 年度で償還終了予定)
3 定例会議・理事会開催費	180,000	
(1)評議員会・理事会開催費	30,000	評議員会 2 回、理事会 1 回
(2)定例シンポジウム開催費	140,000	
(3)委員会開催費	10,000	国際交流委員会 シンポジウム委員会
4 その他	20,000	
支出合計	532,000	

7. 参加学協会の動向

(2011年3月10日現在、50音順)

参加学協会

環境社会学会
 関西社会学会
 関東社会学会
 社会事業史学会
 数理社会学会
 地域社会学会
 東北社会学研究会
 東北社会学会
 西日本社会学会
 日中社会学会
 日仏社会学会
 日米高齢者保健福祉学会
 日本解放社会学会
 日本家族社会学会
 日本看護福祉学会
 日本社会学理論学会
 日本社会学会
 日本社会学史学会
 日本社会情報学会 (JASI)
 日本社会情報学会 (JSIS)
 日本社会福祉学会
 日本社会分析学会
 日本スポーツ社会学会
 日本村落研究学会
 日本都市社会学会
 日本難病看護学会
 日本保健医療社会学会
 日本マス・コミュニケーション学会
 日本労働社会学会
 福祉社会学会
 北海道社会学会

入会検討中の学協会

日本老年社会科学会

8. 2011 年度イベントカレンダー (2011 年 3 月 10 日現在)

5 月

- 7-8 日 社会事業史学会 第 39 回大会 (ノートルダム清心女子大学)
<http://wwwsoc.nii.ac.jp/jshsw/index.html>
 14-15 日 地域社会学会 第 36 回大会 (山口大学吉田キャンパス)
<http://wwwsoc.nii.ac.jp/jarcs/>
 21-22 日 日本保健医療社会学会 第 37 回大会 (大阪大学豊中キャンパス)
<http://square.umin.ac.jp/medsocio/index.htm>
 21-22 日 西日本社会学会 第 69 回大会 (島根大学)
<http://www.lit.kyushu-u.ac.jp/~sociowest/img/news134.pdf>
 28-29 日 関西社会学会 第 62 回大会 (甲南女子大学)
<http://www.ksac.jp/>
 29 日 日本社会福祉学会 第 59 回春季大会 (東洋大学白山キャンパス)
<http://wwwsoc.nii.ac.jp/jssw/>
 29 日 第 6 回修論フォーラム (早稲田大学早稲田キャンパス)
<http://wwwsoc.nii.ac.jp/kss/meeting/information.html>

6 月

- 4-5 日 第 59 回北海道社会学会大会 (天使大学)
<http://wwwsoc.nii.ac.jp/hsa/index.html>
 11-12 日 福祉社会学会第 9 回大会 (東北大学川内キャンパス)
<http://wwwsoc.nii.ac.jp/jwsa/>
 18-19 日 第 59 回関東社会学会大会 (明治大学駿河台キャンパス)
<http://wwwsoc.nii.ac.jp/kss/congress/information.html>

7 月

- 30-31 日 日本看護福祉学会 第 24 回学術大会 (長野県看護大学)
<http://kangofukushi.sakura.ne.jp/>

9 月

- 10-11 日 日本家族社会学会 第 21 回大会 (甲南大学)
<http://www.wdc-jp.com/jsfs/index.html>

10 月

- 8-9 日 日本社会福祉学会 第 59 回秋季大会 (淑徳大学千葉キャンパス)
<http://wwwsoc.nii.ac.jp/jssw/>
 29-30 日 日本村落研究学会 第 59 回 (2011 年度) 大会 (熊本県小国町 (財) 学びやの里「木魂館」)
<http://www.kyoto-gakujutsu.co.jp/gakkai/sonken>

9. 共同研究などの呼びかけ

SGSD (Study Group on Societal Development)
On-demand Seminar for English Presentation への参加呼掛け

日本村落研究学会は、農村研究者、特に若手研究者が国際学会で活躍するプラットフォームづくりをしていきたいとの考えのもと、研究者の英語によるプレゼンテーション能力向上を目的としてSGSD セミナーを2005年に設立しました。

これまで2008年7月に韓国で行われた国際農村社会学会(IRSA)の第12回世界農村社会学会議や2010年9月の第4回アジア農村社会学会(ARSA)フィリピン大会に向けて、10数名の若手がこのセミナーを利用して英語によるプレゼンテーションのブラッシュアップを行っています。

セミナーの形式は On-demand です。プレゼンテーションの希望があり次第、セミナーを開催しています。日時や時間、報告形式も発表者の希望に応じて設定します。ただし、プレゼンテーションならびに議論は原則的に英語で行います。また、場所も基本的には龍谷大学深草キャンパス(京都市伏見区深草)です。セミナーには発表者および参加希望者のほか、龍谷大学河村研究室で受け入れている JICA 長期留学生(現在、博士後期課程学生4名、修士課程学生7名: Ethiopia, Zambia, Indonesia, Sri Lanka, Cambodia, Fiji, East Timor, Afghanistan)も参加します。

2014年には日本でのISA大会が、2012年にはIRSAの第13回世界会議がポルトガルで、2014年には第5回アジア農村社会学会大会が開催されます。これらの大会への参加を考えておられる若手会員に、このSGSDセミナーを積極的に利用して頂きたいと思います。特に「まだまだ英語での発表には自信がない」という方こそ、是非ともこのセミナーをご利用ください。

詳しくは、コンソーシアムHPをご覧ください。

<http://www.socconso.com/callstudygr/index.html>

10. 国際動向

I. 日本語寄稿

食をめぐるレポート 米国の状況について

片野洋平

日本社会学会、数理社会学会

鳥取大学農学部

食・農・環境の法社会学研究教育分野



滞在先 : University of Washington
University of Hawaii

研究領域 : 食の安全性、農林業、および環境問題
に関わる法社会学

Veganism (ヴィーガニズム) という考え方や生活スタイルをご存じでしょうか。Veganism は、もともとは、動物からできる製品を一切使わないようにする生活スタイルのようですが、典型的には、乳製品や卵を含めた動物由来の食べ物を摂取しない菜食主義を想像すればよいと思います。私が滞在した米国 Seattle では、こうしたスタイルを実践する Vegan (ヴィーガン) が多数存在します。彼らのためのレストランなども多数見つけることができます。Vegan の住みやすい Vegan friendly な都市は、Seattle だけでなく、San Francisco, Los Angeles, Portland といった西部の都市や、Chicago, New York といった大都市に存在します。彼らの生

活スタイルへの志向は、宗教的な理由よりも、むしろ、動物の権利、環境問題、健康、様々な倫理的な問題への配慮といった、米国における人々の不自然な食とのかかわり方への疑問や批判から生じているように思えます。Vegan は一例に過ぎません。今、米国では、日本同様、食に対する関心が高まっているように思えます。

日本国内では、近年では、不二家、ミートホープ、赤福、船場吉兆などにおける一部の企業の「食品偽装」が問題となりましたが、米国では、生産から消費者の食生活や健康まですべてを含めて考える"food system"のあり方そのものに対する問題提起が盛んになされているように思えます。たとえば、効率性を重視することで生じる非人道的なフードシステムのあり方、遺伝子組み換え作物にみる多様性の破壊、巨大食品企業への権力の集中、食をめぐる社会的不平等、食と劣悪な労働環境、食と歪んだ健康・医療のあり方などです。こうした問題提起は、例えば、Super Size Me(2004), The Future of Food(2005), Fast Food Nation(2006), King Corn(2007), Food Inc.(2008), Food Matters(2009)といったドキュメンタリー作品の中で興味を持ってご覧頂くことができるでしょう。いずれも、現在の米国のフードシステムや食に関するライフスタイルを痛烈に批判しています。

食をめぐる社会現象は、米国において、社会科学（社会学、政治学、経済学）や法律学の領域でも、いくつかの題目から考察されてきました。例えば、飢餓や飢饉、食とグローバリゼーション、食と科学技術、食と南北格差、食と社会階層、食と環境、食をめぐる社会運動、食と社会正義、食の安全性とリスク・コミュニケーション、食の安全性や栄養をめぐる法の形成過程や政治過程などです。社会学に限った場合、食は、米国において、組織社会学、政治社会学、文化社会学、人口学、女性学といった領域で教育が行われており、とりわけ、文化社会学においてよく扱われるテーマであるようです。米国の社会学において食が学期を

貫くテーマとなっている授業のシラバスを複数調べたところ、一学期の中で、飢餓、南北問題、消費社会、環境、社会正義、動物の権利、労働、健康、ジェンダーと身体、グローバリゼーションといったキーワードがよく扱われているように思えます。研究面において、食は題目として扱われる傾向が多いため、学問的潮流や傾向を判断することは難しいのですが、多くの社会学者が、食をめぐる社会現象を、社会学的視点から考察しているかということ、必ずしもそういうわけではないと思います。むしろ、食に関連するテーマにおいて、米国社会が自国民や世界の人々に与える影響を考えれば、米国社会学者の食領域への関わり方はまだまだ少ないように感じます。

以上簡単なレポートとなりますが、近年の米国民の食への関心を考えると、米国における食関連の研究は、社会学も含め増えていく可能性が高いと思います。

II. 英文寄稿

Academic Internationalisation in Japan

LARATTA, Rosario. MPA, MSO, PhD
Graduate School of Governance Studies
Meiji University, Tokyo



About the author:
 Before his current appointment at Meiji University, he held a post as Japan Society for the Promotion of Science Fellow at the University of Tokyo and a

lectureship position at the International Christian University. He earned an MA and PhD in sociology from Warwick University (United Kingdom), an MA in public administration from Bocconi University (Italy) and a BA in economics and social sciences from Calabria University (Italy). He is the author of two books and more than thirty peer-reviewed papers on leading international journals such as the *Cambridge Journal of Social Policy and Society*, the *International Journal of Sociology and Social Policy*, the *International Journal of Social Welfare*, and the *International Journal of Civil Society Law*. He is a member of a number of academic associations on nonprofit organizations, social welfare and public administration in Italy, UK and Japan.

Universities in a number of Asian countries are being urged, essentially for fiscal reasons, to adopt a more Western academic ethos, a trend which may be seen in the international promotion of their programmes but which is likely to achieve little more than a boost to their aspirations as global players without a fundamental change in outlook. In Japan, particularly, where there has always been a marked preference for indigenous rather than imported models of higher education compared to other Asian nations (Nakayama, 1989)*, resistance to new ideas is making this process a slow one. Another reason for this inertia relates to the traditional Japanese facility for borrowing ideas from abroad and adapting them to meet domestic needs, which is turned on its head in this scenario because the process of internationalisation in higher education requires the ability to modify home-grown structures and practices to meet international requirements. So, *what does the future hold for academic internationalisation in Japan?*

Whether as a student, researcher or faculty member, my motivation for travelling to different countries has always been the desire to seek a better education, more attractive research environments and first-class intellectual affiliations in time-honoured indigenous cultures as opposed to “standardized” cultures. If this cosmopolitan vision, this striving for new knowledge while promoting mutual understanding among people who have been raised and educated in

different cultures is shared among students and researchers everywhere, as I believe it could be, then the internationalisation of universities would be better understood as an historical achievement in world history which no country could resist.

To understand what internationalisation is in the context of higher education, I believe we should distinguish between the terms, an ‘*age of internationalisation*’ and an ‘*international vision*’. The first of these may be understood more as a normative perspective for viewing the potentialities and necessities that students, researchers and faculty members have or face these days than as an objective characterization of the age itself as often depicted on university websites. On the other hand, the international vision may be considered from an academic perspective as the driving force that dictates the direction which both national and foreign students, researchers, and faculty members could rationally take to operate in a cosmopolitan environment, if they are not deterred by infrastructural or administrative barriers, or even personal attitudes of the students themselves.

During my last five years in Tokyo, I have observed the Japanese academic community from three different perspectives: first, as an international student; then, as a foreign post-doctoral researcher; and currently, as a faculty member. Based on those years of observation, if someone were to ask me whether the academic community I currently inhabit is internationalised, my answer would be a resounding no, even though we live in an age of academic internationalisation. The reason for this is that, in my opinion, the Japanese academic community often erect barriers against it, preventing the process from occurring. In the next part of this article I will give a few examples of these barriers and make some suggestions for improvement.

University Administration Policy

Japanese universities have not yet implemented a solid administration policy to support equally the needs of national and foreign students and academics. One of the areas where this lack of support is most noticeable is that of Japanese language assistance for foreign students and academics. Administration staff at Japanese universities usually do not speak English and written communications are inva-

* Nakayama, Shigeru (1989). “Independence and choice: Western impacts on Japanese higher education”. In Philip G. Altbach & Viswanathan Selvaratnam (Eds.), *From dependence to autonomy: The development of Asian universities*, Dordrecht: Kluwer Academic Publishers.

riably in Japanese. As a result, foreigners have to seek help from Japanese friends or colleagues who may or may not be immediately available, and this often leads to delayed responses or misunderstandings at best. For instance, e-mails in Japanese sent to foreign students and academics by their secretariats sometimes relate to possible funding sources. By the time the recipients realize they can apply, the deadline has often passed. To be considered as internationalised, universities should have one or two permanent administrative staff who are trained and can communicate fluently in English in each department.

Working Conditions & Foreign Stereotypes

Another barrier consists in the way foreigners are contracted to conduct teaching or research activities by Japanese universities. For example, it is almost impossible for foreign scholars to get tenure track employment in Japan. This certainly discourages good professors from coming to teach in this country from abroad. At the same time, the standard 3 to 4 year contract makes it impossible for foreign professors to make any long term plans for themselves and their families. An internationalised university should be able to reward foreign academics with first-class working conditions. On the same theme, I found it rather strange that newly employed foreign academics are not notified of their salary level till they start teaching in Japan, which can result in some unpleasant surprises!

Many Japanese academics tend to have a stereotypical attitude towards foreigners. For example, they are considered incapable of working at the same pace as the Japanese or to need considerably more leisure time. As a result, the Japanese tend to avoid sharing administrative or academic tasks with foreign colleagues even when they may need the help. This can have two adverse effects: a) it can promote a feeling of isolation or lack of involvement among foreign scholars; b) it can encourage unethical work practices from certain foreign scholars who pretend not to speak Japanese or feign ignorance about the Japanese culture in order to escape from administrative and/or academic tasks.

Student Attitudes

I recognised the other barrier at student level. Usually, Japanese students are reluctant to communicate with their overseas counterparts.

This is often no more than a lack of confidence in their ability to speak English accompanied by an awareness that most foreigners do not understand Japanese. Consequently, Japanese students tend to create their own circles which are difficult for foreigners to enter. This unwillingness to communicate also presents a problem for foreign academics in Japan in that many professors spend entire seminars listening to the sound of their own voices because Japanese students do not want to ask questions. This, in my opinion, represents two types of barrier - one real and the other artificial. The real one stems from the fact that many Japanese students have not studied English abroad and so have only a limited ability to express themselves. However, the artificial one is their misconception that only fluent English is acceptable. This may be attributable to their unwillingness to lose face by making a mistake and sounding foolish when they formulate questions or comments. There is another possible reason for this parochial attitude. Japanese universities are notoriously demanding in their undergraduate selection procedures but, once in, it is relatively easy to graduate. As a result, many students consider that, after passing the entry examination, they are on a four-year holiday, during which they are not required to put in too much of an effort.

To surmount these barriers will require a considerable effort from all concerned, including academic policy makers, faculty deans, administration heads and students alike. This will involve a reappraisal of the relationship between the universities and the Japanese business community at large - it is common practice for leading commercial organisations to recruit staff not from applicants with first-class degrees but from those graduating from particular colleges. Secondly, Japanese universities will also have to establish programmes to enable first year undergraduate students to study English abroad to proficiency level. Thirdly, universities need to put in place as quickly as possible a stratum of facilitators to provide general support, and specifically language assistance, not only to foreign academic and administrative staff but also to students from overseas.

Let me say here that I am not simply decrying an institution that has provided me with employment, or disparaging colleagues who have shown me encouragement and friendship. Fur-

thermore, I feel a strong sense of gratitude towards a country that has become my second home by choice and the motherland of my children. My intentions are benevolent and my objectives constructive, but in order to address a problem one must first recognize that it exists. Certain changes need to be implemented, however, the fundamental change needs to be one of attitude. The way to success for Japanese universities in the future lies in a whole-hearted commitment to internationalism and a desire to overcome the inherited influences of a feudal, monocultural society.

Towards a Pro-society Scheme of China's Health Care System Reform

LU, Peng PhD

Assistant research fellow of Institute of Sociology at Chinese Academy of Social Sciences



About the author:

Dr Peng LU is an assistant research fellow at Institute of Sociology, Chinese Academy of Social Sciences (CASS). He earned his Ph.D. degree in sociology at Tsinghua University. His major interest of research is social stratification and class analysis in transitional society and post-communist regimes.

Health care system reform has been one of the hottest research issues in sociology of social welfares in China since 2005, when one of the top governmental advisory bodies in China, Development Research Center of State Council, issued a hard-hitting report, which concluded that “China’s current health care system reform is basically unsuccessful”. After that, top government advisers, scholars and the state-controlled media started to openly criticize the government for failing to avert a growing crisis in public health care. These critics and the need to solve those problems became a cata-

lyst to the mushrooming sociological researches on the Chinese medical care system reform.

This essay will be divided into three parts. In the first part, we will introduce a brief history of China’s health care reform. This part, however, should not be regarded as merely introductory but rather a sort of “critical sociology” of Chinese medical care system. The second part will summarize two competing explanations of the failed health care system in China and policy diagnosis—the pro-state and pro-market camps. The last part will propose a pro-society perspective by reviewing the responses of Chinese government and providing a brief evaluation of the ongoing new wave of reform.

A Brief History of China’s Health Care Reform

During the Mao Era (1949-1978)

China built a state-socialist redistribution system based on the division of urban and rural in the 1950s. Correspondingly, on the health-care institutional front, a bifurcated healthcare system, with urban and rural sub-systems, was established in the 1950s. In the rural areas, the health care service was based on the “cooperative medical system” (CMS). The CMS was primarily financed by the welfare fund of the communes (collective farming, i.e. the members of communes themselves) without taxation. It organized the so-called “barefoot doctors” and health stations to deliver primary care and provided prescription drugs to the rural population. For the urban population, health centers and hospitals closely associated with the work units (*danwei*). Employees of *danwei* and their family members could receive a relatively decent level of healthcare, such as free diagnosis and treatment, general medicines and surgery, based on the Government Insurance Scheme (GIS) and/or Labor Insurance Scheme (LIS). The GIS was financed by government budgets, mainly covering the personals with particular ranks or status such as cadres, servicemen, disabled veterans, teachers, and colleague students. The LIS, which was financed by each work units’ own welfare fund, covered not only its current and retired employees, but also their dependants.

Though this system had a multitude of problems, it has to be recognized that it achieved commendable accomplishments. One indicator

of the improvement is the decline in the annual death rate from about 17 per 1000 in 1952 to 6.34 per 1000 in 1980. In the mean time many diseases were eliminated or brought under control. Programs for hygiene and health protection were introduced. In a conference held at Alma Ata in 1978, the WHO took China's medical system as a successful model for grass-root public health institution.

First Wave of Market-Oriented Healthcare Reform (1978-1997)

China started its market-oriented economic reform in 1978. These macro-economic changes have, in turn, produced major effects on the organizational, financial, and ideological basis of previous health services.

In rural areas, as communes collapsed, without its funding base, so did the cooperative medical system. Publicly provided healthcare became the responsibility of the local governments which, in poor regions, did not have the financial resources from taxation to supply adequate healthcare. The facilities and services deteriorated. Barefoot doctors found it more profitable to work full-time in farming or to set up private practices outside the public-health system. In 1997, only about 10 percent of the rural population was covered by some form of community-financed health care, down from a peak of 85 percent in 1975. The low-income farmers cannot afford to pay for healthcare of the same quality as was previously supplied under the collectively financed CMS.

In the urban areas, however, central government continued to give priority to providing for the urban population. In the meantime, government did sponsor some orientation reforms on the urban health care system, because the previous costly healthcare system could not survive the challenges of the liberalizing economic order. In the 1980s, Chinese government began to freeze its subsidies to hospitals, which forced hospitals to rely on profits from charges on the use of high-end medical equipment and the sale of medicine. The soared expenditure on pensions, in turn, strengthened the tremendous financial burden of state-run work units. In order to reduce the increasing spending on the free health care system, in 1993, GIS and LIS were replaced by a pilot city-based social health insurance scheme that combines so-called "social pooling financing" with "per-

sonal savings accounts". The process of building this new health care insurance model, however, proceeded slowly. By the end of 1997, the experimental social health insurance program covered only 9.7% of urban employees. In many enterprises, in particular state-owned ones, radical reform plans were not even formally initiated.

Second Wave of Market-Oriented Healthcare Reform

The second wave of health care system reform from 1997 to 2005 was widely regarded as the full and radical implementation of the reformed urban healthcare system to the nationwide level. On January 1997, the Chinese government issued a landmark guideline on health care system reform. The basic (long-run) objective of the guideline was to insure that every Chinese would have access to a so-called "basic health protection". For the rural population, the strategy was to improve "new CMS" by mobilizing more peasants to participate and gradually expanding its coverage. For urban and township employees, government tried to establish a Basic Medical Insurance System (BMIS), which was supposed to be financed by 6% of the wage bill of employing units and 2% of the personal wages in addition to government contribution. According to the plan, all cities had to set up their own contribution-based basic health care insurance schemes by the end of 1999, and all employing units and employees had to join the schemes. The key word in the "Basic Medical Insurance System", however, is "basic": health insurance is to cover the "basic" costs, while the costs for "non-basic" expenses, such as expensive diagnostic treatment and medicines, have to be paid from out-of-pocket personal funds.

The actual outcomes of this wave of reform, as introduced in the beginning of this essay, were frustrating. The public expressed their discontents with unaffordable access and medical impoverishment through numerous sharp protests throughout the country, receiving frequent media attention. Many average citizens, even if being covered by the BMIS, received less health care than under the previous "socialist system" because of much higher prices of health care. According to China's official 2003 national health survey, about 64% of people in big cities who should have been treated by a doctor as inpatients choose not to do so be-

cause of the cost; in rural areas, that figure was more than 73 percent.

Though Chinese government never officially recognizes that the second wave of health system reform failed, political leaders had actually seek for a solution to build a new system. The central government firstly asked 4 ministries to propose their own initiatives, but they could compromise with each other. In 2007, the government further invited 9 independent institutes to propose their own “reform blueprints”, including Peking University, Fudan University, Development Research Center of the State Council, World Bank, WHO, Mckinsey, Beijing Normal University, Renmin University, and Tsinghua University. These consulted experts, along with other independent scholars, raised various explanations of the failed health system and different alternatives. In this short essay, we could not dig too deep to the technical levels. Rather, we would like to introduce their basic ideas briefly.

Competing Explanations of the Failed Health Reform

It is widely believed that those 9 independent institutes actually can be divided into two basic camps: the pro-state and the pro-market. For the “pro-state” camp, it was the idea of neo-liberalism that caused the failed reform. The health care reforms commencing from the 1980s were described as an attempts to reduce the role of the state while expanding the functions of the market. Although China’s transition from a centrally planned to a market-oriented economy created unprecedented economic growth, the same strategy produced dire outcomes in health care delivery. As a result of decentralization reform, hospitals were encouraged by local governments to transform themselves from social welfare to fee-for-service organizations, although they still officially fell into the category of “non-profit work units”. The marketization and commercialization of hospitals immediately resulted in provider-induced over-consumption of health care services, such as doctors unnecessarily providing more services and charging higher prices. This “medical arms race”, in their opinion, cannot be solved unless the state plays formidable roles in supervising hospitals. Things became even worse during the mid-1990s, when those essentially “neo-liberal” policies of economic reforms were implanted into the medical care

system. These efforts were portrayed as a “Great Reversal”.

The policy they proposed is to demand the state to take on greater responsibility as the economic reform brings greater insecurity. For them, the state’s retreat from the economy should not mean its retreat from the society. Chinese health care system was transformed to the model that had been abandoned in the wake of foundation of socialist regime, that is, a Western model that put preference over individual, hospital, capital, and urban. Some even suggested that the “reasonable elements” during the Mao era should be reintroduced and improved.

The pro-market camp, however, disagreed to blame the failure of the reforms to commercialization, arguing that this understanding failed to capture the complexities of China’s health policy process. Instead, the main weakness of China’s healthcare system is under-marketization. For example, some claimed that more private supply should be encouraged, since the government program deals mainly with public supply. Some others argued that relying solely on public supply by local governments and state-owned units could not lead to increase in supply but an irrational and wasteful health care delivery system.

In sum, the pro-state camp recommends that (1) the public medical institute should play the dominating role in the reform; (2) public budget should subsidize the supplier; (3) basic health service should not be profit oriented. By contrary, the pro-market camp asks for that (1) public budget should subsidize the demanders; (2) buy medical service via health insurance; (3) medical service should be competitive on the market.

Responses of the State and Brief Assessment

In April 2009, the Chinese government announced its guidelines for “new healthcare reform”. The core goal of this reform is to provide “universal healthcare services” to the country’s 1.3 billion people. In a wake with growing tax revenue generated by a thriving economy, the central government increased its health budget by 87 percent between 2006 and 2007 alone. This time, the government promises to invest RMB850 billion (\$124 billion) on

healthcare from 2009 to 2011. One year later, a number of new regulations and guidelines are in place and local governments announced their own reform initiatives too.

It is widely believed that the pro-state camp wins the debate. The Chinese President promised a “bigger government role in public health, with a goal for everyone to enjoy basic health care service to continuously improve their health and well being”. The Chinese government has committed to increasing government funding for health care by as much as 1 to 1.5 percent of its GDP (about \$25–\$38 billion) over the next several years, directed to providing universal basic health care. As a result of the pouring money, the universal healthcare service is almost accomplished. The basic medical insurance system has covered 1.23 billion people by the end of 2009.

A close look at the guideline and related regulations, however, reveals that some suggestions from the pro-market camp have been adopted, too. As a framework for the reform, the guideline focuses on near-future missions by claiming to speed both “the institutional construction of basic medical service” and “fiscal investment to the public medical institutes”. That means both the demanders and suppliers are subsidized.

In fact, whether the government should provide service or buy service (via insurance) is still a debatable topic, which makes the pilot reform of public hospital became the focal point. This reform, however, has not made substantial progresses so far. The guideline of this reform did not release until February 2010 and only 8 cities publicized their concrete regulations by November 2010. The reform of health care system cannot be completed without a successful transformation of public hospitals.

Current researches focus on how to tailor correct policies. We do not dispute that policy and system designs for healthcare are very important, but the major challenge is not the policy design but the low level of state capacity, or the difficulties in policy implementation. Scholars have been arguing that the Chinese state at both central and local level had much more difficulty in achieving its policy goals for health reform than it might have expected. In fact, various groups of vested interests have

been jeopardizing the reform by using various expedient manners to neutralize reform policies. Therefore, on the one hand, we perhaps should seek for a balance between the market and the state; on the other hand, we should bring the third “invisible hand”, that is, society into both the explanation and function of health care reform. For example, some argues that the lack of government commitment is the primary reason for the healthcare reform failure. This lack of commitment, however, is a phenomenon that needs to be explained according to the sociological perspective. We believe that sociologists have a nature intellectual advantage and imagination to reveal the reason that the government is unwilling or incapable of shouldering its responsibilities in the health care sector by looking at structural dimensions, distribution of influential resources, policy-making processes, and other sociopolitical factors. Moreover, since we are confronting with problems of both market failure and state failure, a new policy approach of bringing societal forces, in particular self-organized civil groups and independent medias, might serve useful purposes to put both government and hospitals under scrutiny of the people. Chinese sociologists are engaging into a collective effort of “constructing society”, and they should and they can make their own contributions to the health care reform.

Development of Sociology in Mongolia: The Brief View

***MUNKHBAT, Orolmaa. PhD, Professor
Head of Department of Sociology and Social
Work, National University of Mongolia***



*About the author:
Prof. Munkhbat Orolmaa is a Head of the department*

of Sociology and Social work, Director of the Social Research Institute, and School of Social Sciences at National University of Mongolia.

Country profile of Mongolia

First of all, I would like to introduce my country to readers.

Mongolia is developing democratic country with huge territory rich in natural resources and landlocked nation in central Asia, bordered by Russia to the north and the People's Republic of China to the south. In the 13th century, Mongolia was the center of the Mongol Empire, the largest empire in world history. After more than a century of power, the Mongol Empire ended and Mongolia fell back into a state of internal struggle and feuds, which paved the way for the Manchu conquest of Inner Mongolia in 1636 and the submission of Outer Mongolia in 1691. Both Inner and Outer Mongolia declared independence in 1911 after collapse of Manchu Empire, but only Outer Mongolia succeeded. In opposite to popular wrong understanding, Mongolia never been under Chinese rule. Both two nations were under Manchu empire for more than 200 years and both regained independence in the beginning of 20 century. For long time two nations had not diplomatic relations, but after the establishment of the People's Republic of China, both countries recognized each other on October 6th, 1949. Now, Inner Mongolia, the largest part of Mongol Empire is part of Peoples's Republic of China and Buryad Mongolia become part of Russian Federation.

Sociology in period of communism in Mongolia

Despite a sociological idea takes its origin far from social, philosophical and religious thinking of Mongolian people in ancient time, sociology in its modern understanding started to develop in late of 60s of 20th century. During that time, Mongolia has been under strong influence and control of communist Soviet Union (USSR) not just politically but spiritually. In 1960s, the Nikita Khrushchev the former Soviet leader's period of liberalization of USSR, communist party bureaucracy slowly started to allow to some sciences including sociology declared false, bourgeois, to develop in the country. In parallel with this process, Soviet higher educational institutions began to open few sociological programs. Mongolia as pro-soviet country also al-

lowed sociological existence in very restricted level.

Than sociology considered by communist nomenclature as not social science but just research method. In this level, first sociological research laboratory¹ was established in the mid of 1970s at the National University of Mongolia and its main research focuses were on student socialization and education. Lately, at Academia of Science of Mongolia were opened sociological sector.²

But after ending of Khrushchev liberalization, with start of cold war and with leadership of Leonid Brezhnev, new communist party leader of USSR, sociology was shutdown in Soviet Union and in its pro-communist allies. Ideologically motivated "Scientific communism" declared by Communist party leadership as only social science of Marxism-Leninism. Fortunately, the sociological sector at Academia of Science survived and continued to implement modest research projects on socialist living style, disappearance of differences between working and herder social classes and leisure time of laborers. In 1974, the first sociological book named "Applied research methods of Marxist sociology" has been published in Mongolian.

Starting in the late 1980s, with M. Gorbachev's "Perestroika" attempts to revive the discipline were undertaken in the Soviet Union and in other communist, procommunist countries, including Mongolia. In 1990, at the Political Institute (former Party high School) were established Center of Sociology³ and opened 2 year's sociological program. But after first graduation, the program had been closed.

Sociological development in post communist period of Mongolia

With collapse of Communism in Mongolia, traditional social sciences faced great changes. Ideologically motivated false sciences like scientific communism, Marxist Leninist historical materialism were disappeared. In parallel with this, new social sciences as sociology and po-

¹ Among first sociologists were outstanding Mongolian sociologists as Dr Havkh.N, Dr Otgonnasan.B.

² In this sector were working such Mongolian sociological classics as Dr Urtnasan.Ts, Dr Purev, Dr Dashdavaa and Dr Gundambuu.

³ Dr Bandangombo, who is outstanding Mongolian sociologist was the founder and head of the center

litical sciences were developing quickly.

In 1991, department of Sociology, the first dedicated professional department were opened at National University of Mongolia with bachelor and Master programs.⁴ Also, process of privatization of socialist state property and transition from planned economy to market one allowed open few private higher educational institutions with sociological profile.⁵

Also, the Mongolian Sociological Association⁶ was created in 1991 and after 2 years gained International Sociological Association's membership. But due to lack of funding, Mongolian sociologists still can not attend in ISA congresses.

Today, department of sociology of National University of Mongolia is the only higher sociological institution with Bachelor, Master and PhD programs in sociology. With the establishment of a formal social work program at NUM, the department was reorganized in 2001 as Department of Sociology and Social Work. Currently, the department has 13 full time faculty members, three part time faculty (four of them are with PhD degree), 21 PhD students, 13 master students in Sociology, 9 Master students in Social Work and 98 Sociological, 115 Social work undergraduate students. As of now the Department has trained 301 bachelors in Sociology, 116 bachelors in Social Work, 40 masters in Sociology, 3 masters in Social work and 3 doctors (PhD). These numbers are significant for the country with 3 million population. The Department is the comparatively oldest institution in the country that trains specialists in the field of sociology and social work, and it collaborates with the government of Mongolia, academic organizations and NGOs very closely.

The department gives priority to institutionalization of sociology by translating of European and other western sociologist's academic books, textbooks and writing own sociological books in Mongolian. After collapse of Marxist-Leninist ideology and its strong censorship, Mongolian social scientists widely avoided any theory by

basing on and actualizing empirical researches that brought social sciences to theoretical and methodological lack. Coping with this, the department's faculty members try to fill this gap by writing theoretical monographs, books while promoting both theoretical, empirical research capacity building among students and practitioners.

Also, department of sociology, NUM has implemented research project "Mongolian public Opinion" in collaboration and funding with Japanese newspaper "Asahi shin bun" in 1992-1993. It was first sociological research project in Mongolia done with western developed countries. The project focused on public opinion about political system of the nation, its leaders and future development of the country. Also, Mongolian public perception on Japanese people has been asked for first time.

In second time, the department had conducted social research project "Japanese language among Mongolians" in collaboration with Japanese Research Center in 1996. The research revealed opinion of Mongolians toward Japanese language learning intention. According to research finding, Japanese language was one of favorite foreign languages among Mongolians specially among youth ones. They consider Japanese language as better chance for receiving a high competitive education in Japan.

Last research project "Mongolian public opinion towards Japan and its people"⁷ was conducted in 2007 and funded by Japanese Embassy in Ulaanbaatar, Mongolia. Main goals of the research were to study public opinions of Mongolia on Japanese language and culture and current situation and future trends of relations between Japan and Mongolia. According to this research, Mongolians think Japan as second important economic and diplomatic ally after USA. In view of Mongolians, Japan is the country with advanced technology, developed sciences, strong economy and sumo wrestling. Most Mongolians believe that collaboration and partnership between two countries have a good perspective in the future.

⁴ Dr Otgonasan.B was the first head of the department of sociology at NUM.

⁵ Dr Dashdavaa and Dr Zorigt were pioneers in promoting sociology into private sector.

⁶ First president of the MSA was Dr Tumurochir, who became lately the speaker of Mongolian parliament.

⁷ The research data was used in author's presentation in the 8th East Asian Sociologist's Conference "Towards East-Asian Community in the age of Globalization" in Pusan, South Korea October 29-31, 2010.

As readers see from above named facts, compared with Germany, France, or the United States, sociology in Mongolia is a very young discipline. However, for comparatively short time, sociology could become one of most influenced, recognized social sciences in Mongolia. The research area of Mongolian sociologists is enough wide and they mostly focus on traditional social problems as social differentiation, stratification, poverty, alcohol addiction, internal migration and educational issues. For last years, Mongolian sociologists start to discover untraditional for Mongolia new research areas like environmental, gender, anti-corruption and human rights issues. Also, policy research becomes one leading research forms for Mongolian sociology.

But for Mongolian public, sociology still remains as opinion polling. It was determined by specifics of sociological development in 1990s. Most sociologists were adhered to structural functionalism (mostly because this concept was close to Marxist sociological ideas), their normative prescriptivism, and almost exclusive reliance on opinion polls, shaped the public face of post-communist sociology for years to come. For the media and most non-social scientists, "sociology" has become synonymous with opinion polling.

However, Mongolian sociology slowly but confidentially becomes real social science which analyzes different social problems and develops a social technologies for resolving these issues for future development of Mongolian society.

1 1. 事務局・問い合わせ

「編集後記」

今般の東北地方での大地震とその被害状況に、大変心を痛めております。事務局一同、我々に何ができるのかと自問しつつ、参加学協会の皆様と周囲の方々のご無事を心から願っております。

事務局（上智大学内）

藤田泰昌

芝井清久

TEL : 03-3238-3567

E-mail : socconsortium@socconso.com