令和元年度

創発　2019
臨地キャンパス・成果発信報告書

Sohatsu 2019

Report of the Centre for On-site Education and Research Part 2

京都大学大学院アジア・アフリカ地域研究研究科

附属次世代型アジア・アフリカ教育研究センター

Sohatsu 2019: Report of the Centre for On-site Education and Research Part 2

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『創発 2019』刊行にあたって

本報告書は、京都大学大学院アジア・アフリカ地域研究研究科・次世代型アジア・アフリカ教育研究センターが実施している「臨地キャンパス」「Wild & Wise インターンシップ・プログラム」「若手研究者国際ワークショップ」「実践型フィールドスクール」の 4 つのプログラムの成果を記したものです。「臨地キャンパス」は、大学院生が自分の調査地とは異なる地域にでかけて、本研究科のパートナーである現地の教育研究機関の教員からその地域がかかえる現代的課題やそれに対する取り組みに関する講義をうけ、また、自分の研究を英語で発表して議論するものです。「Wild & Wise インターンシップ・プログラム」は、国内外の大学院生や若手研究者が京都に集まって学際的な研究交流をおこなうことで、次世代のフィルールドワーカーを育成することを目指しています。「若手研究者国際ワークショップ」は、国内外の大学院生および若手研究者が集まり、フィールドワークにもとづく研究成果を公表して討論をおこなうことにより、国際的な研究者の交流を促進し、次世代のフィールドワーカーを育成することを目指しています。「実践型フィールドスクール」は、教員と学生からなる小規模なグループで海外の調査現場を訪れ、住民との対話や教育研究機関との協働について理解を深めるとともに、現代社会が抱える複雑な問題についてともに考えることを目的としています。いずれのプログラムも、複数の大学院生が自主的に協力し、ともにフィールドワークを実施したり、自由な議論を重ねたりすることをとおして、高度な研究能力とコミュニケーション能力を彫琢することを目指しています。個々人の経験とちからが感応し、接合するプロセスによって予想外の研究成果が生み出される創発 emergence が、地域研究教育の現場では日々、創出されています。その一端をご覧いただければと思います。

なお、上記 4 つのプログラムの実施、および本報告書の刊行は、2019 年度概算要求（機能強化経費）『海外拠点の機能強化による「アジア・アフリカ地域対応の高度グローバル人材育成」事業』、2019 年度京都大学全学経費『若手研究者によるアジア・アフリカ地域研究のグローバル・ネットワーク構築』、2019 年度京都大学総長裁量経費『フィールド・ステーションを活用した海外安全管理研修』および 2019 年度京都大学ワイルド&ワイズ共学教育受入れプログラム事業『アジア・アフリカにおける分野横断的・通地域的問題発見型インターンシップ・プログラム』の支援を受けて実現しました。記してお礼を申し上げます。

附属次世代型アジア・アフリカ教育研究センター長
玉田 芳史

Minamata On-site Campus

2019 年度 水俣臨地キャンパスの概要

実施期間：2020 年 1 月 8 日から 13 日
実施場所：熊本県水俣市、天草市
飯田　玲子

今年度の水俣臨地キャンパスでは、大学院生や短期招聘留学生らとともに、水俣の暮らしや漁業、農業、水俣病によって引き起こされた地域の分断と再生の取り組みについて、さまざまな立場の方からお話をうかがった。参加する前に抱いていた水俣への印象が、実際に訪れたことで大きく変わったという参加者の声も多く、参加学生らが毎晩熱心に議論をおこなっていた。ご協力頂いた水俣市と天草市の方々に深く感謝申し上げる次第である。

プログラム

1 月 8 日（水）　水俣市立水俣病資料館
　　水俣病センター相思社・歴史考証館
1 月 9 日（木）　山下善寛さん（元チッソ社員）とともに水俣湾の臨地演習
　　JNC（元チッソ）水俣工場の見学
1 月 10 日（金）　社会福祉法人ほっとはうす
　　国立水俣病総合研究センター
1 月 11 日（土）　茂道において漁業の過去と現在に関する聞き取り
　　第 15 回水俣病事件研究交流集会に参加（水俣市公民館）
1 月 12 日（日）　御所浦島での臨地演習
1 月 13 日（月）　総括ミーティング

参加者

【大学院生】白石華子（東南アジア地域研究専攻）、Sera Georgina（アフリカ地域研究専攻）Sadio Diallo（アフリカ地域研究専攻）、井上登紀子（グローバル地域研究専攻）、高道由子（グローバル地域研究専攻）中村友香（グローバル地域研究専攻）、Zhao Weijie（グローバル地域研究専攻）、Khin Nilar Swe（農学研究科）
【Wild and Wise 招聘留学生】
Nguyen Hai Ha (ベトナム)、Salai Banni Bawi (ミャンマー)、Putri Gayatri (インドネシア)、Demile Leul Getachew (エチオピア)、Maryta Chabungbam (インド)、Dipsita Dhar (インド）
【教職員】藤倉達郎（グローバル地域研究専攻）、中村沙絵（グローバル地域研究専攻）、酒井聡子（グローバル地域研究専攻）、Nyein Chan（東南アジア地域研究専攻）西島薫（文学研究科）、伊藤さなえ（現代インド地域研究センター）、飯田玲子（附属次世代型アジア・アフリカ教育研究センター）

写真１：山下善寛さんと水俣湾での臨地演習の実施

写真２：御所浦島烏峠を目指す参加者

水俣の歴史に触れて

白石　華子
平成 27 年入学
東南アジア地域研究専攻

キーワード：水俣、歴史、郷土史、文化、水俣病

はじめに

…やがて夜行列車の窓から　たらたらと蜜柑の　しぼり汁のやうな灯が　魚の寝姿のうへに　宝石の頸飾りとなつて落ちた…　（淵上毛錢[1]『寝姿』）

水俣の街の中心地から東へ歩いて行くと、湯出川と肥薩おれんじ鉄道の線路が交差する場所がある。その道の脇にそっと置かれた石碑に刻まれた詩は、地元出身の詩人・淵上毛錢が見た往時の水俣の景色を伝えている（写真 1）。

水俣の歴史に触れる

私はかつて考古学を学んでいたこともあり、水俣での空き時間には歴史的な名所・旧跡などを訪れたいと考えていた。冒頭の詩に出会ったのも、水俣城跡を目指して歩いている途中であった。近くを通りがかった地元の方が、「ここは昔、夜行列車が走ってたんですよ」と教えてくれた。鹿児島と東京を繋ぐ寝台特急はやぶさである。後日、別の場所で出会った初老の男性も子どもの頃の思い出としてその光景を語ってくれた。「あれに乗れば東京まで行けるんだって、憧れたもんですよ」と。思いがけず、水俣の歴史の一つに触れることができた。もちろん本来の目的であった水俣城跡も興味深いものであった。史跡として手厚く整備されているわけではないのだが、近年発掘調査もおこなわれているようだ。

もう一つ印象的であったのは、薩摩街道である。市街地の裏手にある山王神社に歩いていく道すがら、「薩摩街道」と書かれた標識が立っていた（写真 2）。左に「薩摩」、右に「江戸」と矢印が伸びている。薩摩街道は江戸時代に整備された五街道以外の主要な道である脇往還の一つである［水俣市 2017:175］。これもまた後日に地元の方が、江戸時代の大名や幕末の志士たちをはじめ多くの人が歩いた道であることを、誇らしげに教えてくださった。

市街地には明治・大正時代に活躍した徳富蘇峰・蘆花の生家も残されている。建築史的にも価値が高い築 230 年の町家のなかで、徳富兄弟の作品や遺愛の品を鑑賞することができる。庭に植えられたカタルパの木は、蘇峰と新島襄との交流にかかわるものらしい。最初に受付で京都から来たことを告げたときに「同志社の学生さん？」と尋ねられ

1　淵上毛錢は「渕上」の漢字で表記されることもある。

た訳に合点がいった。

そして、現在の水俣の歴史を語るうえで決して避けて通ることができないのが、「水俣病」である。勿論水俣病は現在進行形の問題を多く抱えており、歴史あるいは過去の事象としてのみ捉えるべきものではない。[2] ただ本稿でその全てに言及することは不可能であるため、ここでは個人的に印象に残った水俣病事件の遺構を一つだけ紹介したい。それは水俣湾に残る、コンクリートブロックである。かつて汚染魚の拡散を防ぐために設けられた仕切り網を固定するために使われたそうだ。その説明を聞かなければ、全く目には止まらなかっただろう。すでに仕切り網そのものは撤去されているが、海に残された人工的な塊は、その意味の重みを語りかけてくるようであった。

まとめにかえて

ここまで、水俣で出会った歴史の痕跡やエピソードをいくつか、やや脈絡もなく紹介してきた。最後にその意図を述べたい。

そもそも今回の臨地キャンパスでは、水俣病について学び、今の水俣を取り巻く問題に触れ、自分自身の研究との接合点から新しい知見を得ることが目的であった。しかし当然のことながら、水俣病に関わる問題の全体像を理解し、自分自身の研究関心に応用できるまでに昇華させることは一朝一夕に成せることではない。またそれらの問題について当事者意識を伴った意見や立場を表明することも、たった数日現地に滞在したにすぎない私には困難な課題である。そこで本稿では、「水俣」という特殊な文脈に囚われすぎず、個人的な興味関心から見えた光景、あるいは次回の訪問で学びを深めたいものについて備忘録的にまとめることにした。それが以上のような地域の歴史やその痕跡、人々の記憶であった。

また、そう思い至った過程には、水俣で感じた一つの印象の影響もあった。水俣では水俣病の話題が「タブー」であるのと同時に、水俣病以外の話題もまた「タブー」であるような空気感があるように感じたのだ。水俣で水俣病以外のことを語ったり押し出したりすることは、水俣病の隠匿や後景化であると捉えられることがあるためである。確かに、そのような意図を含んだ動きが存在することも事実だろう。他方で、故郷としての水俣への思い入れがゆえに多様な水俣の魅力を積極的に伝えていきたいという真摯な思いがあることも、決して否定はできないのではなかろうか。そして私は、そうした思いも受けとめたいと感じたのである。

参考文献

水俣市企画・監修. 2017.『水俣堂々』水俣市経済観光課.

[2] また、水俣病事件を他の歴史的事象と同じ土俵に乗せて語ること自体、議論の余地があるかもしれない。筆者の力不足と時間的制約により、本稿ではそうした根本的な議論を欠いている点はご容赦願いたい。

写真１：淵上毛銭『寝姿』

写真２：薩摩街道の標識

生命感覚を喚起する水俣
―ものづくりの事例から―

髙道　由子
平成 27 年入学
グローバル地域研究専攻

キーワード：水俣、ものづくり、表現、生命感覚、身体

フィールドワークから得られた知見について

私が初めて水俣に来たのは、八年前のことであった。当時の私は、水俣病のことについて訊ねることに躊躇いがあり、地域の人々から話を聞くことはほとんどなく、パンフレットや資料館からの情報を手にしただけであった。その中で、公害として起こった水俣病への反省から環境に熱心に取り組む水俣とったようなストーリーが書かれてあるのを見て、さほど違和感を覚えなかった。京都大学で水俣臨地キャンパスが始まり、三年前から、再び水俣を定期的に訪れるようになった。そして最初の訪問時とは異なり、水俣病問題に関わる多様な人々から話を聞くようになった。その中で、水俣病患者の方々からの話はもちろんのこと、水俣でものづくりに取り組む人々からの話を聞くにつれて、環境都市としての水俣という考え方は、どこか局所的で表面的なのではないかと思った。それは、彼らが語る水俣病は、環境問題や公害問題としてではなく、さらに広く生命世界の中に位置づけられていたからである。ここからは、それがどのような語りで、どのように生じているのかについて、フィールドデータを基にみていきたい。

水俣で筆者は、本願の会[1]が主催する石彫に参加したのだが、その際に一緒に石を彫った漁師で水俣病患者の方は、自分の石を空と海に区切り、海の側にたくさんの水中生物のモチーフを彫っていた。その際に彼が語っていたことは、「人間はみな盗人である」ということである。その意味するところは、人間は自然からたくさん与えられているにも関わらず、近代的な生活の中で、海を汚してしまったということである。このような生命世界に及ぶ語りは、水俣やその周辺の出身者に限らず、他の地域から水俣に移住した人々の中にもある。関西から水俣に移り住み、自家栽培の綿で機織りをしている方は、自分で綿花を育て、糸を紡ぎ、機を織るという過程の全てが愛おしいと言った。そして彼女の機織りは、何かの思想に強く基づいているのではなく、水俣病への関心が中心にあるというのでもなく、産業革命の以前にはどこにでも当たり前にあったものづくりへの憧れのようなものや、自然の一部であるという感覚から行われているという。このような感覚は、どのように生じているのだろうか。

この機織りをしている女性は、素材を買ってくるのではなく、自ら育てた綿や身近にある植物染料を素材として、機織りを行っている。この一連の作業はひどく時間がかかるため、商品として考えると割に合わないが、そういう風に考えることはしていないと

1　1995 年に正式に発足した市民団体で、石像を建立し水俣湾埋立地に設置している。

いう。この自分の育てた綿から糸を紡ぎ、機を織るという一連の作業の全てに身体感覚が存在するという。筆者も以前、綿繰りを手伝ったのだが、気の遠くなるような時間がかかる単調な作業である。しかし、こうした自然の素材と対峙した繰り返しの行為の中で、「自分は自然の一部であり、動物である」という感覚が芽生えると彼女は話した。

水俣病問題は、一地域における加害企業であるチッソと被害者の問題としては捉えきれないことは明らかであることはもちろん、公害問題や環境問題よりもさらに本源的な問題を孕んでいることがわかる。それはすなわち、人類における生命感覚の喪失という問題である。つい最近まで、人間は身の回りのものを自然から自分の手で作り出していた。先程の女性は、産業革命以前はどこにでも当たり前のようにあった手仕事への憧れから機織りを続けているという。しかし同時に、それを水俣で続けている意味は感じているそうだ。筆者が本願の会の石彫に参加した際に、ある水俣病患者の方は、水俣にこれからどのように関われば良いのかを悩む若者に対して、「頭でっかちに考えても意味がない。水俣に来て感じることが大切だ」と言った。また先の漁師の方は、「これまでは闘争としての水俣だった。これからは表現としての水俣だ」と語り、誰がどのように水俣を表現しても良いのではないかと話してくれた。

このように、水俣は今、私たち一人ひとりに、自分の生き方への問いを生じさせ、生命感覚を喚起するような場所となっているのではないだろうか。

写真１：地域の小学生が卒業証書の紙を手作りする原料の楮

写真２：筆者が彫っている石

多様な痛みとささやかな関わり
―水俣病の現在から学ぶ―

中村　友香
平成 26 年入学
グローバル地域研究専攻

キーワード：語り、日常、つながり、地域研究

1. はじめに

水俣を初めて訪れて驚いたことは、その小さな町の中に水俣病に対する多種多様な立場が存在し、時に痛みや苦しみを含む複雑な社会関係が広がっていることだ。「普段水俣のことを話すことはない」「近所の人と（水俣病の）話はしない」という水俣市在住の方の言葉は、水俣病が過ぎ去った歴史上の問題であるからではなく、今まさに地域の人々がそれぞれに直面している問題であるからこそ出てきたものであろう。問題のさなかにいる時、私たちは語ることを恐れ、ためらい、煩わしく思うことがある。そして語らなかったり、語ることができなかったりする。水俣病の問題は、思うところはあるけれども、みなが容易には語ることができるわけではない雰囲気の中で、地域に存在しているように感じられた。

2. 共通の出来事、多様な痛み

水俣病には様々な人々が関わっている。水俣市や御所浦島のような天草地域、鹿児島県内の、どの場所に住んでいるのか、チッソ（現 JNC 株式会社）や水俣病訴訟との関わり方、患者もしくは被害者認定の有無や考え方、行政や市民団体への参加など、非常に多様である。さらに、水俣病の長い歴史の中では、そのほかの地域からやってきて、やがて水俣病や水俣地域に関わるようになった人々や、水俣臨地キャンパスで水俣を訪れた私たちのように、これまで深いかかわりを持ってきたわけではないけれども、現在の水俣を知り、学びたいと考える人々もいる。

水俣病をめぐる痛みや悲しみに対する立場や感じ方は様々で、それぞれが共鳴しあって、ともに歩むことは難しい場面が多々ある。例えば、水俣市行政から近年「水俣病」「公害」という言葉が消去されてきたという話を水俣市民の方に伺った。さらに、JNC の展示やいただいたパンフレットの中は「安全・安心」「環境保全」の言葉が強調される一方で「水俣」の文字は一言もない。こうした状況は、不都合なことの忘却や隠蔽として捉えられる一方で、かえって「水俣病」を強く意識した行為でもあり、水俣病問題をめぐる身体的、精神的、社会的な痛みへの人々の反応を喚起するものであったといえる。さらに、水俣病の名づけについての問題は、長らく議論されており、「水俣と言えば水俣病」という外部からの印象を変えようと努力する人たちにとってこの動きは、忘却としてではなく新たな水俣の歩みの一歩であるかもしれない。

このように、「水俣病」という言葉の取り扱いを例にとっても、それぞれの経験や立場、感覚や目標などによって、対立や衝突が起こりうることがわかる。水俣病という苦悩や悲しみを孕む共通の出来事について、繋がり合いはあるけれども、多種多様な痛みがそれぞれの身に迫っているように思われた。そしてその中では、たった5日間、水俣臨地キャンパスに参加しただけの私の心の中にも、とても小さく新しいものであるが、言葉にしがたい痛みのような何かが生まれたような気持がした。

3. ささやかな関わりに目を向ける

水俣病を語るかどうか、何らかの行動や実践をするかどうか、かかわりが深かったり長かったりするかどうかに関わらず、それにかかわる人々は水俣病をめぐって考え、感じ、時には大きく傷ついたり、苦しい思いをしてきただろう。水俣病に関する痛みや苦しみをめぐり、訴訟や活動を積極的におこなう人々の姿は、切実で勇気ある特別なものに感じられ、そうした多くの人たちが水俣臨地キャンパスの間、私たちの学びを助けてくださった。

そのような勇ましい姿に加えて、しかしさらに印象的であったのが、水俣や天草の人々との、ささやかなやり取りや会話であった。例えば御所島の患者の方と道を歩きながら海の綺麗さや魚のおいしさを話した時、環境にやさしい石鹸づくりに取り組む方が懇親会の席で石鹸の素晴らしさについてお話してくださった時、それは単に水俣病の話であるだけではなく、日常の感動や好きなこと、嬉しいことや考えていることの話でもあった。たった5日間の短い滞在の中では、お話ができる時間は非常に限りがあり、関わってくださった人たちの考えや経験を適切に、十分に理解できたとはいえない。だが、私が経験することができた、ごくささやかで、短い会話からも、「水俣病」という共通項の周りにある、日常の生活や普通の毎日が垣間見えた。それはひょっとすると、勇ましい人々の姿や声に隠れてしまうような、小さくささやかな、しかし切実な思いや希望を含んでいるかもしれなかった。さらに、そうしたやりとりが、水俣病をめぐる対立や衝突、もしくは法的救済という大きな救済とは異なる次元での、人と人とのつながりや救いに繋がっていくのではないかと感じられた。

4. 水俣から考える

地域社会の中で病いの苦しみとその責任を問い続けること、もしくはそれをどこかで意識して生活することは、様々な痛みの中に人々をとどめたり、新たな痛みや傷を生んだりするかもしれない。そのような痛みの中では、口を閉ざしたり、反対に大きな対立や衝突が生まれることもある。そうした側面を考慮しつつも、より日常的でささやかな関わりにも注目することで、水俣の人々の経験や生活をより現実に近い形で理解したり、声を聴くことができるかもしれない。地域研究に取り組もうとする時、人々の小さな日常から学ぶとともに、その小さな日常の関係性の中に存在する一人として、何かを感じ取り学び考えていこうとすることが大切であると改めて実感した。

写真１：御所浦島の烏ヶ峠からの風景

写真２：石鹸づくり場の様子

The Minamata Disease Crisis and its Determinant Factors

Khin Nilar Swe
Enrolment year: 2016
Country: Myanmar

Keywords: Methylmercury contamination, Livelihood changes, Environmental impacts, Chisso

The economic development of Japan started in the Edo period and was strengthened during the Meiji period. Unfortunately, the development project had focused on the country's economy only. Development and industrialization had a widespread and devastating impact on the surrounding environment. Between 1932 and 1968, methylmercury contaminated the waters of Minamata because the Chisso Company (now known as Japan New Chisso) dumped methylmercury waste into Minamata Bay. Minamata Bay is a calm inland bay facing the Pacific Ocean. The discharged methylmercury was gradually deposited into the ocean off Minata city. Local residents in the vicinity of Minamata Bay consumed large amounts of mercury-contaminated fish. Consequently, an unknown disease broke out in nearby fishery villages. In order to determine the cause of the disease, experiments were conducted on cats. In 1956, the disease was officially identified as the Minamata disease. The Minamata disease threatened the lives of people. The disease was classified into two categories, namely foetal and infantile Minamata disease. A total of 900 hundred people died from Minamata disease and 2,265 people were diagnosed as having had direct exposure to mercury[1].

Against this background, it is important to know how the environment has changed after the Minamata disease outbreak. It is also important to know how the local people are adapting in their daily lives under the changing conditions of Minamata Bay, especially the victims of Minamata disease and the local residents in nearby areas.

On a trip to Minamata city and nearby areas between 8 and 13 January of 2020, key informant interviews and intensive field surveys were carried out. Local fishermen and patients with the Minamata disease from the 'Hotto Haus' (a social welfare corporation for patients with the Minamata disease and people with disabilities) were also interviewed, focusing on the livelihood changes after the Minamata disease crisis.

We learned more about the relationship between the local residents and the Chisso company and also about the complex certification process to get approved the by government as a victim of the Minamata disease. This information was obtained from local conferences and a civil society group of the Minamata Disease Museum, established by Soshisha.

1 <https://www.theregister.co.uk/2006/07/14/the_odd_body_minimata_disaster/>

Results/Achievements

In this report, results were divided into three main sections.

1. Environmental Changes

The discharge of highly toxic methylmercury into Minamata Bay through the Hyakken drainage was the beginning of the Minamata disease. The Chisso company released between 50 to 70 tons of methylmercury into Minamata Bay. The Kumamoto prefecture has removed the mercury-contaminated sludge and fish and rebuilt the land. However, it was said that one side of the reclaimed land covered by concrete was cracking. Therefore, a great amount of attention should be paid to the problem and Chisso should find a solution. All the previous researchers and reporters mostly mentioned only about the mercury contamination. However, it was found during the field trip that Chisso had also discharged dioxin. The Prefectural survey found contamination of dioxin in the Chisso discharge wastewater. It was also reported in the news on March 8, 2003 (Sakamoto et al. 2018). They also mentioned that the sex ratio in Minamata had unexpectedly changed and that the male population decreased in the period between 1955 and 1959. It was concluded that the phenomenon was due to the methylmercury exposure, which had a direct effect on foetuses[2]. Similar problems were experienced in Seveso, Italy, due to dioxin contaminations[3]. Chisso is still keeping dioxin inside the administrative area of the Chisso company, as they did with the methylmercury. The way they 'solved the problem' (reclaimed the land and covered it with concrete) cannot be effective over the long term for a country like Japan where earthquakes are common. During the interview survey, local fishermen also mentioned that they have noticed that some species of the fish population are gradually decreasing in Minamata Bay. In addition, air pollution (sulphur dioxide contamination) in Minamata is also significantly higher than in other areas of Japan.

2. Livelihood Changes:

Minamata Bay was a fisherman's paradise and there were many villages alongside the bay. The Minamata disease had a devastating impact on the fishing industry and caused poverty among fishermen's families.[4] After the Minamata disease crisis, fisherman relied on compensation fees. The Kumamoto prefecture also introduced the 'Household Recovery Fund' to contribute to the fishermen's income[5]. Today, people are still eating fish because they do not have other alternatives for food. Currently, many people from Minamata grow mango orchards as their main livelihood. Some newly established orchards were also found during the field trip. One of the fishermen from Minamata, Mr. Sugimomoto, said that he is now growing mangos, but mango orchards cannot produce the type of profit that fishing did. It is also highlighting that fisherman may not be familiar with the agricultural work and the contribution of newly introduced agriculture of Mango orchards still need to be assessed too.

According to the interview results, the Minamata crisis destroyed not only the local subsistence livelihood but also ruined the social status of the local people. There are for example discrimination

2 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6161157/pdf/toxics-06-00045.pdf>

3 <https://www.ncbi.nlm.nih.gov/pubmed/10866441>

4 <https://minamata195651.jp/guide_en.html>

5 <https://www.icett.or.jp/english/abatement/kumamoto/fisheries/index.html>

towards the patients by healthy residents, and towards social activists by Chisso company workers.

Plans for further research

There is an urgent need to find sustainable livelihood alternatives for the fishermen and other healthy residents. Intensive soil surveys are necessary to find suitable cultivars that can be grown economically in the Minamata area. Proper monitoring of water contamination and air pollution is also necessary, and it is important to bridge the gap between the decreasing number of fish and wastewater contamination in Minamata Bay. Socioeconomic assessment also needs to be carried out to clarify the changing conditions of the local people after the Minamata disease crisis. The tragedy of the Minamata outbreak made the world aware that coexisting with nature is more important than the economy. We should be aware of every warning made by nature. We should strive towards a better tomorrow for Minamata and make the world a better place for all of us.

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Figure 1: The Hyakken outlet drainage (Beginning of the Minamata disease)

Figure 2: Orange orchard in Minamata

An Overview of Minamata Disease Outbreak

Diallo Mamadou Sadio
Enrolment year: 2017
Country: Guinea

Keywords: Minamata, disease, Chisso, outbreak, environment, pollution, methyl mercury

In the 1950's, industrialization became a top priority in many western and eastern countries, including Japan, in order to recover the damages caused by World War II and to enhance the national economy. Minamata, a coastal city in Kumamoto, was chosen as an industrial site due to its proximity to the Minamata bay.

Chisso corporation, (formerly Sogi Electric Company) which is now known as JNC corporation, built a chemical plant specializing in the production of fertilizers in Minamata city. Industrial waste, such as methyl mercury and other chemicals from the factory were directly discharged into the Shiranui Sea for over 30 years. This led to an excessive bioaccumulation of mercury in the fishes and other marine life in the Minamata Bay. When the citizens of Minamata city consumed the fishes with mercury bioaccumulation, they fell prey to mercury poisoning. Minamata disease (MD) is a neurological syndrome disease contracted through mercury poisoning; it damages the central nervous system.

During my visit to the JNC factory, a representative of the company said, *'Minamata disease outbreak was caused by human mistakes'*. Therefore, it is necessary to ask few questions:

1. Was it possible to prevent the outbreak of MD?
2. What is the possibility of a similar kind of disease outbreak occurring in the future?
3. Is Minamata city completely free from environmental pollution? Based on my limited knowledge of this topic, I will attempt to report my observations and learnings regarding the past and present of MD outbreaks.

Officially, more than sixty years have passed since MD was identified, but in my visit to *Hotto Hausu*, I witnessed many people still suffering from the disease.

The visit to Minamata Shoshisha Centre proved that before the outbreak of the disease, Minamata was a peaceful city where locals lived in harmony with each other.

The disease outbreak in 1956 led to an unprecedented crisis that disturbed the social cohesion of Minamata city. The victims of the disease faced recurrent discrimination and prejudice. Some people treated them as the enemies of the community. In the past, since many people feared that MD was contagious, the victims experienced temporary exclusion from the community life. Moreover, fear of social stigma prevented many other victims from revealing their identity as MD patients and to seek

for medical support for the same. However, in the past few years, there has been significant progress related to the de-stigmatization of MD patients.

When questioned about the changed attitude of people towards MD patients, a respondent said, *'People are more and more receptive to MD victims and many of them are now able to openly talk about the disease'*. Another person added, *'Some (people) have now joined NGOs and civil society groups to help the victims to be officially certified as MD patients'*. A third respondent commented that the people *'who were discriminating against the victims of MD a few years ago have now become activists to defend the cause of the victims'*.

Although MD patients still face many health and economic challenges, several initiatives have been undertaken in recent years to promote the de-stigmatization of the patients in order to eradicate persistent negative attitude towards them. As a part of this campaign, the Minamata municipality has started practicing the 'moyai-naoshi' concept which implies 'reconstructing broken human relationships' or 'the creation of mutual understanding between groups of people'.

During my visit to the Minamata city municipality, I learned that Minamata has one of strictest environmental policies in Japan. The municipality and the inhabitants of Minamata together came up with waste management strategies to help utilize resources more effectively and sustainably. Since 1992, it is mandatory for the citizens of Minamata to sort their own waste into more than 20 different categories to promote reuse, recycle and waste reduction.

The Chisso corporation, the national and the local government have invested extensive efforts to address the environmental pollution in Minamata. From 1977 to 1990, they succeeded in dredging up roughly 1.5 million m3 of mercury contaminated bottom sediments in highly polluted areas. The polluted sediments were then buried in a 58 hectare reclaimed land near the river, which is also where Minamata Eco- park is situated.

Many people including Mr. Yamashita, a member of a local NGO, are currently worried about the reclaimed land in Minamata, primarily because: (i) the dredged sediments were not treated to be completely harmless to humans and to nature, (ii) as the reclaimed land is very soft, there is concern that, in the event of an earthquake of strong magnitude, the land holding the contaminated sediments may collapse.

To mitigate the risk of recurrence of environmental pollution in Minamata, Mr. Yamashita suggests that *'Chisso corp., the National and Local governments should treat the mercury contaminated sediments buried in the reclaimed land areas'*.

Finally, it is important to remember the conscientiousness and commitment of all the stakeholders directly or indirectly involved in helping Minamata's citizens to overcome the challenges faced by them after the disease outbreak. It is essential for all the developing countries that promote industrialization to boost their national economic growth to learn from the mistakes that caused the Minamata disease outbreak and to be wary of the consequences of such disasters.

Results/Achievements

The field trip in Minamata was an important learning experience for me. My encounter with some of the locals including MD patients taught me about the past and present aspects of Minamata.

Throughout this field trip, I have learned the importance of taking appropriate and environmentally friendly measures while treating industrial waste. Most importantly, this field trip reminded me that prioritizing economic growth over the environment can lead to irremediable disasters for all living creatures (humans, fauna, and flora). Furthermore, it is imperative for governments and industry owners all over the world to invest greater efforts in building sustainable societies, because I believe nobody deserves to be a victim of national economic growth.

Plans for further research

Stigmatization and discrimination against Ebola survivors and their families is a major focus of my research study. In the future, I would like to deepen my understanding of the different approaches that have been undertaken in Minamata to eradicate negative stereotypes towards the victims.

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Figure 1: Minamata Hotto Hausu, meeting with Minamata disease patients

Figure 2: Minamata Eco-park, memorial statue of Minamata disease victims

‘Minamata Disease Stigma’ at Home and Away from Home

Seera Georgina
Enrollment year: 2016
Country: Uganda

Keywords: Minamata disease stigma, Minamata Disease Municipal Museum, Minamata Historical Museum, Soshisha, fetal Minamata disease, Hotto house

In the 1950’s, industrialization became a top priority in many western and eastern countries, including Japan, in order to recover the damages caused by World War II and to enhance the national economy. Minamata, a coastal city in Kumamoto, was chosen as an industrial site due to its proximity to the Minamata bay.

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Figure 1: At Hotto House, people certified as having been affected by the foetal Minamata disease

Figure 2: At Soshisha, Ms. Nagano seated beside a memorial for people who suffered from and died of severe Minamata disease

Combating Social Isolation Under Structured Violence Through Creating New Sense of Belonging

Sese Ma
Year of Enrollment: 2018
Country: China

Keywords: social isolation, grief, activism, sense of belonging

One of the most severe and invisible impact of government's denials of compensation of Minamata patients is the fragmentation and confrontation between interest groups and even among family members. The total number of those who get certificated as Minamata disease patients and those who get certificated as victims who display symptoms of Minamata disease is still less than perhaps ten percent of the general affected population in Shiranui Sea. Unfair and unscientific compensation policies could be seen as intentionally deployed in order to create further fragmentation among the survivors. As a result, after 70 decades, there is still an unspeakable tension in Minamata that no residents could escape from. It is still very difficult to talk to those who perceivably belong to different group than oneself, a.k.a who have indirectly caused the suffering of oneself or someone dear, all due to a malicious systematic injustice. These people can be neighbors and relatives, and even though they do not choose to actively act violently towards one another nowadays, the weight of acknowledging one another's suffering and one's own role in it, as well as figuring out a potential way to be with another, could be so heavy that it made most of them unable to confront to each other about one's feelings and thoughts. It is a never ending post-conflict setting where one is simultaneously a propagator and victim, and one constantly live with others who see oneself in similar complicated ways.

Results/Achievements

I have never been able to understand the ways in which each individual use to approach grief and make sense of this tremendous ongoing injustice in my previous trip. The only visible way seems to be fighting back through court case. Plaintiffs narrate their decisions of suing the government as a way and the only way to find justice for their lost parents or lost children due to miscarriage. A sense of belonging was generated among the plaintiffs, the lawyers, and the supporters around them, as they are the sore individuals who decide to fight back directly. However, court case does not seem to have a clear help on living with grief. However, this year, Nagano san from Soushisha talked about the ways in which a resident who have suffered symptoms since elementary school. She could never speak up for herself but yet she found a sense of belonging in a religious group, which is made up of all kinds of members. The common point among them seems to be the fact that they could not afford to speak up for themselves in their communities, but they all found a sense of belonging in the

religious group.

Plans for further research

I wish to hear further individual stories from plaintiffs who have fought in the court for the past 12 years. It might be the only way to know how each individual deal with grief and social isolation created by their plaintiff identities.

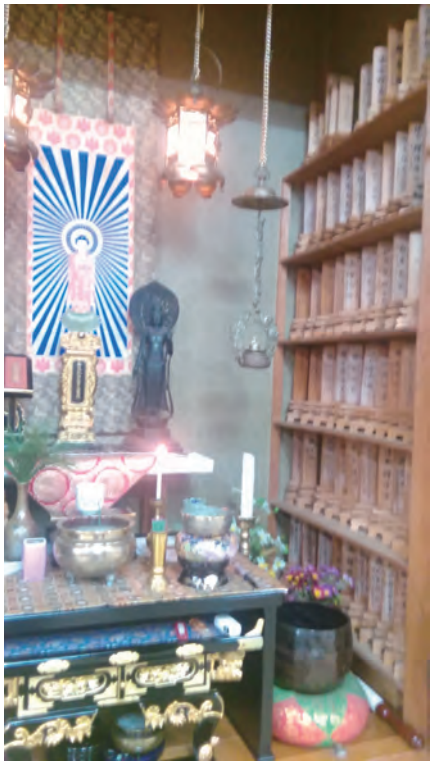

写真 1

写真 2

WILD & WISE

ワイルド＆ワイズ：アジア・アフリカにおける
分野横断的・通地域的問題発見型インターンシップ・プログラム

INTERNSHIP PROGRAM FOR TRANSDISCIPLINARY AND TRANSREGIONAL PROBLEM ORIENTED RESEARCH IN ASIA AND AFRICA

ワイルド&ワイズ共学教育受入れプログラム事業

―アジア・アフリカにおける分野横断的・通地域的問題発見型インターンシップ・プログラム―

2020年1月7日から2020年1月17日にかけて、「ワイルド&ワイズ共学教育受入れプログラム事業―日本人学生と外国人留学生が共に学ぶ場としての短期プログラム創設―」の一環として、「アジア・アフリカにおける分野横断的・通地域的問題発見型インターンシップ・プログラム」を実施した。同プログラムには、チェンマイ大学社会科学部、ベトナム国家大学ハノイ校人類学部、ボゴール農科大学生態人類学部、アジス・アベバ大学社会人類学部、マニプル大学地域開発研究センター、ジャワーハルラール・ネルー大学経済学部からの短期留学生6名と、共同学習やサポートを行うASAFASの院生らが参加した。

参加者たちは1月8日から13日にかけて、熊本県水俣市で水俣病の被害とその後の復興について合同フィールドワークを行った。フィールドワークでは、有機水銀による健康被害、それに対する企業・国・県の責任と対応、漁業の復興や環境政策、地域振興といった文理の枠を超えた複合的課題をとりあげた。そして、地域で暮らす人々や活動家、NGOや自治体の職員、研究者など、様々な立場の人たちから話を聞くことができた。

京都に戻って寺社や農村を訪れたのち、1月16日には京都大学で“Wild & Wise International Workshop: Perspectives on Next-generation Area Studies”と題したワークショップが開催された。まず外国人留学生が合同フィールドワークから学んだこと・考えたことについてプレゼンテーションし、これに対してASAFASの学生が応答するかたちでコメントや質問をした。特に急速な経済発展のさなかにあるアジア・アフリカ諸地域にとって、公害と環境保全は切実な問題であり、その課題の複層性について熱のこもった議論が交わされた。学生たちの学び合いの関係は、来日直後に企画された留学生とASAFAS学生との水俣への調査行のなかで醸成されていたのである。京都の農村探訪や下鴨神社などの寺社見学は、経済発展のなかに息づく伝統文化の意義を感じとる機会になったようだ。

こうした一連のプロセスを通じて、各々の参加者は分野横断的であると同時に東アジア・東南アジア・南アジア・アフリカに通底する研究課題を発見し、課題解決の糸口を「地域から／と学ぶ」というワイルドでワイズなアプローチを体験的に学習した。

1月16日に開催された
国際ワークショップでの集合写真

The sun rises once again in Minamata

Nguyen Hai Ha
Vietnam National University, Vietnam

Keywords: Minamata Disease patients, environmental disaster, Chisso Corp. (JNC), Agent Orange

Unknown devastation from opportunities for economic development

Due to the establishment of a government monopoly of the salt industry in 1905, and the closure of the Minamata production branch in 1909, the number of unemployed inhabitants in Minamata increased sharply. In the early 20th century, the vanguard company of the chemical industry—Chisso—was invited to build its factories in order to promote the local economic development of Minamata. Chisso's success led to rapid economic growth and the emergence of a wealthy community in Minamata, as was expected by its authority and its citizens. By 1956, there was a recognized outbreak of a *strange disease resulting* in 55 cases of infection, including 17 deaths[1]. There was subsequently a significant increase in the number of people infected from unknown factors. Those who were ill were isolated for fear of further contagion.

Conflicts emerged as a result of the disease

The appearance of Minamata disease triggered conflicts within the community. It was not until 1968 that the Japanese Government officially recognized the disease caused by the toxic compound methyl mercury that the Chisso factory released into Minamata Bay. Delayed action and late announcements made by the government are considered causes for the exacerbation of a disaster, and also provoked outrage across the city. I was impressed by the statement of a staff member at the Minamata Soshisha Museum of Disease: *"When we started out, some members of Soshisha preferred to describe themselves as AGO and not NGO, meaning 'Anti-government organization.' This was because, back then, we had to negotiate and often fight against the government for the victims."*

The disagreement between the factory, government bodies, and those infected revolves predominantly around two issues: 1) Chisso neglected to release their findings of symptoms on cat experiments and continued discharging toxins into Minamata Bay, while the prefectural and national governments took no necessary measure to prevent pollution or ban the consumption of fish products affected; (2) strict requirements and proof to be certified as a Minamata patien[2]. Many plaintiffs kept fighting Chisso (JNC) for their validation and compensation, but the government was also sued on

1 Noriyuki Hachiya. 2006. The History and the Present of Minamata Disease: Entering the Second Half of a Century, *JMAJ*, 49(3): 112-118.
<http://www.med.or.jp/english/pdf/2006_03/112_118.pdf, last access 09/02/2020>

2 Masazumi Harada. [1995]. *"As of March 1992, the number of confirmed patients is 2,252. 12,127 people claiming to have the disease have not been recognized and 1968 people are still awaiting the outcome of..."*

multiple occasions for failing to recognize victims of Minamata disease.

Minamata's internal split could be the most unfortunate conflict that brings to light the severe psychological suffering of patients both confirmed and not confirmed as suffering from the disease. One witness, an acknowledged Minamata patient, said: *"My neighbor said to me that I should be happy as I was compensated by Chisso as a result of this disease. Their words hurt me so much. I just want to tell them: I wish I had a healthy body."*

Hidden pains

Buried beneath the inverted M-shaped memorial monument on the Minamata's artificial island eco-park are poisoned fish, reminding everyone of the hidden pain of the past. Younger generations have left Minamata with the expectation of a safe life, free of being discriminated against or stigmatized; yet they still suffer from pain and fear. Many people chose not to speak out about their disease and/or origins in order to protect their children's future. Some are still afraid of being labeled as Minamata patients or victims.

The return journey

We have nevertheless seen positive news emerge in Minamata recently. In terms of individual stories, we met Ms. Nagano Michi who inspired us with her experiences in the sacred Soshisha house. Leaving Minamata whilst in high school, she left her fears behind and decided to return Minamata to work as a nurse. Understanding the physical and emotional problems of the people she met, Nagano-san now provides emotional support to Minamata's victims through personal contact. In addition, Mr. Yamashita Yoshihiro—a former Chisso employee—has devoted his life to persuading the authorities to take action in solving pollution-related issues. He is an enthusiastic participant in inspecting and monitoring the cycle of toxic concentration testing in important areas of Minamata's JNC Chisso factory. The Minamata authority and JNC (formerly known as Chisso) have made good progress by transforming mistakes into motivation. Minamata city is on its way to becoming the model of a pioneering Japanese eco-town with stringent waste classification standards.

Look at the Vietnam case from Minamata

I chose to compare Agent Orange with Minamata, given that both have several similarities. The difference between these two cases is the original agent and purpose. While Minamata's issue was a consequence of economic development and caused by the Chisso-Japanese Company, Agent Orange was a defoliant chemical that the US military used as a part of chemical warfare in Vietnam.

The first thing they have in common is that both resulted in massive and long-lasting consequences, severely damaging the environment and human health. Vietnamese advocacy groups claim that over 3 million people were exposed to the dioxin in Agent Orange[3]. Reaching US courts, Agent Orange victims face a multitude of challenges in order to be certified as patients, requiring

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3 Michael F. Martin. 2012. Vietnamese Victims of Agent Orange and U.S.: Vietnam Relations, Congressional Research Service, source from: *Federation of American Scientists.*
<https://fas.org/sgp/crs/row/RL34761.pdf, last access: 10/02/2020>

proof such as family history, of having lived in contaminated regions and of their parents having been veterans. To get a certification, Minamata patients must prove the evidence of having eaten affected fish, having lived in affected areas and of having people recognized as patients in their families. This was the same strategy employed to exclude as many victims as possible from receiving compensation.

By making this comparison, we have been able to make relevant policy recommendations, gain an understanding of social phenomena/movements and, most importantly, prevent other similar mistakes.

Conclusion

The lessons learned from Minamata and other places are not a critique. They are there to remind us of mistakes made in the past, to enable us to join hands to protect and build healthy communities. The sun was simply obscured by the dark clouds and can now shine brighter than ever as all parties unite in a shared effort towards a sustainable Minamata city.

Photo 1: “Turn your face towards the sun, let the shadows fall behind you”

Photo 2: A memorial monument of Minamata

Lessons Learned from Minamata Disease: Community Resilience from Environment Pollution Disease

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Keywords: Community Resilience, Livelihood, Environment Pollution, Minamata Disease

Since the time I arrived in Minamata, I was impressed by the natural beauty of the sea and mountains especially in Minamata Bay where the sea is calm. Besides its natural resources, Minamata has its own stories that changed the narrative of Minamata Disease. Although some people consider that Minamata Disease has been eradicated, in reality, it continues to be a challenge. Therefore, I am curious about how, as the young generation, we can build and revitalize Minamata to address the present and the future of cases of Minamata disease. I have learned a lot and gained new insights from the fishermen, victims, and NGOs on how they survived and struggle with this problem. We learned from Hotto House how social life has changed due to discrimination against the patients and from the fishermen, we learned how the local economy adapted after the sea was polluted. An activist who fought hand-in-hand against Minamata Disease showed us how he has empowered Minamata Patients by creating a non-governmental organization and eco-friendly Minamata Soap Works to support a sustainable environment by creating an alternative source of income by recycling waste oil to make soap.

Results/Achievements

The most interesting and emotional experience for me during the Minamata field trip was the visit to Hotto House that gave me new insights. Hotto House is a social welfare corporation and a workplace for Minamata disease patients and people with disabilities such as those with congenital and infantile disabilities. They empower patients by creating jobs using various ideas and devices, regardless of whether members have disabilities. Members are involved in activities such as telling the story of Minamata disease, production of original bookmarks and business cards that have pressed flowers from the field of Minamata, and reusing local newspapers to make eco-bags. In Hotto House, we can learn “treasures” from Minamata disease patients. Moreover, I was deeply touched by listening to how they survived and struggled with the disease. It is a little difficult to hear what they say because some of them have speech disabilities. However, by communicating with our hearts, we can empathize with them and feel and imagine what they experienced and suffered. For example, when we asked Mr. Isamu Nagai (Congenital Minamata disease patient) what his dream was, he answered: “I wanted to go to school”. For him, attending school was the most important and valuable thing. After hospitalization, he went to school and graduated, but society has taken for granted that people with disabilities cannot go to school. Therefore, he struggled against discrimination, but his self-reliance has not disappeared.

In addition, we took a boat trip with the fisherman, Mr. Sugimoto Minoru, to his village in Modo and learned how he continued to practice fishing as his main livelihood. After the Minamata disease spread in the sea due to mercury pollution, the government provided agricultural fields to grow oranges as an alternative livelihood to the affected fisherman. However, he informed that he could get significantly more income by selling sardines than by harvesting oranges. Unfortunately, the head-fishermen (Amimoto) lost their workers (Amiko) who helped him in fishing with small boats. The Amikos moved from Minamata after Minamata Disease. Fifteen years ago, Amimoto built a new system to ship on their own and start their business with family members. For this, they bought a new large ship. He faced a lot of difficulties because many consumers stopped buying products from Minamata after Minamata disease was recognized. However, now the sardine is safe and of good quality because it was certified and tested. Therefore, he continued his business and now, has many customers.

Minamata Soap Works which was established in July 1987 has its roots in the Minamata disease experienced by the city. The citizens thought, “We have experienced Minamata disease and do not want to see the destruction of the environment ever again. Based on the lessons we have learned, what can we do to contribute to the protection of the environment? Also, we need a workplace where we and sufferers of the disease can work together”. Thus, about 50 people including patients with the disease, workers at Chisso Co., and Minamata citizens jointly organized and funded the setting up of the factory. They preventing environmental pollution and recycling of resources by exchanging waste oil for powder soap. They collect waste edible-oil and produce different types of soap such as washing powder soap, dishwashing powder soap, and kitchen bar soap and sell these products. To increase the number of people using their soap, they stress the fact that synthetic detergents are not environmentally friendly because it can kill or weaken microorganisms and induce deterioration of the water environment. Therefore, they protect nature and preserve clean water by producing soap from recycled waste oil that is harmless and safe for animals and plants.

Plans for further research

Minamata disease has made me curious about how the community can build resilience after an environmental pollution disaster especially the victims. Moreover, the Hotto House inspired me on how these victims could be empowered by protecting people with disabilities and Minamata patients. Minamata Work Soap helped me to realize that a problem can be changed into potency through innovation and how income can be generated while preserving nature by producing eco-friendly soap. The agricultural sector is the strength of West Java, but after flooding and landslide, farmers lose their rice fields and breeders lose their cows and chickens. Therefore, I will conduct my research in Indonesia to analyze community resilience after a natural disaster and to understand how they adapt to a change in their main livelihood.

Photo 1: Sharing Session with Minamata Disease Patients in Hotto House

Photo 2: Have a boat trip to Modo (Fishermen's Village) with Mr. Sugimoto Minoru

The Voice of Minamata's Phoenix

Salai Vanni Bawi
Chiang Mai University, Thailand

Keywords: Transdisciplinary, Industrialization, Minamata Disease, Responsibility Business

Introduction

Firstly, I was delighted to join this short internship program organized by Kyoto University in Japan. It is my first experience visiting Japan and Kyoto University and learning and hearing about the Minamata disease, which is caused primarily by methylmercury pollution in and around the Shiranui Sea. This was a great opportunity to learn about the early industrialization of Japan and its impact on society. Similarly, experience in Japan is related to the present situation in Myanmar. We are using mercury in gold mining and chemical-related agriculture production in the country. However, we have minimal knowledge and publicity regarding the negative impacts of using mercury and chemical products based on the evidence-based lessons. This study trip opened my eyes and extended my knowledge and experience that I can apply in practice in Myanmar through my academic career. The most significant impression that I have learned from Minamata city is that all people come together to share lessons learned from their awful experience to the new generation. Their solidarity is similar to the phoenix bird from Greek folklore. The phoenix bird is a symbol of renewal and rebirth with strength. It is a long-lived bird born from adversity and strongly connected with the sun. Indeed, the people from Minamata represent the phoenix bird in my mind.

Results/Achievements

During, the Minamata field trip, I always tried to apply transdisciplinary research (TDR) methodology. The TDR methodology is an alternative research methodology that seeks to address social problems by the contribution of various disciplines such as non-academic, multi-disciplinary, and interdisciplinary. For instance, TDR is trying to integrate the knowledge of the local community, government institutions, and academia to solve the problem in society. Adopting this aspect, I observed in the fieldwork that the government agencies, the factory, non-governmental organizations, and the individuals of Minamata played a critical role in encountering the problems faced by Minamata disease patients and their families. First, the Soshisha Minamata Disease museum plays a significant role in sharing the narrative history and present-day conditions of Minamata city. For example, the display stories and materials explain the causes of Minamata disease in general. In this visit, I have learned that the museum helps us to remember and learn from our experiences and to innovate for an improved world. Indeed, the message encourages us to prevent a human-made disaster like Minamata disease in our society. In addition, we conducted a transact walk methodology accompanied by Mr. Yamashita Yoshihiro, who is the ex-employee of the Chisso Corporation and

former leader of the trade union. Primarily, he walked around with the participants to explain the past and present condition of Chisso's operation system and the community's history including his life story. In this way, I have learned that his presentation is beneficial to understand and visualize the overall geographical narrative of Minamata using the transect walk methodology. Moreover, we had the chance to visit Hotto House and meet with the founder of the homestay and some of the Minamata patients. We learned about their impressive "Finding a treasure from learning program." The idea of this program intends to educate a visitor to understand the different aspects and historical background of Minamata and the family life of Minamata patients.

Furthermore, I observed that the Japanese government plays an active role in responding to the needs of the people. For instance, the national institution of Minamata disease was founded that regularly conducts research and monitors the condition of environmental pollution. Additionally, the institution plays a crucial role in providing health facilities. Impressive work has been done by the Japanese government and the people through experimental studies. Moreover, I learned that Japan is playing a leading role in mercury impact assessment around the world without charges. In this fieldwork, I learned that the government along with the factory workers, social workers, and experts in natural science and social science have worked together to respond to this calamity and come up with solutions instead of playing the blame game. Every sector plays a critical role in finding a significant settlement for the people. Every presentation reminded us that this bad experience provides lessons for the new generation. Indeed, everyone makes a mistake, but the essential thing is that we should admit our mistake and try to generate a positive change that will benefit society.

Plans for further research

After visiting Minamata, I am keen to learn about the responsible business model of Japanese industries and their engagement in community work. Nowadays, Myanmar is inviting foreign direct investments to foster neoliberal economic development. In this context, my country urgently needs a responsible business model to prevent the negative impact of industrialization.

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Photo 1: Transect walk with Mr.Yamashita Yoshihiro

Photo 2: Life experience is presented by Minamata Disease Patients in Hotto house

From Minamata to the World: Minamata City, Minamata Disease, and Eco-town

Leul Getachew Demile
Addis Ababa University, Ethiopia

Keywords: Minamata, Chisso, Methylmercury, Disease

Introduction

Minamata City

Minamata City, located in the Kumamoto prefecture, Japan, can be read like a book. The story began in 1908 when the Chisso Corporation in Minamata was established and was on its way to become one of the leading chemical manufacturing industries in Japan. In 1932, it started the production of acetaldehyde, which is used in the manufacture of plastics and other chemical product, using mercury as a catalyst. With this and other products, the Chisso Corporation progressed and the city flourished along with it. However, one day the residents of Minamata city observed the cats in their area behaving strangely and dying, and in 1956, the first case of Minamata disease was documented.[1]

Minamata disease is caused by the poisoning of the human body by methylmercury that damages the brain and the nervous system, causing a lot of symptoms. In Minamata city, the source of methylmercury was the seafood which was contaminated by the plankton that absorbed the methylmercury dumped into the sea by the Chisso Corporation.

Minamata Disease

The cause of Minamata disease was determined in an experiment called the “cat experiment” which was conducted independently by both the Kumamoto University and Chisso Corporation. In this experiment, conducted by Kumamoto University in 1957, the cats that were fed with contaminated fish were afflicted by the disease. Although the results of the Chisso's experiment were not disclosed at that time, it was subsequently shown to be similar.

Several years since the first documented case and after many ups-and-downs to determine the cause of the disease including the Chisso Corporation’s attempts to hide the disease, it was in 1968 that the Japanese government officially concluded the cause of the disease was the contamination of the sea by inorganic mercury from Chisso factory. This was the starting point for the unending issue of obtaining an apology, compensation, and relief.

Minamata City and Minamata Disease: Present and Future

The residents of Minamata city and the victims including those living in neighboring islands

1 “Minamata disease: Methylmercury poisoning in Japan ... - NCBI.” <https://www.ncbi.nlm.nih.gov/pubmed/7734058>

have endured a harrowing experience. Although some people have migrated to other parts of Japan, their struggles have not ended since there are patients waiting for certification and many have been denied. Despite the tragedy that has caused social, economic, and psychological problems, they are still hopeful.

Currently, the residents, victims, and the government have taken efforts to learn from the past and to teach it to the next generation which can be seen from their efforts to build an environmentally friendly city. In 1992, the city declared the creation of a model city, and in 2001 the city was officially named the " Japanese Eco-town."

Final Remarks

The case of Minamata can be related to the problems we currently face, as a species. By visiting Minamata city and its islands, I was able to see how such problems evolve. Therefore, I ask the question "what do we want in the future?" A future where we are still learning from our past or one where we stopped learning from our mistakes because there are none. How, as a society, we can choose to do the right thing?

information and the inability to read prevented the ladies from acquiring the new land certificate. They continued to give money to their foreman to pay the land taxes. It was believed that the money given to the foreman was used by his family to convert the *verponding* into the new land certificates, Sertifikat Hak Milik (SHM) 10 and SHM 11. Many had suspected the involvement of the private developer Lippo Group, who already acquired the land close

Figure 1: The city of Minamata, Kumamoto, Japan

Figure 2: A flower I made during my visit to Hotto House

Minamata: Beyond Disease and Disaster

Dipsita Dhar
Jawaharlal Nehru University, India

Keywords: Sustainability, State, Capitalism, Disability, Coping up

Minamata disease is one of the most discussed environmental hazards that brought to light how the irresponsible use of technology can cause unrepairable damages to people and the environment. Incidents like the Bhopal Gas Accident in India that killed hundreds of people and disabled thousands for life were a similar failure that faced apathy from the factory owner and the ruling government. At a time when industrialization is progressing rapidly across third world countries, it is essential to remember the experience of Minamata or Bhopal to take the necessary precautions and to have a pro-people intervention from the government.

In Sosisha Minamata Disease Museum, we learned for the first time that the outbreak of the disease was mostly due to the inaction from both the Chisso Corporation and the government. Despite knowing that the mercury waste produced by the factory is the reason for death and disability across the region, there had been no effort to actually stop the production or alteration of the process that generated much of the toxic waste including mercury. A similar narrative was retold by several people including Yoshihiro Yamashita san who added that there were attempts of "settling down" the issue by giving token compensation instead of recognizing the core problem. Due to the economic dependency on Chisso, Chisso was able to obtain political power by electing the mayor of the municipality. With both the state power and the power of the capital on their side, it was possible for Chisso to continue their work without much trouble. However, it was inspirational to know how solidarity was crafted by the trade unions, lawyers, environmentalists and doctors along with the affected people and their families against the factory and state nexus. From running independent medical tests to fighting legally for the recognition of the patients with similar symptoms, the fight was multifaced. Although there are many who have been denied compensation and government help, it is important to say the situation is far better than that in any other developing country such as India. The credit of success in Japan solely goes to the above-mentioned people for their hard work and sacrifice.

The initiative of local waste management (where they recycle used oil and create soaps that are harmless to the environment) and alternative employment for the patients, former fisherman, affected family (from orange plantation to souvenir shop) have ensured that these people are not isolated and can come out of the imposed stigma and take part in the course of life. The generation of employment and steps taken to address the disability of people in creative ways is something that has the potential to make Minamata studies not only about the epidemic but also about the survival strategies that people can collectively practice with mutual respect and empathy towards each other.

Plans for further research

Despite the initial involvement of the trade union, it gradually lost its position as a pressure group and was unable to take a stand against the Chisso Corporation and force the state and factory to address their demands. Except for the global trend in the unorganized labor sector, we need to explore the factors that enabled the Chisso Corporation to get a fraction of the trade union on the factory's side and automatically reduce the power of the opposition.

References:

Masazumi Harada (1995) Minamata Disease: Methylmercury Poisoning in Japan Caused by Environmental Pollution, *Critical Reviews in Toxicology* 25(1): 1-24. DOI: 10.3109/10408449509089885

Photo 1: An old photo of a patient (sitting on left) who loves to play Chess, Shogi and PlayStation in his leisure time.

Photo 2: Inside the small factory, where the person with a bottle in his hands demonstrates how to make products from recycled oil which are completely biodegradable.

Environmental tragedy and socio-economic conditions of Minamata

Maryta Chabungbam
Manipur University, India

Keywords: Minamata disease, Environmental impacts, Socio economic conditions, Restoration

Overview of Minamata Disease incident

Japan heavily relied on industrialization during and after the war to boost its national economic growth. Minamata city, located in the Kumamoto prefecture, facing the Shiranui sea, was one of the ideal places to establish a port and develop industries. By the mid-20th century, Chisso cooperation (now Japan New Chisso or JNC) in Minamata had become one of the leading and most advanced fertilizer producing companies in Japan. The production of fertilizer and plastic materials resulted in the expansion of other products such as acetaldehyde, acetylene, acetic acid, vinyl chloride, etc. Continuous dumping of chemical wastes from the factory into the bay led to an accumulation of heavy metals such as methyl mercury in the sea that contaminated the seafood (fishes and seashells) which, when consumed by humans and animals caused mercury poisoning.

Minamata Disease is a neurological syndrome caused by severe mercury poisoning. As we have witnessed at “Hotto House” and the Goshonoura Island, Minamata disease patients show specific symptoms including numbness in hands and legs, ataxia, general muscle weakness, narrowing of the field of vision, and damage to hearing and speech. The disease causes insanity, coma, paralysis, and death in extreme cases.

About the field visits

We visited several locations related to Minamata Disease such as the ***Minamata Centre Soshisa*** which is a civil society group that support patients in their daily lives through medical aids and by organizing them into an orange farmer association. In addition, it played a major role in several lawsuits and in negotiating with the Chisso corporation, and in recent years, it was involved in raising awareness regarding Minamata disease. The visit to ***The Hotto House*** has been the most exciting part of my field visit in Minamata, I was touched when the patients shared their life history, experiences, and sufferings before and after the outbreak of the disease. However, it makes me optimistic as, despite the physical and mental suffering caused by the disease, the patients never gave up and instead, took on certain social responsibilities.

Another interesting part of this trip was the waste management systems, at Minamata municipality where we learned how the local population in Minamata is contributing to trash management. The participation of the local residents played a great role in the mitigation of trash by segregation into combustible and noncombustible. In addition, from the 1970’s, the Chisso factory started a drain circulation system for partial wastewater recycling in which mercury is treated before

discharging it to reduce, the risk of environmental pollution in Minamata. Most importantly, this field visit has been an opportunity to learn about the history of the Minamata population through interactions with knowledgeable persons with significant experiences in different aspects of the disease outbreak.

Minamata Disease and Socio-economic Conditions

During our visit, we came across records that showed how the people of Minamata and the surrounding populations suffered from the disease. At the *Minamata disease municipal museum*, we learned from exhibitions and video clips that the outbreak of the disease affected the livelihood of the population to a great extent, and that the people who were affected by the disease faced difficulties and discrimination. Chisso corporation was by far the largest employer in Minamata, and the company accounted for a large part of the income of the municipality. Therefore, for several years, any attempt to confront the company was subdued. The socio-economic condition refers to a person's work experience, economic condition, and social status related to health, employment, education, etc. In Minamata, we heard about the differences in the standard of living of the local people as compared to those who worked for the Chisso Corporation. However, the consumption of fish was widespread. Therefore, the Minamata outbreak spread into the Minamata city and nearby surroundings. Nowadays, both marine life and the people are safe because of the implementation of environmental policies undertaken by the government along with the company, the community members, and nongovernmental organizations. Finally, it is the right time to think ourselves without blaming the concerned factory or the government on "how I can contribute to changes to bring about sustainability'' since we need to understand that profit maximization can lead to excessive damages. Thus, the Minamata case is an example that we should all learn from; as we look ahead to other potential environmental disasters that can be caused by human greed.

Results/Achievements

From this field trip, I was able to deepen my understanding of the Minamata disease outbreak, and the roles played by the different groups such as NGOs and similar organizations that have been struggling to help a large number of victims suffering from the disease and to officially certify them as Minamata disease patients. It has been proven that the occurrence of Minamata disease was due to human negligence since the company responsible for the Minamata incident and the national government who relied on large companies such as Chisso, prioritized profit maximization and economic development over environmental issues. Furthermore, with ongoing industrialization in developing countries there is a chance that a similar incident may occur in the future. The Minamata case is a great example that shows some of the problems that can arise from industrialization that prioritizes economic development over the environment. Therefore, we can conclude that although industrialization is important because it generates economics growth and enhances the development of the society, it can be harmful to the environment (soil, water, land, air, etc.) and can be a serious threat to living organisms, especially humans and animals. Thus, governments and industry owners should harmonize to bring forward environmental policies and regulations to build sustainable societies

and ensure that these policies and regulations are fully implemented to prevent accidents such as the Minamata disease from occurring in the future.

Plans for further research

In the future, I would like to study about the ***Home Care Program*** of the Minamata disease patients and disabilities. I hope that the outcome of my research will benefit our state where many disabilities do not get support from the government or the community.

Photo 1: ***Minamata reclaimed land,*** Cadmium and other heavy metal waste sipping into the drainage

Photo 2: ***Minamata Hotto House***, a brief meeting with Minamata disease patients

Ethnographic Writing Seminar in Vietnam

Ethnographic Writing Seminar in Vietnam
Care, Knowledge, and Environment

Ethnographic texts are the prime outcome of research in cultural and medical anthropology. Participants and organizers of this 5-day seminar will stay at the local herbal garden in Lạng Sơn Province, Vietnam, and engage in discussions to develop ideas and improve skills in writing ethnographic works drawing on the finding from their field research. They will also take part in a full-day excursion to explore how a herbal garden has become a site for the production of new forms of care relationships, health knowledge, and human interaction with the environment.

Seminar Program

February 17 Monday ***ARRIVAL***

15:15 Meeting at Hanoi International Airport
18:00 Welcome remarks and guidance

February 18 Tuesday ***WORKSHOP, DAY 1***

SESSION 1 (Chair: Hamada)
09:00 Opening remarks (organizers)
09:30 *Lecture 1*
On provoked illness and religious healing in Southern Benin (Muratsu Ran)

12:00 Lunch
13:00 Walk in the herbal garden/Break (sharing from Vietherb)

SESSION 2 (Chair: Nishi)
15:00 *Lecture 2*
On special education schools and children with disabilities in Kerala, India (Nakae Yuka)
16:30 *Lecture 3*
Institutional capacities and social impact of disability service centers in Thailand through the perspective of the social model of disability (Yokoyama Akiko)

February 19 Wednesday ***WORKSHOP, DAY 2***

SESSION 3 (Chair: Mohacsi)

09:30 *Lecture 4*

Does the "traditional custom" matter? Pragmatism and Syncretism in Childbirth Practices among the Hmong Ethnic Minority in Northern Vietnam (Nguyen Le)

11:00 *Lecture 5*

Medicines as gifts: the practices of caring through gifting of Tibetan medicine and religious medicine in Tawang, northeast India (Nagaoka Kei)

12:30 Lunch

13:30 Walk to the nearby village and school

SESSION 4 (Chair: Oda)

15:30 *Lecture 6*

The use, cultivation, and distribution of fishwort in Lạng Sơn Province, Vietnam (Furuhashi Makiko)

17:00 *General Discussion*

February 20 Thursday ***FULL-DAY EXCURSION AND STUDY TOUR***

08:00 EXCURSION (Huu Lien forest)

c.13:30 Lunch (in Met town) (c. 1 hour by bus from the forest back to the town)

c.15:00 STUDY TOUR (Met town)

18:00 Dinner

February 21 Friday ***EXCHANGE PROGRAM & DEPARTURE***

10:00 MEETING with the head of the Lạng Sơn Herbal Medicine Association

c.12:00 Lunch

14:00 Wrap-up discussion

About Vietherb

VietHerb is a small “social enterprise” founded in 2012 by young agricultural and forestry professionals who have many years of experience with grassroots organizations in Vietnam. Besides being a for profit company, VietHerb’s mission is to support the ethnic communities of Vietnam in the preservation and development of medicinal plants and their ancient knowledge by bringing such herbal remedies to the world beyond the mountains and Vietnam.

About the Organizers

Makoto Nishi is an associate professor at the Graduate School of Asian and African Area Studies, Kyoto University. After having been engaged in ethnographic research in the HIV epidemic in Ethiopia, he is currently involved in a research project focusing on the biosocial etiology of the recent epidemic of epilepsy in northern Uganda and its effects on the lives of patients and their families.

Gergely Mohacsi is an associate professor at the Graduate School of Human Sciences, Osaka University. He is a medical anthropologist with special interest in science and technology studies and comparative ethnography. Currently, he is investigating the co-constitution of things and values in the development and use of medicinal plants in Western Japan and Northern Vietnam.

Akinori Hamada is Associate Professor at the Faculty of Sociology, Kansai University. He has conducted fieldwork in Southern Ghana, and has written on pharmaceuticals, health insurance, and global health from medical anthropological perspective. He is currently exploring the prevalence of nutritional knowledge and dietary changes in Southern Ghana and Japan.

Nara Oda is a research fellow at the Center for Relational Studies on Global Crises, Chiba University. She has been focused on historical aspects of the making of traditional medicine in Vietnam. Currently, she is involved in research projects on various issues on modern Vietnam, such as sexual minority issues, or historical relationships between religion/ belief and medicine.

The Place Witches Generate:
Body, Affect, and Materials in a New Religion in Benin

Ran Muratsu
Kyoto University

This paper examines the healing efficacy of the newly emerged church in Benin, “The Very Saint Church of Jesus Christ, Banamey Mission,” from the perspective of the feelings and materiality. I would like to explore practices of this church particularly by focusing a case of a woman who was cured through the deliverance ritual, which is one of popular practice in this church as well as some Pentecostal/Charismatic churches in Africa. The healing process will reveal “provoked illness by witchcraft” was discerned and healed in-between correspondences between things and environment and affective shaking based on bodily feelings. I would like to discuss how this church gains popularity by examining the process and how the existence of witches influence on the efficacy of healings.

Practice of Inclusion of "Persons with Disabilities" through Education: A Case Study of Special Schools in Kerala, India

Yuka Nakae
ASAFAS, Kyoto University

This article examines the practice of inclusion of persons with disabilities in Special Schools in Kerala states, which are well-known social welfare states in India, referred to as the Kerala model due to their excellent human development indexes. When the field of Disability Studies proposed the "Social Model," their intention was to overcome the traditional "Medical Model," which presumes that disability is caused by personal factors such as impairments or corporeal differences. The Social Model claims that disability is caused by the way society is organized, rather than by a person's impairment or difference. A typical example of the Social Model is the implementation of barrier-free "universal access," such as making it easier for wheelchair users to navigate level changes in public spaces by eliminating stairs. Based on the Social Model, education for children with disabilities has developed from Separate Education that separates persons with disabilities from others, into Special Schools and Regular Schools; Integrated Education (in which students with disabilities integrate into standard schools that provide programs for special needs), and Inclusive Education (in which students can learn together at the same place regardless of disability).

There are many Special Schools in Kerala (although the term "Special School" is criticized as characteristic of the separation between disabled people and those without disabilities in modern society). My research questions addressed the following: (1) what social significance Special Schools have and why they are popular in Kerala society, (2) how Special Schools try to include persons with disabilities in society, and (3) how students with disabilities spend their time and why they attend school. This article reveals how to include persons with disabilities in society through the practices of Special Schools in Kerala. This kind of inclusion cannot be adequately explained as either Separation or Integration (or Inclusive Education).

Institutional Capacities and Collaboration with Communities of Disability Service Centers in Thailand from the Perspective of "Social Model of Disability"

Akiko Yokoyama
Graduate School of Human Sciences, Osaka University

The Social Model of Disability started in the United Kingdom and the United States of America and became popular among persons with disabilities involved in the independent living movement worldwide. However, there are some critical opinions regarding the social model of disability as it does not affect the actual life of persons with disabilities, especially in developing countries where people have limited access to health, education, social welfare, and other public services.

Purpose: This research aims at identifying disabilities prevalent in developing countries. Thailand was selected as a target area of study as it recently introduced a country-wide administrative system called "Disability Service Center" to support persons with disabilities.

Method: Research methodology includes a literature survey and field interview. Field interviews mainly focused on the opinions of persons with disabilities. This study consisted of 3 frameworks including 1) disabilities in regulations and institutions, 2) disabilities in people's biases and attitudes in a community, and 3) disabilities of persons with disabilities or disabled people's organizations.

Results: The major disabilities in regulations and institutions were budget, functions, organizational capacities, and relationships among organizations. The disabilities in people's biases and attitudes in a community included non-cooperation from families and neighbors, lack of understanding at the office, and competition in the market. The disabilities of persons with disabilities or disabled people's organizations are a lack of financial resources and administrative capacities. In conclusion, disability service centers contributed to increase the understanding of the rights of persons with disabilities. Persons with disabilities have developed confidence in themselves due to the implementation of a sub-district disability service center. The duration of this study was limited by the period for which the disability service centers had operated in Thailand. Further study will be required to examine social disabilities on a long-term basis.

Keywords: Social model of disability; Disabled people's organization; Persons with disabilities; Disability service center; Thailand

Does the “Traditional Custom” Matter? Pragmatism and Syncretism in Childbirth Practices among the Hmong Ethnic Minority in Northern Vietnam

Nguyen Thi Le
Center for Southeast Asian Studies, Kyoto University

The Hmong has exemplified all the inferior qualities of “ethnic minority” in Vietnam and consequently become the group most intervened in a range of state development policies and programs. High maternal and infant mortality rates have been believed to consistently exist among the Hmong community which caused by low utilization of biomedical obstetric services and strong dependence on the traditional customs of care. Among the causal factors given by numbers of articles and government reports explaining for this situation, ‘traditional custom’ or ‘cultural factor’ of the Hmong is the most frequently cited. However, what those traditional customs are and how they operated in the Hmong society that hinders Hmong women from accessing health facilities is not well reflected partly due to most of the existent studies resulted from statistical analysis or quick surveys.

The present study aims to elucidate this issue from an anthropological perspective. Based on ethnographic data collected from a one-year field trip in two Hmong villages, northern Vietnam, my study shows that though Hmong people have a long tradition of using their ways of care, they also show high interest in modern care. The dynamic and syncretic utilization of prenatal care and delivery among available options offered from the integration of the state and the locus, the modernization, and the indigenousness, suggests that Hmong people are active agents who can choose a model of care which works best for them in their specific conditions. ‘Traditional custom’ is not a barrier that prevents women from accessing modern care.

Giving Buddhist Medicine as a Gift: A Way of Care in Tawang, Northeast India

Kei Nagaoka
ASAFAS, Kyoto University

The aim of the article is to explorer the practices of giving medicine among the Buddhist community in Tawang, northeast India. After the Institutionalization of Tibetan medicine has begun, contemporary Tibetan drugs are manufactured in factories and prescribed primarily in clinics. On the other hand, Buddhist monasteries also have made Buddhist medicines which include high monk's blessing and distributed to the people. The people living in bot Tibet and Himalayan region have used not only Biological medicine but also Tibetan medicine and Buddhist medicine in the everyday lives. Previous studies have discussed the reconstruction of legitimate Tibetan medicine through focusing both modernization and "Tibetan-ness" in the Tibetan context of identity politics. These studies, however, have much less considered the various experiences of illness among the lay people (non-specialists). In this article, I focus on the experience of illness among the Tawang people. I discuss how they deal with different Buddhist medicines for their health and how they care others by giving the medicines. I examine the process of making, distributing, taking and giving Buddhist medicine and insist that it is important to understand the interaction between human and drugs (non-human) in a medically pluralistic context.

Utilization and Production of *Houttuynia cordata* in the Mekong River Delta in Southern Vietnam

Makiko FURUHASHI
ASAFAS, Kyoto University

There are currently approximately 200,000 recognized species of vascular plants, approximately 100 of which have yielded valuable domesticated varieties. A far greater number of undomesticated plants are consumed and used medicinally by humans worldwide. The aim of this study is to discuss the process by which wild plants become nutritional and medicinal resources for humans, using the utilization and production of *Houttuynia cordata* as a study system. Cultivation of *H. cordata* has increased rapidly in recent years in Vietnam. To discern the cause of this increased production, I investigated the cultivation techniques and uses of *H. cordata* in Mekong River delta in southern Vietnam. This study was carried out in two hamlets of Thuan An village in Binh Minh town, Vinh Long Province, in the Mekong River delta of southern Vietnam. The Mekong River delta is well known for its rice production, and Binh Minh town in Vinh Long Province is also known to local residents as a production area of *H. cordata*. Field work was conducted in phases throughout 2017–2019. Data were collected through interviews and observation. Use of *H. cordata* as an edible and medicinal plant in southern Vietnam is limited to the Mekong River delta. In this study we found that preferences for leaf size and leaf thickness of *H. cordata* differed between farmers producing or not producing *H. cordata*. In Binh Minh town, Vinh Long Province, *H. cordata* was produced at the plantation scale, comparable to the production of *H. cordata* in southeast Asia and Japan. There is high demand for and increased cultivation of *H. cordata* in the Mekong River delta, indicating that domestication of *H. cordata* is ongoing in that region of southern Vietnam.

Keywords: *Houttuynia cordata*, utilization, production, cultivation, cash crop, Mekong river delta

The Caring Hand: Touch, Empathy, and Intimacy in Migrant Care Work

Katrina Navallo
Kyoto University

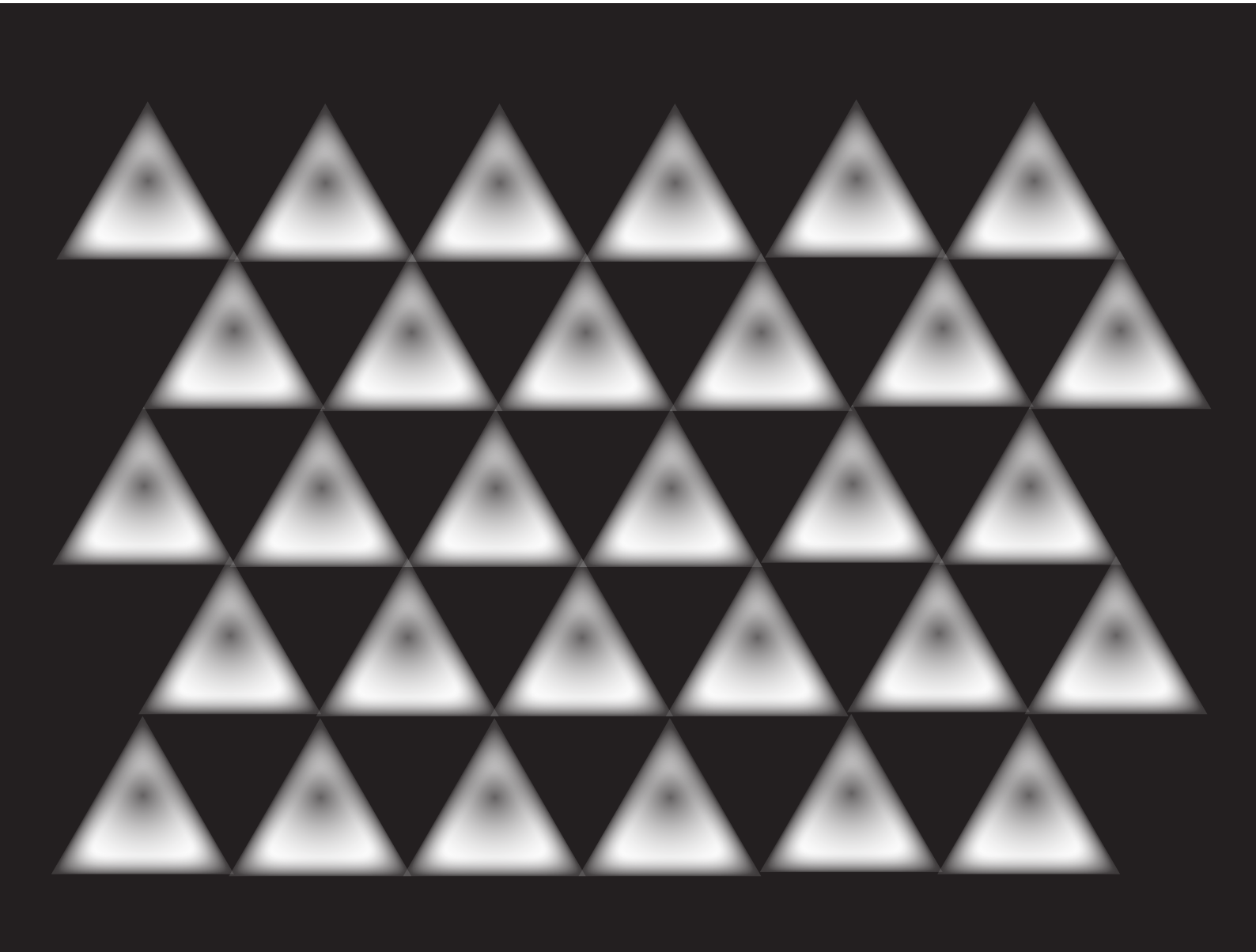
This article investigates the intimate aspects of care work: frequent bodily manipulations and generation of intimate knowledge about care recipients. Through an ethnographic study of the Filipino care workers in a Japanese nursing home, this article traces how care is embodied in the process of knowing the Japanese elderly residents, which guides and shapes how Filipinos provide care. Given the linguistic and cultural differences between Japanese and Filipino care practices, how do Filipino care workers for the Japanese elderly negotiate such salient gaps and engage in a practice of knowing that is predicated on linguistic know-how and cultural familiarity? This study identifies and analyzes three concepts in the embodiment of care: time, attention, and sensitivity. While embodying these concepts allow Filipino care workers to manage their caring relations with the elderly residents, the expectations of professionalized and institutionalized care create tensions that bring about a negotiation of migrant care workers' selfhood as paid care workers in a foreign land.

Keywords: eldercare, migrant care work, embodiment, intimate knowledge, intimate labor

実践型フィールドスクール1

フィールド・ステーションを活用した海外安全管理研修

ASAFAS Field School 1



フィールド・ステーションを活用した海外安全管理研修
実施報告書
ラオス、ベトナム

実施期間：2019 年 8 月 1 日から 2019 年 8 月 10 日（ラオス）
2019 年 8 月 13 日から 2019 年 8 月 24 日（ベトナム）

小坂　康之

2019 年 8 月 1 日から 8 月 10 日まで、アサファス東南アジア地域研究専攻博士前期課程 1 回生の安松弘毅さんとともにラオスを訪問し、海外安全管理研修の一環として、野生ランの地域利用と生息地評価に関する現地調査を行った。現地調査では、2002 年に大学間 MOU を締結したラオス国立大学から許可を取得し、同大学林学部の Atsaphone Kattiyalath 講師に同行していただいた。8 月 2 日にラオス国立大学のランプーン・サイボンサ教授を訪問し、安松さんの学生ビザ申請手続きと語学研修手続きを行ったが、8 月 6 日にも追加の手続きが必要となり、調査日程を急遽変更した。8 月 3 日にはビエンチャン市内でラン園を管理し、野生ラン見学ツアーも主催する、Bertrand Laville 氏を訪問して情報交換を行った。8 月 4-5 日はビエンチャン県トゥラコム郡、8 月 7-8 日はビエンチャン県ナーサイトン郡において、国立生物多様性保護区、村落の屋敷地、森の寺院で、野生ランとその移植栽培の実態を調査するとともに、調査の際に必要な安全管理の方法を確認した（写真 1）。8 月 9 日には調査データのまとめと、安松さんの長期滞在のための準備を行った。今回のラオス訪問では、MOU 締結校からの調査許可取得、ビザ申請、語学研修の手続き、長期滞在のための学生寮入寮、現地調査の際の郡森林局での許可申請、村長への許可申請、熱帯林における野生植物調査時に必要な装備、ワシントン条約や名古屋議定書への配慮など、海外安全管理研修を一通り行うことができた。

2019 年 8 月 13 日から 8 月 24 日まで、アサファス東南アジア地域研究専攻博士前期課程 1 回生の皆木香渚子さん、同研究生の Tran Thi Tuyet Minh さんとともにベトナムを訪問し、海外安全管理研修の一環として、メコンデルタにおける自然環境の変容による土地利用の変遷に関する現地調査を行った。現地調査のための許可取得と、今後の共同研究にむけて、8 月 14-15 日にカントー大学理学部と打ち合わせを行い、MOU を締結した。同時に、現地調査にむけた安全管理研修を実施し、現地調査には同学部の Nguyen Kim Dua 講師に同行していただいた。8 月 16 日にはカントーからバックリウまで移動し、途中で塩性土壌に強いドラゴンフルーツとパイナップル栽培の実態を調査した（写真 2）。8 月 17-19 日にはカマウでマングローブ林、エビ養殖、水田稲作、8 月 20-22 日はベンチェで果樹栽培、エビ養殖、水田稲作を調査した。8 月 23 日には、皆木さんの長期滞在のための準備を行った。今回のベトナム訪問では、カントー大学理学部と MOU 締結、調査許可取得、ビザ申請、語学研修の手続き、ベトナムの農村調査に必要な装備と注意点の確認など、海外安全管理研修を一通り行うことができた。

写真１：ラオスの熱帯林における野生ラン調査の安全管理研修。

写真２：ベトナムの海抜ゼロメートル地帯における農村調査の安全管理研修。

フィールド・ステーションを活用した海外安全管理研修
実施報告書
ザンビア共和国

実施期間：2019 年 12 月 2 日から 2019 年 12 月 8 日

大山　修一

2019 年 12 月 2 日から 8 日までの 7 日間にわたり、ザンビア共和国の首都ルサカに設置しているフィールド・ステーションを活用し、ルサカおよびコッパーベルト州キトウェにおいてアジア・アフリカ地域研究研究科の 1 回生、川畑一朗さんに対する海外安全管理研修をおこなった。川畑さんは入学前に 2 度のザンビア滞在の経験があるが、1 ヶ月以上の長期にわたる滞在は初めてであり、調査地となるキトウェにおける滞在も初めてである。川畑さんの研究テーマは、コッパーベルト州における若者の就業と社会関係の構築である。

12 月 2 日にはザンビア大学、経済・社会学研究所の所長ジョリー・カムワンガ博士、副所長のジョセフ・シンバヤ博士、地理学・環境科学教室の上級講師ゴッドフレー・ハンプワエ博士、医学研究科の研究員リチャード・ズールー氏と会った。カムワンガ博士とシンバヤ博士からザンビア大学の所属許可とイミグレーション・オフィスでの調査許可書の手続きについてサポートを受け、川畑さんは 3 年間の調査許可を受け取ることができた。ザンビアにおける調査許可は入国・滞在に必要な査証も兼ねているため、3 年間の滞在が認められたことになる。カムワンガ博士からはコッパーベルト州の治安情勢、研究テーマに対するアドバイスを受けることができた。ゴッドフレー博士からは、コッパーベルト州の都市計画の歴史について情報を入手するとともに、リチャード・ズールー博士からはマラリアなど感染症の危険性、滞在する雨季のコレラの発生に関する情報を得た。

12 月 3 日にはドライバーが運転するレンタカーで、大山と川畑君はキトウェに移動し、1993 年以来、大山の調査助手を続けてくれているエリアス・ブワリア氏と会って、川畑君の調査テーマや滞在先の希望、ホストファミリーの条件、調査対象などを打ち合わせた。この方針にしたがって、12 月 4 日にキトウェ市の郊外に位置するコンパウンドに居住する A 氏夫妻に、川畑君はお世話になることにした。ホストファミリーや調査対象の人々とコミュニケーションを深めるためには、英語だけでなく、ベンバ語の運用能力が重要となることを伝え、大山から基本的なフレーズ、ベンバ語辞書の使用法を教示した。また、夜間に治安が悪化すること、2019 年 12 月現在、干ばつによるダムの水力発電の低下によって各都市では夜間の計画停電が続いているおり、16 時には調査地から家に戻ることを徹底するよう指導した。感染症を避けるため、飲み水はかならず煮沸して飲むこと、夜には蚊帳のなかで寝ることを指導するとともに大山がケトルと蚊帳を購入し、川畑君の寝室に設営した。警察署に出頭し、ザンビア大学の紹介状と所属証明書、調査許可書をもって滞在場所や調査内容について報告した。大山は 12 月 8 日にルサカに戻り、JICA ザンビア事務所の花井所長と会い、経済・政治の動向、治安情勢などの情報交換をおこなった。

写真１：ホストファミリーの家屋への生活用品の搬入

写真２：都市居住者に対する聞き取り調査

フィールド・ステーションを活用した海外安全管理研修
実施報告書
ミャンマー・タイ

実施期間：2019 年 8 月 20 日から 2019 年 9 月 1 日

竹田　晋也

ミャンマーのヤンゴン、そしてマグゥエー地方域ソウ郡において海外安全管理研修を実施するとともに、首都ネーピードー・イェジンの林業環境科学大学で今後の学生交流、留学生受け入れ、共同研究、安全管理について意見交換をおこなった。その後、タイ南部でも海外安全管理研修を実施した。ASAFAS からは３名の学生（小林美月、Wai Phyoe Maung、Win Maung Aya）が参加した。

まず 8 月 21 日にヤンゴンで小林美月さんと現地調査中の安全管理と調査の進捗状況を確認するとともに、「バゴー山地のダム移転村落における焼畑システムの変遷と生業戦略」をテーマとした投稿論文執筆について打ち合わせをおこなった。

8 月 23 日からマグゥエー地方域ソウ郡を訪れた。同郡では Wai Phyoe Maung さんが、アセンヤクノキ（*Acacia catechu*）林管理とカッチ生産の持続性をテーマに臨地調査を継続している。指定林内にプロットを設定して毎木調査を行うとともに、カッチ（タンニン）生産に従事する地元住民やカッチの仲買業者に対する聞き取り調査を行った。

8 月 26 日にはイェジンの林業環境科学大学で学長代行 San Win 博士、Rosy Ne Win 准教授らと今後の共同研究と臨地調査での安全管理について意見を交換した。

8 月 27 日から 31 日にかけて Vipak Jintana 助教授（カセサート大学林学部）、Win Maung Aya さん、Patawee Jintana さん（Imperial College London）とタイ南部で海外安全管理研修を実施した。27-28 日はラノーン県のマングローブ林研究センターと周辺林地を Wijarn Meepol 所長に案内いただいた。マレー半島の最狭部を形成しているクラ地峡のマングローブ林は、タイ側とミャンマー側でその利用管理の履歴と実態が異なっている。ミャンマー側で調査を続けてきた Win Maung Aya さんにとっては、比較対象のタイ側を実見し、Wijarn Meepol 所長らと議論できたことは今後の研究進展に有意義であった。

29 日にはパンガー湾国立公園のマングローブ林をマングローブ資源センターの Suchart Yeamprasai センター長に案内していただき、30 日にはチャオマイ国立公園管理センターを訪れ、Supaporn Prempree センター長らと沿岸管理について意見交換を行った。これらタイの国立公園管理の経験は、ミャンマー側でも今後の国立公園運営に役立つと思われる。

31 日にはトラン県のマングローブ製炭博物館を訪れ、地域における製炭史を学んだ後、バンコクに移動した。

以上のように学生３名のそれぞれの臨地調査に関して、現地でカウンターパートをまじえて議論し、今後の研究の方向と安全管理を確認できたことは大きな成果であった。

写真 1：マグゥエー地方域ソウ郡での森林調査（8 月 23 日）

写真 2：のタイ・ラノーン県マングローブ林研究センター（8 月 27 日）

フィールド・ステーションを活用した海外安全管理研修
実施報告書
ネパール

実施期間：2019 年 8 月 11 日から 2019 年 8 月 23 日

藤倉　達郎

ネパールでは 1996 年から 2006 年までつづいたネパール共産党（毛派）の武力革命運動である「人民戦争」により１万３千人以上の死者がでた。内戦終結と王制廃止ののちも政治的な不安的状態は続いたが、内戦時に比して、政治的暴力は確実に減少してきた。一方、2015 年春には大規模なネパール・ゴルカ地震が発生し、９千人近くの死者がでた。また、大地震のあと、新憲法制定過程が急加速したが、新たに作られる連邦制にあり方を巡ってさまざまな集団が対立し、死傷者のでるような衝突も繰り返し起こった。また新憲法を巡る対立の結果として、ネパール - インド間の物流が半年以上にわたって事実上停止し、ネパールで石油をはじめとする物資が不足した。

内戦の影響で、ネパールでは 1997 年を最後に地方自治体選挙が行われていなかった。最後の地方自治体選挙で選ばれた首長らの任期が 2002 年に切れた後は、自治体首長の業務は中央から派遣された官僚によって担われていた。また、西ネパール平野部では、道路整備などの公的事業のとりしきりや、日常的な紛争の仲介等は、先住民タルーが毎年選出する、「バドガール」等と呼ばれる伝統的リーダーによって担われてきた。新しい連邦憲法のもと、2017 年にほぼ 20 年ぶりの地方自治体選挙が行われた。連邦憲法は地方分権化を促進するものであり、新たに構成された自治体には大きな予算と権限が付与される。また地方自治体選挙においては、自治体の首長か副首長のいずれかが女性であることが義務付けられており、代議員についても一定の割合が女性や少数民族からなることが義務付けられている。この新しい選挙において、多くの女性や先住民族、ダリトなどが選出された。西ネパールのバルディア郡においては、2000 年の「解放宣言」までカマイヤと呼ばれる債務労働を強いられていたカンチュ・タルー氏が区長に当選した。また地震で大きな被害を受け、現在、より強靭で美しいネワールの街を目指した復興が進んでいるバクタプール市（カトマンドゥ盆地）の女性副市長は建築学の専門家でもあるラジャニ・ジョシ氏である。本研修においてはこれらの自治体を訪ねるとともに、長年、協力関係にあるカトマンドゥのマーティン・チョータリ研究所でも調査及び意見交換を行った。

今回、海外安全管理研修に参加したシャルミラ・タパ氏をはじめとして、京都大学大学院アジア・アフリカ地域研究研究科に所属する多くの大学院生や研究者がネパールで中・長期のフィールドワークを行なっている。上に述べたような自然災害や政情不安の際の安全管理にあたってもっとも重要になるのが、地元の人々からもたらされる情報と、協力関係である。現地の研究機関や新たな地方自治体のリーダーたちとの交流と信頼関係の構築は安全管理と質の高い研究のために重要な役割を果たす。

写真１：区長のカンチュ・タルー氏と解放カマイヤ居住地をまわる

写真２：バクタプール市副市長ラジャニ・ジョシ氏とともに

フィールド・ステーションを活用した海外安全管理研修
実施報告書
カメルーン

実施期間：2019 年 12 月 20 日から 2020 年 1 月 5 日

高田　明

2019 年 12 月 20 日から 2020 年 1 月 5 日にかけて、カメルーン東部のグリベ村付近を訪問し、狩猟採集民バカの集団の意思決定に関する参与観察および同地で研究活動をしている ASAFAS アフリカ専攻・院生の田中文菜さんへの研究指導を行った。

グリベ村付近は、ピグミー系の狩猟採集民として知られるバカや農耕民のコナベンベが多く住む地域で、熱帯雨林が多く残っている。バカの人々は、川魚や川エビを獲物とする掻い出し漁（写真１）、山間に拓いた畑地（写真 2）でバナナやカカオ、キャッサバの農耕などに従事している。今回の調査では、バカの人々がいつどこに掻い出し漁に行くかについて、またどういった場所に畑地を設けてどのような農作物を栽培するのかについての合意形成過程について、田中文菜さんの助けを借りながら参与観察を行った。

その結果、掻い出し漁についてはいくつかの小川をローテーションするかたちで定期的に訪れていること、親族関係のある人々の間でせき止めた川の堤防が決壊するまでの時間的な制約の中で漁を成功させるために大まかな役割が決まっていることなどがわかった。農耕に関しては、やはり親族関係にある人々の間で世代を超えて農地が受け継がれていること、どういった農作物を植えるかについては、作物それぞれの特性と地形や土壌の特徴を考慮されていることがわかってきた。今後は、報告者が調査を進めている景観形成との関わりについてもさらに調査を進めていきたい。

また、田中文菜さんが調査を進めているバカの子どもたちによる歌・踊り活動や子どもと養育者との間の愛着行動についても、田中さんと一緒に参与観察を行った。具体的には、ビデオカメラを使った歌・踊り活動に関する動画の収録、そうした動画や聞き取り調査に基づく歌･踊り活動のシーケンスの分析、タイムサンプリング法を用いた愛着行動（接触、抱き、言語的働きかけ、給食など）の記録と分析についての予備的な調査を行った。田中さんは今後も現地に滞在し、これらの調査を継続して行う予定である。報告者は、今後もメールなどを通じてこれらの調査に関して田中さんにアドバイスをしていく予定である。

さらに、これらの調査の前後にはグリベ村にある京都大学のフィールド・ステーションで、現在 SATREPS プロジェクト「在来知と生態学的手法の統合による革新的な森林資源マネジメントの共創」のために現地に滞在している本郷峻博士（京都大学アフリカ地域研究資料センター・特定研究員）、安田治文氏（人間居住機構・代表）らと今後の研究協力について、具体的な情報交換や調整を行った。これらの調査や議論によって得られた知見、とりわけ狩猟採集民の地域間比較やその社会開発に関する知見は、本プロジェクトのさらなる展開にとって非常に有益なものであった。

写真１：グリベ村付近で森の中を掻い出し漁に向かうバカの人々

写真２：山間の畑地で休憩するバカの人々と ASAFAS 院生の田中文菜さん

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表紙・デザイン
池田あいの