



Asia and Pacific Association for Social Work Education

ソーシャルワークにおける仏教の役割

—日本・ベトナム比較研究—

Vai trò của Phật giáo trong công tác xã hội

—Nghiên cứu so sánh Việt Nam và Nhật Bản—

Head by Tatsuru Akimoto, DSW

Edited by Etsuko Sakamoto

淑徳大学

Trường Đại học Shukutoku

ベトナム国立社会人文科学大学 (USSH)

Trường Đại học Khoa học Xã hội và Nhân văn, Đại học Quốc gia Hà Nội

Social Work Research Institute Asian Center for Welfare in Society (ACWELS)

Japan College Of Social Work

[平成25年度国際比較研究 (ベトナム) 宗教とソーシャルワーク : その異同と関係—仏教の場合]

March 2014

FOREWARD

Professional social work and Buddhism are doing the same or similar work, at least on the surface. What contribution can Buddhism make to professional social work? Has today's professional social work been missing something?

The inquiry as such is unique and attractive as there have been many discussions on religion and social work, particularly on Christianity but also including Buddhism.

This report is the second interim report in a three-year tripartite joint research, "Religion and Social Work—The case of Buddhism," by *Shukutoku* University, Chiba, the University of Social Sciences and Humanities-Vietnam National University, Hanoi (USSH-VNU), and Japan College of Social Work (JCSW), Tokyo.

This report contains 1) *Shukutoku's* field records on the second Hanoi research in 2012 and the first Ho Chi Min City research in 2013 and the further development of the typology of Buddhist temple social service management which was tried in the first year report last year, 2) USSH-VNU's article on The Practical and Spiritual Characteristic of Buddhism in Social Work in Vietnam, 3) *Shukutoku's* and USSH-VNU's papers on social security for each country, and 4) a short contribution from another international joint research carried out by JCSW/APASWE titled "(Professional) Social Work and Its Functional Alternatives" whose Sri Lankan chapter questioned commonalities and differences between the professional social worker's activities and those of the Buddhist monk. A spinoff project was born to establish a college level social work educational institute for Buddhist monks in the country.

Appearing in the first year report published in March 2013 were 1) the field research record and analysis of Hanoi Buddhist temples by the *Shukutoku* University team, and 2) a series of articles on Vietnamese Buddhism and social work by the USSH-VNU team, and 3) the collection of basic documents and materials on the project by the JCSW team. The next fiscal year of 2014-15 will be the last year. The final achievements will prove important not only to the design and planning of governmental policies, programs, and projects but also to the evolution of professional social work, and even to a further exploration of what social work is. I look forward to seeing which part and to what extent the findings will contribute.

Prof. Tatsuru Akimoto, DSW
Director, ACWels-JCSW
Immediate Past President, APASWE

ソーシャルワークにおける仏教の役割

—日本・ベトナム比較研究—

Vai trò của Phật giáo trong công tác xã hội

—Nghiên cứu so sánh Việt Nam và Nhật Bản—

FORWAED

目次: Mục lục

第 I 部 淑徳大学報告

(Trường Đại học Shukutoku)

- | | | |
|---|--|------------------------|
| 1 | 日本国における社会保障の考え方
—定義およびその考え方と今後の展望— | 1 |
| | | 総合福祉学部
教授 渋谷 哲 |
| 2 | 現代ベトナム社会における仏教寺院・僧侶が取り組む
社会福祉的実践形態類型化の試み (第2報)
—2012年度第2回ハノイ訪問調査、2013年度第1回ホーチミン訪問調査を中心として— | 21 |
| | | 大正大学仏教学研究科
研究生 菊池 結 |
| 3 | インタビュー記録 | 37 |
| | ① 華巖寺住職 釈智廣 | 淑徳大学大学院 佐藤成道 |
| | ② 霊山寺住職 釋如賢 | 大正大学仏教学研究科 菊池結 |
| | ③ GOVAP 子共保助生育 (育成) センター | 淑徳大学大学院 佐藤成道 |
| 4 | 研究・調査の活動 | 淑徳大学大学院 佐藤成道 |
| | 第3回ベトナム・現地調査 (南部・ホーチミン①) | 89 |

第Ⅱ部 Trường Đại học Khoa học Xã hội và Nhân văn, Đại học Quốc gia Hà Nội
(ベトナム国立社会人文学科大学 (USSH) 報告)

1 TÍNH THỰC TIỄN VÀ TÍNH TÂM LINH CỦA PHẬT GIÁO 97
TRONG CÔNG TÁC XÃ HỘI Ở VIỆT NAM

PGS.TS. Nguyễn Hồi Loan

ThS. Nguyễn Thu Trang

2 AN SINH XÃ HỘI Ở VIỆT NAM: ĐỊNH NGHĨA, THÀNH PHẦN 109
VÀ TRIỂN VỌNG

PGS.TS. Nguyễn Thị Kim Hoa

PGS.TS. Nguyễn Văn Kim

PGS.TS. Nguyễn Hồi Loan

ThS. Bùi Thanh Minh

第Ⅲ部 Appendix 133

[A contribution from “(Professional) Social Work and Its Functional Alternatives”, 2012-13JCSW/APASWE 5 Country Research]

Professional Social Work and Buddhist Work as Its Functional Alternative
or Buddhist Work and Professional Social Work as Its Functional Alternative

Tatsuru Akimoto, DSW

Immediate Past President, APASWE

Director and Tokunin Professor

Social Work Research Institute Asian Center for Welfare in Societies (ACWELS)

Japan College of Social Work

The Roles of Buddhism in Social Work

Chapter I	Report of University of Social Sciences and Humanities, VNU Hanoi	141
Chapter II	Report of Shukutoku University	175

第 I 部 淑徳大学報告
(Trường Đại học Shukutoku)

日本国における社会保障の考え方

—定義およびその考え方と今後の展望—

淑徳大学 総合福祉学部
教授 渋谷 哲

I. 研究の目的

1946(昭和21)年11月に制定された「日本国憲法」の第25条第1項には「すべての国民は、健康で文化的な最低限度の生活を営む権利を有する」と規定されており、国民に「生存権」を保障している。しかし国民は、病気や障害、失業といったリスクと向きあって暮らしており、病気や事故での医療保障、失業や定年退職での所得保障がなければ「最低限度の生活」が困難になってしまう。そのために第2項で「国は、社会福祉、社会保障及び公衆衛生の向上及び増進に努めなければならない」と国の責務を規定しており、国民が安心して生活が出来るように制度化されたものが社会保障制度である。

この「社会保障」について、松尾は1964(昭和39)に、「社会保障ということばは比較的新しい用語であり、このことばの意味内容についても確固とした定説があるというものではない」⁽¹⁾としており、小山もまた1968(昭和43)年に、「社会保障という言葉は、今日、すでに常識化している。だが、この言葉の意味はかならずしも明確ではないし、その範囲や内容についても一致した見解があるわけではない」⁽²⁾としている。

その理由を堀は、社会保障が世界の各国で歴史的に具体的な制度として形成されてきたため、国により時代によりその内容が異なっていること。社会保障の充実発展が第二次大戦後急速になされたため、その研究が比較的遅く始まりかつ十分に展開されてこなかったためと説明している。⁽³⁾

しかし、堀は「我が国や諸外国において社会保障と考えられている制度にはかなり相違もあるが、それでも次の4つの特徴を共通に有している。すなわち、①生活困難の状態にある国民に対して行なわれる制度であること、②国民の生活を健やかで安心できるようにする制度であること、③生活保障の給付を行う制度であること、及び④公的責任で行われる制度であること」⁽⁴⁾と示している

日本においてこの社会保障に関しての本格的論議が始まったのは、第二次大戦の終戦2年後1947年(昭和22)年頃であり、戦後の社会保障制度のあり方が示されたのは終戦5年後1950(昭和25)年頃のことであるが、63年の年月を過ぎた現在も、社会保障の基本的な枠組みは維持されている。

そこで本稿では、第二次大戦前の前史と終戦後の論議をたどりながら、わが国における社会保障の考え方や枠組み、今後の展望について整理し、我々の研究課題である「ソーシャルワークにおける仏教の役割—日本・ベトナム比較研究—」を進める際の基礎資料とすることを目的としている。

Ⅱ. 社会保障制度の成立

1. 社会保障の萌芽〔明治時代～昭和時代（第二次大戦の終戦まで）〕

社会保障の萌芽を佐口は、「欧米諸国や日本でも、最初は貧困な人々に対する生活保障という制度から出発しており、他方では労働者に対する生活保障の制度が出発している。前者は一般的に救貧法とか公的扶助と言われている特定な貧困層を対象とした歴史をもっているが、他方、後者は社会保険とよばれ、労働者階級を対象とした制度として現れた」⁽⁵⁾としている。また、松尾は「社会保障は通常、制度的に、したがって形式的に、拋出主義による社会保険と無拋出主義による社会扶助との統合したものであるといわれる」⁽⁶⁾としているが、松尾のいう社会扶助は、現在の枠組みでは公的扶助であり、前史においては救済制度といえる。

日本でも近代国家としてスタートした1868(明治元)年から、第二次大戦終戦の1945(昭和20)年の77年間に、いくつかの救済制度や社会保険が創設されたが、その代表的なものは次の通りである。

(1) 救済制度

日本における救済制度は、1874(明治7)年に明治天皇制の新政府を広く国民に知らせる広報活動として創られたといわれる「恤救規則」からはじまった。⁽⁷⁾ 前文には、本来貧困者の救済は相互扶助（人民相互ノ情誼）によるものであり、それができない場合のみ国家による救済が行われるとされている。池田は「君主の慈恵的救済は親族間・一村一郷の助け合いを行った後に初めて与えられるとされた前近代の救済構造と同質の姿勢を読みとることができる」⁽⁸⁾ および「前近代における儒教的徳治主義に基づく慈恵策を近代の天皇制国家のもとで再編成したものであった」⁽⁹⁾ としている。

この恤救規則は救済対象が限定（無告の窮民）され金銭給付も低水準であったため、その後の日清戦争・日露戦争や資本主義体制の形成によって生み出された深刻・膨大な社会問題に対して、貧困層の最低生活を保障した制度にはならなかった。なお、1908(明治41)年に国庫補助が廃止されてからは事実上効力を失ったが、1929(昭和4)年に「救護法」が制定されるまでの55年間続いた。

救護法は恤救規則と同様に貧困者への金銭給付だが、財政上の理由から1932(昭和7)年に施行された。真田は「救護法の意義は大きく次の2点にあったと思われる。第一は、公的扶助義務を内務省指示事項で明記したことである。第二は、当時の貧困の実態に即しながら救護の種類をわけ、また救護機関、救護施設、救護の手続きなどを規定してキメの細かい対応を工夫したことである。日本の救済制度の近代化として特筆されてよい。しかし次のような大きな問題点も規定されてふくんでいた。第一は、公的扶助義務を認めながら公的扶助に対する国民の権利を認めなかったことである。第二は、当時の貧困の大きな原因の一つになった大恐慌による失業に対して、失業による困窮を救護の対象からはずしたことである」⁽¹⁰⁾と指摘している。

1937(昭和12)年には母子心中への対策として救護法から独立した形で「母子保護法」が

制定された。1941(昭和 16)年には「医療保護法」が制定され、救護法や母子保護法の受給者、「貧困ノ為生活困難」で医療や助産を受けられない世帯に方面委員が医療券を発行した。なお、本土の空襲が始まる直前の 1942(昭和 17)年には「戦時災害保護法」が制定され、戦争に起因する災害に対しての給付が開始された。

(2) 社会保険

1917(大正 6)年に下士兵卒の遺族に対して生活保障する「軍事救護法」[1937(昭和 12)年に「軍部扶助法」と改題]が、1875(明治 8)年には「海軍退隠令」と「陸軍恩給令」が発足し、1923(大正 12)年には「恩給法」に統合され職業軍人のみ対象となる恩給制度が始まった。

1905(明治 38)年に日本で最初の「鐘紡共済組合」が、1907(明治 40)年には「帝国鉄道庁救済組合」といった共済組合が創られたが、これは特定の労働者を対象としたもので疾病だけでなく年金保険も含んでいた。

日本最初の社会保険（医療保険）は 1922(大正 11)年制定、1927(昭和 2)年施行の「健康保険法」であり、ドイツ型社会立法の性格を有するものであった。⁽¹¹⁾ 従業員 10 人以上の事業所に適用し、業務上の傷病給付も含まれた。真田はその背景として「第一次大戦後の社会問題の深刻化を基盤にした米騒動をはじめとする社会運動の高揚があり、また国際的には I L O の社会保険への取り組みが影響したとされる」⁽¹²⁾と説明している。

不況にあえぐ農山漁村の住民や中小企業労働者の生活の安定を図り、戦時体制下の労働力と兵力の確保のため、1938(昭和 13)年に「国民健康保険法」が制定された。市町村区域を単位とする任意の国民健康保険組合を保険者としたが、わが国の医療保険が労働保険の域を脱し、一般国民を対象とした意義は大きいといえる。⁽¹³⁾

また、戦争の拡大方針とともに船員業務の危険が増したが、船員としてつなぎ止めるため、1939(昭和 14)年に「船員保険法」が制定された。医療保険や労災保険だけでなく、わが国では初めての年金保険を含めた総合的社会保険制度であった

1941(昭和 16)年には「労働者年金保険法」が制定され、従業員 10 人以上の事業所に勤める男子労働者に適用し、老齢、廃疾（障害）、死亡（遺族）への給付がされた。労働者年金保険法は 1944(昭和 19)年に適用範囲を拡大して「厚生年金保険法」となったが、佐口は「労働者に対する年金としての生活保障という考えは当面の問題でなく、軍需インフレの抑制策として打ち出されてきたもので、保険料の拠出がいわば賃金の強制貯蓄とでもいう意味が深く、さらに、労働者からの金を戦費に回していくというねらいをもったもの」⁽¹⁴⁾と指摘している。

(3) わが国の社会保障前史の特徴

このようにわが国では、1928(昭和元)年前後から終戦の 1945(昭和 20)年 8 月までの 20 年間に、現在の社会保障制度の柱である社会保険や公的扶助（救済制度）の各制度が発足・整備されているが、これは欧米諸国と同様、戦争が社会保障の蓄積期になったといえる。

しかし、その理由を柴田は「戦時中に一連の重要な社会保険などが政府・軍部によって

実施されたが、これらはいずれも労働者・国民の要求に応えるというより、『健兵健民』政策、軍需生産増強、戦費調達、戦意向上、思想対策などの軍事目的に従属した意図と内容を持ち、戦争政策遂行のために利用された⁽¹⁵⁾と指摘している。

また、この時期の特徴を籠山は「日本における社会保険および公的扶助の展開過程は、西欧資本主義社会におけるそれと次の点で基本的に相違する。西欧における社会保険は、労働者の自助原理が任意組織（友愛組合、相互扶助基金、労働組合など）へと発展し、それらが国家的制度へと固定していく。公的扶助はこの補完物として展開していった。わが国では、前近代的な家族制度あるいは『ムラ』的相互救済が存在し、その崩壊につれて社会保険制度が確立していく。公的扶助は家族制度的救済原理に放置されて発展しない。両者にかかる差異は、西欧の社会保障が生活保障体系の整備による労働力の維持・培養の機能をもったのにたいして、わが国のそれはむしろ家族制度的枠組のなかに滞在化した労働力を社会保険体系によって顕在化させるという労働力創出機能をもったことに基づいていたと考えられる。わが国の社会保障の跛行的発展を、たんに資本主義の後進性や低賃金労働の供給構造のみから説明することは当をえないといってよい⁽¹⁶⁾としている。

2. 社会保障制度の成立

(1) 生活困窮者の救済とGHQ

わが国は1945(昭和20)年9月から1952(昭和27)年4月まで被占領期であったが、この体制での社会保障の検討は、日本政府が連合軍総司令部[General Headquarters](以下、GHQ)からの指令を検討して回答する方法ですすめられ、わが国の社会保障制度の構築にはGHQの意見が大きく影響した。

荒廃した国民生活を立て直すため日本政府は、1945(昭和20)年12月15日「生活困窮者緊急生活援護要綱」を成立させ生活困窮者への救済を急いだが、その1週間前の12月8日にGHQは日本政府に対して「救済福祉計画」(SCAPIN404)を指令し、失業者や生活困窮者救済の具体的計画案の提出を求めた。これに対し日本政府は12月31日に「救済福祉に関する件」をGHQに提出したが、戦前の救済制度を整理した程度のものであった。

GHQはその報告を不服とし、1946(昭和21)年2月27日「社会救済に関する件」(Public Assistance SCAPIN775)を指令した。この中で「無差別平等」「公私分離」「国家責任」「必要な保護費に制限を加えない」という救済に関する原則を示し、この原則を含めた救済福祉計画を作成するよう指示した。

日本政府は4月30日に「救済福祉に関する政府決定事項に関する件報告」をGHQに提出し、それに基づいて戦前の救護法を改正した「生活保護法」を9月に制定し、翌10月に施行した。生活保護法は「無差別平等」「国家責任」を原則としており、労働能力の有無を問わず生活困窮していれば保護をすることができる一般扶助主義を採用した。しかし、扶養義務者による扶養の最優先、怠惰や素行不良な者の排除を意図した欠格条項を残し、国家責任の原則を掲げながらも民生委員を補助機関として位置付ける等、基本的には救護法と変わらない部分もあり課題を残していたが、GHQはその問題点も承知しており、過渡的な制度であるとの認識を有していたと言われている。⁽¹⁷⁾

なお、「日本国憲法」が1946(昭和21)年11月に制定され、翌年の5月に施行されている。憲法25条に生存権が明記されたが、生活保護法は憲法制定以前に施行されているため、生存権の規定は反映されていないことになる。

(2) 社会保障制度審議会の設置と生活保護法の改正

GHQは1947(昭和22)年8月にワンデル博士を団長とする「アメリカ社会保障制度調査団」を招いて、日本における社会保障全般にわたる調査研究を実施させた。調査団は2ヶ月余りの滞在期間中に調査し、同年10月9日に社会保険制度調査会から厚生大臣に答申された「社会保障制度要綱」も併せて検討した。

その結果は1948(昭和23)年7月13日付で、「日本社会保障に関する調査団報告の件」(SCAPIN5812/A) 通称「ワンデル報告書」としてGHQから日本政府に提出された政府は手始めとして勧告の趣旨に従って審議会の設置に着手することにし、早くも12月13日に「社会保障制度審議会設置法」を制定し、社会保障制度審議会(以下、審議会)を設置した。⁽¹⁸⁾

審議会最初の勧告は、1949(昭和24)年9月13日の「生活保護制度の改善強化に関する勧告」であり、①保護基準の引き上げ、②保護請求権(不服申立制度)の確立、③有給専門職員の設置、④教育扶助と住宅扶助の追加、⑤民生委員を協力機関へ移行等と勧告した。

その後GHQは、1949(昭和24)年11月29日に「体制整備のための6原則」(社会福祉行政に関する6項目)を示し、①厚生行政地区(福祉地区)の確立、②民間団体の公私分離(公私責任分野の明確化)、③市の福祉行政の再編成、④厚生省による助言と実施指導、⑤有給専門職員の現任訓練の実施、⑥社会福祉協議会の設置等について提案し日本政府と合意をしたが、これが1951(昭和26)年3月に制定された「社会福祉事業法」の基礎となった。

日本政府は上記の勧告や提案、生存権規定に基づいて生活保護法の改正に着手し、1950(昭和25)年5月に改正した。これが現在の「生活保護法」(新法)である。旧法で大きな課題になっていた欠格条項を削除し、国民が一定の要件を満たす場合は保護を受ける権利を認めた。これは「保護請求権」と呼ばれ、保護の決定に対しての「不服申立制度」が創設された。⁽¹⁹⁾

(3) 社会保障制度審議会による「社会保障制度に関する勧告」[1950(昭和25)年10月]

① 勧告までの経過

1949(昭和24)年の暮れにGHQから審議会に対して「1950(昭和25)年の6月頃までに社会保障制度の骨子を立案するように」との要請があった。そこで審議会委員から選出された幹事委員によって、1950(昭和25)年1月から5ヶ月間にわたり審議され、5月下旬に「社会保障制度要綱試案」が完成した。

その後は要綱試案をもとに討議され、その経過としては「第一に、社会保障の範囲をどうきめるかという問題から始められた。住宅問題や義務教育まで含めるか、社会保険と公的扶助に限るか、社会福祉と公衆衛生を加えた4本建てにするかであったが、この4本建ての考え方が有力であった。第二は、健康保険、国民健康保険の経営主体をどうするかで、

被用者を対象とする健康保険は都道府県、国民健康保険は市町村とし、条件つきで強制設立とする説におちついた⁽²⁰⁾とあり、6月13日に「社会保障制度研究試案要綱」として審議会総会で発表された。

その後は、試案要綱をもとに審議会の各委員会で討議され、公聴会を経て、委員の近藤文二以下5人が起草し「近藤草案」として8月21日に完成した。ところが同日になって突然GHQのサムズ准将からの申し出があり、一部の委員とGHQとの会見が開かれ、その席上、試案要綱に対するGHQ・PHW（公衆衛生福祉局）の意向が示され、近藤委員の手で草案に若干の修正が加えられた。しかし、これについて9月29日の総会で問題となり、次回10月16日の総会で「必ず勧告を決定する」という申し合わせになった。

9月総会後は特別委員会を開き、大内兵衛会長名でまとめられた「大内草案」の最終的審議を進める予定であったが、委員会予定日の10月6日にサムズ准将から厚生省にGHQ作成の「社会保障制度審議会第一次報告批判」が提出され、これを勧告起草のための最終審議の資料とするように言われた。これにより委員会は10月9日に延期され「最初にGHQの意見を検討し、これに対してその意見は尊重するが、必ずしもすべてをこれによらず自主的な見解を明らかにするという方針で審議が進められた⁽²¹⁾」とあり、また、「最も紛糾した問題は、近藤案とこれを検討修正した大内案とが大きく食い違っていたことである。すでに特別委員会で決定されていた『公衆衛生及び医療』などの事項が大内案の名のもとに事務局の手で書き改められていたというのである。これらの部分については原案によって検討が進められ、懸案の難問題についても逐次解決され原案を修正決定した⁽²²⁾」とあり、GHQの意向に対して特別委員会は審議会の自主性を堅持したといえる。

特別委員会案は10月13日の合同委員会での決定後、10月16日の総会においてに可決され、同日内閣総理大臣に提出された。

② 社会保障制度の考え方（勧告での定義）

このような経過で作成された「社会保障制度に関する勧告」（以下、1950年勧告）であるが、これはわが国の戦後の社会保障制度のあり方を示したものであり、その前文には次のように考え方（定義）が示されている。

いわゆる社会保障制度とは、疾病、負傷、分娩、廃疾、死亡、老齢、失業、多子その他困窮の原因に対し、保険的方法又は直接公の負担において経済保障の途を講じ、生活困窮に陥った者に対しては、国家扶助によって最低限度の生活を保障するとともに、公衆衛生及び社会福祉の向上を図り、もってすべての国民が文化的社会の成員たるに値する生活を営むことができるようにすることをいうのである

このように勧告では、社会保障の対象を、傷病・出産・障害・死亡・失業・子だくさん・その他を原因とする生活困難（社会的リスク）としており、それに対して第一に「保険的方法」（社会保険方式）、または「直接公の負担」（公費負担方式）で経済的給付を行うが、それでも生活困難な場合は「国家扶助」（公的扶助、主に生活保護制度）により最低生活を保障する。また、同時に「公衆衛生（と医療）」や「社会福祉（サービス）」によっても生活保障していく。以上、社会保険・国家扶助・公衆衛生及び医療・社会福祉の法制度を整

備して、憲法 25 条の生存権で保障する最低生活を営むことができるようにすることが「社会保障であると、その考え方（定義）を示している。

なお、勧告の目次は次の通りであり、ここから当時の社会保障の範囲・内容がわかる。

第 1 編 社会保険	第 1 章 医療、出産及び葬祭に関する保険
	第 1 節 被用者の保険
	第 2 節 一般国民の保険
	第 3 節 医療の範囲、医療機関及び医療報酬
	第 2 章 老齢、遺族及び疾病に関する保険
	第 1 節 被用者の保険
	第 2 節 一般国民の保険
	第 3 章 失業に関する保険
	第 4 章 業務災害に関する保険
第 2 編 国家扶助	第 1 節 扶助の適用範囲及び原則
	第 2 節 扶助の種類及び方法
	第 3 節 扶助の機関及び費用の負担
第 3 編 公衆衛生及び医療	第 1 節 公衆衛生
	第 2 節 医療
	第 3 節 結核
	第 4 節 費用の負担
第 4 編 社会福祉	第 1 節 社会福祉機関
	第 2 節 福祉の措置
	第 3 節 費用の負担
第 5 編 運営機構及び財政	第 1 章 運営機構
	第 1 節 中央及び地方行政機関
	第 2 節 権利の保護の機関
	第 3 節 附属機関
	第 2 章 財政

Ⅲ. 社会保障制度のしくみ ⁽²³⁾

1. 現在の社会保障の考え方

1950 年勧告が出された時期を含め、戦後しばらくは「貧困」が国民生活の課題であったが、その後の社会福祉 6 法の制定、国民皆保険・皆年金の成立、医療や社会福祉サービスに対する需要の増大と利用から、低所得者層に限らない対象者の普遍化が進んだことにより、社会保障の考え方も変化を見せていく。

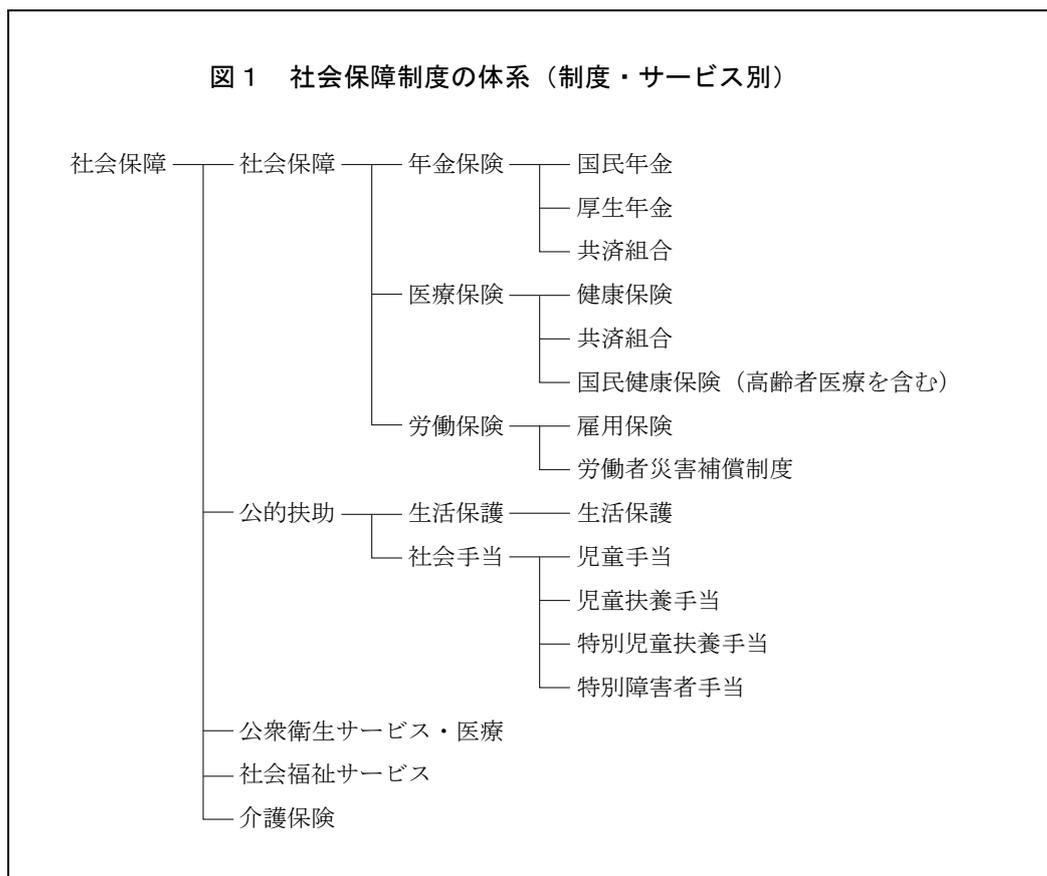
1993（平成 5）年の「社会保障制度審議会・社会保障将来像委員会による第 1 次報告」

では、「社会保障制度とは国民の生活が損なわれた場合に、国民に健やかで安心できる生活を保障することを目的として、公的責任で生活を支える給付を行うもの」と示されている。

さらに 1995（平成 6）年の高齢社会ビジョン懇談会による報告「21 世紀福祉ビジョン」では、「社会保障は、国民一人一人の自立と社会連帯の意識に支えられた所得再分配と相互援助を基本とする仕組みである」としている。

これらの報告等を基にして社会保障制度審議会では、1995（平成 7）年 7 月に「社会保障体制の再構築に関する勧告－安心して暮らせる 21 世紀の社会を目指して」を取りまとめた。その中で「1950 年の勧告当時は社会保障の理念は最低限度の生活保障」であったが、現在では「広く国民に健やかで安心できる生活を保障すること」が基本理念であるとし、国民の自立と社会連帯の考えが社会保障制度を支える基盤であることを強調している。

社会保障制度審議会等による定義、戦後の社会保障制度の展開から、現在の社会保障の体系を制度・サービス別にみると図 1 のように整理できるが、1950 年勧告での枠組みと基本的には変わっていない。



2. 社会保障制度の内容

(1) 社会保険

① 年金保険

年金保険は高齢や障害、死亡に対して、加入する年金から経済的に保障（金銭給付）する制度である。

被用者を対象とした年金保険は、1941(昭和 16)年の「労働者年金保険法」が始まりだが、1944(昭和 19)年に「厚生年金保険法」として適用範囲を拡大（従業員 10 人以上の事業所に勤める労働者・加入期間 20 年以上の者に 55 歳から養老年金支給等）して再編された。

一方、自営業者や農林漁業従事者等には、1959(昭和 34)年 4 月に「国民年金法」を制定し、同年 11 月より無拠出制の福祉年金を、1961(昭和 36)年 4 月より拠出制の国民年金を実施し、20 歳以上の全ての国民がいずれかの公的年金制度に加入する「国民皆年金」が実現した。

現在の制度は、20 歳以上 60 歳未満の全国民が加入する国民年金（基礎年金）、それに上乗せして報酬比例の年金を支給する厚生年金（民間被用者が加入）および共済年金（公務員と私立学校教職員の被用者が加入）があり、加入する年金から老齢給付・障害給付・遺族給付が支給される。

② 医療保険

医療保険は疾病や負傷に対して、加入する医療保険から医療サービスを受給する制度で現物給付（医療サービスを提供）の方法をとっている。

被用者を対象とした医療保険は、1922(大正 11)年制定、1927(昭和 2)年施行の「健康保険法」が始まりで、従業員 10 人以上の事業所に適用し、被保険者本人のみ 10 割給付（医療費の自己負担なし）で業務上の傷病給付も含まれた。1939(昭和 14)年改正では家族給付を開始し、1943(昭和 18)年改正では家族 5 割給付を法定化した。

一方、自営業者や農林漁業従事者等の一般国民には、1938(昭和 13)年に「国民健康保険法」が制定され、市町村区域を単位とする任意の国民健康保険組合を保険者としたが、実施しない自治体もあった。1958(昭和 33)年 11 月に被保険者 5 割給付の「国民健康保険法」を制定し、全ての国民がいずれかの公的医療保険制度に加入する「国民皆保険」が実現した。

現在の制度は、大きく一般被用者保険（大企業被用者対象の「組合管掌健康保険」と中小企業被用者対象の「全国健康保険協会の健康保険」）、特定被用者保険（船員保険や共済組合の医療保険）、国民健康保険（同種の事業や組合が組合員として組織する「国民健康保険組合」と、それ以外の自営業者や農林漁業従事者、無職者対象の「市町村国民健康保険」）に分けられ、原則として本人・家族ともに 7 割給付である。

③ 雇用保険

雇用保険は労働者が倒産や自己退職で失業・離職した場合や、自ら職業に関する教育訓

練を受けた場合に、その生活を経済的に保障するものである。終戦後の 1947(昭和 22)年に「失業保険法」「失業手当法」が当時の労働省のもとで制定され、1974(昭和 49)年に「雇用保険法」に再編された。

現在の制度は、労働者を雇用する全事業所は原則として強制適用であり、保険料は被保険者と使用者が負担している。例えば失業した場合は「求職者給付」として、離職前の賃金の 5～8割が、加入年数と離職理由によって一定期間給付される。

④ 労働者災害補償保険（労災保険）

労働者災害補償制度は労働災害に対して、金銭給付や医療サービスが受けられる制度である。終戦後の 1947(昭和 22)年に「労働者災害補償保険法」として制定された。

現在の制度は、労働者を雇用する全事業所は原則として強制適用であり、パートやアルバイトも対象である。保険料は使用者のみが負担し、業種別に保険料が定まっている。業務上または通勤途上での労働者の傷病、障害、死亡について、療養補償（医療費の給付）や休業中の補償、障害補償や遺族補償が一定期間給付される。

(2) 公的扶助

1950 年勧告には次の通り示されている。

国家扶助は、生活困窮に陥ったすべての者に対して、国がその責任において最低限度の生活を保障しもって自立向上の途をひらくことを目的とする。これは、国民の生活を保証するための最後の施策であることを建前とする。従って、他のあらゆる手段によって、その生活維持に努力を払ってもなお最低生活を維持することができない場合に始めて適用されるものである。

本制度に関する提案はすでに、現行の生活保護法にほぼつくされているが社会保障制度の一環としてここに改めて大綱をかかげる。

このように当時の国家扶助は生活保護制度を想定しているが、現在における公的扶助の制度は、生活に困窮する者や社会的リスクのある者に対し、国が公的な一般財源（税金等）から金銭給付または現物給付をするものといえる。受給者は保険料や掛け金を負担しない無拋出制であり、全て一般財源から費用が支出される。よって、公平性の観点から受給者へ適切に給付する必要があるとあり、資力調査や所得調査を要件としている。

なお、公的扶助は「生活保護」と、戦後に設けられた「社会手当」に分類されるが、社会手当の内容は次の通りである。

児童手当は 1972(昭和 47)年の施行で、支給要件は中学校修了前までの児童を養育している者で、支給額は年齢と子どもの数によって、一人当たり 1 万円か 1 万 5 千円に分けられている。

児童扶養手当は 1961(昭和 36)年の施行で、支給要件は父または母と生計を別にしていない児童を養育している者で、児童が 18 歳になった年度末まで支給される。なお、ひとり親世帯への支給が一般的だが、父が重度障害者の場合も支給要件がある。支給額は、養育者の前年の所得額により支給の可否や支給額が細かく規定されており、支

給額は児童 1 人につき月額 41,550 円から 9,810 円で 10 円刻みに決定されている。なお児童が 2 人の場合は 5,000 円を、3 人以上の場合は 1 人当たり 3,000 円を加算した額が支給される。

特別児童扶養手当は 1963(昭和 39)年の施行で、支給要件は身体障害や知的障害を持つ 20 歳未満の子を養育する者で、前年の所得が一定額以上である者には支給されない。支給額は、特別児童扶養手当法に定める障害等級表の 1 級(重度障害児)は月額 50,550 円、2 級(中度障害児)は 33,670 円額が支給される。

特別障害者手当は 1974(昭和 49)年の施行で、支給要件は 20 歳以上で日常生活に常時介護が必要な在宅の重度障害者で、障害基礎年金との併給もでき、月額 26,340 円が支給される。

(3) 公衆衛生サービス・医療

1950 年勧告には次の通り示されている。

ここに公衆衛生とは、あまねく国民に対して体位の向上や疾病の予防を計るために行う保健衛生活動のことである。ただし、環境衛生や衛生取締行政などは含まない。また、医療とは診療や薬剤の支給など一般的医療行為及び施設のことであるが、いずれも社会保障の立場からなされるものであり、とくに、医学及び薬学の進歩にともない、医療や医薬品内容の向上とその公共性を高めるようなものでなければならない。社会保障制度はかかる公衆衛生や医療を全面的にとり入れ、この面において全国民に公平にあまねく適用せんとするものである。

このように国民の健康の維持や増進を図るための制度であるが、現在では「医療の供給」、健康増進対策や保健対策等の「一般保健」、食品保健や化学物質対策等の「生活環境」、労働者の健康確保や職業病等の「労働保全」、公害健康被害保障や大気汚染等の「環境保全」、および「学校保健」を範囲としている。

(4) 社会福祉サービス

1950 年勧告には次の通り示されている。

社会福祉とは、国家扶助の適用をうけている者、身体障害者、児童、その他援護育成を要する者が、自立してその能力を発揮できるよう、必要な生活指導、更生補導、その他の援護育成を行うことをいうのである。

国、都道府県及び市町村は、この目的を達成するために、必要な施設を設け、その分布の合理化と整備拡充を図る必要がある。また、社会福祉に関する業務に従事するに必要な専門的知識及び技能を有する職員の養成確保に努めなければならない。同時に、民間社会事業に対しても、その自主性を重んじ、特性を活かすとともに、特別法人制度の確立等によりその組織的発展を図り、公共性を高めることによって国及び地方公共団体が行う事業と一体となって活動しようよう適当な措置をとる必要がある。

このように社会福祉の対象者を低所得者・身体障害者・児童としているが、これは当時「社会福祉3法」〔生活保護法 1946(昭和 21)年 2 月・児童福祉法 1947(昭和 22)年 12 月・身体障害者福祉法 1949(昭和 24)年 12 月制定〕体制であったことによる。また後段の、施設の整備拡充、職員の養成確保、社会福祉法人の創設等は、1951(昭和 26)年 3 月の「社会福祉事業法」〔2000(平成 12)年に社会福祉法と改題〕で規定された。

その後 1960 年代に入り、社会福祉 3 法のみではニーズに対応できなくなったため、1960(昭和 35)年「精神薄弱者福祉法」〔1998(平成 10)年に知的障害者福祉法と改題〕、1963(昭和 38)年「老人福祉法」、1964(昭和 39)年「母子福祉法」〔1981(昭和 56)年に母子及び寡婦福祉法と改題〕が制定された。

このように現在の社会福祉（サービス）は、生活保護・児童福祉・身体障害者福祉・知的障害者福祉・老人福祉・母子及び寡婦福祉の各福祉法等による、対象者別に提供される制度やサービスとなっている。

(5) 介護保険

わが国は 1970(昭和 45)年に高齢化社会、1994(平成 16)年には高齢社会に突入し、2012(平成 24)年現在の高齢化率は 24.1%であり、40 年後の 2055 年には 40.5%と推計されている。高齢者介護が社会保障の最優先課題とされ、1990 年代の半ばから本格的な検討が始まり、1997(平成 9)年 12 月に「介護保険法」が制定され、2 年半の準備期間を経て 2000(平成 12)年 4 月に施行された。

介護保険制度の特徴は、40 歳以上の国民から保険料を徴収（拠出制）する「社会保険」の方法で財源を調達し、介護サービス提供の際は介護支援専門員が担当して援助する「社会福祉サービス」の方法をとっていることである。つまり「社会保険」と「社会福祉サービス」の両者のシステムをミックスしているため、図 1 では両者とは別に位置づけている。

3. 公的扶助の概念と範囲

(1) 公的扶助の概念

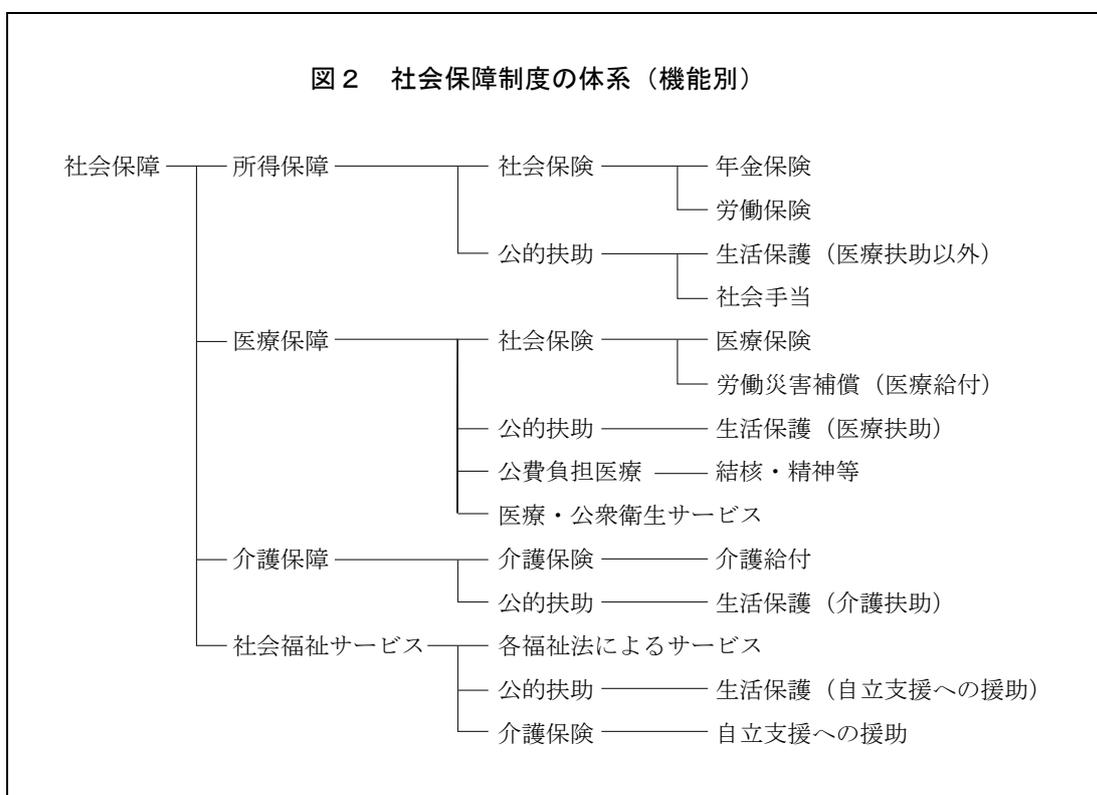
公的扶助とは、国が公的責任にもとづき「国民的最低限」（国民の最低限度生活水準：ナショナルミニマム）の生活を保障するための制度であり、世界各国に公的扶助の制度がある。社会保障制度の歴史的経過に相違があるために普遍的な概念を示すことは難しいが、その共通点は次の通りである。

- ① 対象は低所得者や貧困な生活状態にある者（生活困難者）
- ② 生活状態を確認するために資力調査（ミーンズ・テスト）を実施
- ③ 給付は個別的ニーズに対して行う
- ④ 財源は一般財源（税金等）とし、当事者の拠出はない
- ⑤ 社会保険等の他の社会保障制度の給付を優先する

わが国をみると、このような共通点に該当する制度は「生活保護」といえるが、図1のとおり「社会手当」も公的扶助のひとつに分類している。後述するが、わが国の社会手当は社会保険と生活保護の中間的な役割をもっているため「普遍的な概念を示すことは難しい」といえる。

(2) 公的扶助の位置

社会保障の体系を機能別に、金銭給付による「所得保障」、現物給付による「医療保障」と「介護保障」、対人福祉サービスによる「社会福祉サービス」の4つに分類し、各制度・サービスを示したものが図2である。



出典：「臨床に必要な公的扶助」伊藤秀一編 弘文堂 2006年 P16 に加筆修正

社会保険をみると、年金保険は所得保障、医療保険は医療保障といったように、ひとつの保障に対しての制度であることがわかる。ただし労働保険については、雇用保険は所得保障として、労働者災害補償制度は所得保障と医療保障の両方に対応している。

これに対して公的扶助のうち生活保護は、所得保障・医療保障・介護保障・社会福祉サービスといった全てに対応しており、国民の生活を包括して支えているといえる。しかし、社会手当は所得保障のための制度であり、年金保険と同様な機能を持つといえる。

このことから、わが国の公的扶助の柱となるのは生活保護といえ、社会手当との機能や役割の違いを理解する必要がある。

(3) 社会保険と公的扶助（生活保護・社会手当）

生活保護は、社会保険や医療保険、社会手当といった他の社会保障制度を利用して生活が困難な場合に、資産と需要についての資力調査（ミーンズ・テスト）をしたうえで、個々の生活の困難さに応じて経済的（金銭）給付を行なうものである。社会保障制度の中でも最終的かつ包括的な性格をもち、社会保険や他の制度の網の目から落ちる方への安全網（セーフティネット）の役割がある。

また、生活保護は憲法の生存権に基づいて、国が生活に困窮する者に対しての最低生活を保障する制度であるが、あわせて福祉事務所のソーシャルワーカーによる援助活動により自立支援が効果的に達成できるようにしている。

それに対して社会手当は、受給要件の確認と所得調査（インカム・テスト）により給付するもので、公費による無拋出制の金銭給付である。生活保護はソーシャルワーカーによる援助活動をセットとしているが、社会手当は受給者の必要に応じて援助活動を行っている。

なお、「児童手当」は全国民を対象としているという特徴により、社会手当に含めるかは議論が分かれるが、所得額により支給額が異なるため本論文では含めることにする。これら生活保護・社会手当・社会保険の役割は表1のように整理できる。

表1 公的扶助と社会保険の役割

	生活保護	社会手当	社会保険
機能	救貧的機能（事後的）	防貧的機能（事前的）	防貧的機能（事前的）
調査方法	資力調査	所得調査	調査は条件でない
給付方法	個別的給付	画一的給付	画一的給付
給付内容	最低生活基準の不足分	程度ごとに均一額	程度ごとに均一額
給付種類	金銭給付と現物給付	金銭給付	金銭給付と現物給付
負担方法	公費負担	公費負担	被保険者の拋出
給付期間	最低生活水準のクリア	受給要件の解消	受給要件の解消

生活保護は貧困になった後（事後的）に受給できるので救貧的な制度といえるが、社会保険は貧困であるかどうかは要件ではなく、高齢や障害、遺族という状況になった時に受給できる。よって貧困になる前（事前的）に受給することで防貧を目的としている。

社会手当は意見の分かれるところである。現在の支給要件をみると、受給には所得制限があるので貧困に対しての制度ともいえるが、実際に生活に困っているかどうかは要件ではないので、ここでは防貧的機能としている。

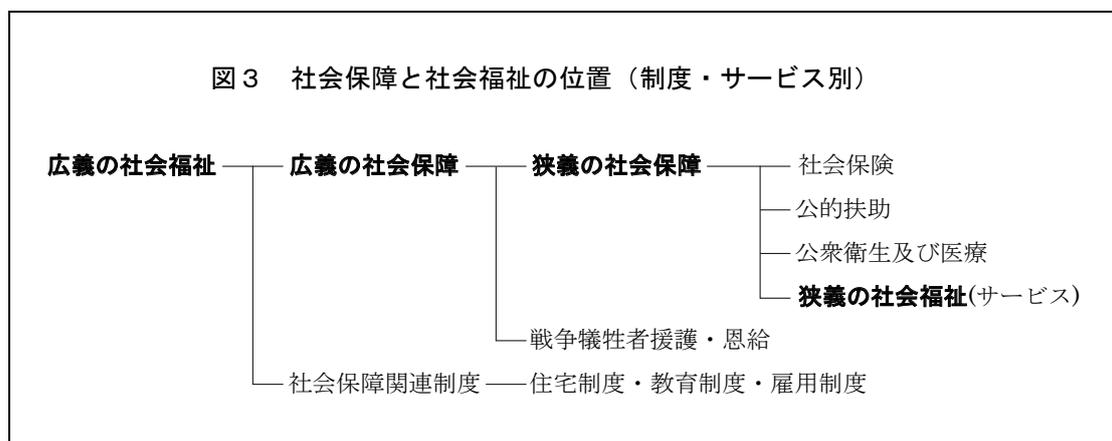
また、生活保護は現在の収入や預貯金、資産といった全てを資力調査（ミーンズ・テスト）して保護の可否や程度を決定しているが、社会手当は前年度の所得確認といった所得調査（インカム・テスト）により給付の可否や程度を決定している。例えば、預貯金があり生活に困っていなくても、社会手当は前年の所得が少なければ受給できる。

なお、社会保険は拠出制であるため、資力調査や所得調査は要件でなく、収入があったとしても受給できる。

このように、生活保護と社会保険の役割の違いは明確であるが、社会手当は双方の役割をもっており、中間的な位置づけであるといえる。

4. 社会保障と社会福祉の位置

1950(昭和 25)年 5 月に作成された「社会保障制度要綱試案」に対しての論議の際に、「第一に、社会保障の範囲をどうきめるかという問題から始められた。住宅問題や義務教育まで含めるか、社会保険と公的扶助に限るか、社会福祉と公衆衛生を加えた 4 本建てにするかであったが、この 4 本建ての考え方が有力であった」ことは前述した。それでは、住宅政策や教育政策はどのように位置づけられているのか。わが国における社会保障と社会福祉の位置を、制度・サービス別で示したものが図 3 である。



戦争犠牲者援護（以下、援護事業）は、当初は占領下において、海外からの引揚者の援護、旧軍関係の残務整理などを中心として開始されたが、1952(昭和 27)年に「戦傷病者戦没者遺族等援護法」、1953(昭和 28)年に「未帰還者留守家族等援護法」が制定された。1960年代に入り社会保障制度の基盤も固まっていく中で、1959(昭和 34)年「未帰還者に関する特別措置法」、1963(昭和 38)年「戦傷病者特別援護法」、1965(昭和 40)年「戦没者等の遺族に対する特別給付金支給法」等が制定され、年金や手当の給付を主とした援護事業の体系が整えられた。また、1972(昭和 47)年の日中国交正常化により、1981(昭和 56)年から中国残留孤児調査が始まり、1994(平成 6)年には「中国残留邦人等の円滑な帰国の促進及び永住帰国後の自立の支援に関する法律」が制定され、各種の自立支援施策を実施している。⁽²⁴⁾

恩給とは 1923(大正 12)年の「恩給法」に基づくものである。これは従来公務員に対する年金給付を規定していたが、1958(昭和 33)年の「国家公務員共済組合法」の制定等で新規加入者がなくなり、現時点では過去に受給権を取得した者に対する給付が主となっている。このうち軍人関係については終戦により一時停止されていたが、1953(昭和 28)年に復活された。

社会保障について小山は、「本書〔筆者注：「戦後の社会保障」1968年〕でいう社会保障制度とは、社会保険、公的扶助、社会福祉、公衆衛生及び医療の4部門をさすことにする。これは、いうまでもなく、社会保障制度審議会のいう狭義の社会保障の範囲である。ただ、叙述の関係から、恩給や戦争犠牲者援護を含めた広義の社会保障にまで拡大して論じる場合もある」⁽²⁵⁾としており、佐口もまた、「勧告は4つに限定しているが、これはどちらかといえば広義ではなく、狭義の社会保障としてとらえているものである」⁽²⁶⁾としているが、現在ではこの分類が一般的となっている。

なお、柴田は「社会保障制度審議会は、この4つを『狭義の社会保障』とし、これに恩給、戦争犠牲者援護を加えたものを『広義の社会保障』としている。さらに住宅対策、雇用（失業）対策を社会保障の『関連制度』と定めている」⁽²⁷⁾と説明しているが、筆者は今回の研究にあたり、当時及びその後の社会保障制度審議会勧告を確認したが、これらの分類は勧告そのものに記載はなく定められてはいなかった。

次に社会福祉だが、前述したとおり1950年勧告の当時は「社会福祉3法」体制であったことによるが、現在では社会福祉6法を含む法制度によるものであり、これらは対象者別を想定しているため「狭義の社会福祉（サービス）」といえる。

これに対して1995（平成7）年7月の勧告では、「1950年の勧告当時は社会保障の理念は最低限度の生活保障であったが、現在では広く国民に健やかで安心できる生活を保障することが基本理念であり、国民の自立と社会連帯の考えが社会保障制度を支える基盤である」と示されたことは前述した。よって、社会福祉の範囲は「広く国民に健やかで安心できる生活保障のため」であり、広義の社会保障と社会保障関連制度を包含したものを「広義の社会福祉」とし、対象者別の生活保障である「狭義の社会福祉」と区別している。

IV. 今後の展望

1. 日本の社会保障制度の特徴

日本は現在、世界各国が経験したことのない高齢社会を迎えているが、これは戦後の生活水準の目ざましい向上によって実現した。医療保険や介護保険により誰もが適切な医療や介護を受けられ、年金保険による経済的保障が高齢期の生活を支え、社会福祉サービスによりきめ細かい支援が提供されているから長寿社会になった訳であり、それは社会保障制度の充実があったからである。

このような日本の社会保障制度の特徴を、厚生労働省は次のように示している。⁽²⁸⁾

1. すべての国民の年金、医療、介護をカバー（国民皆保険・皆年金体制）

- 社会保障給付の大宗を占める年金・医療・介護は、社会保険方式により運営
- 年金制度は、高齢期の生活の基本的部分を支える年金を保障
- 医療保険制度は、「誰でも、いつでも、どこでも」保険証1枚で医療を受けられる医療を保障
- 介護保険制度は、加齢に伴う要介護状態になっても自立した生活を営むことが出来るよう必要な介護を保障

2. 社会保険方式に公費も投入し、「保険料」と「税」の組み合わせによる財政運営
 - 社会保障の財源は、約 60%が保険料。約 30%が公費、約 10%が資産収入等で、保険料中心の構成
3. 「サラリーマングループ」と「自営業者等グループ」の二本立て
 - サラリーマン（被用者）を対象とする職域保険（健康保険、厚生年金）と自営業者、農業者、高齢者等を対象とする自営業者等グループ（国民健康保険、国民年金）の2つの制度で構成
4. 国・都道府県・市町村が責任・役割を分担・連携
 - 年金等は国、医療行政は都道府県、福祉行政は市町村がそれぞれ中心となって、社会保障制度を運営
 - 医療・福祉サービスにおいては、民間主体が重要な役割を果たしている

2. 社会保障制度改革の必要性和方向性

しかし、このような社会保障制度が維持できているのは、現在の制度が「給付は高齢者中心、負担は現役世代中心」との考え方で展開してきたからだ。半世紀前には 65 歳以上の高齢者 1 人を約 9 人の現役世代で支える「胴上げ」型であったので、これまでみてきたように制度の新設・拡充もしやすかったが、近年は 3 人で 1 人の「騎馬戦」型であるため制度の維持が精一杯である。しかも、2050 年には高齢者 1 人を 1.2 人の現役世代が支える「肩車」型の社会が確実に到来する状況であり、現在の社会保障制度を見直し、給付と負担の両面で、少子高齢社会という人口構成の変化に対応した世代間・世代内の公平が確保された制度へと改革していくことが必要である。

そのため政府も、2012(平成 24)年 2 月 17 日に「社会保障・税一体改革大綱」を閣議決定し、同年 8 月 10 日に「社会保障制度改革推進法」(以下、推進法)を成立させ、法律に規定された措置や検討事項を「社会保障制度改革推進法による社会保障制度改革の工程表」として 2017(平成 29)年度までの計画を示している。

また、推進法の第 9 条に基づいて「社会保障制度改革国民会議」を設置して検討が進められ、2013(平成 25)年 8 月 6 日に「社会保障制度改革国民会議報告書—確かな社会保障を将来世代に伝えるための道筋—」が国民会議より提出された。今後は推進法に規定された措置や検討事項と、この報告書で提言された事項に基づいて改革が進められる計画である。

なお、「社会保障・税一体改革大綱」の第 2 章には、社会保障改革の方向性として 6 点が示されている。

1. 未来への投資（子ども・子育て支援）の強化
 - 子ども・子育て新システムを創設し、子どもを産み、育てやすい社会を目指す
2. 医療・介護サービス保障の強化、社会保険制度のセーフティネット機能の強化
 - 高度急性期への医療資源集中投入などの入院医療強化、地域包括ケアシステムの構築等を図る
 - どこに住んでいても、その人にとって適切な医療・介護サービスが受けられる社会を目指す
3. 貧困・格差対策の強化（重層的セーフティネットの構築）
 - すべての人の自立した生活の実現に向け、就労や生活の支援を行うとともに、低所得の年金受給者への加算など、低所得者へきめ細やかに配慮を行い、すべての国民が参加できる社会を目指す

4. 多様な働き方を支える社会保障制度（年金・医療）へ
 - 短時間労働者への社会保険適用拡大や、被用者年金の一元化などにより、主津産・子育てを含めた多様な生き方や働き方に公平な社会保障制度を構築する
5. 全員参加型、ディーセント・ワークの実現
 - 若者をはじめとした雇用対策の強化や、非正規労働者の雇用の安定・処遇の改善などを図る
 - 誰もが働き、安定した生活を営むことができる環境を整備する
6. 社会保障制度の安定財源確保
 - 消費税の使い道を、現役世代の医療や子育てにも拡大するとともに、基礎年金国庫負担2分の1の安定財源を確保し、あらゆる世代が広く公平に社会保障の負担を分かち合う

3. 社会保障給付の財源確保

政府は2013(平成25)年12月24日に、2014年度(2014年4月から2015年3月)の予算案を閣議決定した。17年ぶりの消費増税で税収増を見込んでいるが、社会保障費や公共事業費等の歳出予算も増え、一般会計の総額は過去最大の95兆8,823億円に達している。歳入の内訳は、税収50.1兆円、その他収入4.6兆円、国債41.2兆円であるが、今年4月から消費税率が現行の5%から8%にあがる増収分は5兆円と見込まれている。

それに対して歳出は、政策予算72.6兆円、国債23.2兆円で、政策予算のうち社会保障費は30.5兆円(42%)と、今年度予算より4.8%増である。もともと消費税8%への増税は、年金や医療などの社会保障を維持したり、将来世代にツケを残さないために財政再建を進めたりする目的であった。政府は「増税分はすべて社会保障の維持と充実にあてた」と強調し内訳も公表したが、増収分5兆円のうち新たな「充実分」（保育所待機児童の解消等）にあてられるのはわずか1割で、残り9割は基礎年金の財源不足の穴埋めなど、社会保障の現行水準を保つのにあてられる予算案である。

また、現在の社会保障給付費は総額約110兆円だが、その歳入の内訳は保険料6割、公費4割（国2.5割・地方自治体1割・資産収入0.5割）である。

このように社会保障給付費の総額はわが国の国家予算（歳入予算）より高く、保険料が確実に納付されないと財源を確保できない状況にある。また、社会保障費は税収の61%であり、これでは国債に依存する予算からの脱却は見込めず、将来世代にツケを残すことになる。2015(平成27)年10月から消費税は10%になる予定だが、これを全て社会保障費にあてたとしても、少子高齢社会の現状では財源確保が困難であり、社会保障制度と税制度の一体改革が喫緊の課題といえる。

V. 結論

本稿はわが国の社会保障について、第二次大戦前の前史と終戦後の論議をたどりながら、戦後や現在の社会保障の考え方や枠組み、今後の展望について述べてきた。

日本では1928(昭和元)年前後から終戦の1945(昭和20)年8月までの20年間に、現在の社会保障制度の柱である社会保険や救済制度が創設されたが、いずれも労働者や国民の要

求に応えるというより、健兵健民政策や軍需生産増強、思想対策などに利用されたものであったとの意見が一般的である。⁽²⁹⁾

終戦後、1945(昭和20)年9月から1952(昭和27)年4月までは被占領期であったが、この体制での社会保障の検討は、日本政府がGHQからの指令を受け、それに対して回答する方法ですすめられた。よって、わが国の社会保障制度の構築にはGHQの意見が大きく影響したことが特徴といえる。戦後の社会保障制度のあり方を示したものは1950年勧告であり、前文に社会保障の考え方(定義)が示されたが、この成立過程でもGHQが影響している。

1950年勧告が出された時期を含め、戦後しばらくは「貧困」が国民生活の課題であったが、その後の社会福祉6法の制定、国民皆保険・皆年金の成立、医療や社会福祉サービスに対する需要の増大と利用から、低所得者層に限らない対象者の普遍化が進んだ。そのため社会保障の考え方も変化を見せていったが、現在の社会保障の体系は1950年勧告での枠組みと基本的には変わっていない。

日本の社会保障制度の特徴をあげると次の通りである。

1. 20歳以上の全国民がいずれかの公的年金制度に加入する「国民皆年金」、全国民がいずれかの公的医療保険制度に加入する「国民皆保険」である
2. 生活保護は、所得保障・医療保障・介護保障・社会福祉サービスといった全てに対応しており、国民の最低生活保障を包括して支えている
3. 生活保護と社会保険の中間的な位置づけ・役割をもつ「社会手当」がある
4. 加齢に伴う要介護状態になっても自立した生活を営むことが出来るように、公的な「介護保険」がある

日本は現在、世界各国が経験したことの無い高齢社会を迎えているが、これは戦後の生活水準の目ざましい向上によって実現したものであり、社会保障制度の充実があったからといえる。しかし、2055年には高齢化率40.5%と推計されており、現状の財源調達では将来世代にツケを残すことになる。2015(平成27)年10月から消費税は10%になる予定だが、これを全て社会保障費にあてたととしても、少子高齢社会の現状では財源確保が困難である。

よって、現在の社会保障制度を見直し、給付と負担の両面で、少子高齢社会という人口構成の変化に対応した世代間・世代内の公平が確保された制度へと改革していくことが必要であり、社会保障制度と税制度の一体改革が喫緊の課題といえる。

我々の研究課題は「ソーシャルワークにおける仏教の役割ー日本・ベトナム比較研究ー」であるが、クライアントの自立支援というソーシャルワーク実践を考えていくには、一方でソーシャルポリシー(社会政策)をみていく必要があり、両国の社会保障の考え方や枠組み、サービス内容を理解した上での研究が不可欠であろう。

本稿は日本の社会保障について述べてきたが、ベトナム側の研究メンバーが日本の社会保障制度を把握する基礎資料となれば幸いである。

[注]

- (1) 松尾均「第1章社会保障の概念」松尾均編『日本社会保障読本』P.3 1964年 東洋経済新報社
- (2) 小山路男「第1章概説」社会保障研究所編『戦後の社会保障』P.3 1968年 至誠堂
- (3) 堀勝洋『社会保障法総論』P.6 1994年 東京大学出版会
- (4) 前掲書(3) P.6~7
- (5) 佐口卓『社会保障概説』P.7 1976年 光生館
- (6) 前掲書(1) P.3
- (7) 真田是『社会保障入門』P.65 1990年 労働旬報社
- (8) 池田美和子「幕末維新期の慈善・救済」仲村優一他監修『エンサイクロペディア社会福祉学』P.163 2007年 中央法規出版
- (9) 前掲書(8) P.164
- (10) 前掲書(7) P.68~69
- (11) 『保険と年金の動向 2011/2012』 P.203 2011年 厚生労働統計協会
- (12) 前掲書(7) P.69
- (13) 前掲書(11) P.203~204
- (14) 前掲書(5) P.157
- (15) 柴田嘉彦『日本の社会保障』P.154 1998年 新日本出版
- (16) 籠山京「序章・社会保障近代化の研究の意味」籠山京編『社会保障の近代化』P.1~2 1967年 勁草書房
- (17) 樋田幸恵「第12章公的扶助の歴史」渋谷哲編『低所得者への支援と生活保護制度』P.210 2009年 (株)みらい
- (18) 総理府社会保障制度審議会事務局監修『社会保障制度審議会 40年の歩み』P.39~40 1990年 社会保険法規研究会
- (19) 前掲書(17) P.211
- (20) 前掲書(18) P.60~61
- (21) 前掲書(18) P.64
- (22) 前掲書(18) P.64
- (23) 前掲書(17) P.44~49 渋谷哲「第2章社会保障制度と公的扶助」をもとに追記修正している
- (24) 『国民の福祉と介護の動向 2012/2013』 P.208 2012年 厚生労働統計協会
- (25) 前掲書(2) P.4
- (26) 前掲書(5) P.41
- (27) 前掲書(15) P.41
- (28) 厚生労働省ホームページ「日本の社会保障制度の特徴」『社会保障制度を取り巻く環境と現在の制度』 2014年1月検索
<http://www.mhlw.go.jp/seisakunitsuite/bunya/hokabunya/shakaihoshou/dl/01.pdf>
- (29) 前掲書(8) P.180~182 永岡正己「日中戦争・太平洋戦争と戦時厚生事業」に、戦時中の国民生活の変化と戦時事業への政策転換に関して、研究者の立脚点（積極的な立場、批判的な立場、生産力理論の立場等）が整理されている。

1. 現代ベトナム社会における仏教寺院・僧侶が取り組む
社会福祉的实践形態類型化の試み（第2報）
～2012年度第2回ハノイ訪問調査、2013年度第1回ホーチミン訪問調査を中心
として～

大正大学仏教学研究科
研究生 菊池結

1. はじめに

本研究は、「ソーシャルワークにおける仏教の役割」をテーマに、ベトナム国家大学ハノイ人文社会科学大学 (Vietnam National University-Hanoi, University of Social Sciences and Humanities、以下 USSH/ハノイ大学)、社会事業大学/APASWE、淑徳大学チームの3者が2012年に開始した国際共同研究である。

研究開始当初、現代ベトナムの社会体制、政治及びベトナム仏教についてはほとんど白紙の状態であったが、USSH、社会事業大学/APASWE、通訳兼共同研究者のグエン尼の協力のもと貴重な経験をさせていただいていることに感謝を述べたい。

これまでに首都ハノイで2回の調査を行い、本年度（2013年度）はホーチミン第1回の調査を終了した。

本項では、まず「記録」として第2回ハノイ調査及び第1回ホーチミン調査について記述する。そして、2012年度報告書に掲載された淑徳大学藤森雄介准教授の類型化の試みにしたがって、第2回ハノイ調査及び第1回ホーチミン調査結果の類型化を試みる。

2. ベトナム仏教の福祉的活動について

ベトナムのソーシャルワークにおける先行研究の確認等は2012年度報告書を参照されたい。ベトナムでは経済発展とともに高齢化が進んでおり高い介護技術をもつ日本との技術交流も盛んになってきている。

本研究の最終課題はベトナム仏教の福祉的活動を参考にした、いわゆるベトナム型ソーシャルワークへの提言である。本研究の報告等でたびたび述べられていることだが、ベトナムでは貧困、疾病、障がいといった問題があればお寺に行く人が多いという事実である。

ここでは、私見だが、これまで3回の調査を行いベトナムの福祉施設及びベトナム仏教の福祉的活動について思ったところを述べておきたい。

(1) 誰にでも門前を開く

ベトナム仏教の福祉的活動の最大の特徴がここにあると考えている。公的な福祉施設も少なくはないが、経済的理由や人的不足のために入所できる人が限られている。特に、子ども、高齢者、貧困や障がいを抱える人にとって、寺院の施設がなければ行き場がなくなってしまうのが現状である。それだけ家族にかかる負担も大きい。

(2) ほとんど無料で行っている

上記のように、利用者の貧困問題とも関わることだが、寺院の福祉的活動はほとんど金

銭要求をしない。また、一般的にお布施の伝統も強いので、住職が福祉的活動をする場合かなりの額のお布施が集まる。食料等の寄付も多い。

その一方で、運営の大半をお布施で運営しているため、継続は不安定になりがちである。また、これまでの調査では活動を始めた時期が比較的最近で（90年代に入ってから）、住職の人柄でお布施やボランティアが集まっている印象があるので、活動を引き継ぐ人材の確保も課題となってくる。昨年からのベトナムの不況で継続の不安の声も聞こえている。

(3) メディア等でお寺の福祉的活動の情報が手に入りやすい

日本でも若い女性が、お寺巡りや座禅、写経などを楽しむことが増えていると聞いているが、お寺の福祉的活動が一般の人に知られることは少ない。しかし、ベトナムでは若い男女がお寺の福祉的活動に参加することは珍しくはない。新聞やネットなどでお寺の福祉的活動の情報が多数開示されており、檀家制度のないベトナムでは信者がどうかにかかわらず、そのお寺の活動に賛同すれば手伝いに行くというスタイルが見られた。

以上のような特徴が挙げられるが、第1回ハノイ調査に引き続いて、第2回ハノイ調査、第1回ホーチミン調査についても、まずは仏教寺院・僧侶が取り組む福祉的活動の事例をできるだけ収集することを主たる目的として実施した。

3. 第2回ハノイ調査について

ハノイ第2回調査は、引き続きハノイ大学の全面的な協力と、通訳兼共同研究者のゲンニの信者である3人の日本語を学んだベトナム人に通訳の支援を受けた。公的3施設は、在日ベトナム人の明石氏、博母寺は、Vu thanh nga 氏、Ngugen thuy Link 氏にご協力いただいた。霊山寺は、引き続きゲンニに通訳をお願いした。本調査は、2012年11月21日（水）から11月27日（火）の日程で、こちらの希望のもとハノイ市内にある3つの公的施設と、2つの寺院、僧侶、及び信者の福祉的実践活動を調査した。以下に、インタビュー調査をもとに詳細を記録する。

(1) 平和村（公的医療機関）：11月22日（調査時間延4時間35分）

ベトナム「平和村」は、日本でもよく知られた枯葉剤障害児を対象にした医療、リハビリ、教育施設である。

平和村は、枯葉剤の影響を受けた子どもたちの支援のために、1991年にドイツの協力を受けて設立したが（詳細は不明である）、2001年からベトナム政府の管轄となっている。

職員は、日本でいう公務員であるが、給料は比較的安く、施設も政府からの支援では足りないところもあり、経済的に不足するところもあるという。海外からの援助も多数受け入れており、日本でも、ベトナムの枯葉剤障害児を支援する会の松本マサ子氏や、大城俊夫医師などが援助を行っている。

職員数は、医師、看護師、教師などすべて含めて108人（調査時現在、以下同様）、入所者数は、児童136人、成人52人だが、成人入所者は、経済的もしくは精神的に困難にある人のみを受け入れている。2歳から18歳まで受け入れており、退所後も引き続き支援を行っているという。

その他にも通院する患者もおり、一日平均30人ほどで、ほとんどが同じ区内の住人で

ある。

その治療方法は、薬を使わず、昔からの治療方法と現代医学を合わせて行っており、主にリハビリが中心に行われている。治療費は、6歳以下の児童は、保険証があると無料であり、6歳以上になると保険証がある場合10パーセントの負担で治療が受けられるという。調査に同行したハノイ大学で助手をしているミン氏によれば、ベトナムには公務員が全員入る保険証、有料で任意ではいる保険証、6歳以下80歳以上の誰にでも配布される保険証、地元の政府に認定された困窮者に配布される保険証の4種類があるという。

治療費については、詳しくは聞くことができなかったが、本施設は、政府の施設であるので病院よりは安価に治療が受けられるという。

また、入所している児童への教育支援も行われている。入所児童の多くは知的障がいを抱えており、年齢別ではなく発達別にクラス分けが行われている。外の学校に通うこともでき、これまでに本施設を退所し大学に進学した児童も4人いる。

本施設は、専門的なスタッフと職員のもとで、入所している子どもたちも安定した生活をしているという印象を受けた。

最後に、寺院や宗教的な行事の有無なども聞いてみたが、宗教的なものに対する政府のルールがあるものの、寺院の僧侶もよくボランティアに来ているという。

(2) 退役軍人を中心にした保養施設（公的施設）：11月22日（調査時間延1時間30分）

本施設は、いわゆるベトナム戦争終了2年後の1977年に設立された。施設長のインタビューによると、ハノイ労働省の管理で、政府の支援100パーセントで運営され、国への貢献度によって優先的に利用できるという。もしくは高額な料金を支払い利用することができる。建物はきれいで、備品も充実しており、リゾート地のホテルを思わせる外観である。多くは、退役軍人もしくはその母親である。1年のうち10日ほど入所し、診察を受け、休んでまた帰るという。昔は利用者が亡くなるまで面倒をみていたが、今は経済的な理由により10日間までは無料でそれ以上の利用は有料になる。10日以上利用する場合、費用は10日間利用して日本円で5000円ほど、米ドルで50ドルから70ドルである。一般労働者の月給が1万5千円ほどなのでかなりの高額である。

ハノイ市内だけでこのような施設は5つあり、全国に125ほどある。また、一般人や貧困者用の別の福祉施設もあるという。

利用者数は、夏場の一番多いときで1日250人、年間5000人ほどが利用している。職員数は、52人である。最高年齢は95歳で、いちばん若い利用者で50歳であるが、特に高齢者施設であるというわけではなく、1945年から運営しているので結果として利用者が高齢者になっている。しかし、本施設は楽しんでもらうための施設で、介護士、看護師、医師などの専門家はいるものの、認知症等の症状が出た場合本施設は利用することはできないという。

本施設は、図書館や遊戯室もあり、職員のサービスともに申し分ないものの、利用者はかなり限定されている。施設長によると、貧困者や疾病者のための施設はほかにあるし、有料の老人ホームもあるという。すべての人にサービスを提供するには施設や資金がまだまだ不足しているのが現状である。また、本施設には亡くなった利用者のための慰霊廟があり、たまに近隣の僧侶が来て読経をあげているという。ハノイ大学のロアン教授による

と、ベトナムは社会主義国家であるが、このような慰霊廟は、ベトナムの伝統だから本施設のような公的な施設にあってもよいとのことであった。

(3) the Birla children`s village Hanoi (公的児童養護施設) : 11月23日(金) (調査時間延2時間25分)

the Birla children`s village Hanoi は、インド人企業家の Birla 氏から建物の援助を受けて 1987 年 11 月 20 日に設立された。設立当時からベトナム労働省の管轄である。できるだけ家庭的な雰囲気で開催されており、子どもたちは、とても礼儀正しい印象を受けた。

本施設はベトナム労働省の管轄であり、上記の保養施設と同様に、入所するにはかなりの制限がある。施設長のインタビューによると、本施設に入所できる児童は以下の通りである。

- 1 ハノイ市内に在住しているもの。
- 2 両親、祖父母、兄弟がいない場合。もしくは母親がいても生活が困難な場合。特に父親が 15 年以上の服役中もしくは死刑などで、面倒をみるできない児童が多いという。
- 3 2 歳から 18 歳まで受け入れ、18 歳まで。
- 4 ここに入所する前に健康診断を受けさせ伝染病、障がいなどがあれば入所できない。また、逃げ出すなどの問題を起こすために、ストリートチルドレンは受け入れられない。

入所審査は労働省が決めるとともに、ハノイ市と施設長が本当に困窮しているか調査している。また、現在の入所児童数は 150 人で、それ以上は引き受けられない決まりになっている。職員数は、29 人で、そのうち 9 人は独身の志願女性で、母親役として子どもの面倒をみている。建物は、敷地内に 4 棟あり、1 棟に 2 人の母親役の女性、34 人ほどの子どもたちが生活している。年齢や男女ごとに分けずに一緒に生活させ、家庭的な雰囲気を大切にしている。事務室、保健室、教室(自習室)、パソコンルーム、図書室などがあり、子どもたちはハノイ市内の普通の学校に通っている。現在は人数過多であり、2 人で 1 つのベッドを利用している。経済的には厳しい状況にあり、1 ヶ月に子ども 1 人につき、800 万ドン、40 米ドルほど費用がかかり、食費を削らざるを得ない状況にあるという。

海外からの支援も受けており、特に日本では俳優の杉良太郎が 23 年間にわたって進学などの支援を行っている。1994 年から 100 人ほどが大学に進学している。施設長によると、この施設を第 2 の故郷として思っているという。施設を退所しても結婚等の面倒もみているという。

(4) 博母寺(及びネン寺) : 11月24日(土) (調査時間延7時間30分)

博母寺(及びネン寺)の調査では、2人の女性に通訳をご協力いただいたが、専門に通訳をされている方ではないので、通訳が一部断片的になってしまった。協力いただいたことに感謝するとともに、断片的な情報となってしまうことをお断りしておきたい。

博母寺では、おおさわメゾットの料理店を経営する女性信者にインタビューを行った。彼女は、料理店の売り上げを全額寺院に寄付する他、さまざまな慈善活動を行っている。主な活動は、以下の2つである。

1. 病院への配食

これまでの調査でも、多くの寺院や僧侶がこの病院への配食を行っていた。一般的にはベトナムでは入院中に食事は提供されない。また、看護師によるケアもないために、家族の誰かが病院で寝泊まりして世話をすることになる。そのため、高額の治療費と合わせて、働き手がいなくなるなどして経済的困窮に陥ることもある。そのため、僧侶が食事や少額の金銭などを配るといった活動を行っているのである。

彼女は、毎週末に、僧侶や学生のボランティアとともに、配食の活動を行っている。

2. 貧困家庭に牛を贈る活動

以前、テレビでみたことをヒントに貧困家庭に牛を贈る活動をしている。2012年は、3つの省に合計12頭の牛を送っている。牛は、1匹だいたい650米ドルくらいするという。彼女によると、牛は長期間支援することができ、また子牛を産むので、その子牛をまた違う貧困家庭に贈ることができるので、生産的な活動であるという。

また、博母寺近くのネン寺で2人の女性信者にインタビューを行った。彼女らも様々なボランティアに取り組んでいるという。インタビューをまとめると、

- ・ベトナム仏教の新聞が毎週つくられるが、その新聞で困っている人の情報を入手に、助けに行っている

- ・ベトナムでは、女性が家族の代表として慈善活動に参加している

- ・1週間に3日ほど、3時間ほど集まり、仏教の歌を歌い、座禅を組んだりした後、慈善活動の相談をしている

- ・寄付を集め、それをいったんお寺に預け、そのなかから活動費を出している

- ・特に、自然災害支援や子どもたちの就学支援を行っている

限られたやり取りで得られた情報であるが、ベトナムにおいて女性が家族の代表としてお寺で慈善活動を行い、それが家族の幸福につながるなどの発言は、ベトナム仏教の福祉的活動が盛んである理由がうかがえる興味深い事例である。お寺での慈善活動の動機を聞くよい機会であった。

(5) 霊山寺

霊山寺では、1、災害・貧困地域支援、2、病院への配食、3、診療所の大きく三つの福祉的活動を行っている。

ベトナム中部には洪水等の自然災害が多発する。これらの地域での災害支援は、住職が40年前に出家し、修行したお寺でも行われていたが、18年前に霊山寺の住職になってからもずっと続けているという。また、年に何回か貧困地域支援に行くという。今年(2012年)は、11月1日に1000人に診察し、薬を出す予定であるという。また500人の貧しい家庭に、お米10キロ、油1リットル、味の素など5個、蚊帳、インスタントラーメン、お金、薬などを配りに行くという。

また、7年前から病院への配食を行っている。きっかけは住職が、新聞で舌に病気を持つ少女のことを知りお見舞いに行ったところ、入院患者に貧しい人が多いので、なにか自分にできることはないかと思い始めたという。

当初は、7から8人の信者さんと、朝のお粥50食、昼のお弁当50色調理していた。それらのお金もお寺のお金からだしていたという。現在は、朝のお粥550食、昼のお弁当250

食を毎日、2つの病院へ届けている。調理や買い物などは、ほとんど信者によるボランティアだが、調理人、掃除する人、運転手など4人に日本円で8000円ほど支払っている。お弁当1つにかかるお金だが、1食50円ほどで、それらは寄付やお金でまかなっているという。

最後に、近隣の貧しい人を対象に4年前から診療所も行っている。1ヶ月に2回、1回135人までと決められているが、診察や薬代は無料である。医者や薬剤師もボランティアで来ており、お寺でエコーや心電図、緊急用の車などを購入している。また、薬に関しては信者である奥さんの紹介で元薬剤大学の学長さんのご支援をいただいている。

診療所のきっかけは、お寺の近隣の地域は貧困者が多く、病気になっても病院に行けない人が多いからとお話いただいた。また、重篤の症状の場合は、ボランティアで来ている医師に紹介状を書いてもらおうと、その医師が務める病院で無料で診療を受けることができるという。住職によると、診察だけではなく、生老病死の精神的なケアも仏教の話をするなどして行っているとのことであった。

霊山寺では、3人の信者さんにもお話を聞いたが、住職への厚い信頼と、これらの仕事を手伝えることは大変ではないとの言葉が印象的であった。3人の信者さんのうち、2人は若いご夫婦で、お寺での仕事を始めてから夫婦仲もよくなったし、善い行いをしているおかげで子どもたちも健康で、いい子であるとお話していただいた。これらもお寺で福祉的活動をする一要素であるかと考えている。

ハノイ第2回調査では、以上の調査のほかに、VINCOM 副社長からお話を伺うことができた。VINCOM はベトナムにおける一大企業であるとともに、彼は、ベトナム仏教中央会において、国際部門の副会長、経済部門の会長、通信部門の副会長、文化部門の副会長を担当している。

4. 第1回ホーチミン調査について

第1回ホーチミン調査は、2013年6月10日（月）から16日（日）の日程で、ホーチミンを中心に、7つの寺院及び僧侶と、公的施設1つについて調査を行った。第3回調査では、グエン尼の賢姉、甥御さんに多大なご協力をいただいた。前日にわたって、車で送り迎えをしていただいた。以下、全調査結果の概要を記しておく。

(1) 法雨古寺：2013年6月11日（火）（調査時間延4時間30分）

法雨古寺は、1928年設立の伝統ある寺で、現在の住職で3代目になる。法雨という名号は、ハノイで勉強した初代住職が、ハノイで有名な4つの神様のうち法雨という名をとって名付けた。寺を大きくしたのは2代目の住職で、父親から土地の寄贈を受け、寺を新しく建立した。

現在の住職は、法律大学の学士、経営課程の修士号、アメリカの大学のベトナム校で経営学の博士号を取得した学僧で、現在は、法雲古寺の施設の学長を初めとして、仏教中央慈善活動会の副会長、ホーチミン慈善活動会の副会長、ホーチミン仏教委員会の委員などの役職を務めている。

法雨古寺では、前々住職の頃から慈善活動を行っていたが、1980年代に、児童10人、

高齢者 10 人を預かっている。その経緯は、児童は、カンボジア人の子ども 6 人、ベトナム人の子ども 4 人で、近隣の市場で寝ていたのを保護したという。また、道端で倒れていた高齢者を法雨雲寺に連れてきたのをきっかけに一緒に生活するようになったという。当時は、施設はなく、一緒に生活して、線香や洋服を作り生活していた。

そして、1999 年から 3 代目の現住職が現在の施設を建てて運営している。当時の住職は、朝 3 時半から勤行を行い、午前中は仏教を学び、午後は大学で法律を学び、18 時頃から再び勤行を行った後、夜中の 1 時頃まで勉強する毎日であったという。その間に、幼い弟子や引き取った子どもたちの面倒をみていた。現在では、弟子も大きくなったが特に施設の手伝いを強要することはないという。しかし、弟子の 1 人は、中国で修士論文を出す予定で、修士論文のテーマは、親のいない子どもたちの健康についてであるので、帰ってきたら施設を手伝ってほしいと希望している。

住職によると、それほどにまで大変な思いをして子どもたちの面倒を見ているのは、菩薩は世に現れて苦しむ人を助けなければいけない、慈善活動している人も、していない人も仏の子として何かを行っているはずという。

現在の施設は、職員は、学長、保母、弟子である尼を入れて 14 人である。ほぼ無給のボランティアであるが、子どもの面倒をみる保母には 1 ヶ月に 200 万ドン、野菜、米 1 袋を渡している。住職によると、保母は、なかなか仕事の見つからない人を雇っており、さまざまな場所から働きに来ているという。その他、有給のガードマンが 2 人いる。保母は、特に健康状態の悪い、幼い子供の面倒をみている。皆優秀で、ほとんど手がかからないという。

子どもたちは、施設で生活し、外の学校へ通っている。入所する経緯は、①1 ヶ月から 2 ヶ月くらいに寺門に捨てられた子、②ニャーベー省の政府から紹介されたストリートチルドレン、③親のいない子、④片親の貧しい子などである。現在では、女兒ばかり 90 人ほどが生活している。女兒ばかりなのは、近隣の龍花寺で 1998 年に男児のみの施設を設立したので、法雨古寺が女兒の面倒をみれば困っている子どもはいなくなると考えたからだという。

運営資金は、1 年間に日本円で 500 万円ほどになるというが、精進料理の店、仏具屋、蠟燭や線香の販売などが収入源であるという。しかし、足りないので、お布施や支援金で賄っている。海外からの支援はほとんどないが、食事ボランティアというのがあり、週 2 日くらい子どもたちはおいしい食事をしているという。

住職が現在心配しているのは、子どもたちが成長するにともない教育費がかかってくることであるが、施設設立の許可を政府にもらう前に、2 つのことを言われたという。1 つは、政府にお金を出せと言わないこと、もう 1 つは、20 歳までは育ててくださいと。しかし、住職は洋服、蠟燭、線香の作り方を覚えたから貧乏は怖くないという。

最後に、子どもたちの悩みやトラブルは尼が聞くのか、保母が聞くのかという質問に対して、住職はみんな成長するので心理学を勉強している、特に失恋の悩みが多いが、一緒に仏像を礼拝しながら気分転換をさせているという。また、ソーシャルワーク（以下 SW）を学んだことはないが、スイスの団体の親のいない子ども、交通事故、いじめにあった子どもの心のケアの勉強会に 4 ヶ月参加したこともあるという。

ベトナムは、かなりのネット社会で、アイパッドやスマートフォンを使いこなす人がた

くさんいるが、ネット犯罪も多発している。今もっとも困難なことは、2~3年前からインターネットや携帯電話が子どもたちのなかで流行している。現代社会に合わせないといけないと考える一方で、悪い面もあると住職は話している。

子どもたちは、礼儀正しく、かわいらしい。住職には、お布施や支援金に頼るだけでなく、蠟燭や線香の販売によって経済的な自立が可能であるとの自信がうかがえた。慈善活動に対する批判は、ベトナム仏教会にもかなりあるとお話であったが、住職の裁量により、かなり自由に活動が可能であることが分かった。しかし、後継者育成は困難であるとのことであった。

(2) 祈光寺Ⅱ：2013年6月11日（火）（調査時間延5時間30分）

祈光寺Ⅱは上座部仏教のお寺であるが、インタビュー調査を行った釈光盛和尚は大乗である。上座部と大乗一緒に修行はできるという。祈光寺Ⅱの活動は多岐にわたるが概要をまとめると以下の通りである。

1. えいせい堂の運営（診療所）
2. 全6つの寺小屋の運営（保育園児から小学校5年生くらいまでを対象）
3. 毎週日曜日、ヘロインを絶つ訓練
4. 高齢者のための気功運動
5. 目の見えない子、親のいない子、障がい児の面倒をみている

ここでは、ソウ医師のインタビューをもとにえいせい堂と子どもたちの施設を中心に記述する。祈光寺Ⅱのえいせい堂は、2000年2月頃に設立された。週3日、西洋医学と東洋医学を合わせた治療を行っている。医師や薬剤師がほとんど無償で治療にあたっており、1日に250人から400人の患者がやってくる。特に、HIVや肝炎などの感染症の患者が多く、続いて心筋梗塞や脳血管障害の患者も多い。重篤な症状の場合、他の病院へ紹介状を書いている。患者からはお金を取らないで、薬代や治療のお金は寺が負担している。それらの資金は、お布施と2008年から活動を支援してくれるスポンサーに頼っている。

患者にお金を払ってもらった方が、より多くの活動をするのではないかという質問に対して、金銭は問わないのが僧侶としての考え方であるとのことであった。また、スポンサーがいなくなったらどうするのかという問いに対しても、それは仏縁であるし、正しいことなら続くと答えている。

続いて、子どもたちの施設についてだが、現在捨て子が20人、障がい児28人、知的障がい児23人、目の見えない子のためのマッサージクラス68人、保母8人、海外からのボランティア6人が生活している。小1から小5までは、祈光寺Ⅱで勉強し、小6以上は外の学校に通っているという。

その他、目の見えない子どもたちがホーチミンでマッサージ等の勉強をするためのショートステイの部屋も用意されている。毎朝7時に、子どもたちと信者さんたちで勤行を行っている。

釈光盛和尚に、ソーシャルワーカーについて質問してみたが、和尚によると、SWには様々な種類があって、海外ボランティアやお金を出してくれる人もソーシャルワーカーであるという。また、一般人のボランティアは一時的であり、お金が無ければ続けられないが、僧侶はお金が無くても続けられるという。また、経営者のなかには、自分がいい人だ

と思われたいので活動する人もいるかもしれないが、一時的だからいい人とはいえない。やはり、一般の人の活動と僧侶の活動は違うものであり、僧侶の活動は、金銭を受け取らず活動する点が特徴的であるという。

現在、ベトナムの大学でSWを学ぶ人もいるがという質問に対しては、出家者はSWのクラスに入らなくても、ソーシャルワーカーよりもSWをやっているとのことであった。しかも、それは一般の人よりも成功しているという。例えば、僧侶が呼び掛ければお金もすぐ集まる。これは一般の人よりも出家者の徳、感化力のためだという。

(3) 霊光寺 (4 区障がい児教育センター) : 2013 年 6 月 12 日 (水) (調査時間延 3 時間 30 分)

上座部仏教の寺院である霊光寺では、障がい児学校と診療所を運営している。障がい児学校は、1989年に設立し、診療所は1993年に設立している。障がい児学校の設立経緯は、障がい児をお寺に連れてきた女性に、障がい児のための学校に行っていますかと質問したとこと、ホーチミンには障がい児のための学校はないし、障がいがあるので誰も面倒をみてくれないと答えたので、住職は仏教者なので私が障がい児を助けようと考えたためだという。

診療所は、住職はもともと「悪魔祓い」のような治療で有名であるが、悪魔祓いをした後は、とても体が弱っているので診療所を設立したという。この悪魔祓いのような治療は、古くから僧侶にしかできないとされており、呪文や陀羅尼を唱えて、梵鐘の中に入れ梵鐘を叩き、名前を尋ねる方法が一般的であるという。

診療所は無料であり、月曜から土曜までは東洋医学を行い、日曜日に西洋医学を施している。だいたい月・水・金・日曜日で300人から400人くらいの人が診察を受けており、火・木曜日は鍼灸のみなので人数は少ないとのことである。診療所には、医師、薬剤師、看護師、その他の職員が65人ほど働いているが、無給であるが、何万ドンかガソリン代を渡している。また、災害地域への物資援助も頻繁に行っている活動であるという。

続いて、住職の妹である障がい児学校の管理人、張民利氏から話を聞くことができた。障がい児学校で働いている職員は、ほとんどが信者さんで、最初は無給であったが、現在は日本円で1万円ほど払っているという。児童数は現在86人で、先生は7人、クラスは7クラスある。

職員の条件は、高卒以上で、住職が行う訓練クラスに参加することである。ボランティアは特に受け入れていない。大学でSWを学んだ人が特に関わることはないが、政府から訓練所や勉強会の案内は来るといふ。

子どもたちは、7時15分に登校し、15分の体操をした後、8時から念仏、勉強、休憩を行い、11時半に精進料理の昼食をとる。その後、お昼寝をした後で、13時から職業訓練を行い、15時におやつを食べ、16時に帰宅する。その他、合気道やバトミントンやマラソン、サッカーを教える先生が週に1回やってくる。また、誕生日会などの行事も行っている。

入所の条件は、送り迎えができる範囲に住む子どもたちで、基本的には書類を提出してもらえば誰でも受け入れるという。学費は無料で、地域の行政がお金をもらうようにアドバイスをしたが、住職は発願したからと学費無料を続けている。学費無料だけではなく、

お寺が保険料を払っている。受け入れ年齢は、当初は 6 歳から 14 歳までであったが、現在は 4 歳から 14 歳まで受け入れている。

子どもたちは、字を書く、文具を整理する、歯磨きなどを自分で行えるように訓練している。また、職業訓練も行っているが、卒業後に経済的に自立することは考えていないという。素晴らしい施設だが、障がい児が生まれるのは、妊娠初期にセックスをしたための業病であるという考え方や、障がい児が生まれると家庭が崩壊するなどの考え方を話されていたことが少し残念であった。

(4) 林光寺：2013 年 6 月 12 日（水）（調査時間延 4 時間）

林光寺は、ベトナムで調査を始めてから初めての高齢者のみのお寺の施設である。現在では、137 人の身寄りのない高齢者が生活している。基本的には女性のみを受け入れているが、1 人男性も生活している。住職によると、土地の寄贈を受けて、男性のみの施設も行いたいと考えているという。

林光寺は、1954 年に伝智尼によって開山され、現在の住職は 1995 年に仏教会から派遣されたという。住職は 4 つの寺を兼務しているが、高齢者のための施設を運営しているのはここだけである。13 人ほどの近隣の女性と、15 人の住職の弟子（尼）が高齢者のお世話にあたっており、毎日おんぶしてトイレやシャワーに連れて行くという。大学生のボランティアも多く来ており、高齢者のケアの方法を医学部の学生が教えてくれたという。

住職が高齢者の面倒をみるようになったきっかけは、5 歳で出家したが、師が高齢になった尼僧の面倒をみていたので、私も大きくなったら高齢者の面倒をみたいと考えていたからだという。また、もともと住職が派遣される前から林光寺に、6 人の高齢者が住んでいたため、住職と一緒に修行しましょうと声をかけたという。

高齢者の 1 日の日課は特になく、8 時から 9 時まで、14 時から 15 時まで、19 時から 20 時まで本堂で念仏をしているという。年齢は、60 歳から受け入れており、住職が行政の書類をもとに本当に家と子どもがいないか確認してから受け入れるという。今は人数過多だが、発願したことなので受け入れを断ることはないという。また、お寺で年間日本円で 3000 円ほどの保険に入っている。しかし、入院費にお金がかかる他に、亡くなった時に日本円で 35000 円ほどの棺桶代がかかって大変なお話であった。施設の費用のほとんどは、信者からのお布施による。

住職のお話によると、特に同じような活動をしているお寺との交流もなく、知っているのは 2 ヶ所ほどだという。また、当初仏教会からの反対もあり、ベトナム仏教全体が必ずしも福祉的活動を行っているのかどうか慎重に検討する必要もでてきた事例であった。

(5) 竹村：2013 年 6 月 13 日（木）（調査時間延 2 時間）

竹村は、ホーチミンから 55 キロ離れたドンナイ省にある施設である。名前の通り、竹で作られた施設であった。残念ながら、時間等の関係で通訳する時間がなかったため、簡単に紹介のみにとどめる。

- ・ 部屋 1：22 人の障がい児、信者ボランティア
- ・ 部屋 2：赤ちゃん（捨て子）、5 人の保母

- ・部屋 3 : 40 人の子ども (30 人は学校)、4 人の保母
※寺が所有する救急車で学校に行く
- ・部屋 4 : 37 人の身寄りのない高齢者 (男性のみ)
※80 パーセントが何らかの病気を持っている
- ・部屋 5 : 視聴覚障害者 (この付近には視聴覚障害者のための学校はない)
- ・部屋 6 : 身寄りのない高齢者 (女性のみ) 最高齢 91 歳
※壁のポスターは、様々な名言集など
※洗濯物は、部屋ごとに信者ボランティアによって手洗い
※電気・ガス少ない、マキで調理
※倒産した棺桶会社から棺桶を大量購入 (現在 54 個所有)、1 年間に死者は 7 人ほど
※近隣の住人によって支えられている
※元気な人が弱い人の面倒をみるシステム
※DVD やインターネット (竹村愛するがキーワード) で援助を呼び掛ける
※利用者の比率は、高齢者 6 対子ども 4 ほど

(6) 円覚禅寺 : 2013 年 6 月 13 日 (木) (調査時間延 4 時間)

円覚禅寺では、釈覚考住職と 4 人の歌手の方 (南強 (法名国盛) 氏 29 歳、明俊 (法名潤濟) 氏 33 歳、雨守 (法名園玉) 氏 29 歳、国平氏 37 歳) にインタビューをさせていただいた。住職と歌手の方は、歌を歌って慈善活動をしているという。以下に慈善活動の概要をまとめると、

- ・毎月 1 回血液の病気の子どもたちのための病院に、食事とお金 (1 人 20 万ドン) を 1000 人分配る。
- ・ダラットにあるキリスト教の教会で、神経に問題を抱える患者に 1 ヶ月に 1 回品物とお金を配る (1 回に日本円で 10 万円くらい)
- ・チャンボン (?) で、1 年に 1 回小中学校で 122 人の学費の面倒をみている (1 人 50 万ドン位)
- ・目の見えない高齢者に毎月 90 人 (1 人 10 万ドン) のお金を配っている
- ・貧しい高齢者 50 人に毎月、米、インスタントラーメン、20 万ドンを 7 年前から配っている。
- ・ダラットなどに、医者連れて診察に行くなど。

住職によると、病院への配食にかかわる信者さんは 50 人ほどで、そのうち歌手の方が 10 人ほどいるという。円覚寺で 1000 人分くらいの食事をつくり、4 区にあるオフィスでも 300 人分くらいの食事を調理している。また、キリスト教会に行くきっかけは、神父と住職は高校の同級生で、慈善をするのに、キリスト教徒かどうかは関係がないという。

住職は、これから慈善活動をするお坊さんは増えると思うので、建設中の伽藍が完成したら、「社会豊穰センター」をつくる予定だという。「社会豊穰センター」は、ただ困っている人を入所させるだけではなく、職業訓練もさせる施設になるという。どうしたら慈善活動をするお坊さんが増えると思いますかという質問に対しては、住職は、慈善活動をするお坊さんが増えれば良いと考えているが、強制はできないし、やらないのではなく縁がないだけと答えている。ソーシャルワーカーについても聞いてみたが、SW と慈善は違う、

ソーシャルワーカーについては知らない、ベトナムでは無給、ボランティアを意味する情願員の数が多いとのことであった。

(7) GOVAP 豊穰静養センター：2013年6月14日（金）（調査時間延5時間30分）

公的な施設である GOVAP 豊穰静養センター（以下、GOVAP）は、1975年設立当初はキリスト教の管理下にあり、1975年から国の管理となっている。現在は、252人の児童が生活しており、ほとんどの児童に親がいないという。また、80パーセントが障がい児で、残りの児童は障がいがあるか確認中であるという。ここに来る子どもたちには3通りあり、1、望まない妊娠で出産後病院に捨てられた子、2、道に捨てられた子、3、このセンターに捨てられた子である。

受け入れ人数は決まっているが、断ることはないという。空きのある施設に移動させるだけだという。最近はエイズに感染した子どもたちが増えているが、その場合は専門の施設に移される。

GOVAP では、赤ちゃんが捨てられた場合、まず保護してから以下の手続きをとるといふ。まずは労働省に届け出をして、労働省から国に届け出を出す。その後、国から戸籍、医療保険、出産届の書類を発行してもらうのである。もし亡くなった場合は死亡届を発行してもらう。GOVAP で葬式や骨壺の管理まで行っている。基本的には18歳までだが、重い障がいの人はそのまま施設に残ることもあるという。

子どもたちは、6グループに分けられ、それぞれ異なる教育を受けている。1、乳幼児、2、身体障害児、3、知的障がい児、4、水頭症など、5、ダウン症、視覚障害児など、6その他の障がい。それに対して、職員数は143人で、86人が直接子どものケアを行い、その他、医者や看護師、リハビリなどの技術者、薬剤師、洗濯を担当するもの、調理人などが働いている。GOVAPには、ICUも完備されており、ICUを担当する医師も常在している。

子どもたちにかかる費用は、0歳から18ヶ月以下は1ヶ月60万ドン（3000円）1日2万ドン（100円）、18ヶ月以上で障がいが軽い場合は1ヶ月48万ドン（2400円）で、洋服は1年間に上下セット2着、その他、蚊帳、布団、枕、畳が法律で定められている。

インタビューさせていただいたロアン先生に、ソーシャルワーカーについてもお聞きした。ベトナムでは、例えば、大学の教員、幼稚園、教師などは、仕事の名前、仕事の番号、給料の番号が決められているが、ソーシャルワーカーについても、2011年から発効されるようになったという。また、僧侶の福祉的活動とSWの違いは、専門性と無料で行うかどうかにあるという。

ロアン先生は、20年間障がい児学校の教師を勤め、1999年から3年間、ドイツから専門家を招いた障がい者教育プログラムを学んでいる。現在ではGOVAPの施設長を務める他、障がい児ケアを教えているという。GOVAPでは、100人ほどの職員がSWを学んでおり、大学でSWを学んだ職員は6人いるという。しかし、大学でSWを勉強しても、GOVAPで障がい児ケアの実践について勉強をする必要があるという。

限られた時間のなかであったが、ベトナムにおけるソーシャルワーカーの実態についてお話をいただいた貴重なインタビュー調査となった。

(8) 明泉寺：2013年6月14日（土）（調査時間延3時間10分）

明泉寺は、グエン尼の賢姉のお寺であるが、賢姉も親のいない子どもたちを引き取り養育している。第1回ホーチミン調査の際に、3人の児童に直接インタビューを行ったが、次回、第2回ホーチミン調査で、引き続きインタビューを行う予定である。詳細な報告は第2回ホーチミン調査終了後に行う。

以上の調査のほかに積智光先生からお話を伺うことができた。積智光先生は、仏教大学の学長である。仏教大学では、カリキュラムのなかに「社会実業学部」の設置を準備中で、僧侶に専門家としてSWを教える試みに取り組まれている。しかし、SWと慈善事業の違いは明確であり、SWは社会の仕事で有給、条件があるが、慈善活動は、無給で条件を持たせないという。また、仏教者が国民を支えていくことは当たり前のことであるというお話を聞いた。

5. 類型化の試みについて

以上、第2回ハノイ調査、第1回ホーチミン調査について述べてきたが、2012年度報告書掲載の類型化の試みにそって、整理していきたいと思う。ここでは、共同研究のテーマにそって、仏教寺院・僧侶の取組みに限定し、公的な施設は含めないこととする。再度、寺院名をまとめると以下の通りである。

第1回ハノイ調査

- A 菩提寺
- B 仏跡寺
- C 法雲寺
- D 洪福禅寺

第2回ハノイ調査

- E 博母寺（及びネン寺）
- F 霊山寺

第1回ホーチミン調査

- G 法雨古寺
- H 祈光寺II
- I 霊光寺
- J 光林寺
- K 竹村
- L 円覚禅寺
- M 明泉寺

次に、藤森が整理した類型化を述べる。

- 「直接支援施設運営型」

→支援が必要な利用者に対して、寺院及び僧職者が、施設（場）の提供も含めて直接運営に関わる。

A 菩提寺モデル：「初めに利用者ありき」であり、支援を求めてきた利用者のニーズに応じて施設の機能を対応させつつ事業を展開。

B 仏跡寺モデル：綿密な運営計画に基づき、予め想定した利用者に対して、ハードとソフトの両面とも充実させた事業を展開。

○寺院セツルメント（隣保事業）型

→寺院を拠点として、僧職者だけではなく信者や当事者の方々も巻き込みながら、当該地域で暮らす人々の福祉ニーズに答える諸サービスを展開する。

C 法雲寺モデル：上記の記述に、日本でいうコミュニティケアの要素も併せ持った事業を展開中と考えられる。

D 洪福禅寺モデル：地域社会における寺院の伝統と信頼をベースに、実際の事業は信者中心のボランティアグループが展開。

続いて、以上の類型化に、E から M の寺院をあてはめ、2012 年度報告書と同様に現時点での特徴・評価・課題を整理する。

※A 菩提寺モデル

H 祈光寺Ⅱ・J 光林寺・K 竹村・M 明泉寺

・藤森が指摘したように、菩提寺モデルは、まずは乳幼児から高齢者まで、支援が必要な人々の、「駆け込み寺」としての機能を果たしている。また、近年問題となっているエイズ感染者や、重度の障がいをもつ方など、他の施設に入所が難しい人の受け入れも行っている。

・その代償として、菩提寺モデルの施設は人数過多の傾向がみられる。信者や地域の理解のもとで、ある程度の物資が集まるものの、環境整備等に問題が多い。

・しかし、子どもたちや高齢者の表情は穏やかであり、住職や僧尼に対する信頼も厚いように見受けられる。菩提寺モデルは、ベトナム型ソーシャルワークのキーワードとして長期的な調査と考察の必要がある。

※B 仏跡寺モデル

G 法雨古寺

・今回調査させていただいた法雨古寺は、仏跡寺の住職と同様に、住職は高い学歴を持っていた（博士号取得）。経済学の学位をもつ住職の指導のもと、精進料理の店や、蠟燭、線香作りで経済的に安定した運営をしていた。

・利用者の子どもたちも礼儀正しく、障がいや問題行動を起こす子どもは見られないという。

・菩提寺モデルと異なり、環境は整っているものの、藤森が指摘するように「寺院や僧職者でなければならない」事業であるのかについては、評価の分かれる事業である。

※C 法雲寺モデル

F 霊山寺・I 霊光寺・L 円覚禅寺

・それぞれ、災害支援、病院への配食、治療所、障がい児学校、貧困者救済など地域のニーズに対して、住職、信者、地域の人々、(当事者)が協力し、寺院を拠点として事業を展開している。

・寺院を拠点として、住職を中心にして、信者による自発的で、活発的な活動がみられる。

D 洪福禅寺モデル

E 博母寺(及びネン寺)

・寺院を拠点として信者がボランティアグループを組織し、支援を必要とする人々に対して活動を展開する。

・今回のインタビュー調査では、仏教新聞で困っている人を知って、支援を行うというお話を聞いた。こういった情報が仏教新聞に出ているのか再度、調査を行いたい。

・また、お寺での慈善活動は女性の仕事、家族の幸せのための行うというお話もでた。女性信者ボランティアにとって、活動に参加をする意味を更に検討したい。

6. おわりに

これまでに、第1、2回ハノイ調査、第1回ホーチミン調査が終了した。今後の具体的な考察に入るために、できる限り多くの情報を収集したいと考えている。いずれにしても、どの施設をみせていただいても、住居環境は十分ではないものの、みな仏教に対する篤い信仰と、住職への信頼が感じられ胸が熱くなった。

また、これまでの施設のご住職に女性が多いというのも日本との比較で興味深い。筆者は、福祉的活動において、I型：保護、ケアと、II型：教育、訓練に区分できるのではないかと考えている。

やはり、日本における社会福祉の黎明期である明治後期から昭和初期までの仏教系の施設には、いわゆるII型の施設が目立ったように感じられる。しかし、ベトナムでは菩提寺モデルにみられるようにI型の施設が多いように感じられる。

いずれにせよ、このような経験をさせていただいていることに感謝しつつ、本共同研究の課題を達成するべく、最大限努力していきたいと考えている。

3. インタビュー記録

① 華厳寺 ご住職インタビュー記録

構成・文責

淑徳大学・大学院

博士後期課程 佐藤 成道

■ご住職 (バン・ハン[万行]仏教大学学長・ホーチミン仏教会)：釈 智廣和尚しやくちこう

■聞き手：秋元樹 (社会事業大学アジア福祉創造センター長)

藤森雄介 (淑徳大学・準教授)

菊池結 (大正大学・研究生)

佐藤成道 (淑徳大学・大学院)

■通訳：Nguyen Thi Du(以下グエンニあるいはグエン)

以下、インタビュー日時・インタビュー録

○ 2013年6月12日(水)

・17時00分：インタビューシートに基づいてインタビュー開始

全編、ビデオカメラ・ボイスレコーダーにて録画・録音。

一つの質問に、数分間話され、次に通訳をし、その後、確認事項や気になる点をいくつか短く質問・御返答の形をとる。

・17時55分：インタビュー終了

ベトナムの仏教者が行う福祉活動の捉え方とその意味

藤森：今日は、お忙しい中を、お時間をとっていただきどうも有難うございます。

釈：(頷く)

藤森：私は、先ほどお名刺を渡した通り、淑徳大学というところで教員をしている藤森というものですが、昨年、御縁があって、国立ハノイ大学から「ベトナムのソーシャルワークにおける仏教の役割」という、少し大きなテーマの共同研究を一緒にしな

いかというお誘いを受けて、それから、この2年間、まだ今回4回目ではあるのですが、ベトナムの方に来させて頂いて、調査をさせて頂いています。

積：(頷く)

藤森：この間、僕らの研究のチームは、いわゆるベトナムの寺院の中で、ご住職が、いわゆる福祉活動、慈善事業を熱心にされているところを中心に、ハノイとそれから、今回はホーチミンと、もう10ヵ所近いお寺を回らせて、勉強させて頂きました。

積：(頷く)

藤森：そこで色々な話を聞いていると、活動されているご住職の皆さんは、それが、出家者として、あるいは仏教者として、当たり前であるという、極めてぶれない信念、信仰を持って実践されていると受け取ったのですが、それが、実は日本とは少し仏教者の皆さんの考え方、あるいは、捉え方が違うな、と聞いておりました。

積：(頷く)

藤森：是非この機会に、先生にお聞きしたかったことは、改めてベトナムの仏教者が、福祉活動、あるいは慈善事業活動をするということは、どのように捉えているのか。どのような意味を持って行っているのか。

積：質問有難うございました。答えとして、3つあります。仏教者として、ベトナムで社会福祉、慈善活動のことをどういう風に考えていることですが、まずベトナムの仏教会が、戦争の前、戦争中にたくさんの人々が亡くなりました。また妊娠している時に夫が亡くなり、子供を産んだ時もその父親なくなりました。そういう家庭が大変です。そして仏教が、仏が教えた慈悲、それからあるいは、慈愛の心を持つと、人々を愛してあげてください。そしたら、こういうことをやったら本当のお坊さんの意味で、本当の出家者の意味で、国が大変な中に出家者が貢献しました。これは、戦争の時でした。それは、40年前のことです。2番目は、戦争が終わった後、ベトナムという国が社会主義となりました。社会主義というのは、様々にこの社会にご利益をつくることを応援します。ですから、仏教の主張は、人々にサービスをします。このサービスというのは、出家者が、慈善活動する仕事の役をして、国がすごく応援しています。そういう風に国が応援するから、仏教会、仏教を全国の皆さんが慈善活動のことを戦略として、やっています。3番目、なぜ、仏教がやっているかという、仏教会が檀家さんの数、信者さんの数が多いです。呼びかけると、やっぱり、お坊さんの信頼があるので呼びかけやすい。国は、国民を支える。国民は、仏教を支えるから、すごく

やりやすいです。例を挙げますと、私自身が、この間、花祭りの時に、少数民族が住んでいるところで活動すると、呼びかけたら、色んな信者さんが皆すごくやりたいですと言ってきて、活動をやりました。だからこそ、慈善活動をやっている意味もよくいいと思います。

藤森：なるほど。

バン・ハン仏教大学に「社会実用」という専門科目を開講する

積：私は、バン・ハン仏教大学の学長として、大学の中に「社会実用」という科目を開きます。つまり、お坊さん、尼さんたちが、この科目を勉強して、慈善活動のプロになるために専門家になるための授業を開きます。

藤森：それは、これから僧侶になる、目指す人が、社会実用という科目を学ぶことによって、仏教の修行、勉強と併せて、社会活動にも同じようにやっていくことを、仏教大学としても積極的に後押しをしていく。

積：その通りです。

藤森：なるほど。

積：なぜならば、私が、僧侶自身が、すごく活動したい心はあるのですが、専門家としては、ほとんどありません。

藤森：それは、いま初めて聞いて素晴らしい科目が始まったと思うのですが、それは、ちなみに勉強の時間はどのくらいでしょうか。1科目だけなのか、何科目なのか。

積：これは、大学で先ほどの(「社会実用」という)カリキュラムは、仏教学部、経済学部、社会実用学部という1つの課程で、4年間勉強した後、修士に入るまでに、皆さんがずっと勉強します。

藤森：単に、月曜日の1限1コマが1年だけではなくて、総合的なカリキュラムをつくった。このカリキュラムは、いまお聞きしてすごく興味があります。それはまた是非、機会を見て、グエンさんを通してでも、カリキュラムを是非教えてもらえればなど、今思いました。

積：はい。

僧侶の実践とソーシャルワークの専門家との関係性

藤森：そうすると、1つ新しくお聞きしたいことが出来ました。それは、いまベトナムに

もこういった高齢者や孤児や障害者のための、そういった社会問題に対応するためのソーシャルワークを学ぶ学部・学科が、ベトナムの全国で 40 校近くできていると聞いています。そうすると、そこでやはり 4 年間ソーシャルワークを学んだ学生さんは、社会に出て、理想的には問題に対処するプロになっていくはずなんですが、そうすると、僧侶の皆さんが行う実践と、それから僧侶ではなく社会学の領域として学んだソーシャルワークの専門家として学んだものは、社会の中で、お互いに関わっていける、関わっていかなければいけないとお考えですか。

積：まず、この社会学に関わるよりも、仏教大学の中における、社会実用の科目を開いた目的が、僧侶たちに専門的なものを勉強させて、卒業してから慈善活動をしているお寺で教えます。専門家としてやり方を教えられるようにします。もしよければ、もっとレベル高い修士課程に入って、もっと専門的に勉強しそれを修了したら、専門家として教えるようにしたい。

藤森：一方で、ベトナムの政府がソーシャルワーカーが必要だと、色んな学部・学科をつくっていますが、それらと切り結ぶというのですが、直接何か接点というのは考えていないのですか。

積：すごく関連しています。最初のステップは、ホーチミン国家大学のソーシャルワークの先生に頼んで、仏教大学で教えてもらいます。私は、ホーチミンのサイゴン大学と契約しました。

藤森：サイゴン国家大学にも、ソーシャルワークの専門の先生たちがいらっしゃるのですか。

積：います。

藤森：僧侶になる方が、社会実用のカリキュラムをしっかり身につけて、社会に出て、慈善活動、福祉活動していくということを、ベトナム政府も大歓迎…バックアップするという理解でよろしいでしょうか。

積：今の段階では、行政は応援しないですけれども、いまはまだ開いたばかりで、学生も育成していないから。4 年後、ここの質問は 4 年後に答えたほうが良いと思います。もし社会が必要であれば、仏教はいつでも応える、対応します。

藤森：先生、皆さんご質問があれば・・・

「社会実用」修了後の大学院への進路

秋元：マスターコースをうまくいけば作りたいというのは、卒業した人を一般のマスターに入れようということか、仏教大学の中にマスターコースを作ろうというアイデアですか。社会実用を卒業した人がお寺に行って、リードして、その人たちの専門性を高めるために、さらに必要であれば、修士レベルを作りたいとおっしゃったのですが、それは、仏教大学の中に社会実用のもうひとつ上に作ろうということか、その人たちを今度は修士を一般でやらせようということか。

積：いまは、仏教大学自体が、社会学のための大学院がまだないので、4年後、もしその方達がレベルを高めたいならば、サイゴン国家大学に入るか、外国へ留学して勉強する。今の段階では、バン・ハン仏教大学の中では、社会実用の大学院はないです。主な目的は、僧侶たちを訓練して、国のために貢献すること。外国で勉強したいなら、行ってください。目的は、4年間そういうことを願望としています。

出家者の慈善活動が少ない理由

秋元：先ほどの話だと、仏教出家者の仏教徒が、慈善をやるのは当然である、とおっしゃったのですが、いま私たちが調査をしていると、すごくいい慈善活動をやっているお寺がいくつもありますが、それにもかかわらず、すごく数が限られている。要するに、何千とある中で。その差は、どうしてなんですか。出家者の心の問題として当然であれば、もっといっぱい多くのお寺が慈善活動を、我々が見ているような慈善活動をやってもいいのではないか。すごくいい活動をやっているところ訪れて、10ぐらい見ているわけです。

積：このこと、なぜかという、仏教では、「従人従所」であって、自分の趣味でやります。例えば、出家者でも様々な人がいて、様々な趣味があります。様々な専門の仕事に就いています。例えば、私は学校で先生になって、教えることが好き。他のお寺が、慈善活動がすることが好き。それぞれが自分の好きなことをやります。

藤森：でも、これからは、こういった学部を作って、カリキュラムを作って、今度は強制ではないけれども、是非やってみましょうという方向になるということですか。

積：出家というのは、慈善・・・すごく自由で、この社会実用も自分、本人次第。自分は、願望があれば、科目を記録して、登録して勉強する。学校自体では、勉強しなさいも、命令もしない。よいことは、よいことをすること、というのは、誰でもやりたいです。でも、できるかどうかの問題です。慈善活動には2つあります。慈善活動は、大変で

す。2番目は、その方がやりたいけれど、応援する方がいるかどうかです。

慈善活動とソーシャルワーク

菊池：仏教大学の社会実用学部が持っている特色のようなものはありますか。慈善事業をするにあたって、仏教の教えを大切にするだとか、一般の大学でのソーシャルワーク学部と違って、カリキュラムに違いがありますか。

積：慈善活動とソーシャルワークは全然違います。ソーシャルワークは社会の仕事で、その方がその仕事をやるんですけど、給料をもらいます。慈善活動というのは、この社会の中に、仕事もあるんですけども、自分の心で発願して、ボランティアでやるからそれは全く違う。慈善活動は条件全く出さない。ソーシャルワークは、条件があるかもしれない。そのことは、当然です。仕事自体は、みんな全く同じです。ただ、組織は違います。一方はボランティアなんですけれども、給料がもらえない。一方は、ボランティアなんですけれども、給料をもらえる。ソーシャルワークは、みなさん給料をもらえます。これは、行政からもらいます。慈善活動というのは、信者さん、檀家さんがお布施によって、そのお布施を出して活動します。

ソーシャルワークの専門家の働く場所が少ないことについて

藤森：もう一つだけ最後に。これは、極めて日本という国と比較してですが、日本では、そういったお年寄りや障害者、子供たち、社会的に弱い人たちに対して、社会や国が制度を整えて、サービスを提供していく。それをまず充実させた上で、でもそれでも届かないところに仏教者やボランティアが関わる、という国のつくり方をしています。それからすると、ベトナムは、それで言うと、慈善活動を事業として、僧侶が活動する場所が、これからもたくさんあるし、大いにやってもらいたいのですが、一方で国全体のことを考えれば、ベトナムと言う国が、もっと制度を整えて、一方で、ソーシャルワークというものを学んだ人達が、もっと働く場を作っていかなければならないのではないかと思ったのですが、この考えはどうでしょうか。

積：そういう考え方もいいと思いますが、でも全体的に見ると、今のところですね、仏教会もすごく頑張っています。できるだけ、貧富の差の社会において、国の予算もすごく足りないので、仏教が出来るだけ社会を背負うために、少しでも手伝ってあげたい。だから、全体から見ますとすごく難しいんですけども、今のところ、仏教会が出来

ることがあれば、自分たちが努力します。海外から、ボランティアや組織がここへ来て、ベトナムの仏教がよく頑張っているとみんな応援してくれます。あとは、ベトナムの信者さんの供養のおかげです。

藤森：わかりました。僕の今の考えも、もう決めてしまったわけではなく、今年も来年も、こちらで調査をしながら、勉強して自分の考えをまとめていきたいと思います。今日は、すごく良い、次のことを考えるきっかけのお話を聞かせて頂きました。

積：さっき、私が申し上げた社会実用、つまりもう一つ、「仏学応用」、これは9月から開きます。

② 霊山寺 ご住職、信者インタビュー記録

構成・文責

大正大学仏教学研究科

研究生 菊池結

■ご住職：釋如賢

■聞き手：藤森雄介（淑徳大学）

■通訳・聞き手：Nguyen Thi Du（以下グエン尼あるいはグエン）

以下、インタビュー日時・インタビュー録

○2013年11月25日（日）

- ・7時30分：男性信者にインタビューをしつつ、病院へ配食するお弁当の調理を見学
- ・8時45分：男性信者及び女性信者にインタビュー開始、治療所の見学等を行う
- ・11時20分：ご住職にインタビュー開始
- ・13時00分：昼食（精進料理）
- ・14時10分：インタビュー終了

病院への配食について

信者①：この治療所というのは2週間に1回開きますが、対象者がこの辺近くの貧しい人と、障がい者、病気に罹っている人を対象として薬を出します。

信者①：薬代を患者さんたちにはまったく一切取りません。じゃあ薬を買うお金をどこから出すかという、ほとんどお寺から出します。それから経営者や、裕福な人達が出してくれます。

信者①：2週間に1回この治療所を開きますけれども、毎回だいたい100人、一番多くて140人くらいの方が来ます。

信者①：このお寺で治療所をやるだけではなく、空いてる時間は、また遠いところへ行き活動します。特に今は、リンビン省、中国に近い、国境で、1000人の患者さんを診察する予定です。

藤森：1000人の患者さん？

グエン：1000人くらいですね、貧しい人。

藤森：今ここにはお医者さんや薬剤師さんも来てくれている？

信者①：今日は、たまたまこちら（病院への配食）とこちらがダブルになっちゃって、普段料理をサーバに接続できませんでした。つくらないところに、お医者さんがいて、そこで患者さんを診察しています。でも今日は料理作っているから。こっちに。

グエン：ここでカーという病院へ運んで料理を配りますけど、カーというのは癌にかかっている患者さんを対象にしている。

ゲン：これ料理つくっている。

信者①：あのここは精進料理を食べるのはお寺の人間ですけど、病院で配っている患者さんたちは病気ですから精進料理を食べたら栄養が足りないのここは精進料理ではない。例えばこれは肉のソーセージ、これは本当の肉ですね。

藤森： 何食くらい作るんですか。

ゲン：250人、毎日。

藤森： 毎日？毎週ではなくて。

ゲン：毎日、雨降っても、台風がきても、毎日作って患者さんに配ります。

藤森： でも、ここが休みの時に、お医者さん診察って言っていましたよ。休みの時もある？

信者①：ここで料理するのは午前中だけだから、午後は使いません。それで医者が各々の病院から来てここ診察します。

藤森： 250食、毎日。

ゲン：柔らかい豆腐は油であげて、塩コショウかけて食べる。

藤森： そこで（ご飯）炊いて。

ゲン：今ロアン先生質問して、毎日ご飯作るお金はどこからだ、だいたいここは慈善活動ですから、慈善活動費として別にとってあるんですと、お寺で。それで慈善活動費が足りなかったら、お寺から出すと。

ゲン：これは1日6回炊飯器炊く。

藤森： 一回にこれ何升炊き。

信者①：お米だと8キロくらい、全部で1日50キロ炊きます。

信者①：これは一つのお弁当分です、少なめではなくて大目に入れます。なぜなら患者さんプラス家の人、親せきの人が付いているから、2人分です。

藤森： 1食の経費、いくらくらいなんですか。お弁当1つ。

信者①：1万ドンから1万5千ドンくらいです。

藤森： それかける250食。ということは、250万ドン～375万ドンくらい。

ゲン：1食50円くらいですよ。50から、60円くらい。

佐藤： 1250円くらい。

藤森： でも毎日だからね、かける30。後で計算しよう、12か月。

ゲン：患者さんたちにあげたいものはどんどんあげるけれども、お寺はすごく節約する。水大事、炭大事、向こうは炭です。まきで炊く。これは日本語でなんていいますか。

藤森： 練炭

ゲン：練炭、ガスだとお金かかるから。ガスはご飯を炊く時だけ使います、料理は練炭で。

藤森： ご飯もプロパンですね。

ゲン：患者さんにあげるものだから、衛生の問題は守っています。

藤森：今日は朝何位から準備していますか。

信者①：4時からです。

藤森：毎日4時から。

ゲン：そうです。

藤森：毎日4時に250個のお弁当をつくるのに何人くらいの方が集まりますか。

信者①：日にちによってですけど、10人から15人くらいです。

藤森：それはみんな信者さん？

信者①：そうです、みなさん新聞や、友達から聞いて、ここで慈善活動やっていると。その噂をきいて、発願でこの手伝いしています。

菊池：1人の信者さんが週に何日くらいここにきて活動しているんですか。

信者①：週は毎日、毎日10人20人30人くらいここにきて手伝ってくれるんですけど、週末1番多いです。土曜日と日曜日には一番多いです。

菊池：毎日来ている人と週に2日とか3日とか…。

信者①：ここはやってくださいとか言わない、発願、私みたい、あとはシンさん、彼女はすべて管理しています、私も毎日来ています。他のかたは自分の都合によります、だから週に2回とか3回とか言えないです。

ゲン：いつごろから活動と聞いてみる？

信者①：7年前からです。

藤森：始めたきっかけは何ですか？

信者①：その質問はあとで住職に聞いてください。でもうわさとしては今年住職は70歳です。その7年前に自分が癌の病気に罹って、自分が癌センター、癌の病院に行って、それで検査して、それでまわりに貧しい、可哀そうな患者さんがいたので、そこから発願して料理を配りたいと始めたそうです。

藤森：あなたはいつからこの活動されているんですか？

信者①：私は最近、1年前からです。

藤森：朝からこの活動を手伝って、そのあとお仕事は何をされているんですか？

信者①：私も仕事があります。4時から7時半まで手伝ってそのあと印刷会社に勤めています。カメラを撮ったり、現像する仕事です。

藤森：でも朝からその、このボランティアをやって、仕事をして大変だと思うんですが、なぜ始めようとおもったんですか。

信者①：ベトナムのことわざがあります。一つのケーキだけではお腹すくけど、おおきな葉っぱをつつむ料理をあげるとお腹いっぱいになる、そういうことわざがあります。私もいま元気で幸せで、なにか役に立てばいいと思って。まわりの人にも幸せになってもらうだけでも自分も幸せだから、いつもその空いてる時間を利用してボランティアをやりたいと。それが最初のきっかけでした。

信者①：おもてでいい仕事、いいことをするよりも、ここに来て一緒に料理作ったりする方が心がやすらぎます。

信者①：以前私は怠け者で7時8時まで朝寝坊で、だるいだると早く起きられませんでした。でも、これは自分の体操のつもりで考えていますから大変ではないです。

藤森：でもこの1年くらい前にこの活動を知ったきっかけは紹介ですか。

信者①：きっかけは私の奥さんです。奥さんが先にここで活動して、それで奥さんが家に帰ってこのお寺のことを私に話して、それから私もあまり信じないから、奥さんを乗せてバイクでここに来て、目で見て本当だ、それで一緒にやりはじめました。

ゲン：お弁当入れるみたい。

ゲン：先生、これはスープみたい、こっちはお弁当、おかず詰めて。

藤森：250食分。

ゲン：下はご飯、上はおかず、一つのお弁当。前のお寺は一緒に入れていたね。

藤森：ご飯たっぷりですね。

ゲン：先生、これはお米。

ゲン：先生、住職です。

住職：先生、このお米は料理を作るためではなく、11月の1日、陰暦で私たちがものを運んで、中国に近いところで1000人分配ります。

藤森：配るのは何キロくらい、お米。

住職：先生、1人分のお土産みたいに包むのは、1人10キロ、それから蚊帳1枚、毛布1枚、インスタントラーメン1箱、それから15万ドン入り封筒。

藤森：それを1000人分？すごい。では、持っていくだけでも大変な作業。

住職：荷物運ぶトラックは軍がトラックを出してくれます、それから信者さん乗るバスを借ります。

住職：あの900キロくらい、ラオスと中国とベトナムの国境に行きます。

藤森：900キロだと2日かかりくらいですね。

ゲン：40時間。

無料診断所について

ゲン：今、彼をいろいろ見えていますね。

藤森：健康診断。

ゲン：健康診断、彼はしょっちゅう咳でるから、肺炎ですね。

藤森：これ全部無料でやっている？

ゲン：すべて無料でやっている、薬をだすのも無料です。

藤森：こういう診療所は週何日、これも毎日ですか。

ゲン：1カ月に2回開きます、1回は135人まで。

藤森：お医者さんや看護婦さんは普段病院に勤めている方？

ゲン：そうです。

藤森：それで、ここには皆さんボランティアとして来られている方？

ゲン：全部ボランティア

藤森：では、お寺としては場所を貸して薬代を出している？

ゲン：全部すべてお寺のもの。みなさんが来て、やるだけで。もの、薬、ベットとかは全部お寺のもの。

ゲン：毎月 2 回やるんですけど、この部屋はこのままおいてあるの。他のことで使うと衛生の問題になっちゃうから、このままおいてあると。

藤森：そうなる、一回に 100 人以上のかたの薬代を含めた、月に 2 回やるんですが、1 回にかかる費用はどのくらいになるんですか。

ゲン：あの、先生、薬代だけは、ベトナムドンから日本円でだいたい 6 万円くらい。

藤森：1 回に。1 カ月で 12 万、1 年間で 144 万。

ゲン：これは、先生、この部屋は超音波、これはお寺買いました、ちょうど 110 万円くらい。

藤森：じゃあ、これもお寺の持ち物。110 万。

ゲン：これもお寺のもので。全部セットで日本円で 110 万。

ゲン：日本の天皇もなんかおしっこなかなかでない病気はなんですか？前立腺の病気の初期。

ゲン：医者、どこの病院か聞いてみますか。

ゲン：先生、タンロン病院、タンが昇る、ロンは龍、龍昇病院、タンロンは昔ハノイの名前でした。

藤森：では、今日はお休みで？

医者：そうです、普段は病院に勤めて、ボランティアするお寺が行う日に来て行きます。

ゲン：これは心電図、これもお寺が買いました。これ、セットで 15 万円だって。だいたい。この医者さんが糖尿病を検査する担当。

藤森：普段はどの病院でお勤めなんですか。

医者：ハッタイ病院、ハッはハノイ、タイは西、ハノイ西病院、ハッタイ病院。糖尿病多い、10 パーセントくらい、今ベトナム世界中 1 番多いです、糖尿病。

ゲン：ここは薬配っているところ、この皆さんは薬を売る人ではない、薬剤師です、薬をつくる人、これは行く準備です、900 キロの所まで持っていくやつです。

藤森：薬も持っていく。

ゲン：それから後ろの薬も慈善活動で持っていきます。

藤森：これも持っていく。

ゲン：これは 1000 人分の病気を診て、必要があればもっていく。本格的だね。

藤森：1000 人分だそうですね。すごいね。

ゲン：自性弥陀唯心成道。

ゲン：先生、この方は薬剤師、もう定年なっています、それからこの若い皆さんは仕事している。ただこの方だけ、いま他の薬屋さんから持ってきて売っているんですと。名前聞いてみる？**（ベトナム語の名前）、カイさん。

藤森：では退職されてからここでボランティアを？

ゲン：そうです、いつごろかな。

薬剤師（カイ氏）：仕事をしながら、他のところでも慈善活動を行いました。でもこの住職がやり始めた時にいろいろ聞いたんで、私が他の所をやめてここに来たんです。

藤森：もう何年位？

薬剤師（カイ氏）：他の慈善活動を含めると今日まで 15 年間、他のところからここへ移動して全部で 15 年間ですけど、ここに来たのは 2 年前です。

藤森：わかりました、ありがとうございます。

ゲン：先生、この方薬剤師に勤めている方、アンと申します。今書きます。

藤森：何年くらいやられているんですか。

ゲン：3 年前。

藤森：わかりました、ありがとうございます。

ゲン：先生、この方は住職のお姉さんみたいな存在。昨日まで一緒に仏教大会でしていました。**省、**の近く。1969 年に日本行きました。私の大大先輩ですね。

ゲン：先生、ここは血圧を測って、測ったあと番号を渡して、最初ここ済んでから向こう。

藤森：ここで受診というか、血圧みてからですね、なるほど。

ゲン：でもここは死んだ人の仏壇、先生こちらへ。

ゲン：ここは死んだ人の祭壇で、みんなここで血圧みて、脈をみて、番号を渡します、これ済んでから向こうって診てもらいます。

ゲン：血圧プラス脈。

藤森：病院もいろいろなところからきているんですね。

ゲン：これはいろいろ質問に答える、脈、血圧、それから全体を見てもらう、診察結果？これは薬の記入欄、薬は 1 日何回飲むか、これは日にち、医者の名前、診察表ですね。これはお寺の名前、住所。これは、名字、これは、年齢、男、それでこれ住所、彼はここに住んでると。

藤森：ゲンさん、これ使っていないのあったらもらえるか受付に。

ゲン 10 枚でももらえると。

ゲン：番号を配る係り、先生ちょうど今は 50 番、それであそこで待っている方いる、日曜日は多いですね。

藤森：お二人も看護婦さんですか、それとも学生さんですか。

ゲン：慈善活動だけ、医者ではない。

ゲン：彼女は大学生、3 年生、経済技術大学、彼女はボランティアやりたいからやってい

る、彼女の家もこの近くです。

ゲン：彼女も最近やり始めました。彼女は保育園に勤めています。11時から12時まで手伝います。

藤森：何年くらいですか。

ゲン：1年近く。

ゲン：これ番号もらった方、向こうで待っているんですね、先生この方は心臓、この方も心臓。

藤森：みなさん心臓系で、今日が初めてではなくて何度も来ている？

ゲン：この方は今回初めて来た、この方は2回目です、先生この車救急車として、なんかひどいときは、これで運んでいく。

藤森：緊急がでたら、そういう体制も整っているんですね。

ゲン：先生、住職インタビューあとでいいですかね。

藤森：まだ忙しいそうですね、ありがとうございます。

藤森：今この呼びかけのボード読み上げてくれるので。

ゲン：知らせ、11月の1日、まあ陰暦ですけど、夜このお寺を出発して遠いところに配りますと、これ1000人にあの薬と病気を診る、そういう慈善活動を行いますと、それと500人と貧しい家庭に物をくばります、そのものはお米10キロ、油1リットル、味の素など調味料5個くらい、それから一つの蚊帳、2キロの味の素、それから薬、それからお金、それからインスタントラーメン、各信者さんたちは発心としてお寺に供養してくださいと、それでこのボランティア活動を成功にするためにみなさんのご協力をお願いいたしますと、ただ洋服はいっぱいあるので受け付けられないと、それでこのお寺に敬って知らせますと。

藤森：なるほど、これを見て届けに来る人がいるんですね、あれもそうですか。

ゲン：あれは、招待状。これは霊山寺を開山した人の命日、開山忌。お師匠さんから育ててもらった恩は一生忘れることができない、このお師匠さんのお世話は一生報いることができないくらい大事だと、この水を飲むときは源の所を思い出して、お師匠さんの命日が**という方の命日、亡くなった後の名前は**。三回忌だと、みなさん参加してください、12月7日。

藤森：なるほど。

ゲン：ベトナムでは慈善活動やるさまざまな形があります、あるお寺では信者さんたちあるいは人からお金受け取った時には大きいお寺つくる、それは一つの形、もう一つの形、このお寺みたいに、大きいお寺作らないで、お金があつたら慈善活動やると。このお寺は李時代より前のお寺だから結構古い、李時代というのは1000年前、**という王様がいて、自分が王としての役割を果たしてから出家したんですよ。

ご住職、信者さんへのインタビュー

■ご住職（66歳）

■信者夫妻

■信者（女性、調理担当者、64歳）

藤森：よろしくお願ひいたします、藤森といいます。ハノイの大学の先生たちからの協力もいただいて仏教やお坊さんたちのこういった慈善活動を勉強して日本から来ました。

藤森：なので、お時間をもらっていくつか質問をさせていただきます、さっそくですが、ご住職から、この活動をはじめた日時ときっかけを教えてくださいませんか。

住職：私が慈善活動をやっているのは、自分が出家した日からです。出家した日というのは、今から約40年前、ボランティア活動しました、でも自分の所で本格的にやるのは8年前です。

住職：きっかけというのは、ちょっとおかしいですけど、私たちは仏の子ども、出家者とは仏の代わりに衆生たちを助けなければいけない、その助ける慈悲精神をもってやらなければいけない、あの慈というのは楽しみをあげる、悲というのは苦しみを救い、あの、慈悲という意味ですね、物質的はたりない、精神的な苦しみ、その時には出家者が現れてやらないといけない、これは普通のことです。

藤森：40年まえというと、ベトナムの社会が混乱していた時期だと思いますが、その頃からやられて、出家した日からやっていた慈善活動とはどういうものですか。

住職：私は、40年前はハノイではなくてホーチミンにいました、慈眼寺と薬師寺の小僧として修行しました。小僧ですから、いろいろ仕事しなければいけない、お寺の手伝い、慈善活動の手伝い、だから、そのグループが慈善活動行くときに、私はかならず慈善活動の手伝いにいきます。で、私がハノイに来たのは18年前でした。

藤森：もう一度確認をしたいんですが、40年前小僧としてお寺で修行したときは慈善活動が修行の一環として、修行に入っていた。その時の住職が理解している慈善活動は、具体的に覚えていることがあれば。

住職：あの、小僧修行時代ですね、まだ位が低いので何も決められない、お師匠さんに言われたら、行かざるをえない、例えば中部が氾濫して困った人たちへ、私がお師匠さんに従っていく、なので具体的には言えない、なぜなら自分が行ったものではないから、でももし18年前ここでボランティアをはじめた、その質問だったら先生にすべて話します。

藤森：じゃあ18年前、ホーチミンからハノイに来るのはわりと一般的？

住職：そうです、それが18年前。

藤森：18年前からこのお寺に？

住職：はい、ここお寺に入ってからすぐ住職になった

住職：それで18年前から。時間があればその頃の写真もいっぱいある、必要だったら整理

して写真を提供します。

藤森：ぜひ、次の機会に。

藤森：18年前ご住職になられて、自分で責任をもって始められた慈善活動というのはどう
いうものでしょうか。

住職：ここで活動したきっかけは、中部で大氾濫があつて…。

藤森：中部の大氾濫というと。

ゲン：中部はね、ダナンとかナッチャンとか、フエとか、中部といいますね、雨降る時
は大氾濫で、大洪水で、自然災害のときには活動しに行きます。

藤森：じゃあ、今回の東日本大震災があつたら駆け付けるような感じで、中部で災害が
あつたときに、みなさん行った？

ゲン：そうですね、仏教大会終わった後で、全国のお坊さん挨拶来るから忙しいですよ
ね。

住職：活動の写真をみてください。

ゲン：これ活動の写真とDVDで、3月ごろ活動した。

藤森：これは最近のやつですね。

住職：これはハッテン省、3月ごろ行きました

藤森：これ機材もみんな持って。

ゲン：これはフエに行った時の、これは最近のことですけど、昔のこと知りたいならば、
写真を整理して提供しますと。これリンビンフォウ、国境に近い少数民族の。

藤森：こういった少数民族のところには定期的にいっているんですね。

ゲン：各お寺いっぱいやっているんですよ。

ゲン：1年間に何回も国境いっているんだって、学校も2軒つくっているんだって。

藤森：学校も作っている。

ゲン：2か所の小さい学校と、少数民族の子どもたちに勉強させるために、そのための場
所をつくった。

藤森：でもそれだけの活動を継続するお金が集まりますね。

ゲン：写真に写っている、これお金ですね、小さい病院つくるために住職がこの人たち
に渡して学校つくってもらうの、お金は住職がもってきてこの警察官に寄付した、
病院つくるの。

ゲン：日本円で20万くらい、小さい病院、診療所、これは20万円ですが、裕福な方に
20万もらって、合わせて40万円で治療所つくった。

菊池：この制服着た方は、警察官なんですか。

ゲン：この人軍医、軍の医者さん。

休憩後、インタビュー再開

藤森：最初はこういった中部の自然災害にあった貧しい人への活動が始まりだった？

住職：そうです、それは18年前位にここで活動したけど、さきほど申し上げたように、ホーチミンで40年前修業したところ、お師匠さんのところで活動して、いろんな貧しい人たちと出会って、そこから私の心感動して、自分が住職になったら活動もやりたいと思っていた。

藤森：それで18年前からご自分のお寺を拠点にまず災害にあった人たちの支援にあたってらるんですね。

住職：そうです。

藤森：それが今日見せてもらった食事の支援や医療の支援になったのは8年前。

住職：あの料理つくって患者さん配るのは今年で8年目、ただ治療所、病院のような活動は4年目ですね。

藤森：なるほど食事が8年目、医療が4年目、まず順番に聞きたいのですが、食事を毎日配るように、ことを始めたきっかけはなんですか。

住職：感動的な話ですけど、料理つくる初めのきっかけですね。最初私新聞をみました、その新聞に載った記事ですね、ある小さい子どもが自分の舌、食べる舌、長さ20センチの舌、表出るくらい、普通ではない、測ると2,5キロの重たさ、そういう新聞の記事見て、あんまり可哀そうですから、となりの尼さんを誘って、この子どもをお見舞いしに行こうと。結局住職とその尼さんが病院にお見舞いに行行って死にような状態だった、なのでお金をあげた、お金をあげたとたん、まわりの患者たちもお金ちょうだい、ものちょうだいと言われて、それで私が、全部あげちゃいました、財布も無くなっちゃったくらい、その日お寺に帰って、いろいろ考えた。病院に困っている人たくさんいると、なにか自分がやりたいと。それが料理をつくるきっかけです。

藤森：でも今毎日食事を提供されていると聞きましたが、最初からこれやれたんですか。

住職：先生、最初お弁当の数は50個、これ昼ごはん、それで朝ごはん50個のお粥。

藤森：50個の昼ごはん、50個のお粥。

グエン：毎日やりました。

藤森：最初から毎日。

グエン：で、今は250、250はお弁当、550はお粥。

藤森：これとは別にお粥をつくっている。

グエン：今聞いてみたら、朝お粥、お昼はお弁当、毎日。

住職：そうです、毎日。病院2か所、1カ所朝お粥、1ヶ所昼ごはんお弁当。

グエン：大変ね。

藤森：えっと、朝4時からというのは、朝集まって、お粥をつくってお弁当？

住職：また私のお寺とは別のところに台所借りてお粥をつくります、それでここはご飯だ

け作ります。

藤森：お粥をつくっているところはお寺ですか。

ゲン：お寺ではなくて、台所をかりるだけ。

藤森：お粥をつくっているのもこのお寺の信者さんですか。

ゲン：そうです、信者さん、そこで13人がつくっています。

藤森：最初50個としても、毎日というのは大変なことだと思います、手伝ってくれる信者さんやお金の確保も最初からできたんですか。

住職：最初まったく信者さんからお金頂いていない、お寺のお金から出した。お寺のお金を出して、自分がこういう活動して、信者さんたちが感動して、それで寄付して、だんだん、それで活動して。

藤森：最初50個のお粥や50個のお弁当はほとんどご住職が作っていたんですか。

住職：そうです。

藤森：そうですか、すごいですね。

住職：私1人でも作れない、お寺仕事いっぱいあるから、私は呼び掛けただけ、私手伝ってくれるのはこういった信者さんたち。

藤森：早い段階から手伝ってくれた？

ゲン：うん。

藤森：50から250に増えた、数が膨らんできたのはいつごろからですか。

ゲン：ロアン先生が今質問した、どんな言葉で呼び掛けて、みんな聞くんですか。

ゲン：今、ロアン先生が住職に質問したんですよ、どんな呼び掛けでみなさんが集まって、協力してもらうんですかって、それで住職がまだ答えてないけど、私説明した仏教のなかに、仏が教えてくれる2つの教えがあると。

ゲン：先生、この夫婦用事があって先帰らないといけないので、先にインタビューすることに、住職オッケーだって。

ご夫婦の信者さんへのインタビュー

藤森：じゃあ、ぜひ聞きたいですが、みなさんが活動をされているのは仏教の心を十分もっているからと思いきれども、それ以上にご住職の人柄というか、ご住職だからお手伝いしようというふう思うところありますか。

男性信者：先生の最後の質問は合っていると思います。この住職の人柄すばらしいから、私は心から感動しました。実は私は、昔はね、全然お寺行ってないんですよ、行ったこともなかった、行きたくなかった、でもうわさを聞いて、この住職が活動していると、それがきっかけでした。

藤森：そのご住職がすばらしいと思う具体的なエピソードがあればお話しください。

男性信者：まず一つはこの住職の人柄は誰でも付き合うことができ、すごく親しみやすいことです。お坊さんと信者さんの垣根が全然ないです。

男性信者：例えば、我々が料理つくっているとき、時間があるとき、住職がこういうこと
こういうことと説明してくれる、やさしく説明してくれる、方法、心を伝えて
くれる。

藤森：奥さん来られたので、えっと、旦那さんは奥さんの活動がきっかけでこちらに来る
ようになったと聞きましたが、奥さんはどういったことがきっかけでこのお寺に来
たんですか。

女性信者：私は他のボランティアグループに参加して、その中にもだちがいて、その友
達からこのお寺について聞いて、紹介してくれたんですよ、それで自分で行っ
てみました、このお寺に。それでこのお寺はすごくなんか心が安楽というか、
いい場所と、またいい内容の活動をしていると、それでここで私が参加し始め
ました。

藤森：前のボランティアもお寺の関係の活動ですか。

女性信者：お寺じゃなくて、ボランティアグループ、インターネットでボランティア。

藤森：そうすると、えっと、ずっと、お寺というか仏教の信仰は持っていたのですか。

女性信者：このお寺と出会う前に全然仏教の知識なかった、でも各お寺には例えばお正月
のときとか、祭りのときに、お寺に参拝しに行くときは多かったです、こ
このお寺の活動を毎日手伝い始めてから、たとえば住職に、こういう意味はど
ういう意味ですかと質問する、そうすると住職が本を貸してくれて、本をよむ
と同時に、住職と一緒に説法を聞いたりして、仏教の知識分かるようになった。

藤森：でも仏教とは関係なく前もボランティアやっていたから、なにかその困っている人
たちになにかしてあげようというそういう気持ちは前からあった？

女性信者：ありました。

藤森：でもここに来てこういう活動も素晴らしいと思ってそこでここで一生懸命やるよう
になって？

女性信者：そうです。

藤森：でも、その活動に旦那さんも入ると思いませんか。

女性信者：最初自分自身も早く起きるのが難しかった、なのに、旦那さん起こすのもっと
難しいと思いましたが、だから自分自身が訓練しなくてはいけない、訓練して毎
朝早く起きて、それで旦那さんが分かって、それで旦那さんも一緒にできるよ
うになったのは嬉しいです。

住職：この夫婦はなんでもできる、一生懸命です、特に旦那さんなんでもできる。

女性信者②*調理責任者：私は、3時半、もうなれですね。

藤森：こちらのほうのボランティアはもう何年くらい続けているんですか。

女性信者②：2001年に定年してからです。

ゲン：11年目。

藤森：最初始めたころは自然災害の食料を届けたりとかそういう活動からですか。

女性信者②：そうです、住職と一緒に。

藤森：もしお時間があるようだったら、大丈夫ですか。

女性信者②：まだ大丈夫です。

ゲン：旦那さんは奥さんがお寺手伝うこと喜んでいる、ただ一つ条件は、食事のときは旦那さんと一緒に食事してほしいと旦那さんから言われている、でも幸せね、彼女が帰らないと旦那さんお腹すいてします。

藤森：まだ帰らない？大丈夫？

藤森：じゃあお二人のことにもどると、今は毎日の食事作りに基本的にはずっと参加されている、お二人で。

男性信者：そうです、毎朝。

藤森：それにプラスああいった少数民族のところにお米を届けに行ったりということにも参加される。

男性信者：行ったことがあります、夫婦一緒に、もし夏休みだったら、夏休みは子ども休みだから。

藤森：じゃあお子さんもいらっしゃる？

ゲン：今ロアン先生は名前きいている、**（ベトナム語）。

ゲン：娘さん2人、奥さんは化粧品売っている。

藤森：じゃあお二人とも仕事して、娘さんが2人いて、毎日ボランティアもして。

ゲン：そうです。

藤森：大変ではないですか。

女性信者：大変ではない、普通。

男性信者：子どもたちはいい子どもです。

藤森：この時間お子さんたちはどうしてるんですか。

女性信者：寝ています、今日日曜日だから寝かせます、でも普通の日には学校行かなければいけないから、朝4時から7時半まで手伝って、子ども起こして学校連れて行く。

ゲン：自分の家でお手伝いさん1人頼んだから、ご飯やってくれる、ベトナムでは富裕な方は必ずお手伝いさんいるんです、今日の運転手さんのところも2人お手伝いさんいるんです。

藤森：僕からは最後の質問で、それまで朝4時に起きるなんてお二人とも全然習慣になかった、それが今当たり前ですといえるくらい大きく変わったのは、それが続いているのはそれは何なんでしょう、信仰ですか、心、心と言われるだけだとちょっと…。

女性信者：信仰か、また心というよりも、最初の日に行って見たら、朝3時半、4時になっても、年取ったおばあちゃんばかり、そのうええらい住職も、年寄り、少し寝て健康守るのが当然なのに、住職はえらい方ですけども、台所にいって一緒に仕事する、ベトナムではえらい方は尊敬されて何もしてないのにこの住職は、

台所まで行って、仕事手伝ってくれる、その姿にとっても感動して、尊敬して、それがきっかけです。

ゲン：やっぱり住職存在感大きいね。

菊池：すこしあいまいで意地悪な質問をしますが、こういった素晴らしい活動を他の団体で、例えば、一般的なボランティアであったり、もしくは基督教の団体がこういった同じような活動をしていて、手伝ってほしいと言われたら、そこでも活動しますか。

女性信者：あの同じ仕事なんですけど、これは縁ですから、これで自分が人生最後までこのお寺に支えたいと思っていますから、他の所行かない。

男性信者：行ってもいいですけど、時間の問題があります。私たちの仕事は、午前中から午後までだから、朝のボランティアできるの、今のベトナムではここしかないですね、時間の問題がすごくびったりあってるから、ここしかないです。

ロアン：この2人はまだ若い、仕事、子育て、朝早く起きること、奥さんのお父さんお母さん、旦那さんのお父さんお母さん、2人のやっていることを応援するかどうか。また、あのこういう仕事すると当然夫婦の関係も、喧嘩になったりするかもしれません。どんな解決方法をしていますか、また家庭の問題も解決できていますか。またこの社会の友達の関係もある、友達に会った時に自分がアイデアだして、友達をひっぱってここに参加してほしいとかそう思ったことありますか。

男性信者：ここのお寺の仕事を手伝うのにまず問題なことはほとんどありません。ここ和合だから、喧嘩まったくありません。お寺というのはみんな仲良くやっているから、でも家庭のなかでももちろんあるけど、ここはまったく問題な関係ないから、心で仕事するから上から下までの仕事スムーズにいつているから、まったく問題な関係ではない。でも子どもが風邪ひいたときは、2人が同じここ行くときで、ではあなたが子どもの面倒、あなたが子どもの面倒と、喧嘩になるかもしれないと思うかもしれませんが、それで、これはちょっと迷信かもしれないけれども、私が子どもを産んで、その子どもすごくいい子、言うことを聞いてくれて、また、仏が守ってくれるからかもしれないですが、すごく健康な子ども、だから風邪もひかない、病気もまったくしない、また子どもが、子ども自体の関係もすごくいい子で、他の子どもの親から褒められて。

ゲン：ロアン先生がまた言って、今あなたが答えてくれたこと、いい家庭、いい子ども、幸せ円満な家庭だと、答えた。こういう家庭は、この社会少ない、ではあなたは自分自身が思ったことありますか、このいい家庭できるのは、仏様から、縁からですと思ったことありますか、それでこの方が今答えた、そうです、因果応報があつて、自分が良いことをすれば良いことがきてくれる、慈悲心があれば、また優しい子どもがきてくれる、また仏がいると思っていますと、またロアン先生が言ってる、あなたがいいことをもらって、これはボランティアしたおかげだ

と思ったことありますかって、はいそうですと、ボランティアやってるから、いいこと返ってくるよ。

藤森：佐藤さんどうですか。

佐藤：今活動されて3年でしたっけ。

ゲン：2年以上、旦那さんは2年近い。

佐藤：その間にこのお寺に、誰かを誘って、何人くらい誘って、このお寺でボランティアしましょって。

ゲン：今？

佐藤：今まで。

女性信者：あの親戚はアメリカに住んでいて、今一時的にベトナム帰っているから、誘って、今台所にも行っているんです。

佐藤：他に友達を連れてきたりとかはないですか。

ゲン：ロアン先生質問している。ロアン先生、今あなたの友達は、今あなたみたいにここにいますかって。友達はちょっと遠いところ住んでいるから、訪問しに来るだけだって。ロアン先生、変な質問、あなたがこういう活動をして、友達に、変だと思われませんか、全然変ないよって彼女答えました。

住職：中秋祭り、子ども祭り、この夫婦みんな来て、みんな友達来て、10何人か20人くらい、ここでケーキつくって子どもたち配った、中秋月餅、中国の。

ゲン：ロアン先生、ちょっとまた、変な質問。ボランティアのおかげで、2人はもっと愛しあいますかって、もっと仲良くなっていますかって。彼らは、そうです、一緒にボランティアやって、もっと話し合う機会もいっぱいある、それから家帰っても、大きな言葉ださない、仲良くなった、なっている、以前よりなっていると答えました。

佐藤：いつまでつづけますか？

女性信者：いつまで続けるかというよりも、健康さえあれば最後までやりたい。

ゲン：ロアン先生は奥さん連れてここやるんだって。

チャン：自分の2人の娘さん連れてきたことありますかって。

女性信者：あります、夏休みここに連れてきて、子どもも大好き。

ゲン：子どももここが好きですって、大好きって、それで、子どもはここを見てから、自分が無駄なもの使わない、物を大切に節約してると。

藤森：ちなみに子どもさん何歳ですか。

ゲン：9歳、5歳。

藤森：9歳と5歳、いろいろ物事の判断がつくころですね。

秋元：小学校のクラスメイトってなんていうんだって、数がいますよね、20人か50人、一クラスのなかで、みなさんのようになにか慈善活動一生懸命やっている人の割合でどれくらいいますって聞いてくれる。

秋元：仏教に限らずに。

女性信者：先生、すごく少ない。

秋元：じゃあすごくいい人なんだ。

男性信者：あの日本の小学校とちがって、ベトナムの小学校は子どもの親と会う機会はないですね、会うチャンスほとんどない、親集まって、父母会ないです、またこういう活動は、心から発願だから、誘う場合、自分の親しい友達、親せきしか呼んでない。

男性信者：だから小学校ではわずか少ないですね。

秋元：知りたいのは社会のなかでだいたいこういう一生懸命やってる方どのくらいいるんだろうか、10パーセントくらいなのか、50パーセントくらいなのか。

ゲン：これはもう仏教慈善会に聞いた方がいいかな。

ゲン：それは社会学の専門になってしまいますね、ロアン先生かフォアン先生に聞かなくてはいけない。

藤森：だぶん秋元先生は、小学校の時20人のクラスがあったとして、いま大きくなりますね、そのときに、後で聞いたりしたら、私はキリスト教だけどボランティアをしているとか、宗教、宗派にかかわらず、小学校時代の友達がみんな大きくなった時に、自分のような活動をしているのは何人くらい？

ゲン：それはわずか少ない。何パーセントというのは…。

藤森：専門の先生に？

フォアン：わずか少ない。

男性信者：ボランティアのかたちいろいろ、自分たちはお金少ないですけど、時間あるから仕事を手伝い、友達は時間ないけど、お金あるから出して寄付する、いろんな形。

ゲン：ロアン先生、また大変な質問、万が一家族が、大変な時、大変な状態になったときに、あなたたちはお寺の仕事やめますかって、彼らはやめないよって。

藤森：素敵なお2人の話が聞けたので、ちょうどご住職もいるので、3人のきちんとした写真を我々のほうで撮りたいんですがいいでしょうか。

ゲン：秋元先生の質問は社会学の先生にちょっともう一度聞いて、何パーセントかね、あるいは全体じゃなくて、仏教のなかに慈善活動何パーセントかあるはずですが、ロアン先生もフォアン先生もわずか少ないと答えているんですけど、仏教のボランティアに参加する信者さんが多いと思いますね。

藤森：信者さんというくくりのなかでも多いんですけど…。

秋元：このかたたちの印象が知りたかっただけですから。

藤森：ありがとうございます、お時間いただいて。

藤森：お持たせしました、もう少しお時間いいでしょうか。

ゲン：こちらの方にインタビューして、昼ごはんして、住職そのあと。

藤森：それでもいいですか。

ゲン：はい。

調理担当者へのインタビュー開始

藤森：先ほどのご夫婦のように旦那さんをつれてくることはないですか。

女性信者②：先生、旦那さん 80 歳、一緒にやってもらいたいですけど、旦那さんは昼ごはん、朝食、夕食、旦那さんはこしらえて、私は家に帰って食べるだけです。

藤森：旦那さんが作ってくれるんですか、でも 1 人で食べるのがさみしいから…。

ゲン：そうです。

女性信者②：43 年旦那さんと一緒、子どもは 4 人。

女性信者②：娘は 4 人息子は 1 人。

藤森：失礼ですが、おいくつですか？

ゲン：64 歳。

藤森：じゃあ旦那さん、だいぶ年上。

女性信者②：そうです。

藤森：そんななかで、もう 10 年以上、11 年こちらで、お手伝いというか、ご住職の慈善活動を支えてるんですね。

女性信者②：お寺が慈善活動する前にもお寺に来て本堂を掃除したり、庭を葉っぱを掃いたりそういう仕事もやってきて。

藤森：8 年前に毎日食事をつくって配ると聞いたときに、どう思いましたか。

女性信者②：先生、私は幸せ者です。なぜならばずっとこのお寺出会って、いろいろ仕事したからこそ、住職から信頼関係を結んで、そんでこの住職がいろんなことをやる時にも私と必ず相談します。例えば住職に相談されたこと、つまり、食事をつくって病院の患者さん配りたいと、あなたどう思いますかと、じゃあ私一緒にやりたいですからやらせてくださいと、最初は 7 人か 8 人しか手伝ってくれなかった、この仕事はまず信頼関係結んだことでできたのでうれしいです。

藤森：でも毎日作りますと言われたときに、正直僕だったら、本当に続けてできるのかなと不安になるんですが、そういう心配はなかったんですか。

女性信者②：不安ではない、毎日毎日同じこと繰り返してやると不安ないです。

藤森：でも一緒にやるだけではなくて、お弁当つくるためのお金もかかると思います、最初は信者さんからの寄付ではなくて、お寺の持ち出し、お寺からということだったんですが、お寺に新しく毎食毎食食事を出す、余裕もあつたんでしょうか。

女性信者②：それは心配ですね、いままではそんな大きな心配ないですけど、特に今年からはベトナムは不景気ですので、寄付するお金は減ってしまいまして、私と住職がこの活動をいつまで、続いていくかそれも心配ですね。

藤森：今、今が心配で、始めたころは心配ない？

ゲン：はい。

藤森：そうですか、もうずっとご住職の一番信頼している信者さんとして、ずっとこの活動を支えてこられたんですよね。

藤森：具体的にはご住職からどのような仕事を任されていますか。

女性信者②：具体的な仕事は、例えば毎朝手伝いしにくる信者さんが、4時半くらい来ます、それまでに私が、野菜を用意します、それから、メニューを用意しなければいけない。毎日メニューチェンジするのも私が決めます。例えば、今日は若いパイヤを炒める、パイヤを千切りにきって炒めて、それからバナナのスープ、それからソーセージ、それも自分が決めます。それでまた明日どんなメニューか、自分がメニューを考えなければいけない。すべて食事のメニューまかせてくれる。これは信頼です。

ゲン：以前は住職は自分で市場に行って、買い物して、でも半年前からは他の人にして貰っていると。

藤森：なるほど

ゲン：あの、住職が買い物すれば、値段下がる。あるいは無料で供養。

ゲン：住職は10年間、野菜をもらいに行くの、1990年から2000年まで。今、住職言った。ホーチミンの場合、いっぱいもらえる、ハノイは買うしかない。ホーチミンただでもらえる。

藤森：なるほど。

ゲン：ホーチミンはいっぱい供養する、こっち少ない。

藤森：日本から見るとこっちでもすごく、熱心に見えますけど。

藤森：でも、そうすると、ご住職が隣にいますけど、遠慮なく教えていただきたいのですが、それでも長い期間ボランティア、支えていてこれはちょっと大変だったとか、あの、すごく苦勞したということはないですか。

女性信者②：まったく大変、まったく苦勞と思ってないです、えらい住職から任された仕事があれば、自分ももっと幸せ、難しい仕事をまかせてくれると、もっと自分ががんばらなければいけない、苦勞と思っていない。

藤森：そうすると、少しこれは考えてから答えてもらうことになるかもしれませんが、毎日食事を届けています、それは喜んでもらえていると思うんですが、毎日食事を届けたといっても病院の貧しい人たちが減るわけではないですよ、そういう、本当はそういう食事が必要なくなればよりいい社会ですよ、そう考えるとベトナムのこの社会とか貧しい人たちに対して、どんなふうに変わっていくべきでしょうか、あるいは誰がどんなことをすれば、この人たちが幸せになっていくと思いますか。

女性信者②：あの、先生は、当然貧しい人減らすことできない、ただ私たちは小さいお弁当、仏飯、仏のご飯ですね、を届ける、これは患者さんの苦しみを和らげる、

また貧乏さも下げるかも知れないと思っている。

藤森：じゃあ大きな事は考えられないけど、仏様のご飯を差し上げるということが自分たちのできることとしてやっている。

女性信者②：そのとおりです。

藤森：もしかしたら、そちらはあまりかかわっていないかもしれませんが、4年前から始まった医療のほうについては何か役割を担ったりしていますか。

女性信者②：あの、私たちの役割、どんな仕事あってもやります、例えば部屋の掃除とか、番号配る手伝いとか、どんなこともやっている。

藤森：じゃあ、メインのそれを調整するようではないですね。

女性信者②：私はメインの調整の役割ではなくて、両方仕事があれば手伝う。

藤森：ちょっとまた。

菊池：最初に7、8人で始めた時の方も、長い間この信者さんで、仲良しというかつながりのある人たちではじめたんですか。

女性信者②：そうです、住職に呼びかけられたら、私とともに、7、8人仲良くやっています。

佐藤：みんな仏教の信者？

女性信者②：そうです

佐藤：その時どっかお寺に。

グエン：ベトナムでは、このお寺の信者でも、このお寺だけではなくて、他のお寺にも参拝します。

グエン：フォアン先生が、法名ありますか。ありますって。信者さんはみんな法名あるの。死ぬときは阿弥陀の世界に帰るための法名。

グエン：今ロアン先生質問して、あなたは他のボランティア、ソーシャルワーカーと接する機会いっぱいあって、その方が例えば、うっかり失敗したこと、それから仲が悪くなったりして、あなたが住職に言って追い出す場合がありますかって。それでこの方答えた、ここお寺だから追い出すことはまったくしない、仲悪くなってしまうこともない、もし万が一言って聞かない場合、住職に言って、それでその方を見て、ちゃんとこの仕事を手伝ってくれるかみて、その人に話します。そのあとどうですかってロアン先生が聞いて、この方はそのあとはその方次第、もし仕事好きならば、続けてやる、いやだったらいいですと。来なくなってもいいですと。その時は先生（住職）が、対応ですかって。

グエン：あの今住職が答えたのは、メインのかたすべてまかせて、来客品としてここで何日か手伝うそのかたはいろいろ意見を聞くんですけど、その方の意見したがってやることはまったくしない、我々の組織として、上から下までちゃんとスケジュールとプログラムあるから、意見、良い意見を聞くけど、あんまり悪い意見だったら聞かない。

ゲン：あの、ロアン先生がまた質問して、仕事手伝っている方々、その方の家庭が貧しい、困っている家庭もあるかも知れない、その時お寺は応援、支援しますか、あるいは直接家行って直接アドバイスしますかって、それで住職は答えます、そういう場合もあります、直接行ってアドバイスして、今グループの中に貧しい女性がいて1ヵ月20キロお米あげた。また、お年寄り一人のおばあちゃん、そのおばあちゃんは健康がない、病気もっている、それでお寺が支援している、薬あげたりして。さっきの女性は直接支援しているのは、つまりその女性は旦那さんが亡くなって、3人子どもいて、1人は今仕事、残る2人が精神病だから、だからあまりひどい境遇なので、一ヵ月20キロお米を支援しています。ロアン先生もう一つ質問、もう一つの質問は、つまり、貧しい人が、あの、貧しい人が、死んでいく場合、35日、45日に住職がお手伝いしますか、でもこの仕事を手伝いとして頑張りますかって、それでお寺が喜んで手伝いしますって、あの寂しさ、苦しみを分かち合うことを中心として、その家に直接行って、アドバイスだけではなく勤行したり、亡くなった人に極楽往生いけるために勤行します。

今、ロアン先生もう一つ質問、喧嘩した夫婦の場合、お寺来て相談したら先生（住職）がああ、どうですかって、お寺はいろんな人が来る、喧嘩夫婦、不幸せな方、それから、あの、人見知りな人もここに来て相談したら、みんな、よくなります、効果がある。もう一つ質問、ここでもし万が一泥棒が来て人のものを盗んだりした子どもの親がここ来たら、先生（住職）どうしますかって、それであの、仏教の教えを教えると、人のもの盗むと罪を犯しますと、だからだめだとか、いろいろアドバイスしてあげるの。

藤森：あとは菊池さん聞いて、チャンさん聞いて。

菊池：最初の始めたメンバーは、いまでも中心的に活動していますか。

女性信者②：今1人残っています。

菊池：1人だけ？

ゲン：バンさん、グウェンティバン。

ゲン：最初一緒にやってくれた7人、8人、今いなくなったのは、別にこの仕事いやだからやめたじゃなくて、自分の孫を面倒しなければいけないこと多いですから、みんなここやめて、自分の家の仕事やっていると、今、彼女と同じような仕事、2人だけ、バンさん。

チャン：あなたの仕事を、孫、子どもは応援してくれますか。

女性信者②：はい、私は年寄だから、孫、子ども応援してくれる、お金もくれる。それから、旦那さんを面倒するのも子どもに頼んでみんな応援してくれる。それで自分がボランティア活動して、みんないい対応だと言ってくれます。

ゲン：今、ロアン先生が質問したのは、あなたが友達を誘って、ここでやって、友達の間隔はどうですかとか、また、あなたがやっていることは友達はどう思っています

かって。それで彼女答えて、私はまったく関係ないと、朝早くここ来て、終わったら家帰って、午後もここ、ほとんどお寺通っているの、関係はない、お寺しかない。

藤森：それで充実していると。

ゲン：ロアン先生、質問、ここで結婚式やったことありますか。住職、ありますと。今多いです、お寺で結婚式。

ゲン：それから、お経を結婚式のときあげますかって、住職答えたのは「ろっぽうらい」経、これは家庭問題書いてあるんですよ。

女性信者②：先生、彼女の姑は、キリスト教の信者さん、キリスト教もしょっちゅうボランティアやっている。

藤森：姑さんはキリスト教、でも家族でそういう信仰の違いがあっても問題ない？

ゲン：多いですよ、キリスト教と仏教結婚する、喧嘩になった場合もある、あなたはイエス尊敬、私は釈迦様尊敬、家2つおいている場合もある、1つおいている場合もある。

菊池：活動とは直接関係はないんですが、日本では定年退職して、仕事を辞めたら、年金、45歳くらいから税金として払っている年金や、貯金で、仕事を辞めた後暮らしている方が多いんですが、ベトナムでは退職して、仕事をしなくなったら、生活費はどこから？

ゲン：ベトナムは年金はない、でも仕事の内容次第ですけど、彼女が国の仕事をやって、税理士、決算士やったから、定年金ですか、定年したあと、一カ月、1万3000円だそうです、普通はないですよ、でも国の仕事。

ゲン：またロアン先生質問、例えば世の中に悪いことをしてしまった方、あるいは私が、不倫として、奥さんいても恋人つくって、あのそういう罪は、お寺来たら先生（住職）どういうふうに教えているんですか。

住職：私がここのお寺来る前、このお寺の近くは悪い環境ですね、治安が悪い、ここから向こうに壁があって、8メートルくらい、それで、向こうに公安があっても、みんなヘロインをやって、お寺に壁乗り越えて、お寺に隠れるとか、特に治安が悪い。でも、私ここに帰ってから、いろんな悪い人間を助けてみんなよい生活になった、これもお寺の活動のおかげで、いい効果できた、それで公安、警察官が犯罪者を探すときに、お寺に隠れたり、でっかい木の中に隠れているの。

ゲン：ロアン先生もう一つ質問、このお寺の前に例えば女性が売春してうっかり妊娠で、子ども産んで、お寺の前に子どもおいたことありますか。今まではないって。

ゲン：今住職が答えたの、お寺は裁判官ではないから、あなたの仕事何ですかとか、まったく知らない、まったく聞かない、困っているから助ける、まずこれは心開いて、門を開いて助ける、そのあと、その人間はどんな人間か聞かないです。「カウティラン」、カウティランという犯罪者は有名です。このカウティランという方が、

ヘロインの薬売ってるんですよ、日本は何でしたっけ、葉っぱ、大麻やっている娘さんも。あの、もともこのお寺の信者さんでも大麻や麻薬を商売して逮捕された、カウティランはお母さん、**は子ども。2人は逮捕されて、刑務所に入れられて、それで、死んじゃった。なんだっけ、裁判官が、死刑。

藤森：両方とも死刑？

ゲン：はい。もう一人の**さん、この方もすごく罪を犯した、でも今他の信者さんのように勤行もすごくうまい、もういい人になりました。

藤森：名前もう一度。

ゲン：**、■■■、カウティラン、■■■。

藤森：これは罪を犯した人たち。それでこのお寺に関係ある？

ゲン：はい、もともとお寺の信者さん。で、大麻で捕まって死刑になって、それでその子どもも罪を犯したけど、今懺悔してお寺で修行して今いい人になった、今ロアン先生質問して、つまり社会問題にかかわった売春、犯罪者それから貧しい人、麻薬とか、そういう方をお寺でどう対応してますか。

藤森：なるほど。秋元先生、こちら何かありますか。

秋元：お料理つくってくれてますよね。

女性信者②：先生、私料理をつくる人間ではない、私料理管理、台所を管理する、料理つくるかたは1人、その方を、コック長を頼みます、一カ月給料は8千円。

藤森：コック長にはお金払っている

ゲン：はい。

女性信者②：先生、この患者さんに毎日料理出すから、専門家、まあコック長に頼まない、カロリーが足りなくなる、それから衛生の問題、それから、休養、つまり、ボランティアする人忙しいと、毎日配らないから、コック長1人、料理する人1人、コック長といのは、お米を炊く方1人、料理つくる方1人、あの、床掃除する人1人、この3人を頼んで、1人は200万ドン、つまり8000円くらいですね、1ヶ月3人だと、2万4千人払わないといけない、で、私は、何を仕事するか、すべて指導者として、言うんですよ、例えば8時にはお弁当をつめます、8時にお弁当詰めます。あんまり早く詰めると腐っちゃうから、そういうのを管理する。

藤森：管理者ですね。

秋元：じゃあ質問はですね、その管理者だったら、今お料理はコックさんがやってくれるけど、お仕事やって困ることはないかしらと。さっきもロアン先生が伺っていたけど、どうしても働いてくれる人がうまくいかなかったり、あるいはお料理ももう少し、コック長を雇ってるけど、こういうふうにはできないかなとか、悩むとか、考えが出てくることあるんじゃないかなと、そういうときに、どういうふうにするのかなと。

女性信者②：先生、もちろんあります。つまりこの 250 人、大勢だから、コック長 1 人、ご飯炊く方 1 人、掃除する方に合わないですね、やはり信者さんたちボランティアとして、その方のもとに手伝いするから、例えば、五つの台所、ガスとか、練炭、五つありますね、1 人では間に合わない、だから信者さんが手伝いする、料理もそう、毎日このふうだと飽きちゃう、だから我々意見出して一緒に考える、だから困っていることもある。悩むこともいっぱいある、でもみんなお互いに支えながら意見出して一緒に仕事する。もちろんあります。だからメインは 3 人ですけど、3 人についていくのは、信者さん、一般信者さん、それで、私についていくのは、副リーダーもついていく。私、1 人はすべてできないから、私の下副リーダーもいます。

秋元：話し合うってどうやるの。

女性信者②：あの話し合う、つまりメニューの問題を一番に話し合います、今日はこのメニューだと、でも明日は肉出しますよとって、そしたら、そのメンバーは肉は煮る肉か茹でる肉か、炒める肉か、そしたらみなさんは、おとといは茹でた肉食べたから、今日は炒める肉とか、そういうメニューについての話し合いです。やっぱりメニュー問題ですよ。毎日では飽きちゃうから、チェンジしなければいけない。

藤森：一つ確認ですけど、この 3 人だけはボランティアではなくて、給料払って仕事してもらっている。

ゲン：この 3 人は台所、あと運転手、毎日お寺から病院に運んでもらっている。いくらか今聞いている。

ゲン：わずか 4000 円くらい。車はお寺の車、運転手だけ。ごめんなさい 5500 円。車は買ったばかりだって。車は 90 万円くらい。

藤森：はい。同じように、ご住職と 2 人の所写真を撮らせていただいていますか。

女性信者②：今、言った 4 人だけあとはほとんど給料払ってない。すべては無料。それ給料もらうよりも私からお金供養しなければいけない。

藤森：旦那さんの食事はまだ間に合いますか。

女性信者②：大丈夫です。

藤森：長い間ありがとうございました。

住職：先生、私は夕方 4 時から中国国境まで行かなければいけない、それで、今 1 日修行安楽会ですね、あの「はっさい」会、みんな食事して本堂で念仏三昧する、そのあとは食事終わった後、私たち食事します、それまでにインタビューするか、あるいは休憩して、食事したあと私にインタビューするか、どうしますか。

藤森：もしよかったら続けてインタビューしてもいいですか。

ゲン：じゃあ 10 分休憩して。

ご住職へのインタビュー開始

藤森：じゃあもうお時間も限られていると思うので、もう少し質問をよろしくお願ひします。食事を提供することは、みなさん、信者さんから聞きましたから、僕の方で聞きたいのは、今度は4年前から始めた医療活動こちらはどんなことがきっかけですか。

住職：最初4年前にこの治療所を開いたきっかけですね、このこと話しますけど、ハノイ都市といっても、貧しい人がいっぱいいます、とくにフオアンキン区、フオアンキン区は金持ちがいっぱいいるんですけど、フオアンキン区のなかに、豚を育てて、豚小屋の中で死んでしまった人間が発見される事件があって、また、この**川の近くにロンビン市場があります、そこでも貧しい人いっぱいいます、その所で私はボランティアもいっぱいやっています、ハノイ都市にも困っている人いっぱいいますよ、とくにこの霊山寺の近くにも一つのグループの、貧しくて有名と言われるくらい有名ですよ。みなさんは貧しい、ご飯食べられない、病気になったらお金がなくて、病院へいけない、そういうことがきっかけで私は信者さんと相談して治療場所としてひらきたいと。

藤森：その時相談した信者さんは何人くらい、またどんな立場の信者さんですか。

住職：最初は何人が覚えてないですけど、信者さんだけではなくて、一般人ですね、記録ノート開いたら何人かわかる、でも2012年だけで1000人超えました、患者さん。

藤森：えっと、2012年、今現在で、延べ？1000人以上。

ゲン：述べ1000人以上。特に毎年、慧慈という尼さん。慧は、智慧の慧、慈は、慈悲の慈、慧慈という尼さん、この尼さんは仏教会で有名ですよ、ホーチミン市にいますよ、今度ホーチミン市に行ったらこの尼さんにインタビューしようと思ってるの、慧慈先生、この尼さんの支援で、このお寺で100から200人の目の手術する活動したの、このお寺で、ホーチミンからきて、このあいだの11月の16日に7人くらい目を手術した白内障。

藤森：70人？

ゲン：70人。

藤森：このお寺で手術した？

住職：ベトナム■■■病院というところで、70人。あの白内障を手術した、その時私が料理つくって持っていきました。

住職：毎回、慧慈先生がホーチミンからハノイいらっしゃるときに、だいたい200人くらい目を手術する活動をして、その時には、私のお寺から何10人か紹介して、そこで手術した。

藤森：そのホーチミンの尼さんは、で、その、目の、特に目を患った人を面倒みている。

ゲン：面倒みている。

藤森：この人は尼さんだけお医者さんではない？

ゲン：お医者さんではない。仏教の慈善活動会会長。

藤森：ホーチミンの？

ゲン：はい。

住職：ベトナムの仏教中央慈善会副長。中央仏教慈善会副会長。

住職：この話はちょっと複雑ですけども、慧慈先生が直接行くのではなく、この慈善会、慈善活動費からだして、支援する、だから直接現場行かないんです。直接行くのは私、慧慈先生の代わりに私が行きます。それから来年の1月ですね、海外に住んでいるお坊さんベトナム人ですけど、国帰って500人の白内障の目の手術をする。その時私も直接行きますが、お寺だけ、お寺から紹介する患者さんは100人を今募集して、100人分を出します、だから来年の1月にやる予定です。

藤森：ゲンさん、これはどういう活動かという、海外の…。

ゲン：海外にいるお坊さんがベトナム帰って、お金出して、お医者さん頼んで…。

藤森：ベトナムの白内障の患者さんの…。

ゲン：500人に手術する。

藤森：手術するのはベトナムのなかで？

ゲン：はい。ベトナムのなか。それで500人のなかはこのお寺から紹介した100人。

藤森：も入ってると。

ゲン：先生、つまり話は広がったけど、中央仏教慈善会には海外から支援、お金、それからファンド、それから経営者から、直接現場行けないから、中央仏教慈善会にお金集まるの。それでそのお金を担当するのが慧慈先生、それで慧慈先生がお金出費する。どこにお金ですか、出して、それで現場を確認するの、住職と他の尼さんは現場を確認して、どれくらい予算かかるか慧慈先生に報告して、それで慧慈先生がお金だして、それでみなさんが動きます。

藤森：この活動に関しては北も南も関係ない？

住職：関係ないではなくて、関係あります。全国行ってます。

藤森：関係ないというのは、南だけではなくて、ベトナム全部でやっている？

ゲン：ベトナム全体。

ゲン：今ロアン先生質問、この慈善会から出費しますが、ホーチミン、まあ中央だから北も支援を受けられますかと、住職が答えたのは、最初慧慈先生も難しかった、北も支援受けられるが、政府、なかなか難しかった、例えばリンビン省に自分のお弟子さんがあるお寺の住職なって、その辺の近くで活動したかったんですが、そのリンビン省の政府から許可下りなかったから、結局ストップになった。つまり、活動できるのも政府が許可下りないと難しい。

ゲン：この前の女性経営者のシルク社長の妹さん。

藤森：じゃあお話を少し戻すと、最初信者さんに相談されて医療の支援が始まりました、でも僕の気になるのは、食事は信者さんの協力でできます。でも、医療の場合は今

日見たお医者さんや薬剤師さんが協力してくれないとできない、それはあんなにたくさんの方がボランティアに来てくれているんですが、それは最初どんなふうに関係をつくって、最初この仕組みをつくられたんですか。

ゲン：先生、今私も知らなかったホーチミンとハノイ違います、北の方ですね、日本は葬式坊主と言いますね、葬式坊主で、死んだ人のために供養の葬式坊主がいて、それから名前書いたりして、戒名書いたりして、それは頼まないといけない、でもこのお寺はすべてお師匠さんからお弟子さんまですべて自分たちやっている、だからそのお布施は入っているの。ここは葬式坊主ではないですけど、死んだらすぐ行って、祈願してあげて戒名つけてあげてそれでお布施はいるの。

藤森：日本でいうと枕経というのから、亡くなったらお経あげて戒名かいて。

ゲン：そうです。すべての行事をやるからお布施が入る。そのお布施から今治療所ができた。最初はねアウンさんのおかげ、アウンさんはさっきのおじいさん、あの、会長さんだっけ、薬剤の、薬剤の会長さん、あの方のおかげでファンドを探して、薬代を出してくれた、それでお寺が担当なのは病室、ベット、いろいろかかったのはお寺のお金から出した。はっきり言って、医療所に寄付してくださいと檀家さんに言っても誰もださない、でも料理つくらはみんなだしてる。だからお金はお布施から出して治療所やっているんです。

藤森：ゲンさん、ちょっと確認です。いわゆる亡くなったら枕経を唱えて戒名をかくというのあまり南ではやらない？

ゲン：やっています。全部。

藤森：でもお寺で一体化というのは、普通はお寺で分かれています？

ゲン：はい、特に北は2種類分けてる。学問お坊さんと、枕経お坊さん。ホーチミンは3種類分けてるの、学問、枕経、それから学者。3種類。

藤森：それで、こちらは学問も収めながら、枕経というかお寺のもう一つの実践をやっている？

ゲン：うん。

藤森：それで亡くなった方の枕経や戒名からのお布施で医療の設備を整えた、そして人間関係としては、そもそも薬剤師の会長の方の、人脈でファンドやお医者さんもそこから縁があつて来てもらったということですか。

住職：そうです、その通り。アウンさんはもともと薬剤師だから、彼が薬を担当する。担当というか、もらってここに持ってくる。

藤森：薬はへたをすると取扱い大変ですから、あんなに山積み置きしてもらえないですね。

ゲン：偽の薬もあるから。

藤森：でもお医者さんはどういう人脈ですか。お医者さんもこのアウンさんのつながりですか。

住職：あの医者さんの半分くらいアウンさんが紹介してくれて、残り半分は、みなさんここで活動しているのを知っているから、お医者さんの発願でここで活動しています。

藤森：そもそも、アウンさんとはどういうお知り合いなんですか。

住職：アウンさんとはまったく関係ない。でも、アウンさんの奥さんは、こういう修行会に参加して、それで、奥さんから話を聞いて、それで彼がここ訪問して、お寺の活動が立派ですから、協力すると、それがきっかけです。私はアウンさんと関係ないです。

藤森：ここも奥さんがご縁で。

住職：そうです。

藤森：でも、そういった医療のことをやると食事の時とまた違った大変なことがあると想像します。例えば、身体を検査してもらうことによって病気が分かったり、自分の死ぬことの不安があったりする、つまり身体の問題をつうじて心の心配や相談が増えたりする、そういうこともお話を引き受けるのでしょうか。

住職：その場合はいっぱいあります。もし、病名を言われたら、患者さんの精神は大ショックですね、それとすごくひどい病気と分かったら、お金がない、それから病院へ行けない、その場合は今ここに勤めているお医者さんから、自分の病院を紹介してもらい、紹介状を書いて、医療費はかからない。治療費がかからない。

藤森：かからないというのはここで支払んですか？

ゲン：紹介状書いてもらって、ここで働いている、ここにいる医者さんですね、お医者さんが今働いている病院へ紹介しますね、その患者さんが紹介状持ってきて、治療費がかからない。それから特に治療費がかからない病院と、かかる病院があります、今住職は申し上げた3つの病院あるの。108病院、あのマイ病院、マイは白い梅、白梅病院、越■■病院、そこで、紹介すると治療費かからない。精神的問題はお寺が説明して、それで住職が説法してあげると。物質的もオッケー、精神的もオッケー、それでいい解決だと。

藤森：でも生老病死、日本でも僕らはよくそれらを意識します、まさに最後の老いと病と死のところですよ。日本で相談を受けるときは、ここで初めて、というか、こここそ、ソーシャルワーカー、病院に勤務するMSWというソーシャルワーカー、そういった人たちが専門職として向き合うことが多いのですが、こちらでは、そういう専門の方にまかせるといことはないので、そこも含めてお坊さんたちでカバーしてしまうのですか。

住職：先生ね、日本みたいちゃんとソーシャルワーカーの専門家いるんですけど、ベトナムは専門家に頼むよりも精神的になる場合、お寺に相談しにくるんですね、例えば生老病死のなかの病、病気なる場合は、ここに医者さんいる、病を解決してくれる、残る老と死は、これはお釈迦様説いた、因果応報と無常があると、因果応報というのは、産まれることがあれば死ぬことが必ずある、ルール、規律ですね、規律があ

るからお坊さんが説明しなければいけない、それで、無常と因果を話して納得させて皆さんはもう、リラックスになる。例えばの話ですけど、1人の子どもを、1人の私の信者さんがここに通って、で彼女から話を聞いて。彼女が、いつも自分のお母さんに対して、親孝行なことやっているのに、なぜ自分の子どもが不幸ですかとか、それでこの住職が答えた。あなたが親孝行やっているんですが、実際は親孝行やってないと。あなたと子どもの関係も今見えないですけど、前世が不幸な親孝行をしてしまったから、今自分の子どもから不幸の結果を受けていると、目が見えない、因果応報、そういうことを話す。納得させると。ソーシャルワークのちゃんと専門な方はこの分野を説明できないです。仏教の知識と、経験を積んでから説明できる。

藤森：今はまだ、それを説明できる専門家がなかなかいない、少ないんですが。それこそ、今ロアン先生たちの大学をはじめ、専門家を育てようとしていますよね、その専門家の人たちがこの先育てきたら、その役割というのは専門家の人たちが担うことも可能でしょうか。

住職：先生、ここにソーシャルワーカーの専門を育てる可能性があります、なぜなら私のお弟子さんは、唯一1人しかいない、そのお弟子さんが仏教大学も終わりました、哲学大学も終わりました、その方を、今育てています。そして、今、見習いが2人いる。1人は大学の免許書をもらいました。もう1人は高校3年生終わったばかり、この3人を育てようと思っています、やはり私の代わりに、いろんな衆生、いろんな人々にアドバイスできる方を育てたいので、これからいろいろ計画があります。あの学校開くのは難しいですけど、お弟子さんを育てて、ちゃんと人々に関わるようにするのも、今やっています。

藤森：これも少し答えづらいかもしれませんが、さきほど信者さんにもした同じような質問なんですけど、食事や医療の支援をして、その都度たくさんの人たちが食事をもらったり、診断を受けたり、しています、でもその数が減るわけではない。活動をされていてすごく大事だし、助かっている人もいると思いますが、そのことで、貧しい人が減ったり、ちゃんと食事をとれる人が増えたりということではないですよ、ですからそういった、できればそういう人たちが少ない社会が望ましいと考えたと、お寺でやることには限界があるのではないか、これからベトナムで貧しい人たちがもっと減っていくためには、そのためになにか努力するためには、日本は政治や行政がいろんな仕組みを考えていますが、そういったところに、期待をしたり、考えたりすることは何かありますか。

住職：日本の政治家、それと日本の経営者がもしベトナムに支援すればありがたいわけですが、特に私が、今まで国内、国外のベトナム人だけいただいている、外国人からはほとんどもらってないです、もし外国のファンド、外国の経営者、協力してくれれば、私たちの活動ももっと広がるかもしれない、なぜなら、私がいまリンビンフォウ省。ここから約550キロまで、今そこでお寺もない、慈善活動もない、今私が小

さいお寺つくる予定です、4千平方メートルの土地と今基礎だけやっているのも1800万円かかりました。この設計図、予定では、1億か2億円かかりますが、そこでまだ足りないですね、つまり、ここやりながら遠いところで活動したいと、遠い貧しいところ、なんか山岳の国境近い…。

住職：ラオス、ベトナム、中国、これは3つの国境のお寺もないところに造りたいです。これ、戦没者の慰霊碑。

ロアン：私もこの近くの大学を開いた。ここの近くのソーシャルワーカーの人たちを育てている大学。最近私もここに授業をやりに行きました。

秋元：なんていう場所？

ゲン：リンビン省タンロン町。先生、あのアメリカ戦争、フランス戦争、特に有名なリンビン省。これは、向井先生よくわかると思う。

住職：ロアン先生に今話しているけど、あなたも遠いところ行ったことがありますよね、政府がやるのはかたちだけ、表だけ、大都会とか、大都市にはきれいな建物つくるけど、きれいな建物から5キロ先まで行くと、もう貧しい人いっぱいいる、なぜ政府はそういうところでやらないんですかって。その貧しいところで宗教団体がやるしかない、政府が表、かたちだけやると、行政は遅い、というか、やるのも、本当の心ではないと。

ゲン：ロアン先生と住職は対話して、貧しいという概念ですね、貧しいという言葉を知ったら、私たち、普段、ご飯をすぐ食べられない、洋服ない、そういう貧しいと思っているかもしれないけど、ここで今我々貧しいというのは、食べるものと洋服だけではなく、みなさんが意識を豊かになって、精神的豊かになるのは、これは豊かになる、貧しくならないです。それで安楽心的な生活をできるためには、自分がすべて出さないといけない、そうするとその人はね、一軒お寺を建てたら、一つの刑務所を減らす。つまり、お寺をつくったら、善、善い行いをみなさんに勧めるというメッセージを送るという、皆さんが見て、勉強する、それで、みなさんが精神的によくなる、それで、例えばの言葉ですが、誰でもみんなケチな生活、自分を出したくない、でもお寺をつくったら、そこで、5ドン10ドンだして、みんなに出して、そこでグループできて、そこでお金出してあげる、それ精神的豊かになる。貧しいですけど、5ドン出したら、みんなも豊かな心できて、豊かな心だしたら、生活も豊かになる。人々のために考えることになる、そういうお寺のメッセージですね。で、例えば、私たち、毎日慈善活動やってきて、ハノイ寒い日は6度、10度、肌寒い日は、誰でもあったかい布団のなかで寝たい、でも肌寒いでもみんなここに来て料理つくったり、活動したり。なぜ、みんなやるんですか。もしケチな人だったら、ここに行かない。この活動をやるざる得ないのは、みんなに人々のため考えてほしい。こういう考え方もったら、貧しいとはなっていないんですね。ここでロアン先生また議論して、なんていうんだろう、みなさんの団結、手を結んで、みなさんの

助け合い、話し合い、この生活は安生、生活できると。安生というか、法安とういうか、そういう概念今話していた。高めるんですね。そうするとみなさんは物質的な貧しいも減らす、精神的な豊かさを高める。

藤森：なるほど。分かりました。

菊池：病院で糖尿病など、長期的な治療が必要ですが、何回でも無料なのかということと、無料ということが評判になって、患者さんが 1 日でさばききれないほどたくさん来るようにはなっていますか。

ゲン：今住職答えたのは、これ無料だからどんどん増えると、これは当然ですが。でも、これ 1 ヶ月 2 回治療所として、患者さんを診ることは数を決めています。あの、135 人。もし増えたら、今住職は 8 つの会がありますと言いました。信者さんたちがここダメだったら、自分でまた違う所行く。まず会を申し上げますけど、赤い十字、赤十字会、目が見えない会、障がい者会、傷兵会、傷兵会、というのは、戦争でけがした人の会、それから青年会、患者さんたち自分でそこに行くの。

住職：この**区のなかに 8 つの会があるので、みんな調べていくんです、それから無料で入れるから、登録してあります。自分の名前。

菊池：1 ヶ月 2 回、一回 135 人と区切って？

ゲン：そうです。

菊池：今ここにお坊さんたちはご住職お弟子さん 3 人、みなさん修行の一環として慈善活動にもかかわっている？

住職：私はお師匠さんの立場でお弟子さん 1 人、お弟子さんのお弟子さん 2 人、だから、子どもと孫と言えればいいですね。それで、自分のお弟子は学問やっているから、時間がない、手伝ってくれない。学校勉強して、帰ったらお寺の仕事手伝う。慈善活動は手伝ってくれない。

藤森：孫も？

ゲン：はい。

藤森：でもいずれはこの人たちに活動を引き継いでもらいたいとお考えですか。

住職：今私、育てています。引き継いでくれるかはお弟子さんしだい、学問かボランティアやるか、お弟子さん次第、今私育てるしかないです。決められない、お弟子さんの人生決められない。

ゲン：だいたいロアン先生と同じ、ロアン先生今大学の先生、自分の子どもに将来の大学の先生になってほしいと、できないね。子どもの人生子ども決める、先生（住職）のお弟子さんと同じ。私が死んだら終わり、あとは仏がこのこと決めるから、自分が決められない。

ゲン：住職が今、北のシステム説明した。誰でもお寺の住職なるわけではない。自分は北の人、または同じ山門、同じ山門の弟子にならないとできない。

ゲン：今、ロアン先生質問した。先生（住職）なぜ親のいない子どもを育てないですか

って。それで、私は子どもと縁がない。兄弟のなかにも 5 人のひ孫いるけど、抱っこしてもできない。縁がない。子どもには縁がないですけど、■■に毎年支援していた。お米を 5 トン (?) 配っていた。【テープ聞き取り不能】

藤森：佐藤さんはどう。なければ。

佐藤：仏縁があるからお寺に行くんですよね。仏縁がない方、例えば自分自らお寺をでて何か縁のない人のところに普段行ったりするんですか。

住職：仏縁があるのが信者さん、そうじゃないのは縁がない。でも縁がない方はお寺へ勤行をしたり、礼拝したりすることができないですけど、仕事手伝ってくれたりする。ボランティアの仕事も手伝ってくれるかたもいます、そういう方は心が優しいと言います。だから仏縁がないよりも、心が優しいと言って、いまでも何人かいらっしやっています。

佐藤：それと朝早いんですね、門をずっと夜も開けているんですか。

住職：私は個人的な場合は朝 3 時半に起きます、お寺自体は 4 時 15 分に始めます。4 時 15 分朝勤行、それから 30 分には仕事、ボランティアする方が来る、それでお昼 12 時まで開けてます、それでお昼 12 時から 2 時まで門いったん閉めます、それから 2 時から夜 8 時まで門を開きます。8 時半から門を閉めます。

秋元：世の中には専門家というのがいっぱいいるのね、こういう専門家がほしいというのはありますか、例えばね財務だとか、精神科医だとか、組織管理だとか、いろんな専門家が山ほどいるの。ドクターと看護婦が必要なのはわかったけれど、他にこういう専門家がほしいなという日々の経験からありませんか。

住職：先生、あの、望んでいます。専門家が来てほしいと、つまり、私がいつも求学、学ぶことを望んでいます。それから、向上心、あの上に向かっていくことを望んでいます。もし、あのそういう専門家がいたらいろいろアドバイスをしてほしいと思っています。今のところはいないんです。

藤森：長時間にわたって、ありがとうございました。

③ GOVAP 子供保助生育(育成)センター

構成・文責

淑徳大学・大学院

博士後期課程 佐藤 成道

■DIRECTOR(ディレクター): HO THANH LOAN (ロアン)

■聞き手: 藤森雄介 (淑徳大学)

菊池結 (大正大学)

佐藤成道 (淑徳大学)

■通訳: ゲン尼

(敬称略)

以下、インタビュー日時・インタビュー録

○2013年6月14日(金)

・8時10分: インタビューシートに基づいてインタビュー開始

全編、ビデオカメラ・ボイスレコーダーにて録画・録音。

一つの質問に、数分間話され、次に通訳をし、その後、確認事項や気になる点をいくつか短く質問・御返答の形をとる。

・11時00分: インタビュー終了

GOVAP 子供保助生育(育成)センターの概要と歴史

藤森: 今日には急なお願いにも拘わらず、お時間を取って頂きどうも有難うございます。

LOAN: (頷く)

藤森: 私たちは、お聞きになっているかもしれませんが、去年からご縁があって、ベトナム国家大学ハノイ人文社会科学大学 (USSH) の先生方と、仏教とソーシャルワーク、社会福祉の実践に関わる共同研究をしています。

LOAN: (頷く)

藤森：今回も主に子供たちやお年寄りを預かっているお寺を訪問して、インタビューをさせてもらっているのですが、是非こういった公的な、国で行っている施設の現状や内容等を知りたいと思ってインタビューも含めて訪問させて頂きました。

LOAN：（頷く）

藤森：よろしくお願いします。

LOAN：はい、有難う。大歓迎ですので、どうぞ、質問してください。実は、私は日本人がとても大好きです。日本の第二次世界大戦が終わった後、広島・長崎の原爆、それからいま、日本の大地震の後も、日本人の勇敢で、意識が強く、世界中の誰もが日本人を尊敬しています。私も日本人が大好きで、私の娘も日本で社会福祉を勉強させようと思っています。彼女は英語が話せるので、アメリカへ留学させようと思うのですが、本人はアメリカが嫌で、日本人のような性格になりたいので、今「さくら日本語学校」で勉強しています。日本語の免許をもらったら、日本へ留学する予定です。なぜ、私たちが日本人を好きかというと、ベトナム戦争の後、それからドイモイ政策の後、ベトナムは 1992 年、バオカという時期、すごく貧しかった人がいっぱいいました。アジアの中では日本人が初めてこの施設へ車椅子を寄付してくれました。すごく感動しました。その時は、十何台くらい車椅子をくれました。ずっと使っていて、今はボロボロなんですけど、捨てないで記念として取っておいてあります。

藤森：有難うございます。そうやって使っていただいているというお話を聞くと、同じ日本人として、非常に光栄です。

LOAN：（頷く）

藤森：では、早速なんですけど、僕らも不勉強でつい数日前にハノイの先生からこちらを教えて頂いたので、改めてこちらの施設の概要を少しご説明頂けますでしょうか。

LOAN：その前に、ちょっと聞くのですが、情報を集めて写真撮ったりして、こういう資料は内部だけ使っているのですか。

藤森：すみません、先に説明もせずに。私たち、ベトナム語をわかりませんので、後で聞き間違いがないように録っていますが、これを無断で公にするような、例えばインターネットにアップするようなことは絶対にありません。聞いて、研究として、内容を日本語で書きます。そして、場合によって、ベトナム語に訳してもらおう。英語に訳してもらおう。そういう利用の仕方です。あと、映像は記録用です。写真は、プ

ライバシーに配慮して、施設の全体や利用者さんの顔が分からないような形で使わせてもらうつもりでいます。

LOAN：テレビなんかは出ないですね。

藤森：はい。私たちは、所属している教育機関から研究に関わる費用を助成して頂いているので、「しっかりと調査・研究を行っています」という記録の意味で録画していますが、それは内部での報告等の使用に限ります。テレビ等に出すことは決してありません。

LOAN： 光栄です。国が管理するセンターは、今回は何回目ですか。

藤森：今回で3回です。ハノイは、2カ所です。改めて、こちらの施設の概要というのを少し教えて頂ければと思います。

LOAN：このセンターは、GOVAPにある保助静養センター、という名前、これとても古い。1975年の前に誕生した施設でした。当時、教会が管理してくれました。1975年の後、国が解放した後、国の管理となって、現在に至っています。

藤森：そうすると、1975年から国が管理している。教会というのは、その前から？

LOAN：この施設は、もともと教会が創った施設。教会が管理して、シスターたちが運営しました。75年から。

藤森：教会が創った年は、わかりますか。つまり、75年から国の管理ですよ。教会が創って、シスターが運営し始めたのはいつですか。

LOAN：私もよくわからないけれど、新聞とシスターたちから話を聞いて、1883年に、この施設を創りました。名前も違います。「サウマイ孤児院 GOVAP」という名前を創ったらしいです。その後、1971年、新しい施設になったその時は、「GOVAP 保助静養センター」という名前に変更しました。それで、1976年に「ヨンノ保育園」という名前を改めてつくって、1995年に、今の名前に変えました。

入所している子供たち

藤森：そうすると、今現在は、普通の、障害を持ったお子さんが中心？ それとも、障害を持った子もいれば、普通の子も預かっているのですか？

LOAN：今現在、252人の子供のほとんどは、親がいない子供です。その中でだいたい、80%くらい障害者で、残りの20%は先生が調べているところです。100%障害かどうかを調べて確認中です。

藤森：基本的には、障害を持った子、あるいは、その疑いのある子供たちを預かっているという理解でいいですか。

LOAN：この赤ちゃんたちは、3種類の仕方であって、われわれが連れて帰ります。まず妊娠して、子供を産んで、その子供がちょっと変わった症状、重い病気で、親自体が面倒見られないから、病院で棄てた子供。次は、道に棄てた子供。最後は、このセンターの門の所に置いて、逃げた親の子供。

施設に入所する過程

藤森：そうすると、実は、ハノイで親のいない貧しい子供たちを預かる公的な施設の話を知ったのですが、施設に入るに当たっては、行政のチェック、公安の確認を経て入所してくる。その施設では、直接の受け入れを基本的には行っていない。行政を通してということだったのですが、こちらは、門の前に棄てられていた、あるいは、路上にいた、ダイレクトに受け入れている？

LOAN：このことをビックリするのは当然です。たぶんハノイで、説明がはっきりしていないと思いますので、みんな一緒です。どういうことが一緒かと言うと、まず、病院から受け入れて、あるいは、行政、あるいは、地域から連れて来る、市民が連れて来る、あるいは、働いている職員も、もし赤ちゃんを発見したら、連れてきて、まず受け入れます。受け入れたら、本来、施設のルールを破ってしまいますけれど、でもまず、赤ちゃんの命を大事にして、その赤ちゃんが、すごく危ない状態の時は、私たちもやっぱり命が大事だから、先に受け取って、赤ちゃんの命を助けて、赤ちゃんの権利は生きる権利があるので、ベトナムでは、こういう権利は誰もが知っている。受け入れて、助けて、それから労働省に書類を提出して、「こういう赤ちゃんを受け入れましたよ」と。労働省は、国にまた提出して、国から赤ちゃんの戸籍、医療保険、出生届、の3種類を発行してもらいます。まず、人を助けて、命を助けて、終わった段階で労働省へ提出して、3つの書類を発行してもらいます。もし、その後、赤ちゃんが亡くなったら、労働省からも死亡届を発行してもらいます。その後、赤ちゃんを助けたけれども、命の問題は、元気かどうか、死ぬかどうかわからないので、もし、死んだら、出生届があるから、今度、死亡届も発行してもらいます。こういうことは、ベトナムでは、珍しいことではありません。心でまず弱い人を助けることは、ベトナムでは普通のこ

と。私たちも、本当の心で働いているから、まず慈愛の心がないとダメ。あとで、先生に見学してもらいますが、私たちが、去年、「ICU」という部屋をつくりました。その部屋はあんまり元気がないけど、救急で息を戻すための部屋。だいたい棄てられた子供はみんな栄養が足りない。もう死ぬ状態で私が受け取ったら、助けられる場合もある。

入所者の人数と年齢

藤森：細かいところの確認ですが、こちらで戸籍や出生届も出すので、ここで名前も付けて、生まれたところ、ここが出生の基本的な場所となるということでしょうか。

LOAN：これは、「大きなファミリー」です。

藤森：そうすると、施設の受け入れの限界というのがあると思うんです。特に、お寺であれば住職の判断で、200人でも300人でも受け入れ可能というところがあると思うけれど、こちら公的なところは、使えるお金の助成金が決まっているということもあると思うので、定員ですね。定員が決まっていると思うのだけれど、子供が定員通りに棄てられるわけではないと思うので、そんな時は、どうするのでしょうか。

LOAN：先生が述べたことについては、ベトナム政府は、数を強制する法律は全くないです。ただ、センターの状況によって、ちゃんとシステムがあるかどうか、あるセンターが狭かったら、違うセンターに移動する。あるセンターが大きくなったら、そのセンターに入所する。そういう平均で、建物とかシステムとかを併せる数を管理するだけで、数を強制するのではなく、数のバランスを、いいバランスにするように。今のところは強制はありません。国はちゃんと経費も計算しているので、先生がおっしゃった経費も、そういうのはベトナムでは今は心配ない。なぜならば、一人の子供は、そんなにお金かからないです。布団・蚊帳・食事、一人が生活できる品物、物質的なものを考えると、経費はそんなにかからない。ただ、私のセンターを見学してもらえばわかるけれども、子供たちが住む部屋がたくさんあるんですが、子供たちが遊ぶ庭とか、遊ぶところがほとんどないです。ですから、そういうことを考えると、やっぱりよくないというか、私たちも臨機応変に、この部屋は住む部屋だけれど、遊べる部屋をつくるとか。ベトナムでは、消防署の法律では、障害者がなるべく高い建物には住んではいけない。低い建物に住むという法律で決まっている。このセンターも、消防署の法律を守りながら高い建物では生活していない。

先ほど申し上げたように、制限しないから、どんな状況でも、まず人を助ける。そして、小さい命を助ける。これは誰の心にでもあるんですね。我々は、小さい命から 18 歳まで面倒見ます。18 歳といっても、実年齢では 18 歳なんですけれども、障害者は 30 歳でも 13 歳のレベルだと考えた方がいい。私は、28 年間ソーシャルワークを学んで、ソーシャルワーカーとして海外へ留学したこともあるので、社会の角度から見ると、そういう障害者は 18 歳といっても、ちゃんとした成人ではないですね。その障害者たちに、自分の生きる技能、自立技能、しっかり生活するには、やっぱり 30 歳まで本人ができていないはずじゃないですか。頭としては、13 歳でしょう。今の小さい命から 30 歳までの間に、万が一その子に縁がなくて亡くなったなら、私たちはちゃんと葬式もやって、僧侶に頼んでお経を唱えて聞かせて、お寺に骨壺の管理をお願いします。そこまでが私たちの仕事です。ここのセンターは、一つの原点、成人の教育をして、成人、人となることを教えます。彼、彼女の精神というのは、結婚とか、職業、それから生きる技能、その技能が備わったらここを出て、社会で共同で人と生活できるかどうか、また恋愛をして、結婚する時も私たちは援助する。精神の状態、物質の状態、そこまでも我々が面倒をします。

藤森：わかりました。このことでの確認は、実際には、乳幼児、小さい子から実際は 30 歳くらいまでの人がいる。そういうことでしょうか。基本は 18 歳まで、障害の状態によっては、30 歳くらいまではここで？ この施設で見るのか、社会に出てサポートするのですか。

LOAN：サポートだけ。入所は、18 歳まで。18 歳を出たら、できれば社会の生活に慣れるために我々がサポートしますが、だいたいその人達は重い精神病ではありません。このセンターには現在 37 歳、38 歳の人もあります。戦争の枯葉剤による重い精神状態の人達なのですが、外には出しません。

子供の支援方法と職員、及び国からの支援について

LOAN：ちょっと話ただけで、どんな方々がいても、その方は「菩薩」です。その事は、自分の考えでは、どこかに愛情があれば、安楽な生活がある。どこかに争いがあれば、そこに戦争が始まります。ここにいる子供たちを見るとやはり、戦争はやってはいけないと思います。

藤森：施設について、利用者さんの事情はわかったのですが、先ほど聞いた 252 名の子供

達に対して、何名の職員さんが働いているのですか。その職員さんはどういう専門
ですか。お医者さんなのか、看護師さんなのか、保母さんなのか。

LOAN:252人の子供を面倒見ているのは、6グループに分けました。1番目のグループは、
生まれた0歳からの乳幼児で危篤状態です。2番目のグループは、運動できるけど
障害がある、自分で歩けないから車椅子を使ったり、杖を持って歩きます。3番目
のグループは、子供のケア。その子供が、軽い神経の障害があります。4番目は、
脳が大きい。頭が大きい。脳の中が腐っている。この子供は、59人くらいいます。
こういう子供は、死ぬのを待っている。だから、面倒見る方がずっといます。ごは
ん食べさせたり、栄養剤を入れたりします。5番目のグループは、ダウン症。この
ダウン症は、話せない聞こえない、歩けないとか。ここにはエイズの子供もいたけ
ど、人数が多くなったので、他のセンターに移しました。6番目のグループは、様々
な障害、例えば、心臓とか死ぬのを待っています。

藤森：脳が大きいのは、水頭症だと思います。水が頭にたまる。でも、この子は身体がく
っついているから枯葉剤の問題だと思います。あと、肢体不自由なのは、いわゆる
重症心身障害。

LOAN：職員は、143人います。その中で子供たちを面倒見るのは86人です。この86人
は医者、看護婦、技術員、リハビリ、洗濯する職員、薬をつくる職員、料理を作る
職員です。この施設の料理は大変です。皆さんは、例えば、アレルギーとか、病気
のために食事してはいけないとか。ICUの職員。6つのグループはそれぞれの教育
内容が全然違います。心理学の専門家、技術の専門家、リハビリの専門家、救急の
専門家などが担当します。子供たちの障害がなるべく軽減あるいは回復するように、
専門家たちがきちんと見て子供が元気になるように、グループの教育・内容によっ
て動いています。子供には、人間の権利を持って、生きる権利の価値を分かるよう
に、我々が教えてあげます。まとめますと、すべて愛情で可能性が出来るように私
たちが動いている。私は自信をもってセンターに利用している子供達は幸せだと思
っています。他の子供と比べると、皆さんはすごく幸せ。ただ、システムはまだ足
りないところもあるけれども、我々が発願としてやってきて、私とセンターの監督
さん、つまり、オーナーの給料もすごく低い。これも、我々はボランティアとして
やっているの、給料もあまりこだわりません。67条、この政府が決定した法律で
は、0歳から18ヵ月以下は、1ヵ月60万ドン(日本円で、約3,000円)。1日は2万

ドン(日本円で、約 100 円)です。18 ヶ月以上、この子は、障害は軽いです。48 万
ドン(日本円で、約 2,200 円)。これは、国の法律で決められています。また、洋服
は 1 年間で 2 着、上と下のセットで。蚊帳、布団、枕、畳、が国から提供されます。

ソーシャルワーカーとして働いている職員はいるのか？

藤森：質問のところを少し戻って、聞きたいところがあるのですが、働いている職員さん
の中に、先生もソーシャルワークを学ばれたと言ったのですが、ソーシャルワーカー
として働いている人はいらっしゃいますか。いるとすれば何人ですか？

LOAN：今でも、仕事の名前は、今までありませんでした。また、給料の番号、政府から
発行した番号もありませんでした。例えば、師範大学では、幼稚園教員、小学校
教員、中学校教員、高校教員、大学教員などは、そういう名前には番号がありま
した。例えば、幼稚園教員は、115。小学校教員は、114。今例を挙げますと、仕
事の名前、それから給料の区分、仕事の番号、国から発行されていません。今で
もありません。でも、いいニュースがあって、2011 年から国の提案、これは「32
提案」という提案が発行されて、私たちは「ソーシャルワーク」「ソーシャルワー
カー」という名前が出てきました。だけど、今、国も展開中だから、小級・中級・
高級まではまだですから、たとえばお医者さんは、国から決まった区分として、
2 年後、給料は少し上がるけれども、ソーシャルワークの小級・中級・高級の区
分をまだつくってないから、給料もつくっていません。私たちの給料の区分もな
かったのですが、「毒害」というお金があって、患者さんの面倒を見ると自分も感
染することがあります。感染症の方達の面倒を見る方に、特別にお金をあげます。
これは、政府から彼らに給料をあげる番号はなく給料は低いですが、その他に、
彼らが幾つか給料をもらいます。「毒害」の他に「残業」、政府から払うお金は、
8 時間です。プラス、自分の残業も、もらえます。それから、お年寄りを面倒見
る人ももらえます。「ふきゅう？」もらえます。3 種類の給料をもらえます。し
かし、3 種類給料をもらっていても、子供たちが貧乏で貧しくて、足りないもの
がいっぱいあるから、私たちも贅沢してはいけません。今まですごく楽な生活が
出来たのは、海外の NPO の支援金を受けていたからですが、最近是不景気なの
で、外国の政府からほとんど受けていません。今援助もらっているのは、ベトナム
市内のボランティア、有力者、富裕層に属している方々からもらっています。

ベトナムは団結精神として、「破っていない葉っぱは、破った葉っぱを包むべき」、
そういう団結があるから、いま国内で支援してくださる方々からお米、塩、醤油、
お砂糖、お金、そういうものを頂いています。しかし、一番大変な事は、病院へ
行くことです。入院するとお金が掛かりますから。もちろん国から援助出ますが、
ほとんど足りません。その子供たちは死亡率が高いので、入院する時も高性能の
医療機器が必要であったり、いい先生が診てもらわないと助けることができません。
私自身がソーシャルワーカーで、外国でも勉強ができて、自分がやっている
本当の心で、子供を助けてあげて、自分がやっていることが、万が一失敗したこ
とでも、不安、後悔をしないように。我々のやっている任務は天使の任務。キリ
ストは天使ですね。もちろん、この世間は誰も私たちに叱りません。でも自分は、
失敗したらすごく後悔します。なるべく後悔しないようにやっています。「無常」
という言葉はシンプルなんですけれども、その言葉は我々に動力、勇気を与えて
くれました。こういうことを確定すればするほど、自分が障害者を面倒を見るの
であり、ソーシャルワークを学ぶ学生さんに教える先生の立場から見ると、すべ
て本当の心で対応しておかないと恥ずかしいです。文化も教える、生きる技能も
教える。私が、大先生となる場合は、もちろん国にとっても有益です。政府が私
をドイツへ派遣し、研修後祖国へ戻ってきて、今色々と教えています。あるいは
外国から、短期間、訓練期間、そこで私も参加して、みんなを教えている。三年
前にセンターのオーナー、監督になりました。副監督は5年間勤めました。学校
の先生は20年間しています。こういう障害者を面倒見る先生を、北部、中部、南
部、あちこちで教えています。私は教えている方々がお金が掛からないように、
例えばこういうソーシャルワークを勉強するためには、ハノイへ行かなければな
りませんが、交通費が掛かるので、私が自分自身でどこかの学校の教室を借りて、
そこで障害者の面倒を見る口座を開いて教えています。障害者を面倒見るプロの
技法を教えています。色々教えています。まとめると自分の愛情がないと、こ
ういう仕事はできません。ソーシャルワーカーは、143人の中に100人くらい働
いています。正規の学生じゃないけれど、ここで学んでいます。大学で3年間正
規に学んだ人は6人います。自分の技能を補助するために、どこかのセンターで
勉強して、訓練を受けて、ここで働いている正規の人は6人です。大学で4年間
学んだ学生さんでも、みんなほとんど実践のレベルがないから、みんな卒業して

私のところに来て質問をしたり、こういう部屋で実践科目もやっています。だから大学の勉強だけではできません。この仕事は人のための仕事です。人のためにやる仕事です。

つまり他の人が出来ない仕事です。ソーシャルワークという仕事は、人のため、人に貢献するための仕事だと思います。人間というのは、この社会の中における様々な環境の結合となったものですから、そういうものたちが当然、障害者、認識についての障害、肉体についての障害、ですから、この仕事は、貢献すべき仕事です。

僧侶の活動とソーシャルワークとの違い

藤森：すごく、参考になりました。というのは、今まで特に今週の火曜日から調査に、お寺の実践の調査に回っていた時に、「ソーシャルワーカーという仕事の人たちとの関わりがありますか」との質問には、ご住職さん皆さん「ない」とおっしゃった。すごく不思議だったのですが、いまの説明で少し事情が分かりました。その上で質問なんですが、お寺で僧侶の方がお年寄りや障害者の方たちを預かっている。そういった仕事と、ソーシャルワークが、社会のため、人のために貢献する仕事というのは、先生のお考えでは、何か違いがあるのでしょうか。逆に、ないのでしょうか。

LOAN：寺院と基督教のシステムと神父たちが、やっていることです。今の質問には、2の内容があります。1つは、ソーシャルワークをやっている方なんですが、その方は訓練を受けていません。それは、自発、自分の慈悲心、自分の博愛心、自分の愛情心で、人々を助けます。こういうグループは、例えば、寺院の住職、基督教の神父とシスター。こういう方は、技能はありません。障害者とかを面倒見るレベルの技能はありません。障害者たちの面倒を見るどんなレベルの技能もありません。愛情はもちろんあります。愛情さえあればどんなことも成功できます。ただ、条件が足りていません。全面的に発展させるため、弱い人へ向けていくためには、こういう仕事は客観的な仕事です。この社会は、お年寄り、子供、遺棄された赤ちゃん、誰でも門を開いて助けます。もう一方、ソーシャルワークをやっている方は、ちゃんと訓練を受け、正規に専門教育を受け、法理に基づいてやります。その方がやっているのは、表彰状をあげるとか、あげないとか、これは、論証を述べたら、例えば、お医者さんもそうです。お医者さんも5年間勉

強しても、この人を医者とは言えません。5年間勉強したとしても、実践、実行、実習期間を経て、それで仕事をできます。このソーシャルワークもそうです。ソーシャルワークは、師範、医療、精神、心理、4つか5つの部分が必要です。マズローに基づいて、階段は5つあります。最後の階段は自分自身で決めることです。私の場合は、最後の階段だと、やはり食べる、住む、寝る、色々あります。5番目の階段へ到達する人間の重要性は、誰でも求めています。貧乏から金持ちまで、障害者から普通の人まで、誰でも欲求があります。ですから、その欲求でも、聞いて計画があれば失敗がありません。ソーシャルワーカーも、企画しなければなりません。例えば、先生が目が見えない人と出会ったときに、先生が面倒を見る前に、目が見えないから、どんな設備でどんな生活で、どんなものがよいか、自分で考えて対応してあげます。話せない、聞こえない、そういうときも、女の子か、男の子か、何がよいか、自分も計画をつくって対応します。誰でも、両足で歩く、私たちがその方に、両足で歩けるように助けます。釣りの道具はあげるけど、魚はあげません。自分でやるように。

亡くなった子供の供養

LOAN：どうぞ、是非精進料理もあるので、食事を出したいです。私、日本人大好きです。ここでボランティアをしたある学生さんは、自分が履いた靴もちゃんと揃えておく、トイレもきれいに掃除して、日本人の性格はすごい。だから、日本人が好きです。皆さんに、ここに残って、施設を見学した後にボランティアとして1週間くらい。アメリカ人フランス人もいるので、そういう人も見てもらいたい。旦那さんも、その家族も精進料理です。私、精進料理はできません。この仕事をしていますから。この仕事は、私に適しているので、精進料理は難しいです。私の家族は、ある土地をお寺にあげてお寺をつくりました。家族は、全員お寺に供養たくさんしています。今も、昔もしています。

グエン：お坊さんに頼まないのですか。ここで、小さい形でやるのではないのですか。

LOAN：フダ寺に、ここの赤ちゃんが死んだら骨壺を置きます。今までは教会に置いたけど、もうめいっぱい。今までは、私以外の監督さんはやりませんでした。国から、1つの葬式代として、30万ドン～35万ドン(日本円で、約1,500円～1,700円)まで出します。それで、今まで皆、「フンファ」という火葬場で燃やした後、骨を捨

てていました。そういうことを見て、かわいそうで反対していました。そこで、自分の給料から出して、骨壺を買って、骨を入れて、ここへ持って帰ってきて、自分と何人かで心の中で祈願して、ちゃんと念仏もしてあげます。

子供たちを海に連れて行ったり、みんな新婚旅行で行くようなリゾート地のダラットニャッチャンや、遊園地などに連れて行ったりします。もし先生達が来年来たら、すごい発展だとわかるように、すべての部屋をリニューアルして、子供たちがそこでリハビリして、ガラスの扉、表の道路が見られて、外の市民の生活状況が見られるように。

施設の改築

藤森：その改築の費用は、国からですか。

LOAN：国は一部分で、一部分は慈善活動です。お寺も時々来ているので、お金、食べ物、遊ぶもの、色々です。外と交流する人も多く、自分たちが作った商品売って、子供たちも自分の在庫も持っています。みんな、銀行の口座も持っています。大きい子は労働権利があるので。大きくなったらみんな職員として、親がいない子もここで働いています。この DVD の中に、このセンターのドラマ、内部ですけれども、私が監督、ディレクターとして初めてつくった DVD ですが、この中に赤ちゃん、小さいときから大きいときまで、変化とか、子供たち自分の姿を見せたいために、大きい画像を出して、子供たちに見せます。コピーして、差し上げます。私は、これをはじめての人にはあげていません。

「ソーシャルワーカー」と「ソーシャルワーク」

佐藤：ソーシャルワーカーのシステムには、2つの条件がありましたが、僧侶は必要十分な条件を備えている。それで、僧侶の方をソーシャルワーカーとお呼びしてもよいのでしょうか。

LOAN：それは、呼ばない方がいいです。僧侶や神父がやっていることは、「慈善活動」と言っていていいです。「ソーシャルワーカー」は、必ず免許を持って、発行して、給料を払う方のことです。慈善者は、発心としてやるから、給料はあげない。

佐藤：ソーシャルワーカーとは呼べないですが、僧侶や神父の方が、ソーシャルワーカーへ、あるいは、専門教育や実習の中で、仏教者あるいは、仏教が果たす役割という

ものは何かありますか。

LOAN：ベトナムでは、「ソーシャルワーカー」と「ソーシャルワーク」という仕事は違います。「ソーシャルワーカー」という仕事は、誰でもできます。でも、「ソーシャルワーク」という仕事は、違います。先生も、仕事ですね。学校の先生は、学校の仕事。「ソーシャルワーク」という仕事を勉強した上での「ソーシャルワーカー」、その方と普通の「ソーシャルワーカー」は違います。この「ソーシャルワーカー」は、イコール「ボランティア」です。「ソーシャルワーカー」は、ボランティアの誓願員、どんな仕事でもどんなグループでもやってあげる手伝う方です。人道、人柄を積んでいく。大変だから助けてあげる。誰でもできます。それは、ベトナムでは、「ソーシャルワーカー」。でも、「ソーシャルワーク」という仕事は違います。今は、2011年に「32条」が決まったばかりだから、まだ、外に出してないので、まだ私たちの仕事も、「ソーシャルワーク」とも言えません。これが表に出たとしても、「ソーシャルワーク」の仕事は、きちんとできる人は少ない。なぜ少ないか言うと、最初、こういう仕事の訓練をさせるクラスは、最初のクラスは、1999年、9人しか受けませんでした。実践科目のクラスは、当時、9人しかいませんでした。

藤森：1999年に9名というのは、どこでの養成ですか。場所は、大学ですか。

LOAN：労働省のオフィスです。

藤森：ソーシャルワークの専門的なプログラムの研修ですか。

LOAN：ソーシャルワークと言えないですけども、障害者を直接、面倒見るための教育プログラムです。

藤森：これは、何日間、時間にすると何十時間ですか。

LOAN：3年間です。

藤森：1999年から、2002年まで。

LOAN：これは、ドイツから来たドイツ人の専門家も担当しました。勉強期間が終わった後、ドイツで1ヵ月実践科目を行ないました。その後も、教員として私はドイツに教えに行っています。

LOANさんのプロフィール

藤森：もう一つだけ、ちょっと失礼なんですけど、先生の年齢と、先生は、最初はソーシャ

ルワークを大学で学ばれていると理解しているのですが、何年に、いつ、どこの大学ですか。

LOAN：私は、1964年3月6日生まれ、今年、49歳です。そろそろ定年の年齢となりま
すけれども、最初は経済カンチ経営大学？を卒業して、また法律大学の免許を持っ
て、ソーシャルワークという仕事に憧れているので、自分自身で資料を集めて、各
センターに参加して、色々やりまして、このセンターに入ったのは、21歳の時で
した。一番若く、最初、普通の職員、子供たちを面倒見る職員。いま、監督になる
まで、長くいます。免許を言いますと、色々持っています。教員は、2つの免許を
持っています。外国の免許を持っています。ドイツで勉強した教員の免許も持って
います。それから、ベトナム社会招聘部、政府ですね。政府から派遣されたドイツ
で勉強した時も、その免許を持っています。2年間、政府でも働きました。GOVAP
は変わらずに全国あちこちで、慈善活動をやっていて、特に中部のワンナム省、私
の母のふるさと、ここが一番貧しい。2番目は、ワンナンです。

藤森：つまり、大学でのプログラムというよりは、独学から始められたのですね。

LOAN：そうです。

藤森：お忙しいところ、貴重なお時間を頂戴して有難うございました。

4 研究・調査の活動

第3回 ベトナム現地調査(南部・ホーチミン①) 報告書

構成・文責

淑徳大学・大学院

博士後期課程 佐藤 成道

ベトナム現地調査(南部・ホーチミン①) 第3回訪問日程

◎日程

・2013(平成25)年6月10日(月)～16日(日)【5泊7日(機内1泊)】

月日	事項	備考
6/10(月)	成田空港 9:30 発(日本時間) ⇒ホーチミン・タンソンニャット国際空港 13:45 着(VN301) 【※以下、時間表記は、ベトナム現地時間 (日本より2時間遅い)】 ファーストホテル ホーチミン泊	秋元先生 合流
11(火)	午前：法雨寺(基本的に女性だけの児童養護施設) ⇒如草尼和尚にインタビュー 午後：祈光寺Ⅱ(盲児・児童養護・重症心身障害児などの施設) ⇒アメリカへ出張した御住職の代わりに御住職の一番のお弟子さん、釈光盛和尚他、にインタビュー ファーストホテル ホーチミン泊	
12(水)	午前：4区障害児教育センター(霊光寺が運営) ⇒慈光和尚 他、にインタビュー 午後：林光寺(身寄りのない高齢者のための入所施設) ⇒釈女慧你和尚にインタビュー 夕方：華巖寺 ⇒午後：釈智廣和尚(仏教大学学長・ホーチミン仏教会) にインタビュー ファーストホテル ホーチミン泊	
13(木)	午前：竹村(幼児から老人高齢者が約100名(概算)生活して	秋元先生

	<p>いる施設)</p> <p><small>しゃくしょうふだいとく</small> ⇒ 釈照普 大徳 和尚にインタビュー</p> <p><small>ぜんあんじ</small> 昼食：禅安寺 (グエンさんのお姉様、釈女心泉尼和尚の自坊)</p> <p><small>えんかくぜんじ</small> 午後：円覚禅寺 (自坊を中心に様々な慈善活動を行う)</p> <p><small>しゃくかくこう</small> ⇒ 釈覚孝 和尚・著名な信者さん (歌手・司会者)にインタビュー</p> <p>ファーストホテル ホーチミン泊</p>	ハノイへ
14(金)	<p>午前：GOVAP 子供保助生育(育成)センター (公的施設・児童養護施設・重症心身障害児施設・ロアン先生御手配) ⇒DIRECTOR (ディレクター) の HO THANH LOAN (ロアン)さんにインタビュー</p> <p>午後：戦争証跡博物館、統一会堂 (旧大統領官邸)・中央郵便局・サイゴン大教会 (聖母マリア教会)・人民委員会ビル (ホーチミン像)など、ホーチミン市 1 区周辺視察</p> <p>ファーストホテル ホーチミン泊</p>	
15(土)	<p>日中：メコンデルタのミトー・ヴィンチャン寺(永長寺)視察 メコン河クルーズ</p> <p>夕方：<small>めいせんじ</small> 明泉寺 (市内 12 区・グエンさんのお姉様、釈女心泉和尚の自坊) ⇒グエンさんのお姉様、THich NU Tam Tuyen (釈女心泉) 和尚、子供たちにインタビュー</p> <p>機中泊</p>	
16(日)	<p>ホーチミン・タンソンニャット国際空港 00:05 発 ⇒成田空港 08:00 着(VN300) (日本時間)</p>	

ベトナム(南部・ホーチミン①)訪問 記録 (2013年6月10日[月]~16[日])

※時間表記は、ベトナム現地時間（日本より2時間遅い）

○ 6月10日(月)

- ・9時30分(日本時間)：成田空港 発(VN301 便)
- ・13時45分：ホーチミン・タンソンニャット国際空港 到着
- ・14時45分：ファーストホテル ホーチミン 到着
- ・15時30分：ロビーにて 打ち合わせ
調査日程の変更など
- ・16時10分：打ち合わせ 終了

○ 6月11日(火)

- ・7時30分：ロビー 集合・出発
- ・8時30分：^{ほうう}法雨寺 到着
- ・8時40分：^{によそう}如草尼和尚に、これまでの調査同様のインタビューシートに基づいて、本堂にてインタビュー 開始（以下、インタビュー時はこれを基本とするが、時間の都合上一部のみの項目に基づいていたり、インタビュー主体の場合あり）
 - ※ 全編、ビデオカメラ・ボイスレコーダーにて録画・録音（以下、基本的に同様の形式）
 - ・この寺院は、1926年に始まり、2010年に現在の本堂・仏像が完成した。1980年頃から、子供や老人と生活をしてきたが、施設としては、1999年に日本の児童養護施設といえる「法武孤児撫養学校」が寺院の敷地内に併設された。大学生までの基本的に女性のみ（2歳の男の子が4人いる）約90人が生活をしている。また、姉妹寺として、龍花寺があり、こちらでは法雨寺よりも早く施設を始めており、こちらは男性のみ。
- ・10時00分：場所を施設の事務所に移して、再度インタビュー 開始
- ・12時00分：昼食 精進料理
- ・13時30分：法雨寺 出発 車にて移動

- ・14時30分：^{きこうじ} 祈光寺Ⅱ 到着
- ・14時50分：アメリカへ出張した御住職の代わりに御住職の一番のお弟子さん^{しゃくこう} 釈光
^{じょう} 盛和尚・光義和尚から施設概要の説明と簡単なインタビュー 開始
- ・15時00分：診療所にて医師や和尚様にインタビュー 開始
 施設見学をしながら施設の説明を受け、場合によってはインタビューを行った
 - ・この寺院は、種智院大学の向井啓二先生も調査されている。2000年に開始された慧静堂と呼ばれる診療所は、週3回（火・木・土）にすべて無料で診療を1日行い、鍼灸やつぼ治療なども行っている。また、保育園もあり、視覚障害児・重症心身障害児などが同じ建物で生活している。
- ・16時40分：施設見学・本堂見学
- ・18時15分：夕食 精進料理
 - ・釈光盛和尚にお話を伺いながら、またソーシャルワークなどに関するインタビューも
- ・20時00分：祈光寺Ⅱ 出発 車にて移動
- ・20時20分：ファーストホテルホーチミン 到着

○ 6月12日(水)

- ・7時00分：ロビー 集合・出発 車にて移動
- ・7時40分：4区障害児教育センター（霊光寺が運営）到着
- ・8時00分：慈光和尚にインタビュー 開始
 - ・霊光寺の近隣にある「4区障害児教育センター」は、ご住職が1987年に信者さんが障害児を寺院に連れてきたことをきっかけに、1989年に施設が開始された。ホーチミン市内の知的障害児を中心とした通所の施設である。また、1993年に開設された無料の診療所も併設されている。
- ・9時00分：子供たちによる歓迎の遊戯会を中庭にて開催
- ・9時40分：^{ちやんてろい} 張民利さん（ご住職の妹さんで施設管理者）にインタビュー 開始
- ・11時10分：霊光寺 出発 車にて移動
- ・11時45分：^{りんこうじ} 林光寺 到着
- ・12時00分：昼食 精進料理
- ・12時45分：施設見学

・納骨堂

- ・13時10分：釈女慧你ご住職にインタビュー 開始
 - ・この寺院は、1954年に始まり、1995年に現在のご住職が仏教会からこの寺に派遣されてきて高齢者の介護をはじめた。身寄りのない高齢者のための入所施設で、基本的に女性のみ。他に寺院は4つあるが、事業を行っているのはこの寺だけ。現在は約140人が生活をしている。
- ・15時00分：休憩
- ・15時10分：インタビュー 再開
- ・15時45分：林光寺 出発 車にて移動
- ・16時10分：華巖寺 到着
- ・17時00分：釈智廣和尚しゃくちこうにインタビュー 開始
 - ・バン・ハン仏教大学の学長として活躍され、新年度から4年間の「社会実用」という専門課程を開講する予定で、ソーシャルワークの専門家を育てることなどを伺った。科目内容を見せて頂く約束をした。修士課程はないが、将来はサイゴン大学や海外の大学へ行ってほしい。僧侶を鍛えて、国のために活動する人材を育てたい。
- ・18時00分：華巖寺 出発 車にて移動
- ・18時30分：ファーストホテルホーチミン 到着

○ 6月13日(木)

- ・5時45分：ロビー 集合・出発 車にて移動
- ・7時50分：出発
- ・9時00分：竹村たけ 到着
 - (ホーチミンから約55km離れたドンナイ省にある子供村という場所)
- ・9時30分：施設見学
 - ・ホーチミン市内の子供たちを中心に、幼児から老人高齢者が約100名生活している施設で、街から離れた大規模なゴム農園の一角
- ・10時10分：釈照普しゃくしょうふだいとく 大徳和尚にインタビュー
 - ※詳細は、未訳。ベトナム語のみにて、インタビュー
- ・12時00分：竹村 出発 車にて移動
- ・13時10分：禪安寺ぜんあんじ(ドンナイ省・グエンさんのお姉様、釈女心泉尼和尚の自坊) 到着
 - ・子供たち13人と生活している
- ・13時20分：昼食 精進料理

- ・ 14 時 30 分：禅安寺 出発 車にて移動
- ・ 15 時 40 分：円覚禅寺^{えんかくぜんじ} 到着
- ・ 15 時 50 分：境内見学
 - ・ 広大な境内は、まだ開発途中
- ・ 16 時 30 分：釈覚孝和尚^{しゃくかくこう}・著名な信者さん(歌手・司会者)にインタビュー 開始
 - ・ 1992 年に現在の寺院の場所を信者さんから寄進して頂き、1996 年から寺院の建設を始め、現在も継続中。関連する寺院は、6ヶ所ある。毎月 18 日には約 15,000 人が寺院にやってきて、その晩には約 30 人の歌手が歌い、募金活動をする。来院者は境内に泊まる。翌日には、約 12,000 本の蝋燭を灯して供養を行う。その他、毎月、病院に食事とお金を寄付したり、1 年に 3 回地方で診療を行なったりする活動などを行っている。
- ・ 19 時 00 分：夕食 精進料理
- ・ 21 時 30 分：ファーストホテルホーチミン 到着

○ 6 月 14 日(金)

- ・ 7 時 30 分：ロビー 集合・出発 タクシーにて移動
- ・ 8 時 00 分：GOVAP 子供保助生育(育成)センター(公的施設・ロアン先生御手配) 到着
- ・ 8 時 10 分：DIRECTOR(ディレクター)の HO THANH LOAN (ロアンさん)
 - にインタビュー 開始
 - ・ 1883 年に隣接するキリスト教の教会が施設を始め、1975 年から国が管理し、現在まで 4 回の施設名称変更を経たワンハク省にある児童養護施設・重症心身障害児施設。252 人の子供たちが生活している。
- ・ 11 時 00 分：施設見学
- ・ 12 時 00 分：昼食 施設で御馳走になる
- ・ 13 時 30 分：GOVAP 子供保助生育(育成)センター 出発 施設の車にて移動
- ・ 14 時 00 分：ファーストホテルホーチミン 到着
- ・ 14 時 30 分：ホテル 出発 タクシーにて移動
- ・ 14 時 50 分：戦争証跡博物館 到着
 - 館内自由視察
- ・ 16 時 30 分：戦争証跡博物館 出発 徒歩にて移動
 - 統一会堂(旧大統領官邸)・中央郵便局・サイゴン大教会(聖母マリア教

会)・人民委員会ビル(ホーチミン像)など 視察

- ・18時30分: ベンタイン市場周辺の夜市 視察
- ・21時30分: ファーストホテルホーチミン 到着

○ 6月15日(土)

- ・7時30分: ホテル チェックアウト・出発 車にて移動
- ・9時40分: メコンデルタのミトー・ヴィンチャン寺(永長寺) 到着
 - ・フランス植民地前の1849年開山の中国やフランスなどの様式を取り入れた寺院を視察
- ・10時20分: 永長寺 出発 車にて移動
- ・10時25分: メコン河クルーズの始まり 船着き場 到着
- ・10時30分: (此岸の) 船着き場 出航 ロングテールボートにて移動
- ・10時40分: タイソン島(中洲) 到着
 - 果物農園、蜂蜜農家などを視察
- ・11時50分: タイソン島(中洲) 出航 手漕ぎボートにて移動(乗船後、突如のスクール) 途中、ロングテールボートに乗り換えて陸地へ移動
- ・12時15分: (対岸の) 陸地 到着
 - ココナッツ加工工場を視察
- ・12時50分: 工場 出発 徒歩にて移動
- ・12時55分: 馬車に乗車 移動
- ・13時20分: 昼食
 - メコンの名物料理「象耳魚[エレファントイヤーフイッシュ](象の耳の形をしているためこのように呼ばれる)の丸揚げや、グレートボール(米の粉を水で溶き、風船のようにまん丸に揚げたお餅のようなもの)など
- ・14時20分: (対岸の) 陸地 出航 ロングテールボートにて移動 途中、(此岸の) 船着き場へ向かうロングテールボートに乗り換え
- ・14時50分: (此岸の) 船着き場 到着
- ・15時00分: 船着き場 出発 車にて移動
- ・15時10分: コープマート 到着
- ・15時50分: コープマート 出発
- ・17時20分: ^{めいせんじ}明泉寺(市内12区・グエンさんのお姉様、釈女心泉和尚の自坊) 到着
 - ・グエンさんがベトナムで滞在される寺院でもある
 - ・文房具(シャープペンシル・ノート)を子供たちに進呈
- ・18時00分: 夕食 精進料理

- ・ 18 時 45 分：子供たちと夜勤行
- ・ 19 時 00 分：グエンさんのお姉様、THich NU Tam Tuyen (釈女心泉)尼和尚に
インタビュー 開始
 - ・ 禅安寺の概要や状況、子供たちと生活を始めた機縁を伺った。なお、子供たち 13 人の個別のインタビューによる個人記録は、5 人まで終えた。この続きは、釈女心泉和尚のインタビューを含めて次回以降のベトナム現地調査時に行う予定。
- ・ 20 時 40 分：インタビュー 終了
帰国の準備
- ・ 21 時 30 分：明泉寺 出発 車にて移動
- ・ 22 時 10 分：ホーチミン・タンソンニャット国際空港 到着

○ 6月16日(日)

- ・ 0 時 05 分：ホーチミン・タンソンニャット国際空港 発 (VN300)
- ・ 8 時 00 分(日本時間)：成田空港 着
- ・ 8 時 30 分(日本時間)：解散

第Ⅱ部 Trường Đại học Khoa học Xã
hội và Nhân văn, Đại học Quốc gia
Hà Nội

(ベトナム国立社会人文科学大学 (USSH) 報告)

TÍNH THỰC TIỄN VÀ TÍNH TÂM LINH CỦA PHẬT GIÁO TRONG CÔNG TÁC XÃ HỘI Ở VIỆT NAM

PGS.TS. Nguyễn Hồi Loan

ThS. Nguyễn Thu Trang

Trường Đại học Khoa học xã hội và nhân văn, ĐHQGHN

1. Bàn về khái niệm Công tác xã hội

Hiện nay có nhiều định nghĩa khác nhau về công tác xã hội (CTXH). Có hai định nghĩa đáng chú ý là:

“CTXH là một khoa học ứng dụng nhằm tăng cường hiệu quả hoạt động của con người, tạo ra những chuyển biến xã hội và đem lại nền an sinh cho người dân trong xã hội” – Từ điển Bách khoa ngành CTXH- 1995.

“Công tác xã hội là hoạt động chuyên nghiệp nhằm tạo ra sự thay đổi (phát triển) của xã hội. Bằng sự tham gia vào quá trình giải quyết các vấn đề xã hội (vấn đề nảy sinh trong mối quan hệ xã hội) vào quá trình tăng cường năng lực và giải phóng tiềm năng của mỗi cá nhân, gia đình và cộng đồng, công tác xã hội đã giúp cho con người phát triển đầy đủ và hài hòa hơn, đem lại cuộc sống tốt đẹp hơn cho mọi người dân” Đại hội liên đoàn CTXH chuyên nghiệp quốc tế ở Canada, 2004.

Theo đề án 32 của Thủ tướng Chính phủ: Khái niệm CTXH được hiểu như sau: CTXH góp phần giải quyết hài hòa mối quan hệ giữa con người và con người, hạn chế phát sinh các vấn đề xã hội, nâng cao chất lượng cuộc sống của thân chủ xã hội, hướng tới một xã hội lành mạnh, công bằng, hạnh phúc cho người dân và xây dựng hệ thống an sinh xã hội tiên tiến.

Tuy vậy, cho đến nay, những nhà nghiên cứu và thực hành CTXH trên thế giới vẫn chưa đi đến thống nhất khái niệm CTXH, các khái niệm CTXH được đưa ra có thể được thỏa mãn cho hoạt động CTXH ở một (hoặc một số) cộng đồng này, nhưng lại không phù hợp với cộng đồng khác và ngược lại. Dù rằng, CTXH là

một hoạt động mang bản chất xã hội, thể hiện tính nhân văn của con người mang tính toàn cầu, do vậy, CTXH ít bị lệ thuộc vào các thể chế chính trị mà chủ yếu nó lệ thuộc vào các giá trị đạo đức xã hội mà các giá trị đạo đức xã hội này ở các cộng đồng khác nhau lại luôn có sự tương đồng giữa các cộng đồng, xã hội.

Trên thực tế, mỗi quốc gia lại có *con đường đi riêng* của mình (tính dân tộc) thì CTXH mới có thể đạt được hiệu quả đích thực của nó. Con đường riêng của mỗi cộng đồng, quốc gia trong các hoạt động của CTXH thể hiện thông qua cách tiếp cận, phương pháp (cách hiểu, cách làm) mang nét đặc trưng riêng của cộng đồng mình. Điều đó trước hết phụ thuộc vào văn hoá của cộng đồng, quốc gia đó. Đặc biệt, hiệu quả của CTXH không chỉ lệ thuộc vào bản thân người làm CTXH mà còn lệ thuộc vào nhóm người (hoặc cá nhân) yếm thế mà CTXH hướng tới ở cộng đồng mình. Nền tảng của CTXH là lòng trắc ẩn ở mỗi con người, nhưng CTXH còn lệ thuộc vào quan điểm, hệ thống giá trị xã hội, lối sống, đặc biệt hệ thống giá trị của tín ngưỡng, tôn giáo và truyền thống văn hóa của cộng đồng mình để tạo nên bản sắc ứng xử của con người với con người, với tự nhiên và xã hội. Chính vì các yếu tố trên mà chúng ta chưa đi đến được sự thống nhất về khái niệm CTXH trên phạm vi toàn cầu.

Một ví dụ điển hình cho điều này là vấn đề An sinh xã hội và Phúc lợi xã hội, ở các nước phát triển thì An sinh xã hội được coi là một thành phần trong cấu trúc của Phúc lợi xã hội, nhưng ở nước ta các nhà quản lý xã hội, hoạch định chính sách xã hội và những người làm công tác truyền thông lại coi ngược lại. Điều đó không dẫn đến rằng, CTXH ở Việt Nam là dị biệt, mà ở đây là do quan điểm, cách hiểu về khái niệm, thuật ngữ chưa đồng nhất. Tất nhiên, những người làm CTXH chuyên nghiệp ở nước ta cũng cần phải có sự thay đổi những thuật ngữ được sử dụng trong CTXH và nội hàm của các thuật ngữ đó cho phù hợp với xu thế hội nhập.

Từ các khái niệm khác nhau về CTXH, dựa vào tiêu chí thực tiễn và văn hóa của cộng đồng, theo tôi, khái niệm CTXH là: “*Công tác xã hội là một hoạt động thực tiễn xã hội, được thực hiện theo những nguyên tắc và phương pháp*

nhất định và được vận hành trên cơ sở văn hóa truyền thống của dân tộc, nhằm trợ giúp cá nhân và các nhóm người trong việc giải quyết các nan đề trong đời sống của họ, vì phúc lợi và hạnh phúc con người và tiến bộ xã hội”.

Từ khái niệm CTXH được chúng tôi đưa ra trên, cần lưu ý các điểm sau:

Thứ nhất, công tác xã hội là một dạng hoạt động thực tiễn xã hội, vì vậy CTXH phản ánh trình độ phát triển của xã hội và các nan đề được nảy sinh trong quá trình phát triển của chính xã hội xã hội đó.

Thứ hai, CTXH đó là một dạng hoạt động xã hội được vận dụng và thực hiện bởi các nguyên tắc, phương pháp khoa học trên cơ sở truyền thống văn hóa của mỗi cộng đồng, vì vậy chúng ta không thể áp dụng một cách máy móc, nguyên vẹn một mô hình CTXH thành công ở một cộng đồng, đất nước nào đó vào hoàn cảnh thực tiễn ở nước ta với một hy vọng mô hình đó cũng sẽ thành công trong bối cảnh văn hóa của người Việt.

Thứ ba: CTXH nhằm tác động trực tiếp hoặc trợ giúp cá nhân hay nhóm người, để họ giải quyết các nan đề của mình, vì vậy, CTXH là giúp mọi người nâng cao năng lực, tăng thêm khả năng ứng phó và kỹ năng giải quyết vấn đề khó khăn của chính mình, CTXH luôn mang tính hiệu quả.

Thứ tư, CTXH là hoạt động thực hiện những mục tiêu chung của nó là phúc lợi và hạnh phúc, bình đẳng cho mọi người, ổn định và phát triển bền vững cho cộng đồng xã hội.

2. Tính đặc thù của CTXH Việt Nam do ảnh hưởng của Phật giáo

Trong bài viết này, chúng tôi chỉ đề cập đến tính thực tiễn và tính tâm linh của Phật giáo đã góp phần tạo nên tính đặc thù (nếu hiểu là tính dân tộc cũng được) của CTXH ở Việt Nam

2.1. Tính thực tiễn trong CTXH ở Việt nam

Thực tiễn là toàn bộ hoạt động vật chất có mục đích mang tính lịch sử- xã hội của con người nhằm cải biến tự nhiên và xã hội.

Ở nước ta dù CTXH đã được coi là một nghề chuyên nghiệp từ năm 2000, nhưng đến nay qua 13 năm CTXH được vận hành trong thực tiễn của xã hội Việt nam, thì chúng ta vẫn rất khó để có thể phân định được ranh giới giữa hoạt động trợ giúp xã hội, hoạt động từ thiện, hoạt động tình nguyện với hoạt động CTXH, trong khi đó, ở các nước phát triển như Mĩ, Anh, Pháp ... thì các hoạt động trên được phân định rất cụ thể và rõ ràng. Sở dĩ có sự đan xen giữa các hoạt động đó vì CTXH của Việt Nam được xây dựng trên cơ sở văn hóa truyền thống của dân tộc. Trong số các giá trị của văn hóa truyền thống đó có giá trị thực tiễn trong thế ứng xử của người Việt, chính thế ứng xử này đã trở thành chất keo kết dính hoạt động từ thiện xã hội, trợ giúp xã hội và hoạt động tình nguyện xã hội được hòa đồng và tan quyện trong hoạt động CTXH. Dù rằng, khái niệm CTXH mới xuất hiện ở nước ta, trong khi đó các khái niệm trên lại có một lịch sử lâu dài và được kiểm chứng qua các giai đoạn lịch sử của nước nhà.

Việt Nam là một quốc gia còn nghèo, điều kiện tự nhiên rất khắc nghiệt, nông nghiệp còn lạc hậu, canh tác sản xuất nông nghiệp còn lệ thuộc vào tự nhiên. Do vậy, người Việt phải thường xuyên gồng mình chống chọi với sự tàn phá của thiên tai, sự xâm lược của nhiều thế lực ngoại bang. Để tồn tại và phát triển, trong lịch sử phát triển của dân tộc mình từ khi dựng nước đến nay, người Việt luôn phải đương đầu với các vấn nạn khác nhau trong đời sống trên phạm vi cá nhân cũng như cộng đồng trong một hoàn cảnh đất nước còn nghèo nàn và lạc hậu. Chính điều đó đã tạo nên một thế ứng xử đặc trưng của người Việt với tự nhiên, xã hội và ngoại bang. Đó là, các cá nhân quần tụ trong một gia đình, dòng họ, gắn kết với hàng xóm láng giềng và làng xã để liên kết tạo nên một *sức mạnh của quần cư*, khác biệt về chất so với *sức mạnh tự phát* của từng cá nhân. Thế ứng xử đó đã hòa tan *cái cá nhân* với *cái cộng đồng làng xã*, do vậy những rủi ro, mất mát, khổ đau, ốm đau bệnh tật, mất mùa, đói ăn hoặc các thiên tai ... không còn là vấn đề của các cá nhân hoặc gia đình riêng lẻ nữa mà đó là nan đề của hàng xóm láng giềng, làng xã. Khi bất kể một nan đề nào xảy ra của một cá nhân (gia đình) thì đều được cộng đồng quan tâm và trợ giúp để các nhân đó có thể vượt qua và ổn

định cuộc sống. Từ thực tiễn đời sống xã hội đó, trong quá trình vận hành các mối quan hệ để duy trì sự tồn tại và phát triển của chính mỗi cá nhân được đặt trong mối quan hệ với cộng đồng, người Việt đã rút ra các bài học được chắt lọc, đúc kết từ chính những khổ đau, may rủi mà họ đã phải đương đầu và vượt qua trong quá trình mưu sinh của chính mình. Những bài học này là những giá trị cốt lõi trong thế ứng xử của người Việt và tạo nên một truyền thống văn hóa, một lối sống thấm đậm tính nhân văn, thương yêu con người và cũng trở thành một *quyền lực mềm* kiểm soát hành vi ứng xử của từng các nhân trong cộng đồng. Trong tâm thức mỗi người Việt Nam đều tin các dân tộc trên đất nước ta là anh em (có cùng một tổ tông: Hùng Vương) người cùng một nước, có cùng chung một nguồn gốc lịch sử. Mọi người trong cùng cộng đồng, cùng làng, cùng nước,... đời sống vật chất, tinh thần luôn gắn bó với nhau, bởi vậy, sự quan tâm động viên giúp đỡ lẫn nhau, nhất là lúc có ai đó gặp khó khăn hoạn nạn là một tất yếu để đảm bảo sự sinh tồn của các cá nhân cũng như cộng đồng. Hơn nữa, không ai có thể sống lẻ loi trong xã hội mà phải hoà nhập vào cộng đồng. Thương yêu, đùm bọc giúp đỡ lẫn nhau là lẽ sống của mỗi người, nó đã trở thành một truyền thống đạo lí tốt đẹp của dân tộc ta. Tình cảm yêu thương đoàn kết tạo nên sức mạnh vật chất và tinh thần sẽ giúp con người vượt qua bao khó khăn, chiến thắng kẻ thù và thiên tai, giúp người nghèo khó, bệnh tật khắc phục được hoàn cảnh, vượt qua bệnh tật hiểm nghèo trở về với cuộc sống bình thường.

Những giá trị thực tiễn trên đã trở thành một sức mạnh thực tiễn tham gia vào tất cả các hoạt động xã hội khác nhau của con người trên bình diện cá nhân cũng như bình diện xã hội, tất nhiên, trong đó có hoạt động CTXH của nước nhà. Dù rằng, ngày nay chúng ta đang xây dựng ngành CTXH của Việt Nam trên được kế thừa rất nhiều các lý thuyết, phương pháp CTXH tiên tiến trên thế giới. Nhưng lưu ý rằng, các lý thuyết, phương pháp, mô hình này được các nhà khoa học nghiên cứu, tổng kết và kiểm chứng trên cơ sở con người và các điều kiện kinh tế và hoàn cảnh tự nhiên và xã hội ở Mĩ, Pháp. Anh ... chứ không phải ở con người và xã hội Việt Nam.

Thế ứng xử thực tiễn trong truyền thống văn hóa của người Việt được đúc kết trong ca dao tục ngữ thấm đậm tinh thần của Phật giáo và trở thành các bài học thế hệ, các nguyên tắc và phương pháp trợ giúp có hiệu quả cho con người trong xã hội Việt nam từ trước đến nay. Các giá trị đó như: “*Lá lành đùm lá rách*”, “*Chị ngã em nâng*”, “*Một con ngựa đau cả tàu bỏ cỏ*”, “*Thương người như thể thương thân*”, “*Một miếng khi đói bằng một gói khi no*” ... thậm chí người Việt còn đẩy vấn đề này đến tận cùng (đôi phần nghiệt ngã) là “*Bán anh em xa mua láng giềng gần*” là đề cập đến tính thực tiễn của trợ giúp, mà cụ thể là tính hiệu quả của trợ giúp cho con người khi họ gặp phải rủi ro, mất mát ... Đó chính là lối tư duy và lối sống người Việt là còn mang đậm nét tâm lý của người sản xuất nhỏ - tâm lý tiểu nông, tự cấp tự túc, đóng cửa, cục bộ và bảo thủ. Lối tư duy đó phản ánh sự ưu trội của tư duy kinh nghiệm, yếu kém về tư duy lý luận. Về mặt phương pháp luận, tư duy truyền thống Việt Nam mang đậm dấu ấn của tư duy biện chứng phương Đông. Tính biện chứng này mang đặc trưng trực quan, trực giác. Lối tư duy đó có độ mềm dẻo cao song lại thiếu tính chặt chẽ, chính xác, chú ý nhiều đến định tính hơn định lượng. Đặc trưng của tư duy truyền thống Việt Nam thiên về tình hơn lý. Do đó, người Việt thường lấy đạo đức làm cơ sở trong quan hệ ứng xử giữa người với người, tình làng nghĩa xóm sâu nặng đã che mờ quan hệ pháp lý - vốn được coi trọng trong các xã hội phát triển. Với cách ứng xử như vậy, các quan hệ pháp lý trở nên trì trệ, nhưng lại rất nhạy cảm trong lối sống ứng xử giữa con người với con người.

Tính thực tiễn trong CTXH ở Việt Nam đã ảnh hưởng rất lớn đến quan điểm và cách hiểu về khái niệm CTXH, từ đó không chỉ ảnh hưởng đến quan điểm, nội dung và phương pháp CTXH mà còn cả hiệu quả của hoạt động CTXH tại các địa phương. Do vậy, rất khó phân chia một cách tường minh hoạt động từ thiện xã hội, trợ giúp xã hội, tình nguyện xã hội với hoạt động CTXH trong bối cảnh văn hóa xã hội Việt Nam hiện nay.

2.2. Tính tâm linh của Phật giáo trong CTXH ở Việt Nam.

Khi đề cập đến phạm trù tâm linh là chúng ta đề cập đến hệ thống giá trị nội tại của tín ngưỡng và tôn giáo (Theo GS Nguyễn Lân Dũng, trong bài viết “Bác Hồ với đời sống tâm linh” ngày 19/01/2013, nhân kỷ niệm ngày sinh của Hồ Chủ Tịch. Ông cho rằng, Bác Hồ là một nhà duy vật. Bác không theo tôn giáo nào nhưng hết sức coi trọng tôn giáo và tín ngưỡng của nhân loại. Bác Hồ đã viết: "Tín đồ Phật giáo tin ở Phật, tín đồ Gia-tô tin ở đức Chúa Trời; cũng như nhiều người chúng ta tin ở đạo Khổng. Đó là những vị chí tôn nên chúng ta tin tưởng" (Hồ Chí Minh toàn tập, T.4, tr.148). Bác đánh giá Khổng Tử, Chúa Giê-su, Karl Marx, Tôn Dật Tiên đều có những điểm chung: “Họ đều muốn mưu cầu hạnh phúc cho nhân loại, mưu lợi cho xã hội. Nếu hôm nay họ còn sống trên đời này, tôi tin rằng họ nhất định chung sống với nhau rất hoàn mỹ như những người bạn thân thiết... Tôi cố gắng làm người học trò nhỏ của các vị ấy” (Trương Niệm Thức, Hồ Chí Minh Truyện, NXB Tam Liên, Thượng Hải, 1949, tr.91). Đặc biệt, ông thống kê trong 12 tập Hồ Chí Minh (toàn tập) và tìm thấy Bác Hồ đã 45 lần dùng từ “linh hồn”, 9 lần dùng từ “thiên đường”, 7 lần dùng từ “phù hộ”, 5 lần nhắc đến "Thượng đế" ...)

Tâm linh là phần thiêng liêng trong ý thức hướng về cái cao cả của con người. Mỗi người có những mức độ niềm tin về tín ngưỡng, tôn giáo khác nhau, cụ thể là niềm tin về những đáng tối cao, những học thuyết, những tôn giáo, những lý tưởng v.v... Niềm tin của con người có thể không đủ cơ sở khoa học nhưng thường đạt tới sự hòa quyện giữa tình cảm và lý trí, dẫn đến những chỉ đạo cho hành vi. Tâm linh là tâm thức ở mức độ khá thần bí, khó lý giải nhưng bao giờ cũng mang màu sắc thiêng liêng. Tuy tâm linh của các dân tộc phương Đông mỗi nơi mỗi khác, mỗi người mỗi khác nhưng đều hướng đến điều thiện.

Những nhận thức của con người về thế giới xung quanh (vũ trụ, xã hội, v.v..) có thể phân thành hai loại: một loại có thể kiểm nghiệm, chứng minh bằng thực nghiệm, bằng lý trí, bằng logic, đó là loại gọi là thuộc lĩnh vực khoa học. Loại thứ hai chỉ có thể nhận thức được bằng trực giác của từng người chứ

không thể chứng minh được bằng thực nghiệm hoặc bằng lý trí các vấn đề tâm linh thuộc lĩnh vực này. Cần thấy rõ rằng, các vấn đề tâm linh hoàn toàn không phải là những vấn đề sai, những ngộ nhận của con người. Chẳng qua đó chỉ là những vấn đề không có cách nào chứng minh là đúng hay sai mà thôi. Một tình trạng tương tự cũng xảy ra đối với các giả thuyết khoa học khác nhau mà chưa được chứng minh. Chừng nào chúng chưa được chứng minh thì chúng vẫn còn nằm trong lĩnh vực tâm linh. Đôi khi chúng được chứng minh đầy đủ thì chúng sẽ chuyển sang lĩnh vực khoa học. So với lĩnh vực khoa học thì lĩnh vực tâm linh rộng lớn hơn rất nhiều. Các vấn đề khoa học dù rộng lớn đến đâu cũng chỉ là hữu hạn, còn các vấn đề tâm linh thì lại là vô hạn. Các vấn đề tâm linh cũng ảnh hưởng rất lớn đến đời sống con người. Nền văn hoá của các dân tộc, của các quốc gia khác nhau bao gồm một phần lớn những vấn đề tâm linh, nổi bật nhất là những vấn đề tôn giáo, tín ngưỡng. Chính các vấn đề tâm linh tạo nên dấu ấn cho từng dân tộc riêng biệt.

Theo số liệu điều tra của Ban Tôn giáo Chính phủ, có 80% có niềm tin Phật giáo ở các mức độ khác nhau. Tại Việt Nam, Phật giáo gần như đã gắn liền với lịch sử dân tộc, giống như Thiên chúa giáo với lịch sử các dân tộc Âu châu, như Hồi giáo với lịch sử các nước khối Ả Rập hay vùng Trung Á, cho nên Phật pháp dễ dàng thấm thấu vào lòng người dân Việt. Do đó, đối với một xã hội và nền văn hóa Việt đã bao đời chịu ảnh hưởng sâu đậm của Phật giáo bên cạnh ý nghĩa triết học, còn mang ý nghĩa thực tiễn, nó góp phần hình thành quan điểm, hệ thống giá trị xã hội, lối sống, những đặc điểm tâm lý dân tộc của người Việt.

Vì vậy, ở Việt Nam, Phật giáo có ảnh hưởng rất lớn đến các hoạt động xã hội cũng như chi phối cách tư duy và hành vi ứng xử của con người. Đó là tư duy: “Ở hiền gặp lành”, “Ác giả, ác báo”, “Gieo gió, gặp bão”, “Đời cha ăn mặn, đời con khát nước”... Đây chính là niềm tin Phật giáo, Nghiệp của kiếp trước là Nhân, Nhân sinh thành Quả ở kiếp này. Con người còn có thể gieo Nhân gặt Quả ngay trong cùng một kiếp. Hình ảnh chín tầng địa ngục trong Phật giáo luôn mang ý nghĩa răn đe cái ác, cổ xúy cho cái thiện. “Ở hiền gặp lành” vốn là tư tưởng chủ

đạo trong các chuyện cổ tích Việt Nam. Ở hiền rồi chưa đủ, còn phải làm điều lành, việc thiện, nhưng thực hiện điều thiện để tích đức... cũng đã thoát ra khỏi ý nghĩa của tôn giáo. Không tìm điều gì đó ở cõi niết bàn mà là ngay trong đời sống, việc thiện sẽ mang lại bình an (tinh thần), tiền bạc (vật chất) cho không chỉ đời mình mà còn cho con cái sau này.

Ngày nay, Việt Nam là quốc gia đang phát triển và có nhiều thành tựu nổi bật trong quá trình công nghiệp hóa, hiện đại hóa và hội nhập quốc tế. Tuy vậy, ngày càng có nhiều vấn đề xã hội bức xúc nổi lên như tình trạng nhập cư ồ ạt vào các đô thị lớn, môi trường bị tàn phá, nghèo đói và thất nghiệp ở nông thôn, bệnh dịch tái diễn liên tục, tệ nạn xã hội phát triển mạnh, học sinh bỏ học, gia tăng khoảng cách giàu nghèo và bất bình đẳng xã hội... Các vấn đề xã hội này đang trở thành thách thức cho nước ta hướng đến sự phát triển bền vững. Những triết lý của Phật giáo đã thấm đẫm trong tâm tưởng và hành vi ứng xử của người Việt trước các vấn đề khác nhau của con người. Nó cũng trở thành cơ sở để mỗi cá nhân lý giải mối quan hệ giữa con người với con người, với tự nhiên, với xã hội và với chính bản thân họ, để từ đó mỗi cá nhân có hành vi ứng xử phù hợp trước các hoàn cảnh khác nhau, nhằm thực hiện tốt an sinh và đảm bảo công bằng xã hội.

Thực tế cho thấy rằng, dù ít hay nhiều, con người thường phải đối mặt với khó khăn, hiểm nguy, thất bại, thiên tai, bệnh tật,... cái chết của những người thân thuộc, yêu quý và cái chết của chính bản thân mình. Trong những lúc như thế, cuộc sống con người rất dễ bị tổn thương và trở nên vô nghĩa, niềm tin tôn giáo giúp cho con người khó bị rơi vào tuyệt vọng hơn. Một số tôn giáo còn cung cấp cho con người những biện pháp cầu nguyện, cúng bái thần linh trong niềm tin rằng rằng những việc làm như vậy sẽ giúp cải thiện được tình hình. một niềm an ủi tinh thần lớn lao, có thể giúp con người chịu đựng và vượt qua sự căng thẳng, rủi ro, mất mát mà trong cuộc sống họ gặp phải, đồng thời, nó giúp họ lúc tiếp xúc với đồng loại, ngoài ra còn đưa ra một mục đích sống.

Đạo Phật là đạo giải thoát đưa con người vượt qua bể khổ luân hồi với kiếp nhân sinh. Trong đau khổ con người đủ tâm trí và can đảm để chế ngự nó. Ý chí vượt qua mọi khổ đau là một năng lực tinh thần, sức khỏe của nội tâm, là sự nỗ lực không ngừng sự hoạt động tích cực của tâm trí và mọi hành động nhằm vào mục đích giải thoát cho mình và cho kẻ khác. Con người cần phải có ý trí để vượt qua mọi trở ngại. Với cách tiếp cận qua phật pháp, giáo lý và các điều răn dạy ... của Phật giáo đã ăn sâu trong nếp nghĩ và lối sống của người Việt.

Công tác xã hội là những hành động cụ thể, bằng triết lý của Phật giáo mà những người làm CTXH ở Việt Nam thiết thực trợ giúp cho các nạn nhân bệnh tật, đói nghèo, bất hạnh (và trợ giúp cho chính mình)... vượt qua hoàn cảnh khó khăn, giúp họ có thêm ý chí nghị lực, vươn lên... tạo điều kiện để họ hòa nhập với cộng đồng và được sống vui, học tập tốt và lao động tốt như những người bình thường khác, thông qua các hoạt động như: Chăm sóc người già cô đơn không nơi nương tựa, chăm sóc trẻ mồ côi, lang thang cơ nhỡ, trẻ em tàn tật; chăm sóc, ủng hộ bệnh nhân nghèo; chăm lo cho người nghèo; hoặc những nạn nhân do thiên tai, lũ lụt; nạn nhân chiến tranh, nạn nhân chất độc màu da cam và những nạn nhân của cơ chế thị trường, người nhiễm HIV/AIDS...

Với những hoạt động đa dạng như trên, công tác xã hội đòi những người làm CTXH phải có tấm lòng vị tha và sự hy sinh vô bờ. Người làm công tác xã hội phải có tinh thần tự nguyện, không so đo tính toán thiệt hơn. Không phải chỉ vậy, nó còn thôi thúc nhiều người tham gia, không thể hoạt động riêng lẻ một mình, mà phải chung tay, góp sức. Có thể nói công tác xã hội là những hoạt động đạo đức trong sáng, đượm nét từ bi cứu khổ của đạo Phật và là đạo lý muôn đời của dân tộc Việt Nam. Với triết lý và hành động thực tiễn như vậy, từ đó chúng ta có thể xây dựng một cách tiếp cận mới trong CTXH tại Việt Nam mang tính dân tộc, nhằm nâng cao hiệu quả của hoạt động này trong thực tế văn hoá tâm linh của người Việt.

Trong bối cảnh CTXH ở nước ta hiện nay, những nhân viên CTXH hiện đang làm việc tại các Trung tâm bảo trợ xã hội đang phải đối mặt với vô vàn khó

khăn và thiếu thốn, họ thường xuyên phải đương đầu với những căng thẳng, lo âu và phiền muộn, những nan đề này lại được xuất phát từ môi trường làm việc của họ và từ chính nhóm thân chủ mà họ đang chăm sóc. Vậy, một câu hỏi luôn trở về chúng ta và xã hội, những người hiện đang làm CTXH tại các Trung tâm Bảo trợ xã hội, họ làm việc vì cái gì? Vì công việc hay tiền lương; Vì danh vọng hay vì sự thăng tiến; Vì hạnh phúc của mọi người hay vì công bằng xã hội; Vì cuộc sống của những người yếu thế ... Những câu trả lời trên đều đúng nhưng mang tính phiến diện và biện minh. Những lần tiếp xúc với các nhân viên CTXH tại cơ sở, tôi thấy và tôi tin, họ đều quan niệm rằng, các công việc họ đang làm là một việc thiện, ở hiền gặp lành, trợ giúp người khác đó cũng là một cách tích đức cho bản thân và con cháu. Chính những điều đó ta có thể mang lại một câu trả lời để lý giải được cội nguồn của những hoạt động âm thầm của nhân viên CTXH hiện nay, nhờ đó tiếp thêm sức mạnh tinh thần để họ vượt qua được những khó khăn bộn bề trong công việc và tìm thấy được niềm vui và hạnh phúc của chính họ trong công việc đang làm.

3. Vĩ thanh

Rõ ràng, CTXH ở Việt Nam có những nét đặc thù của nó so với CTXH ở các nước phương Tây. Trên cơ sở truyền thống văn hóa của dân tộc mà tính thực tiễn, tính tâm linh đã và đang chi phối đến cách hiểu, cách vận hành CTXH tại các địa phương hiện nay trên phạm vi cả nước. Nhờ có tính đặc thù này mà những người làm CTXH có thể vượt qua được những khó khăn cả về vật chất và tinh thần, đồng thời có thể khơi dậy tiềm năng nội lực của đối tượng. Trên phạm vi xã hội, người làm CTXH thuận lợi trong việc kết nối nguồn lực, tìm kiếm các dịch vụ trợ giúp người yếu thế và huy động được sự tham gia đồng đảo của người dân tham gia vào hoạt động CTXH. Bởi vậy, tính thực tiễn và tính tâm linh trở thành điểm nhấn trong CTXH ở Việt Nam.

TÀI LIỆU THAM KHẢO

1. Trần Quốc Vượng, Cơ sở văn hóa Việt Nam, NXB GD, HN 2000.
2. Nguyễn Đăng Duy, Phật giáo với văn hóa Việt Nam, NXB HN, 1999.
3. Nguyễn Tài Thư, *Ảnh hưởng của các hệ tư tưởng và tôn giáo đối với con người Việt Nam hiện nay*, NXB CTQG, HN 1997.
4. Viện triết học, *Lịch sử Phật giáo Việt Nam*, NXB KHXH, HN 1988.
5. Nguyễn Thanh Tuấn, *Phật giáo với văn hoá Việt Nam và Nhật Bản qua một cách tham chiếu*, NXB Từ điển bách khoa, HN 2009.
6. Trần Đình Tuấn, *Công tác xã hội – Lý thuyết và Thực hành*, NXB ĐHQG HN 2010.

AN SINH XÃ HỘI Ở VIỆT NAM: ĐỊNH NGHĨA, THÀNH PHẦN VÀ TRIỂN VỌNG

PGS.TS. Nguyễn Thị Kim Hoa

PGS.TS. Nguyễn Văn Kim

PGS.TS. Nguyễn Hồi Loan

ThS. Bùi Thanh Minh

Tóm tắt: Từ những tranh luận và cách tiếp cận khác nhau về An sinh xã hội ở Việt Nam, bài viết nhằm làm rõ các cách tiếp cận về an sinh xã hội ở Việt Nam để tìm ra cách tiếp cận phù hợp nhất. Đồng thời, trên cơ sở tổng hợp những thành tựu, những triển vọng, mục tiêu của an sinh xã hội Việt Nam, tác giả cung cấp một bức tranh toàn cảnh về hệ thống an sinh xã hội ở Việt Nam trong hiện tại và các định hướng tương lai. Từ khóa: An sinh xã hội, Việt Nam, định nghĩa, thành phần, triển vọng

1. Định nghĩa về an sinh xã hội

Cũng như nhiều quốc gia trên thế giới, an sinh xã hội ở Việt Nam là một phạm trù phức tạp với nhiều cách hiểu khác nhau, giữa các cơ quan của Đảng, Nhà nước cũng như giữa các nhà khoa học.

Có nhiều cách phân chia các định nghĩa về an sinh xã hội, trong đó phổ biến là cách phân chia theo nghĩa rộng hay hẹp của hệ thống an sinh xã hội.

Theo nghĩa rộng, an sinh xã hội là sự đảm bảo thực hiện các quyền để con người có thể sống an toàn trong xã hội, được bảo đảm thu nhập, được bảo vệ sức khỏe, có quyền học tập và tiếp cận các dịch vụ xã hội cơ bản. Có nghĩa là, với quan điểm theo nghĩa rộng ở Việt Nam, an sinh xã hội là một hệ thống rộng lớn và bao hàm cả phúc lợi xã hội trong đó.

Theo nghĩa hẹp, an sinh xã hội là sự bảo đảm thu nhập và một số điều kiện thiết yếu cho cá nhân, gia đình và cộng đồng khi họ bị giảm hoặc mất thu nhập do bị giảm hoặc mất khả năng lao động hoặc mất việc làm, trong đó chú ý đặc biệt đến các đối tượng yếu thế như người cao tuổi, trẻ em, người khuyết tật... Với cách hiểu này, an sinh xã hội nhấn mạnh đến tính chất bảo hiểm, tương tự nội hàm như định nghĩa của ILO.

Một số định nghĩa an sinh xã hội ở Việt Nam hiện nay minh chứng cho 2 cách tiếp cận đó.

Theo Chiến lược an sinh xã hội Việt Nam thời kỳ 2011 – 2020: An sinh xã hội là một hệ thống các chính sách và chương trình do Nhà nước, các đối tác xã hội thực hiện nhằm đảm bảo mức tối thiểu về thu nhập, sức khỏe và các phúc lợi xã hội, nâng cao năng lực của cá nhân, hộ gia đình và cộng đồng trong quản lý và kiểm soát các rủi ro do mất việc làm, tuổi già, ốm đau, rủi ro thiên tai, chuyển đổi cơ cấu, khủng hoảng kinh tế, dẫn đến giảm hoặc bị mất thu nhập và giảm khả năng tiếp cận các dịch vụ xã hội cơ bản (Bộ Lao động Thương binh và Xã hội, 2011). Theo định nghĩa này, an sinh xã hội được hiểu theo nghĩa rộng, là một hệ thống lớn hơn phúc lợi xã hội khi nó bao gồm: chính sách thị trường lao động chủ động, các chính sách về bảo hiểm (bảo hiểm xã hội, bảo hiểm y tế, bảo hiểm thất nghiệp), chính sách trợ giúp xã hội và giảm nghèo (trợ giúp thường xuyên và đợt xuất, chương trình giảm nghèo), chính sách về các dịch vụ xã hội). Đối tượng của an sinh xã hội vì thế là toàn bộ dân cư.

Theo Hoàng Chí Bảo trong Hội thảo đề tài KX02.02/06-10: An sinh xã hội là sự an toàn của cuộc sống con người, từ cá nhân đến cộng đồng, tạo tiền đề và động lực cho sự phát triển con người và xã hội. An sinh xã hội là những đảm bảo xã hội cho con người tồn tại (sống) như một con người và phát triển các sức mạnh bản chất người, tức là nhân tính trong hoạt động, trong đời sống hiện thực của nó như một chủ thể mang nhân cách. An sinh xã hội bao hàm trong nó cả những đảm bảo về an ninh để con người sống, làm việc, thực hiện được nhu cầu, lợi ích chính đáng, hợp lý của mình trong quá trình phát triển; con người nhận được từ xã hội những đảm bảo về cuộc sống, những bảo vệ trước những rủi ro, bất trắc, những tình huống bất thường đe dọa hoặc phá hủy trạng thái bình yên, quyền sống và sự thụ hưởng lợi ích của họ. Với định nghĩa này, tác giả cũng nhìn nhận an sinh xã hội theo nghĩa rộng, bao gồm bảo hiểm xã hội, trợ cấp xã hội, xóa đói giảm nghèo và phúc lợi xã hội (Đàm Hữu Đắc, 2009). Đối tượng của an sinh xã hội trong định nghĩa này cũng là toàn bộ dân cư như định nghĩa ở trên.

Trong Thuật ngữ An sinh xã hội của Viện Khoa học Lao động Xã hội (Bộ Lao động Thương binh và Xã hội) và GIZ: An sinh xã hội là hệ thống các chính sách can thiệp của nhà nước (bảo hiểm xã hội và trợ giúp xã hội) và tư nhân (các chế độ không

theo luật định và của tư nhân) nhằm giảm mức độ nghèo đói và tổn thương, nâng cao năng lực tự bảo vệ của người dân và xã hội trước những rủi ro hay nguy cơ giảm hoặc mất thu nhập, bảo đảm ổn định, phát triển và công bằng xã hội (Viện Khoa học Lao động xã hội, 2012). Theo định nghĩa này, an sinh xã hội cũng được hiểu sẽ bao gồm: bảo hiểm xã hội, trợ giúp xã hội, xóa đói giảm nghèo và chú trọng đến các đối tượng yếu thế. Ở đây, an sinh xã hội được coi tương ứng với thuật ngữ “social protection”.

Tác giả Nguyễn Hải Hữu lại có một định nghĩa khá cụ thể về an sinh xã hội như sau: ASXH là một hệ thống các cơ chế, chính sách, biện pháp của Nhà nước và xã hội nhằm trợ giúp mọi thành viên trong xã hội đối phó với các rủi ro, các cú sốc về kinh tế - xã hội làm cho họ có nguy cơ suy giảm, mất nguồn thu nhập do ốm đau, thai sản, tai nạn, bệnh nghề nghiệp, già cả không còn sức lao động hoặc vì những nguyên nhân khách quan rơi vào hoàn cảnh nghèo khổ và cung cấp các dịch vụ sức khỏe cho cộng đồng, thông qua hệ thống mạng lưới về bảo hiểm xã hội, bảo hiểm y tế và trợ giúp xã hội (Nguyễn Hải Hữu, 2008). Định nghĩa này nhìn nhận an sinh xã hội theo nghĩa hẹp và xác định rõ 3 thành phần của hệ thống an sinh xã hội: Bảo hiểm xã hội, bảo hiểm y tế và trợ giúp xã hội.

Thủ tướng Nguyễn Tấn Dũng lại kết hợp giữa An sinh xã hội và Phúc lợi xã hội trong một định nghĩa: "An sinh xã hội và Phúc lợi xã hội là hệ thống các chính sách và giải pháp nhằm vừa bảo vệ mức sống tối thiểu của người dân trước những rủi ro và tác động bất thường về kinh tế, xã hội và môi trường; vừa góp phần không ngừng nâng cao đời sống vật chất và tinh thần cho nhân dân" (Nguyễn Tấn Dũng, 2010).

Nhưng cũng có cách phân chia các định nghĩa về an sinh xã hội thành 3 cách tiếp cận (Mai Ngọc Cường, 2013). Theo Mai Ngọc Cường, ở Việt Nam tồn tại 3 cách tiếp cận về an sinh xã hội:

Cách tiếp cận thứ nhất cho rằng hệ thống an sinh xã hội Việt Nam bao gồm 3 tầng lưới các chính sách trong đó bao gồm: chính sách thị trường lao động chủ động (việc làm, đào tạo, giới thiệu việc làm) là lưới thứ nhất; chính sách bảo hiểm xã hội, bảo hiểm thất nghiệp, bảo hiểm y tế và các chính sách hỗ trợ kèm theo là lưới thứ hai; các chính sách trợ giúp xã hội, xóa đói giảm nghèo, hỗ trợ tiếp cận các dịch vụ xã hội cơ bản là lưới thứ ba (Nguyễn Thị Lan Hương, 2010). Quan điểm này tiếp cận an sinh xã hội theo các chức năng chủ yếu: phòng ngừa rủi ro, giảm thiểu rủi ro và khắc phục

rủi ro tương ứng với các chính sách đi kèm. Trong cách tiếp cận này, chính sách ưu đãi xã hội dành cho những cá nhân, gia đình có công với cách mạng không được xếp vào hệ thống an sinh xã hội. Rõ ràng, nó đã bỏ qua một đối tượng cần nhiều trợ giúp để đảm bảo an sinh xã hội và mang tính đặc thù của Việt Nam, một quốc gia trải qua nhiều cuộc chiến tranh và nó cũng mâu thuẫn với quan điểm an sinh xã hội toàn dân của Việt Nam.

Cách tiếp cận thứ hai lại nhìn nhận hệ thống an sinh xã hội bao gồm chính sách bảo hiểm xã hội nhằm huy động đóng góp của của người lao động để phòng ngừa rủi ro; chính sách bảo hiểm y tế, chính sách ưu đãi xã hội, chính sách trợ cấp xã hội, chính sách cứu trợ xã hội. Cách tiếp cận này đã đưa nhóm chính sách ưu đãi xã hội vào hệ thống an sinh xã hội nhưng lại không đề cập chính sách thị trường lao động chủ động. Việc chia tách trợ cấp xã hội và cứu trợ xã hội thành hai hệ chính sách riêng cũng là một sự khác biệt với các tiếp cận khác về an sinh xã hội (Mai Ngọc Cường, 2013).

Cách tiếp cận thứ ba lại căn cứ vào đóng – hưởng để phân chia hệ thống an sinh thành hai phần: hệ thống an sinh xã hội theo đóng – hưởng (bảo hiểm xã hội), bảo hiểm y tế, bảo hiểm thất nghiệp và hệ thống an sinh xã hội không đóng góp: trợ giúp xã hội thường xuyên và trợ giúp xã hội đột xuất. Cách tiếp cận này khá độc đáo, nó góp phần nhìn nhận những ưu việt của chế độ trong việc đảm bảo an sinh xã hội khi nguồn lực quốc gia còn nhiều hạn chế. Tuy nhiên, trong chính sách bảo hiểm y tế, cũng có rất nhiều tầng lớp dân cư yếu thế được hưởng chế độ bảo hiểm y tế miễn phí. Nghĩa là, việc phân chia theo đóng – hưởng đã giới hạn an sinh xã hội trong một cách tiếp cận khá hẹp.

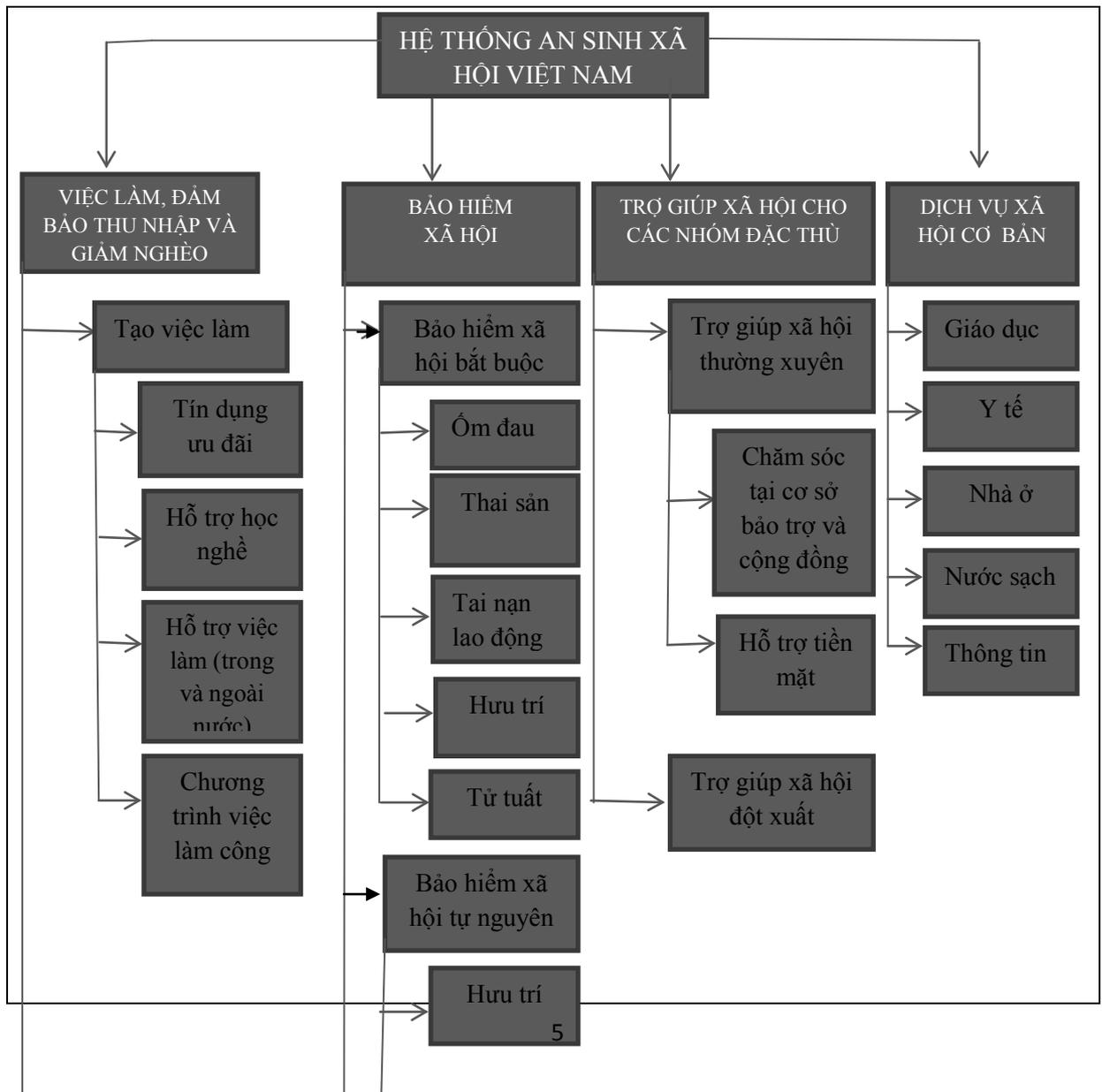
Các quan điểm về an sinh xã hội có vai trò nền tảng trong việc thiết kế một hệ thống an sinh xã hội của quốc gia. Quan niệm về an sinh xã hội sẽ được thể hiện qua các cấu phần của hệ thống an sinh xã hội chính thống với quan niệm của các cơ quan nhà nước chuyên trách. Ở Việt Nam, các quan điểm của Đảng Cộng sản Việt Nam, là Đảng cầm quyền cũng như các cơ quan quản lý nhà nước, đều cho thấy một quan niệm an sinh xã hội theo nghĩa rộng, hướng đến đối tượng là “toàn dân” chứ không đơn thuần là bảo hiểm xã hội hay một bộ phận dân cư cụ thể nào đó.

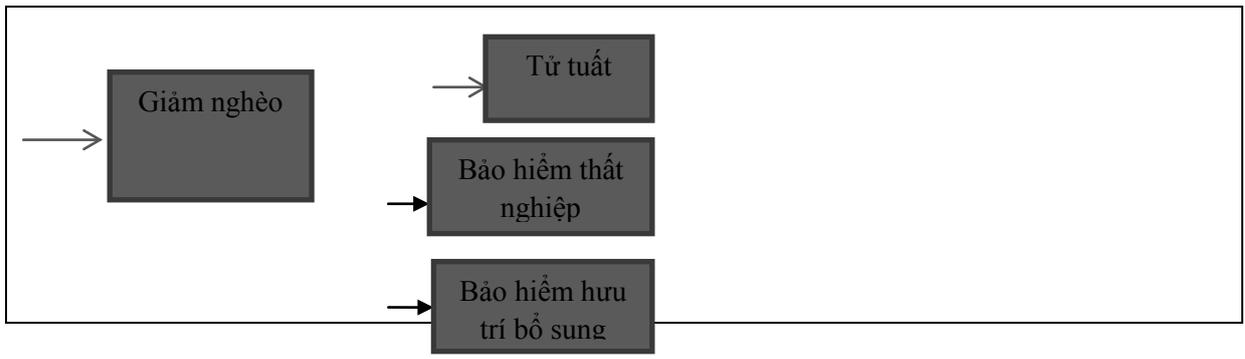
Về mối quan hệ giữa an sinh xã hội và phúc lợi xã hội, do tính chất đa dạng trong cách thức tiếp cận an sinh xã hội mà có các quan điểm khác nhau về mối quan hệ này.

Từ những định nghĩa ở trên, có thể thấy: Với cách tiếp cận an sinh xã hội theo nghĩa rộng, phúc lợi xã hội được coi là một bộ phận của an sinh xã hội. Nó được thể hiện qua việc tăng cường hay hỗ trợ người dân tiếp cận các dịch vụ xã hội cơ bản. Còn cách tiếp cận hẹp thì phúc lợi xã hội không thuộc hệ thống an sinh xã hội. Trong định nghĩa của Thủ tướng Nguyễn Tấn Dũng lại thấy sự đan xen của hai thuật ngữ này.

Từ thực tiễn xã hội cũng như các quan điểm chủ yếu trong thực tế, đặc biệt là về mặt chính sách, có thể coi an sinh xã hội là tổng thể các giải pháp của nhà nước và cộng đồng nhằm đảm bảo cuộc sống cho người dân thông qua các đảm bảo về nghề nghiệp, thu nhập, sức khỏe, y tế, giáo dục và các dịch vụ xã hội khác.

Dựa trên các quan điểm cũng như chính sách hiện có của Chính Phủ, hệ thống an sinh xã hội Việt Nam giai đoạn 2012 – 2020 gồm các cấu phần sau (ILSSA and Giz, 2013):





Hệ thống an sinh xã hội của Việt Nam được xây dựng trên nguyên lý quản lý rủi ro, đồng thời nhấn mạnh đến vai trò cung cấp dịch vụ xã hội cơ bản cho người dân, gồm 4 nhóm chính sách cơ bản:

- *Nhóm chính sách việc làm đảm bảo thu nhập tối thiểu và giảm nghèo*: nhằm hỗ trợ người dân chủ động phòng ngừa các rủi ro thông qua tham gia thị trường lao động để có được việc làm tốt, thu nhập tối thiểu và giảm nghèo bền vững.
- *Nhóm chính sách bảo hiểm xã hội*: nhằm hỗ trợ người dân giảm thiểu rủi ro khi bị ốm đau, tai nạn lao động, tuổi già... thông qua tham gia vào hệ thống BHXH để chủ động bù đắp phần thu nhập bị suy giảm hoặc bị mất do các rủi ro trên.
- *Nhóm chính sách trợ giúp xã hội*: bao gồm chính sách thường xuyên và đột xuất nhằm hỗ trợ người dân khắc phục các rủi ro không lường trước hoặc vượt quá khả năng kiểm soát (mất mùa, đói, nghèo kinh niên)
- *Nhóm chính sách dịch vụ xã hội cơ bản nhằm tăng cường cho người dân tiếp cận hệ thống dịch vụ cơ bản ở mức tối thiểu*, bao gồm giáo dục tối thiểu, y tế tối thiểu, nhà ở tối thiểu, nước sạch và thông tin truyền thông

Một điểm đặc thù của Việt Nam là các cơ chế cộng đồng trong hệ thống an sinh xã hội. Xuất phát từ mô hình an sinh xã hội truyền thống là mô hình an sinh xã hội dựa vào cộng đồng (làng xã, dòng họ...), các thiết chế cộng đồng được phát huy trong tất cả các chính sách thuộc hệ thống an sinh xã hội từ lĩnh vực trợ giúp đột xuất, ưu đãi xã hội đến các hình thức bảo hiểm.

Vì an sinh xã hội hướng đến mục tiêu toàn dân nên việc đảm bảo an sinh xã hội được coi là nhiệm vụ là tất cả các hệ thống, tổ chức xã hội. Bộ Lao động Thương binh và Xã hội và các cơ quan ngành dọc tại địa phương là cơ quan quản lý chung về chính sách thị trường lao động chủ động, ưu đãi xã hội, trợ giúp xã hội và giảm nghèo; Bảo hiểm Xã hội Việt Nam quản lý các chính sách về Bảo hiểm xã hội, bảo hiểm thất nghiệp. Các chính sách an sinh xã hội còn được tham gia xây dựng, thực hiện, phối hợp thực hiện bởi nhiều cơ quan chính phủ khác như Bộ Kế hoạch đầu tư, Bộ Y tế, Bộ giáo dục...

Ngoài các cơ quan quản lý của nhà nước thì các tổ chức xã hội như các hội, đoàn thể của người cao tuổi, phụ nữ, nông dân hay các tổ chức công đoàn cũng tham gia vào hệ thống an sinh xã hội với tư cách đại diện cho các đối tượng của tổ chức, đoàn thể mình. Các tổ chức đoàn thể xã hội này cũng là các tổ chức phát huy cơ chế cộng đồng mạnh nhất trong việc đảm bảo an sinh xã hội cho các tầng lớp dân cư thông qua các hoạt động trợ giúp các đối tượng có công, người nghèo, người dân ở vùng thiên tai, lũ lụt. Ở Việt Nam, trong hệ thống an sinh xã hội hình thành các phong trào xã hội vận động toàn dân tham gia công tác trợ giúp người yếu thế.

Các tổ chức tôn giáo của Phật giáo, Thiên chúa giáo... cũng tham gia vào các hoạt động trợ giúp các nhóm dân cư gặp khó khăn đặc biệt là trẻ em, người nghèo, các vùng bị ảnh hưởng bởi thiên tai. Nhiều nhóm phật tử hình thành các nhóm trợ giúp hoạt động khá hiệu quả, góp phần nâng cao an sinh xã hội cho nhiều đối tượng thiệt thòi.

Ngoài ra, nhiều cá nhân cũng thành lập các quỹ để hỗ trợ người nghèo, trẻ em. Dựa trên uy tín cá nhân, các quỹ này thu hút ủng hộ của các cá nhân, tổ chức bằng tiền mặt, hiện vật và trực tiếp tổ chức các hoạt động trợ giúp người dân. Quỹ “Cơm có thịt” của Trần Đăng Tuấn là một điển hình, thu hút được nhiều đóng góp của các cá nhân, tổ chức trong và ngoài nước để giúp đỡ trẻ em các vùng miền núi khó khăn về lương thực, quần áo...

Không chỉ tham gia trong các lĩnh vực cứu trợ xã hội, các hoạt động mang tính chuyên môn cao của hệ thống an sinh xã hội ở Việt Nam như các loại hình bảo hiểm cũng có sự tham gia của các chính quyền cơ sở, các tổ chức đoàn thể - xã hội. Loại hình quỹ lương hưu cộng đồng, một loại hình bảo hiểm tương tự bảo hiểm xã hội tự nguyện của nhà nước đã được thành lập ở nhiều địa phương như Hưng Yên, Bắc Ninh, Hà Nội để chi trả lương hưu cho nông dân từ trên 60 tuổi trở lên. Các loại hình quỹ lương hưu đều hoạt động tự phát nhưng có những quỹ đã thực sự đóng góp vào công tác đảm bảo an sinh xã hội cho người nông dân. Quỹ Bảo hiểm và Phúc lợi nông dân xã Thanh Văn là một quỹ lương hưu cộng đồng do chính quyền xã thành lập, huy động đóng góp của người dân và các nguồn lực từ xã hội hóa để chi trả lương hưu và phúc lợi cho nông dân khi hết tuổi lao động. Với mức đóng chỉ 25.000 đồng/người/tháng và thời gian đóng là 20 năm tương đương với 6 triệu đồng, người dân từ 60 tuổi trở lên sẽ

được chi trả 400.000 đồng/người/tháng trong suốt cuộc đời. Ngoài ra còn có các phúc lợi khác như học bổng, cấp thẻ bảo hiểm, du lịch cho các thành viên và gia đình. Quỹ lương hưu này đang góp phần đảm bảo an sinh xã hội cho người dân địa phương (Bùi Thanh Minh, 2013).

Ngoài ra, còn có các tổ chức tư nhân tham gia vào hệ thống an sinh xã hội một cách chuyên nghiệp, trong đó đáng chú ý là mô hình hợp tác công tư trong an sinh xã hội. Trước năm 1986, đảm bảo an sinh xã hội chủ yếu do các cơ quan nhà nước đảm nhận và thực hiện. Hợp tác công tư (PPPs) là mô hình mà khu vực tư nhân tài trợ một phần hoặc triển khai thực hiện một phần công việc nào đó trong các dự án hoặc dịch vụ công. Cụ thể hơn PPPs là mô hình mà ở đó khu vực tư nhân đảm nhận việc cung cấp các cơ sở hạ tầng và dịch vụ như bệnh viện, trường học, cầu đường, xe lửa, nước sạch và vệ sinh môi trường ... vốn là trách nhiệm của nhà nước.

Trong những năm gần đây mô hình PPPs đã được mở rộng áp dụng sang cả lĩnh vực dịch vụ xã hội, nhất là trong lĩnh vực an sinh xã hội như bảo hiểm y tế và dự báo còn mở rộng hơn nữa trong tương lai gần.

2. Những thành tựu chính của an sinh xã hội Việt Nam

Hệ thống an sinh xã hội Việt Nam ngày một hoàn chỉnh đã và đang đóng góp vào việc đảm bảo an sinh xã hội cho người dân nói riêng và sự nghiệp phát triển kinh tế - xã hội của đất nước nói chung. Các chính sách trong từng cấu phần của hệ thống an sinh xã hội ngày càng được cập nhật, bổ sung để đáp ứng nhu cầu ngày càng đa dạng của các nhóm dân cư.

2.1. Chính sách thị trường lao động chủ động

Thông qua các chính sách hỗ trợ về học nghề, tạo và giải quyết việc làm, tín dụng ưu đãi, giới thiệu việc làm, Nhà nước hướng đến việc tạo công việc, đảm bảo thu nhập cho người dân, đặc biệt là người nghèo, người dân nông thôn, người khuyết tật và các nhóm dễ bị tổn thương khác.

Nhóm chính sách hỗ trợ đào tạo nghề ngày càng hoàn thiện, mở rộng đến nhiều đối tượng và dành sự quan tâm đặc biệt đến các nhóm yếu thế trong xã hội: Luật Dạy nghề được Quốc hội thông qua năm 2006 tạo ra hành lang pháp lý cho công tác đào tạo nghề trên cả nước; chính sách tín dụng dành cho học sinh, sinh viên có hoàn cảnh khó khăn (tuyển thẳng vào học nghề; miễn giảm học phí; học bổng khuyến khích học

nghề; các chính sách ưu tiên đối với các đối tượng yếu thế như người nghèo, người khuyết tật...

Nhờ các chính sách này mà các cơ sở đào tạo nghề, cao đẳng và đại học được mở ở nhiều nơi, thậm chí cả các địa bàn khó khăn như Tây Bắc, Tây Nguyên. Cả nước có trên 10.000 trung tâm học tập cộng đồng, 700 trung tâm giáo dục thường xuyên, 1600 trung tâm tin học, ngoại ngữ.

Mạng lưới dạy nghề phát triển nhanh với đủ các cấp độ từ sơ cấp đến trung cấp và cao đẳng nghề. Đến năm 2011, cả nước có trên 123 trường cao đẳng nghề, 303 trường trung cấp nghề. Thời kỳ 2001-2010, mỗi năm dạy nghề cho 1,8 triệu người, trong đó có hơn 1 triệu là học nghề ngắn hạn. Giai đoạn 2006 – 2010, mỗi năm hỗ trợ trên 300.000 lao động nông thôn học nghề ngắn hạn.

Các chính sách tín dụng đối với học sinh, sinh viên cũng được thực hiện hiệu quả. Đến cuối 2011, số dư nợ cho vay theo Quyết định số 157/2007QĐ – TTg của Thủ tướng chính phủ là 30.000 tỷ đồng với 2,2 học sinh, sinh viên có hoàn cảnh khó khăn được vay vốn để học tập.

Nhóm chính sách về phát triển việc làm và hỗ trợ tiếp cận việc làm cũng đạt được nhiều thành tựu quan trọng. Từ năm 2001 đến 2011, tạo việc làm thông qua các chương trình phát triển việc kinh tế xã hội chiếm 70% tổng số việc làm được tạo ra, trong đó khu vực công nghiệp và dịch vụ tạo ra 1,1 – 1,2 triệu việc làm/năm. Đã có 130 trung tâm giới thiệu việc làm được thành lập trên toàn quốc, mỗi năm tư vấn, giới thiệu việc làm cho trên 603.000 lượt, cung ứng việc làm cho 230.000 người, dạy nghề cho trên 160.000 người (Bộ Lao động Thương binh và Xã hội, 2011).

Hoạt động đưa lao động đi làm việc có thời hạn ở nước ngoài là một trong những giải pháp để tạo việc làm gắn với xóa đói giảm nghèo bền vững. Năm 2010, đã đưa được 85.546 người đi làm việc ở nước ngoài, tăng 1,2 lần so với năm 2005 và hơn 2,8 lần so với năm 2000. Hiện nay, Việt Nam có khoảng 500.000 lao động làm việc tại 40 nước và vùng lãnh thổ với hơn 30 nhóm nghề, tập trung chủ yếu ở Đài Loan, Nhật Bản, Hàn Quốc, Trung Đông...(Bộ Lao động Thương binh và Xã hội, 2011).

Các chính sách hỗ trợ lao động là người nghèo, người khuyết tật, lao động nữ, lao động làm công ăn lương cũng được đưa vào thực hiện.

2.2. Chính sách hỗ trợ người dân tham gia bảo hiểm

2.2.1. Chính sách bảo hiểm xã hội

Trước Đổi mới (1986), Bảo hiểm xã hội mới chỉ bao gồm lao động trong khu vực nhà nước với loại hình bắt buộc thì hiện nay các loại hình đã trở nên đa dạng hơn để phù hợp với nhu cầu của nhiều nhóm dân cư (Năm 1995, bảo hiểm xã hội được sửa đổi). Bảo hiểm xã hội bắt buộc được thực hiện với tất cả lao động trong khu vực chính thức (nhà nước và tư nhân) có hợp đồng lao động ba tháng trở lên, các sĩ quan quân đội, công an, người làm việc ở nước ngoài mà trước đó có đóng bảo hiểm xã hội bắt buộc. Ngoài ra, còn có bảo hiểm xã hội tự nguyện dành cho lao động khu vực phi chính thức và bảo hiểm thất nghiệp.

Bảo hiểm xã hội Việt Nam được thiết kế theo nguyên tắc mức hưởng dựa trên mức đóng (pay as you go) với 5 chế độ: Ốm đau, thai sản, tai nạn lao động, bệnh nghề nghiệp, hưu trí và tử tuất trong đó hưu trí và tử tuất đóng vai trò cốt lõi với mục đích nhằm bảo đảm thu nhập cho người lao động trước các rủi ro về sức khỏe, tuổi tác. Mức đóng hiện nay vào quỹ hưu trí và tử tuất là 8% tiền lương, tiền công đối với người lao động và 14% với người sử dụng lao động. Điều kiện hưởng hưu trí là nam từ 60 tuổi và nữ từ 55 tuổi trở lên có thời gian đóng bảo hiểm đủ 20 năm, trừ một số ngành đặc thù với công việc nặng nhọc, độc hại thì đủ 15 năm. Mức hưởng chế độ hưu trí được tính bằng 45% mức bình quân tiền lương, tiền công tháng đóng bảo hiểm xã hội tương ứng với 15 năm đóng. Cứ thêm 1 năm thì tăng 2% đối với nam và 3% đối nữ cho đến khi đạt 75%.

Đối tượng Bảo hiểm xã hội bắt buộc tăng nhanh cả về quy mô và quy mô. Nếu năm 1995, có 2,2 triệu người tham gia thì đến 2012, số người tham gia lên đến 10,43 triệu người (ILSSA and Giz, 2013). Nguồn thu quỹ Bảo hiểm xã hội bắt buộc tăng từ 6.348 tỷ đồng vào năm 2001 lên 49,6 nghìn tỷ đồng vào năm 2010. Tổng chi Bảo hiểm xã hội cũng tăng từ 1.856 tỷ đồng năm 2001 lên 57,7 nghìn tỷ (trong đó chi từ ngân sách nhà nước là 26,7 nghìn tỷ vào năm 2010). Số người hưởng lương hưu năm 2010 là 1,796734 triệu với mức lương hưu bình quân 2,197 triệu/tháng (tương đương 1200 usd/người/năm). Năm 2012, Bảo hiểm xã hội giải quyết cho gần 130.000 người hưởng chế độ hàng tháng, 700 người hưởng trợ cấp một lần, 5,5 triệu lượt người hưởng ốm đau, thai sản, phục hồi sức khỏe, chi trả lương hưu cho 1,96 triệu người hàng tháng

trong đó người hưởng từ ngân sách nhà nước là gần 870.000 người. (ILSSA and GIZ, 2013)

Bảo hiểm xã hội tự nguyện ra đời sau khi Luật Bảo hiểm Xã hội được Quốc hội thông qua năm 2006. Bảo hiểm xã hội tự nguyện được dành cho tất cả các công dân Việt Nam không thuộc đối tượng bảo hiểm bắt buộc, gồm: cán bộ không chuyên trách cấp xã, người lao động làm việc có hợp đồng lao động dưới 3 tháng, người lao động tự tạo việc làm... Bảo hiểm xã hội tự nguyện gồm 2 chế độ là hưu trí và tử tuất. Mức đóng bằng 22% (từ năm 2014) mức thu nhập người lao động lựa chọn, nhưng thấp nhất phải bằng lương tối thiểu (năm 2014 là 1,15 triệu đồng/người/tháng) và cao nhất là bằng 20 tháng lương tối thiểu do Chính phủ quy định ở thời điểm đó. Điều kiện hưởng hưu trí là nam 60 tuổi, nữ 55 tuổi có đủ 20 năm đóng bảo hiểm, nếu đến tuổi hưởng vẫn chưa đóng đủ 20 năm thì đóng tiếp cho đến khi đủ 20 năm. Mức hưởng tương ứng với 45% mức tiền lương, tiền công lựa chọn để đóng bảo hiểm tương ứng với 15 năm, thêm 1 năm sẽ tính thêm 2% với nam và 3% nữ cho đến mức tối đa là 75%.

Năm 2008, cả nước mới có 6.110 người tham gia thì đến 2012 đã tăng lên 134.000 người trong đó 70% từng tham gia bảo hiểm bắt buộc; có khoảng 2200 người hưởng hưu trí hàng tháng từ bảo hiểm xã hội tự nguyện với mức hưởng bình quân là 1,049 triệu đồng/tháng (ILSSA and Giz, 2013). Nguồn thu Quỹ Bảo hiểm Xã hội tự nguyện đạt 149,7 tỷ và chi khoảng 36,7 nghìn tỷ năm 2010. Năm 2010, khoảng 13% dân số từ 50 tuổi trở lên có lương hưu. (Bộ Lao động Thương binh và Xã hội, 2011).

Năm 2009, Việt Nam chính thức áp dụng bảo hiểm thất nghiệp cho người lao động. Năm 2009 có 5,9 triệu người tham gia loại hình này thì đến năm 2012, con số này tăng lên gần 8,3 triệu (bằng 16% lực lượng lao động và 47% lực lượng làm công ăn lương). Năm 2010, quỹ bảo hiểm thất nghiệp đã chi 546,470 tỷ đồng cho trên 128000 đối tượng hưởng trợ cấp thất nghiệp. Năm 2012, cả nước có 482.000 người đăng ký bảo hiểm thất nghiệp trong đó có 421.000 người được hưởng bảo hiểm thất nghiệp hàng tháng, số người được tư vấn giới thiệu việc làm là 342.000, được trợ cấp học nghề là 5000 người (ILSSA and GIZ 2013).

Tuy nhiên, các chính sách về bảo hiểm còn một số bất cập: một bộ phận lao động chưa tham gia bảo hiểm bắt buộc, mức tiền lương đóng hàng tháng thấp so với thu

nhập thực tế, mức hưởng cao (tối đa 75% mức đóng, thời gian đóng đủ điều kiện hưởng là 20 năm, một số ngành nghề đặc biệt là 15 năm); nguy cơ vỡ quỹ bảo hiểm xã hội cao. Theo ILO, năm 2021, quỹ sẽ thâm hụt và cạn kiệt vào năm 2034 (Bùi Thanh Minh, 2013), bảo hiểm thất nghiệp chỉ áp dụng cho doanh nghiệp có từ 10 người trở lên cũng làm giới hạn đối tượng tham gia, bảo hiểm xã hội tự nguyện có mức đóng cao so với thu nhập của người dân và cơ chế hưởng không hấp dẫn. (Bộ Lao động Thương binh và Xã hội, 2011).

2.2.2. Chính sách bảo hiểm y tế

Sức khỏe của người dân luôn là mối quan tâm hàng đầu ở Việt Nam. Chính phủ đã ban hành nhiều chính sách hướng đến mục tiêu công bằng và nhân đạo trong lĩnh vực bảo vệ và chăm sóc sức khỏe nhân dân trên cơ sở đóng góp của cộng đồng, chia sẻ nguy cơ bệnh tật, giảm bớt gánh nặng tài chính của mỗi người dân (Bộ Lao động Thương binh và Xã hội, 2011).

Chính sách bảo hiểm y tế cũng được chính phủ quan tâm do đó Bảo hiểm y tế ngày càng mở rộng. Bảo hiểm y tế được chia thành ba bộ phận: bảo hiểm y tế bắt buộc theo bảo hiểm xã hội, bảo hiểm y tế tự nguyện và bảo hiểm y tế miễn phí dành cho các đối tượng đặc thù: trẻ em dưới 6 tuổi, người cao tuổi trên 80 tuổi, người nghèo...theo Luật bảo hiểm y tế (có hiệu lực từ 2009), chính phủ xác định mục tiêu bảo hiểm y tế toàn dân vào năm 2014. Đi kèm với mục tiêu này là các chính sách hỗ trợ toàn bộ hoặc một phần đối với các đối tượng yếu thế, hạn chế tài chính tham gia. Sau 20 năm thực hiện chính sách bảo hiểm y tế từ 1992 đến nay, đối tượng tham gia bảo hiểm y tế ngày càng tăng. Năm 1993, cả nước có 3,79 triệu người tham gia thì đến 2010 cả nước có 50,8 triệu người tham gia chiếm 58,4% dân số trong đó bảo hiểm y tế bắt buộc là 25,4 triệu, khu vực nông thôn chiếm 20%; 13,5 triệu người nghèo tham gia bảo hiểm y tế, trong đó 93% thuộc khu vực nông thôn; gần 8,2 triệu trẻ em dưới 6 tuổi được cấp bảo hiểm y tế và trên 3,7 triệu người tham gia bảo hiểm y tế tự nguyện (Bộ Lao động Thương binh và Xã hội, 2011). Đến năm 2012, số người dân tham gia bảo hiểm y tế này lên đến 60 triệu người, chiếm 2/3 dân số (Mai Ngọc Cường, 2013). Chính sách bảo hiểm y tế đã góp phần vào thực hiện mục tiêu giảm nghèo và công bằng xã hội dựa trên cơ chế đảm bảo tài chính y tế mang tính xã hội cao (Bộ Lao động Thương binh và Xã hội, 2011).

Tuy nhiên, chính sách bảo hiểm y tế vẫn còn nhiều bất cập. Mục tiêu bảo hiểm y tế toàn dân vào năm 2014 là bất khả thi khi đến hết 31/12/2013 mới có 62,3 triệu người tham gia bảo hiểm y tế, chiếm 69% dân số (Mạnh Bôn, 2014). Quỹ bảo hiểm y tế thâm hụt khi chi ngày càng tăng: năm 2005 bội chi là 136,7 tỷ đồng, năm 2007 là 1600 tỷ đồng và năm 2009 là 1838 tỷ đồng (Bộ Lao động Thương binh và Xã hội, 2011) bởi số chi bảo hiểm y tế tăng nhanh chóng trong khi số thu tăng ít. Năm 2012, số chi bảo hiểm y tế lên đến 34584 tỷ đồng (Mạnh Bôn, 2014).

Mạng lưới cung cấp dịch vụ y tế còn thiếu về số lượng và yếu về chất lượng do đó chất lượng chăm sóc y tế thấp, chi phí cho y tế của cá hộ nghèo, các nhóm dễ bị tổn thương vượt quá khả năng tài chính; y tế cộng đồng chưa phát triển. Đặc biệt, sự bất bình đẳng trong tiếp cận dịch vụ y tế đang ngày càng gia tăng, nhóm có bảo hiểm y tế chịu sự phân biệt đối xử với nhóm khám chữa bệnh không sử dụng dịch vụ y tế.

2.3. Chính sách trợ giúp xã hội và giảm nghèo

2.3.1. Chính sách trợ giúp xã hội

Trợ giúp xã hội với hai nhóm chính là trợ giúp thường xuyên và trợ giúp đột xuất đóng vai trò quan trọng trong việc hỗ trợ thu nhập thường xuyên và đột xuất cho các đối tượng dễ bị tổn thương như người khuyết tật, người cao tuổi, trẻ em có hoàn cảnh đặc biệt... góp phần ổn định cuộc sống và nâng cao năng lực phòng chống rủi ro cho các đối tượng (Bộ Lao động Thương binh và Xã hội, 2011)

2.3.1.1. Chính sách trợ giúp thường xuyên

Từ sau Đổi mới (1986), chính sách trợ giúp xã hội được đổi mới và càng hoàn thiện. Hiện nay có khoảng 200 văn bản từ Luật, Nghị định, Thông tư, Quyết định của các cơ quan quản lý nhà nước được ban hành để hướng dẫn thực hiện các chính sách trợ giúp xã hội. Do đó, đối tượng thụ hưởng chính sách trợ giúp ngày càng mở rộng từ 4 nhóm năm 2000 lên 9 nhóm năm 2007, điều kiện tiêu chuẩn cũng được mở rộng hơn (Mai Ngọc Cường, 2013).

Các nhóm hưởng trợ cấp xã hội thường xuyên được quy định trong NĐ67/2007/NĐ-CP và Nghị định 13/2010/NĐ-CP: trẻ em mồ côi mất nguồn nuôi dưỡng, trẻ em nhiễm HIV thuộc các gia đình nghèo, người cao tuổi cô đơn, người cao tuổi từ 85 tuổi (hiện nay là 80 tuổi) trở lên không được hưởng lương hưu hoặc trợ cấp bảo hiểm xã hội, người tàn tật không có khả năng lao động hoặc tự phục vụ thuộc các

gia đình nghèo, người nhiễm HIV không còn khả năng lao động thuộc các gia đình nghèo...

Nhờ đó, số đối tượng hưởng trợ giúp xã hội tăng nhanh, từ 416000 năm 2005 lên đến 480000 năm 2006 và tăng lên 1,6 triệu vào năm 2010 (Bộ Lao động Thương binh và Xã hội, 2011). Mức trợ cấp xã hội tăng dần để đáp ứng nhu cầu của đối tượng: giai đoạn 1994 – 2005, tăng từ 24000 đồng/tháng lên 45000 đồng/tháng và 65000 đồng/tháng (hệ số 1), năm 2007 tăng lên 120000 đồng/tháng và đến 2010 tăng lên 180000 đồng/tháng (hệ số 1). Các đối tượng bảo trợ còn được cấp thêm bảo hiểm y tế và một số các chính sách khác (Mai Ngọc Cường, 2013)

Nhiều mô hình trợ giúp xã hội được xây dựng phù hợp với nhu cầu của các đối tượng. Phong trào xã hội hóa (huy động sự tham gia của các cá nhân, tổ chức xã hội) chăm sóc đối tượng được mở rộng. Số cơ sở bảo trợ tăng nhanh, đến năm 2010 có 571 cơ sở bảo trợ, nuôi dưỡng 20000 đối tượng. Hơn 1/3 các cơ sở bảo trợ là các cơ sở của tư nhân (Bộ Lao động Thương binh Xã hội, 2011)

Tuy nhiên, các chính sách trợ giúp thường xuyên cũng còn nhiều hạn chế, bất cập. Đối tượng hưởng trợ giúp xã hội thường xuyên chỉ chiếm khoảng 2% dân số; quy định người cao tuổi trên 80 tuổi hưởng trợ giúp thường xuyên là vẫn cao; mức trợ cấp còn thấp, chưa đáp ứng được nhu cầu của đối tượng. Các loại hình chăm sóc còn thiếu đa dạng, chăm sóc ở trung tâm bộc lộ nhiều hạn chế, chăm sóc ở cộng đồng còn hạn chế (Bộ Lao động Thương binh và Xã hội, 2011)

2.3.1.2. Chính sách trợ giúp đột xuất

Việt Nam thường xảy ra các rủi ro bất thường trên diện rộng trong đó có các thảm họa do thiên nhiên trong đó chủ yếu là các cơn bão nhiệt đới gây ra (Mỗi năm Việt Nam thường có 7 – 10 cơn bão từ Biển Đông đổ vào). Do đó, chính sách trợ giúp đột xuất cũng là một cấu phần quan trọng trong hệ thống an sinh xã hội. Theo tổng hợp của các địa phương, từ năm 2000 đến 2010, thiên tai làm chết 4.305 người, bị thương 3.737, làm bị đổ 138.000 ngôi nhà và làm hỏng 1,4 triệu ngôi nhà. Mỗi năm có trên dưới 1,467 triệu lượt người thiếu đói (Mai Ngọc Cường, 2013).

Công tác trợ giúp đột xuất của Việt Nam thu hút được đông đảo các tầng lớp dân cư, từ các cá nhân đến các nhóm xã hội, các tổ chức xã hội và cả hệ thống chính trị. Các gia đình gặp thiên tai đều được trợ giúp theo quy định của Nhà nước. Từ năm

2006 đến 2010, Trung ương đã hỗ trợ các địa phương 256.001 tấn gạo và 4.603 tỷ đồng để trợ giúp đột xuất. Riêng năm 2010, chính phủ hỗ trợ 76.066 tấn gạo và 1.065 tỷ đồng cho 23 tỉnh: Lai Châu, Lào Cai, Hà Giang, Bắc Kạn, Yên Bái, Cao Bằng... (Cục Bảo trợ xã hội, 2011). Các địa phương, các cá nhân, tổ chức xã hội cũng quyên góp được hàng nghìn tỷ đồng và các vật chất cần thiết để phục vụ trợ giúp đột xuất (Mai Ngọc Cường, 2013).

Tuy nhiên, hạn chế của chính sách trợ giúp xã hội đột xuất là phạm vi còn hẹp, tập trung chủ yếu cho đối tượng bị rủi ro do thiên tai, các đối tượng rủi ro kinh tế và xã hội còn thấp. Mức trợ cấp còn thấp, mới chỉ bù đắp được 10% thiệt hại của gia đình (Bộ Lao động Thương binh và Xã hội, 2011).

2.3.2. Các chính sách và chương trình về giảm nghèo

Chính sách giảm nghèo là một hệ thống chính sách và chương trình quan trọng trong hệ thống an sinh xã hội nói riêng và phát triển kinh tế xã hội nói chung. Hệ thống chính sách giảm nghèo ở Việt Nam khá toàn diện, được thực hiện trên cả ba phương diện, gồm: tang cường tiếp cận dịch vụ y tế, giáo dục, dạy nghề, trợ giúp pháp lý, nhà ở và nước sinh hoạt; hỗ trợ phát triển sản xuất thông qua các chính sách tín dụng ưu đãi, đất sản xuất cho hộ nghèo dân tộc thiểu số, khuyến nông – lâm – ngư, phát triển ngành nghề, xuất khẩu lao động và phát triển cơ sở hạ tầng thiết yếu cho các xã đặc biệt khó khăn.

Các chính sách giảm nghèo đã hướng đến những nhu cầu thiết yếu của người dân để cung cấp cho họ những nguồn lực thoát nghèo: giáo dục, y tế, nhà ở, tín dụng... Kết quả của hệ thống chính sách là tỷ lệ nghèo ở Việt Nam giảm nhanh chóng, từ 58,1% năm 1993 xuống còn 28,9% năm 2002, 14,8% năm 2008 (Tổng Cục Tổng kê, 2010). còn 9,45% vào năm 2010. Về mặt định tính, chuẩn nghèo không ngừng tăng qua các thời kỳ. Thời kỳ 1998 - 2000, hộ nghèo là hộ có thu nhập bình quân dưới 25 kg gạo/người/tháng (tương đương 25.000 đồng) đối với thành thị, 20 kg/người/tháng (tương đương 70.000 đồng) đối với nông thôn, đồng bằng, trung du và dưới 15 kg/người/tháng (tương đương với 55.000 đồng) đối với hộ gia đình ở nông thôn miền núi, hải đảo thì đến thời kỳ 2011 – 2015, chuẩn nghèo đã tăng lên 500.000 đồng/người/tháng đối với thành thị và 400.000 đồng/người/tháng đối với nông thôn.

Hộ nghèo được tăng cường tiếp cận các chính sách: Năm 2010 có 1,1 triệu hộ nghèo được vay vốn tín dụng ưu đãi, với bình quân mức vay là 6 triệu đồng/lượt/hộ; 14 triệu người được cấp bảo hiểm y tế, 13 triệu lượt người nghèo được khám chữa bệnh bằng thẻ bảo hiểm y tế, 2,5 triệu học sinh nghèo được miễn giảm học phí (không tính bậc tiểu học) và 700.000 học sinh nghèo được hỗ trợ vở viết, sách giáo khoa (Bộ Lao động Thương binh và Xã hội, 2011).

Tuy nhiên, chính sách giảm nghèo của Việt Nam cũng có nhiều bất cập. Thứ nhất là quan điểm xác định nghèo chỉ dựa vào thu nhập, trong khi nền tài chính không minh bạch do đó, xác định hộ nghèo là một thách thức; thứ hai, các chính sách hỗ trợ người nghèo chủ yếu thiên về tiền mặt mà chưa tạo ra sinh kế bền vững thực sự cho người nghèo; thứ ba là một bộ phận hộ nghèo bị hạn chế điều kiện tham gia và hưởng lợi; thứ tư là bộ máy hành chính của các chương trình giảm nghèo quá đồ sộ, gây thất thoát lớn nguồn lực trợ giúp người nghèo.

2.5. Chính sách về dịch vụ xã hội

Hệ thống dịch vụ xã hội là hệ thống cung cấp dịch vụ xã hội công cộng cấp cho người dân các tiếp cận về dịch vụ y tế, giáo dục, nhà ở, đất sản xuất, đường giao thông, chợ, điện sinh hoạt, nước sạch, vệ sinh môi trường, các cơ sở sinh hoạt văn hóa, tư vấn và trợ giúp về mặt pháp lý (Bộ Lao động Thương binh và Xã hội, 2011)

Về y tế: Các dịch vụ khám chữa bệnh, chăm sóc sức khỏe được chú trọng phát triển tại nhiều vùng nghèo, vùng đặc biệt khó khăn để trợ giúp các nhóm dân cư nghèo tiếp cận dịch vụ y tế cơ bản. Các hình thức dịch vụ phong phú: đội y tế lưu động thực hiện khám chữa bệnh lưu động, các trạm xã, các mô hình chăm sóc sức khỏe cộng đồng...

Về giáo dục: Các mô hình giáo dục tập trung, bán trú dân nuôi, giáo dục từ xa được mở rộng dưới nhiều hình thức để tạo điều kiện tiếp cận giáo dục cơ bản cho các tầng lớp dân cư, đặc biệt là các nhóm yếu thế như người nghèo, đồng bào dân tộc thiểu số...

Về điện sinh hoạt: hệ thống điện lưới đã đến từng thôn, bản để người dân dễ dàng tiếp cận, nâng cao chất lượng đời sống và hiệu quả sản xuất. Hiện nay, các gia đình nghèo cũng được chính phủ hỗ trợ 30.000 đồng/hộ/tháng cho việc sử dụng điện.

Về nước sạch và vệ sinh môi trường: Hệ thống cung cấp nước sạch sinh hoạt cho người dân được đầu tư, mở rộng. Các chương trình nước sạch quốc gia, chương trình nước sạch của Unicef và nhiều tổ chức phi chính phủ đã góp phần đáng kể vào tỷ lệ người dân sử dụng nước sạch.

Điều kiện vệ sinh môi trường, phòng chống dịch bệnh không được cải thiện, các bệnh truyền nhiễm, dịch bệnh giảm nhanh

Về nhà ở và đất sản xuất: Các chương trình lớn như 134 (QĐ134/2004) về hỗ trợ nhà ở và đất sản xuất cho đồng bào dân tộc và quyết định 167 về hỗ trợ nhà ở cho các hộ nghèo đã giải quyết được cơ bản nhu cầu về nhà ở và đất sản xuất cho hộ nghèo nhất. Các chương trình chính sách hỗ trợ này ngày càng mở rộng về đối tượng và chính sách trợ giúp. Tính đến năm 2011, có trên 3000 hộ nghèo được hỗ trợ xóa nhà tạm (Cục Bảo trợ xã hội, 2011)

Hệ thống cơ sở hạ tầng: điện, đường giao thông, trường học, trạm xá được đầu tư theo chương trình 135, Chương trình hỗ trợ 62 huyện đặc biệt khó khăn, Chương trình hỗ trợ các xã bãi ngang ven biển đã cải thiện điều kiện giao thông, cơ sở hạ tầng, các yếu tố quan trọng trong phát triển kinh tế - xã hội và nâng cao đời sống nhân dân.

Về tư vấn và trợ giúp pháp lý: Chính sách tư vấn và hỗ trợ pháp lý cho người nghèo tăng cường tiếp cận thông tin và thực hiện quyền tiếp cận tới các dịch vụ công của Nhà nước.

Đặc biệt, năm 2010, Chính phủ đã thông qua Đề án Phát triển Nghề công tác xã hội ở Việt Nam, với mục tiêu đến năm 2020, Việt Nam xây dựng công tác xã hội thành một nghề trong xã hội. Đây là một bước phát triển quan trọng trong việc cung cấp các dịch vụ xã hội đến các tầng lớp dân cư, đặc biệt là các nhóm dân cư yếu thế.

Tuy nhiên, nhìn chung hệ thống dịch vụ xã hội vẫn còn nhiều hạn chế, không đồng đều giữa các vùng, miền lãnh thổ. Tính đến năm 2011, cả nước mới có 46% tạm y tế xã đạt chuẩn quốc gia; 88,3% số xã có nhà trẻ, trường mầm non; đội ngũ y bác sỹ ở nông thôn, vùng sâu, vùng xa còn thiếu và chất lượng thấp, các thiết bị chuyên môn chưa đạt chuẩn; 17% dân cư vẫn chưa có nước sạch; thiếu sự tham gia của tư nhân trong việc cung cấp dịch vụ xã hội; đội ngũ nhân viên công tác xã hội mới đang được đào tạo, chưa đáp ứng được nhu cầu của đối tượng (Bộ Lao động Thương binh và Xã hội, 2011).

3. Triển vọng và những mục tiêu của an sinh xã hội Việt Nam đến năm 2020

3.1. Triển vọng

Tại Việt Nam, an sinh xã hội có vai trò ngày càng quan trọng và ngày càng được Đảng, Nhà nước quan tâm. Văn kiện Đại hội X của Đảng xác định: “...*xây dựng hệ thống an sinh xã hội đa dạng, phát triển mạnh hệ thống bảo hiểm xã hội, bảo hiểm y tế, tiến tới bảo hiểm y tế toàn dân*” (Ban Chấp hành Trung Ương Đảng, 2006); Nghị quyết Hội nghị Trung ương lần thứ 6 Khóa X cũng đề cập đến việc từng bước mở rộng và cải thiện hệ thống an sinh xã hội để đáp ứng ngày càng tốt hơn yêu cầu đa dạng của mọi tầng lớp nhân dân trong xã hội, nhất là nhóm đối tượng chính sách, đối tượng nghèo.

Nghị quyết số 21-NQ/TW ngày 22/11/2012 của Bộ Chính trị về tăng cường sự lãnh đạo của Đảng đối với công tác bảo hiểm xã hội, bảo hiểm y tế giai đoạn 2012 – 2020 ghi rõ: “*Bảo hiểm xã hội và bảo hiểm y tế là hai chính sách xã hội quan trọng, là trụ cột chính của hệ thống an sinh xã hội, góp phần thực hiện tiến bộ và công bằng xã hội, bảo đảm ổn định chính trị - xã hội và phát triển kinh tế - xã hội*” (Ban Chấp hành Trung ương Đảng, 2012)

Chương trình hành động của Chính phủ thực hiện Nghị quyết số 15-NQ/TW ngày 1/6/2012 của Ban Chấp hành Trung ương Đảng khóa XI một số vấn đề về chính sách xã hội giai đoạn 2012 – 2020 cũng khẳng định chủ trương này: *Nghiên cứu sửa đổi, bổ sung Luật bảo hiểm xã hội theo hướng đa dạng hóa các hình thức bảo hiểm xã hội, mở rộng đối tượng tham gia các loại hình bảo hiểm xã hội, khuyến khích nông dân và người lao động trong khu vực phi chính thức tham gia bảo hiểm xã hội*(Chính Phủ nước Cộng hòa Xã hội chủ nghĩa Việt Nam, 2012).

Nhờ đó mà các nguồn lực dành cho an sinh xã hội ngày càng lớn, trong đó quan trọng nhất là nguồn lực tài chính. Tổng tài chính dành cho an sinh xã hội thời kỳ 2003 – 2010 là 528 nghìn tỷ đồng, trong đó ngân sách nhà nước chi hơn 271,1 nghìn tỷ đồng, chiếm 51,3%, bằng gần 6% GDP của cả nước (Bộ Lao động Thương binh và Xã hội, 2011). Tổng chi an sinh xã hội thời kỳ 2003 – 2010 tăng 23,8%/năm. Để thực hiện chiến lược an sinh xã hội giai đoạn 2011 – 2020, tổng nguồn lực thực hiện an sinh xã hội giai đoạn 2011 – 2015 sẽ lên đến 1287,5 nghìn tỷ đồng, giai đoạn 2016 – 2020,

tổng nguồn tài chính sẽ tăng lên 2479,7 nghìn tỷ đồng (Bộ Lao động Thương binh và Xã hội, 2011)

Nhìn chung, hệ thống an sinh xã hội ở Việt Nam ngày càng có vai trò quan trọng trong chiến lược phát triển kinh tế xã hội. Nguồn lực dành cho an sinh xã hội vì thế ngày càng được tăng cường, mở rộng và đa dạng. Góp phần đảm bảo an sinh xã hội cho người dân là yêu cầu cấp thiết, phát triển kinh tế xã hội được gắn liền với đảm bảo an sinh xã hội cho người dân.

3.2. Mục tiêu của an sinh xã hội Việt Nam giai đoạn 2011 - 2020

Chiến lược an sinh xã hội Việt Nam giai đoạn 2011 – 2020 là sự cụ thể hóa các chủ trương, đường lối của Đảng, Chính phủ trong việc xây dựng hệ thống an sinh xã hội toàn dân, toàn diện.

Chiến lược được xây dựng dựa trên các quan điểm: Xây dựng và phát triển hệ thống an sinh xã hội nhằm mục tiêu phát triển kinh tế và giảm nghèo bền vững; xây dựng hệ thống an sinh xã hội đa dạng, nhiều tầng lớp bảo đảm mức sống tối thiểu cho người dân, phù hợp với điều phát triển của đất nước; xây dựng hệ thống an sinh xã hội chú ý đến nhóm đối tượng dễ bị tổn thương: người nghèo, người khuyết tật, dân tộc thiểu số, trẻ em...; nhà nước giữ vai trò chủ đạo trong tổ chức thực hiện an sinh xã hội, đồng thời mở rộng sự tham gia của các tổ chức, doanh nghiệp, cá nhân thông qua các cơ chế khuyến khích; xây dựng hệ thống an sinh xã hội hiện đại phù hợp với thực tiễn đất nước và hội nhập quốc tế. (Bộ Lao động Thương binh và Xã hội, 2011)

Mục tiêu của chiến lược an sinh xã hội là đảm bảo cho mọi người dân, đặc biệt là các đối tượng dễ bị tổn thương được tiếp cận và thụ hưởng các chính sách an sinh xã hội, góp phần giảm nghèo bền vững và ổn định xã hội (Bộ Lao động Thương binh và Xã hội, 2011)

Các mục tiêu cụ thể của chiến lược an sinh bao gồm: Hỗ trợ nhóm đối tượng dễ bị tổn thương tham gia đào tạo, tăng cường cơ hội việc làm, tăng thu nhập; Mở rộng phạm vi, đối tượng tham gia bảo hiểm xã hội, bảo hiểm thất nghiệp; Thực hiện bảo hiểm y tế toàn dân; Thực hiện chương trình giảm nghèo bền vững; Tăng cường tiếp cận của các đối tượng dễ bị tổn thương đến các dịch vụ xã hội cơ bản (Bộ Lao động Thương binh và Xã hội, 2011).

Nhìn chung, cách tiếp cận về an sinh xã hội ở Việt Nam rất đa dạng. Bài viết dựa trên các quan niệm và chính sách chủ yếu của các cơ quan Chính phủ trong các hoạt động về xây dựng và phát triển hệ thống an sinh xã hội ở Việt Nam. Xu hướng chính ở Việt Nam đều coi an sinh xã hội là một nền an sinh xã hội hướng đến toàn dân. Quan niệm này tương ứng với quan niệm về phúc lợi xã hội ở nhiều quốc gia.

Danh mục tài liệu tham khảo

1. Mai Ngọc Anh (2010). An sinh xã hội đối với nông dân trong nền kinh tế thị trường ở Việt Nam. NXB Chính trị Quốc gia.
2. Ban Chấp hành Trung ương Đảng khóa IX (2006). Văn kiện Đại hội Đảng X.
3. Ban Chấp hành Trung ương Đảng khóa XI (2012). Nghị quyết số 21 – NQ/TW của Bộ chính trị về tăng cường sự lãnh đạo của Đảng đối với bảo hiểm xã hội, bảo hiểm y tế giai đoạn 2012 – 2020.
4. Bộ Lao động Thương binh và Xã hội (2011). Chiến lược an sinh xã hội thời kỳ 2011 – 2020.
5. Bộ Lao động Thương binh và Xã hội (2013). Rà soát các chương trình, chính sách về an sinh xã hội ở Việt Nam.
6. Mạnh Bôn (2014). Bắt buộc tham gia bảo hiểm y tế như đội mũ bảo hiểm. <http://baodautu.vn/bat-buoc-tham-gia-bao-hiem-y-te-nhu-doi-mu-bao-hiem.html> ngày 13 tháng 01 năm 2014
7. Chính phủ nước Cộng hòa Xã hội chủ nghĩa Việt Nam (2012). Nghị quyết về chương trình hành động của Chính phủ thực hiện Nghị quyết số 15 – NQ/TW ngày 01/06 năm 2012 của Ban Chấp hành Trung ương Đảng khóa XI một số vấn đề chính sách xã hội giai đoạn 2012 – 2020
8. Cục Bảo trợ xã hội, Bộ Lao động Thương binh và Xã hội (2011). Báo cáo tình hình thực hiện chỉ tiêu, nhiệm vụ năm 2010 và chương trình công tác năm 2011.
9. Mai Ngọc Cường (2012). Về phát triển hệ thống an sinh xã hội Việt Nam đến năm 2020. Tạp chí kinh tế và phát triển, Số 192 tháng 6. tr.11 - 23
10. Bùi Quang Dũng (2007). Hệ thống an sinh xã hội Việt Nam. Báo cáo xã hội năm 2007
11. Nguyễn Tấn Dũng (2010). Đảm bảo ngày càng tốt hơn ASXH và phúc lợi xã hội là một nội dung chủ yếu của Chiến lược phát triển kinh tế - xã hội 2011 – 2020. Tạp chí Cộng sản. Số 815 (9/2010).
12. Nguyễn Trọng Đàm (2012). An sinh xã hội Việt Nam. Những quan điểm và cách tiếp cận thống nhất. Tạp chí Cộng sản số 834 tháng 4.
13. Nguyễn Văn Định (2008). Giáo trình an sinh xã hội. NXB Đại học Kinh tế quốc dân.

14. Đàm Hữu Đắc (2009). Nghiên cứu chính sách phúc lợi xã hội và phát triển dịch vụ chăm sóc người cao tuổi trong kinh tế thị trường định hướng xã hội chủ nghĩa và hội nhập (Đề tài cấp nhà nước, Mã số: ĐTĐL.2007.G/51)
15. Nguyễn Hải Hữu (2008). Giáo trình an sinh xã hội. NXB Lao động Xã hội
16. Nguyễn Duy Kiên (2012). Chính sách đối với người có công – Trách nhiệm của toàn xã hội. Tạp chí Tuyên giáo số 7 năm 2012.
17. Bùi Thanh Minh (2013). Hoạt động của Quỹ bảo hiểm và phúc lợi nông dân tại Hà Nội. Luận văn thạc sỹ. Đại học Quốc gia Hà Nội.
18. Ngô Thị Phượng (2013). Tiếp cận hệ thống an sinh xã hội: Sự chênh lệch giữa cư dân khu vực thành thị và nông thôn ở Việt Nam hiện nay. Tạp chí Khoa học ĐHQG, Khoa học Xã hội và Nhân văn, Tập 29, Số 1, Tr.27 – 34.
19. Nguyễn Danh Sơn (2012). Hệ thống an sinh xã hội cho người nông dân Việt Nam. Tạp chí Xã hội học số 2, tr.41 – 53.
20. Tổng Cục Thống kê (2010). Kết quả khảo sát mức sống hộ gia đình Việt Nam năm 2008. NXB Thống kê, Hà Nội.
21. Viện Khoa học Lao động và Xã hội (ILSSA, MOLISA) và GIZ (2012). Thuật ngữ An sinh xã hội. NXB Golden Sky.
22. Viện Khoa học Lao động Xã hội (ILSSA, MOLISA) và GIZ (2013). Phát triển hệ thống an sinh xã hội Việt Nam đến năm 2020.

第Ⅲ部 Appendix

[A contribution from “(Professional) Social Work and Its Functional Alternatives”,
2012-13 JCSW/APASWE 5 Country Research]

Professional Social Work and Buddhist Work as Its Functional Alternative Or Buddhist Work and Professional Social Work as Its Functional Alternative

Tatsuru Akimoto, DSW
Director and *Tokunin* Professor
Social Work Research Institute Asian Center for Welfare in Societies (ACWELS)
Japan College of Social Work

The commonsense of the world is ‘social work=“Professional social work”’, but there are many other entities and people that have carried out the same or similar functions as “Professional social work(ers)” in a society. We tentatively term them its Functional alternatives. Some of what can be called Buddhist practices and activities of Buddhist monks, e.g. *Samāja Weda* in Sinhalese in Sri Lanka, is a case in point. Here, some of commonalities and differences between “Professional social work” and this kind of Buddhist work, which must be translated as “Buddhist social work” in English, are hypothetically presented. Having the differences, “Professional social work” insists on its authenticity as social work, and behaves as if tried to monopolize social work. Other social works seem to be expected to use it as a yardstick to conform them to it. The difference is not in superiority, but “from which side do we discuss, “Professional social work” or “Buddhist social work?” It is my contention that, to establish a global social work beyond Western countries and regions, both have to be placed within quotation marks—as it were—and be ascribed an equal position, and the concept of social work must be inductively defined from various social works.

1. Professional Social Work and Its Functional Alternatives

What are professional social workers doing in the world? They are working for and with the poor, children, the elderly, people with disabilities, offenders, refugees, migrants, disaster victims, people with mental health problems, and community/social development, all with the aim to alleviate or solve various problems and difficulties in lives of those people. To take a closer look, professional social workers are providing various services such as consultation and counseling, advice, referral, mediation, advocacy, networking and mobilization of social resources, organization, and enablement and empowerment. They are engaged in assessment, planning, execution and evaluation, waiting in offices and outreaching at micro, mezzo and macro levels. “Macro levels” could be considered community and organization levels and policy and program levels (e.g. policy analysis, lobbying, social action, enactment, and

institutionalization). According to the IASSW/IFSW's International Definition of Social Work in 2001, these promote social change, problem solving in human relationships along with the empowerment and liberation of people to enhance well-being by intervening at the points where people interact with their environments. However, there is a problem. On this earth, there are 200 countries and regions, and the overwhelming majority of those countries and regions have no—or few—professional social workers while people there have essentially the same difficulties and problems in their lives as in social work “developed countries”. Those people cannot access social work services.

What should we do? There seem to be two ways to tackle this dilemma: (1) Produce a huge number of professional social workers immediately or within several years by perhaps copying Western “Professional social work”; or (2) import “Professional social workers” from social work “developed” countries. The spontaneous response would be “It’s Impossible!” to the first proposal and “Social work colonialism!” to the second one. Social work cannot provide its services, or cannot serve all those people who have difficulties in their lives in almost all countries and regions in the world.

Don’t Worry. Someone is working to solve those difficulties and problems in lives of the people who are confronting these challenges. The same—or similar—functions of professional social workers have been carried out by certain people or segments in each society; otherwise, the society could not sustain itself. Family and kin, neighbors, spiritual healers, village people and leaders, lords, kings, people of religion, humanists and philanthropists, well-meaning women, volunteers, governments, and NGOs are typical examples of this. We termed them functional alternatives in our 2012 JCSW/APASWE Research, (*Professional Social Work and its Functional Alternatives*. (ACWels/JCSW, 2013), in which researchers from Cambodia, Fiji, Indonesia, Malaysia, and Sri Lanka participated. Those kinds of people have worked or are working in almost all communities—in the past and today. The research team visited *Cancer Solution*, an NPO in Tokyo which supported those who have suffered from cancer, after the workshop on the above research in November 2012, and in 2011 and 2012, we also encountered various people, groups and organizations which have supported disaster victims in the areas in *Tohoku*, devastated by the tsunami. These people neither refer to themselves as social workers nor do they often even know what social workers are. Their achievements, however, are sometimes—or, actually—often more effective and satisfactory for clients or service receivers than those carried out by “Professional social workers.” The Malaysian Chapter reports on such research results in the above publication. (ACWels/JCSW, 2013: 96-100)

2. “Professional Social Work” and “Buddhist Work” —commonalities and differences—

In the above research, a Sri Lankan researcher identified the work of Buddhist monks’ work as one of the functional alternatives to “Professional social work”. All social work history textbooks refer to works by people of religion—mostly Christianity but, also Buddhism—and describe “professional social work” as an extension of their activities. There should be something common; if not, we would not need to refer to people of religions and their works in social work today.

What are commonalities and differences? What “professional social workers” and Buddhist monks are actually doing look alike, at least on surface.

The fields of activities and jurisdiction/functions seem to be identical. Buddhist monks are actively working in fields of income generation and employment promotion, with orphans, the elderly without relatives, people with disabilities, war victims, disasters victims, community development, etc., all domains which are similar to those mentioned in the previous section regarding “professional social workers”. Both Buddhist monks and “professional social workers” support people who have various problems and difficulties in lives.

We have not yet investigated into other commonalities beyond this primitive level, but we have come across several major differences between the two.

The argument which follows is a hypothetical one because of the author’s ignorance about the efforts of Buddhist monks and Buddhism itself. His understanding is limited to brief observations on practices by Buddhist monks and discussions with them in two recent research projects in which he was engaged: Religion and Social Work—The case of Buddhism (Vietnam and Japan), and Sri Lankan case in the above Functional Alternative research. This led to a spinoff project to establish an institute of social work education for Buddhist monks in the latter country. To test this hypothetical argument, practice research by monks and a university “professional social work” researcher would be necessary and effective.)

One difference most commonly heard from non-Buddhism observers is that services by “professional social work” tend to be more universal to all, being institutionalized, systematized and programmed, partly because of government’s involvement, while services by “Buddhist social work” tend to more accidental and sporadic, attending to immediate needs of “clients” who happen to come to monks/temples partly because of a understanding of *En* [pratyaya]. Less attention seems to be paid to the whole

sub-populations within the society that confronts the same problems. Another difference often mentioned by outside observers is “viewpoint of stance of service recipients” in “professional social work” and “viewpoint of stance of service providers, or the top” in “Buddhist social work”. These differences, however, may be just current phenomenal ones and may not be essential. A *Buddhist Social Welfare Dictionary* defines *En* as “not accidental and sporadic but conditioned and woven” (cf. Japan Buddhist Social Welfare Association, 2006; 33), and a Japanese Buddhist monk and researcher, Ryoshin Hasegawa, once emphasized “not for him (the client) but together with him” and the philosophical background was described as follows:

[Buddhist]¹ “social work could be possible on the rejection of a discriminating view on human being—the superior for the inferior and the strong for the weak, which are one-sided—and the equality between the subject and the object—providers and receivers—must be the base.” (Hasegawa, 1994: 90)

Secondly, “Professional social work” has its rather clear boundaries of field, activity and function, and within each of those boundaries, it has further limited territories and jurisdictions, while Buddhist work is more all-inclusive. “Professional social workers” do work as a whole within a limited boundary while monks do those work as part of a whole, or the broader mission.

Partly because of this limitedness, thirdly, “Professional social work” develops mindsets of conscientization, recognition, conceptualization and theorization of what they are doing, for example, fields, activities and functions, while Buddhist work does not do so necessarily.

Fourthly, this limitedness further leads professional social work toward science, which necessitates that it be empirical and objective,² and emphasizes recording and documentation. “Buddhist social work” has been doing whatever monks think necessary from Buddhism doctrines and teachings,³ based on its wisdom and experience. Intermediate (operationalized) variables between fundamental concepts—which tend to be abstract—and concrete conducts may not receive much attention.

Fifthly and contrarily, “Professional social work” seems to have lost the interest in the inner aspect of workers and of the relation between workers and “clients” while

¹ [Buddhist] was inserted by the current author.

² There has been a self-reflection from the view of “post-modern”.

³ A question is easily raised, “If so, why do not all monks do thus?”

Buddhist work respects the faith, heart, mind and spirituality, and that the inner relation preexists before being involved in the service relation between as providers and receivers. Altruism and compassion are cores of Buddhist work. “Professional social work” has forgotten those concepts which were once its cores, abandoning them somewhere in the “professional social work”—although there has been a self-reflection from the “post-modern” view.

The sixth difference is their roots. “Professional social work” is a product of industrialization, or Western modernism to which the orientation towards science above also relates. Its core elements are rationalism, humanism (human-being-centeredness), individualism (individual- or self-centeredness), the separation of government and religion, and human rights and social justice. Legacy of Christianity is certainly sensed. Buddhist work has its root in Buddhism doctrines and teachings, and the core elements are compassion (*karuṇā*), benevolence (*jihā*), charity (*maitrī*), *En* (*pratītya*; relationship), etc. (cf. Loan, 2011: 69)

The largest difference comes from the word, “professional”, itself. The work or service provided by “Professional social work” must be offered as an occupation or job, or for money, with various conditions. A profession is a major category of occupations in Standard Occupation Classification of each country as well as international organizations. Buddhist work cannot be done as an occupation/job, or for money or compensation with various conditions, which is its essence.

The meaning of “professional” is multiple. It sometimes means that the work or service provided must be (1) high enough in quality and (2) quality-assured or given by persons equipped with certain qualifications in training/education (e.g. degree, certification/license, and registration). Some people doing the same at the same level or even better and more satisfactorily are without these qualifications and criterion. The work and services provided by Buddhist work could be inferior or superior to those by “professional social work” in quality. Buddhist work has no qualification programs at this moment, for instance, in Vietnam and Sri Lanka, but could have them if it should want such.

Most of these were referred in the introductory chapter of the last year report of our current project. (Akimoto, 2013: 2-3) Some other differences were also mentioned by the Sri Lankan author in his chapter of the above Functional Alternatives research report. (Wickramasinghe, et.al., 2013: 141)

3. Buddhist Work and Its Functional Alternatives

How should we name this Buddhist work, *Samāja Weda* in case of Sinhalese? Being forced to be translated to discuss in English, “Buddhist social work” would be only plausible choice.

Having the above differences in the previous section, which social work should be the standard or yardstick? So far, we have used “Professional social work” as the standard or a yardstick. “Professional social work” represents the main and “Buddhist social work” a subordinate. Thus, “Buddhist social work” is a Functional Alternative of “Professional social work”.

Why must “Buddhist social work” be subordinate to “Professional social work”? “Professional Social Work” is 100 years old or maybe 200 years at most. Buddhism is 2600 years old, and has been practicing “social work” or *Samāja Weda* in case of Sri Lanka during this time.

From which side do you see matters, from Western “Professional Social Work” or “Buddhist social work”, i.e. “*Samāja Weda*.”? From the latter side, the title, “Professional Social Work and its Functional Alternatives” should be turned around to the subtitle, “Buddhist Social Work and its Functional Alternatives”. “Professional social work” is a functional alternative of “Buddhist Social Work” or “*Samāja Weda*.”.

The matter is not to conform or fit one to the other while of course adaptation would be necessary and actually have happened, but between the two sides. “Professional social work” behaves as if it were authentic one or even monopolized social work insisting on the equation, social work=“Professional social work”. “Professional social work” must be the only social work. Using theirs as a yardstick, they assesses others are social work or not or how much others have deviated.

Partly, of course, it comes from the language issue. As long as we use English, it cannot be helped as the authenticity ultimately resides on the side of the language. Standing on the Sinhalese side, what we discuss would be *Samāja Weda*, and social work in English is translated as *Samāja Weda*.

The current thinking is all right as long as social work stays the Western world where “Professional social work” was born and matured.⁴ However, once it goes beyond the territory, both “Professional social work” and “Buddhist *Samāja Weda* [social work, being translated in English]” are equal in authenticity. Through abstraction and

⁴ More accurately speaking, this is applicable for “within the Western world” as there are many other functional alternatives as discussed in the first section.

synthesis from among and on the base of both “Professional social work” and “Buddhist social work”, social work is to be defined inductively.

Western “Professional Social Work” is one social work, but there are many other social works. “Buddhist Social Work” is one of them. If one wants social work to be a global one, it must be fundamentally reexamined. In future, global social work should be constructed based on both “Professional social work” and many other social works. The true understanding of social work will come later.

ACWels/JCSW. 2013. *(Professional) Social Work and its Functional Alternatives*. Japan College of Social Work.

Akimoto, Tatsuru. 2013. “What can Buddhism contribute to the professional social work? An essential element it has somewhere lost.” ACWels/JCSW. *In The Roles of Buddhism In Social Work—Vietnam and Japan*. Japan College of Social Work. pp.1-3

Hasegawa, Masatoshi, ed. 1994. *Social Work of Modern Jodo Sect*, Aikawa-shobo,

Japan Buddhist Social Welfare Association, ed. 2006. *Buddhist Social Welfare Dictionary*.

Loan, Nguyen Hoi. 2011. The original research proposal, “The participation of Buddhism in social work.” In ACWels/JCSW. 2013. *The Roles of Buddhism in Social Work*. Japan College of Social Work. pp. 66-71.

Wicramasinghe, Anuradha, et.al. 2013. “Similarities and differences among professional social workers vs. functional social workers in the social work disciplines in Sri Lanka.” In ACWels/JCSW. 2013. *(Professional) Social Work and its Functional Alternatives*. Japan College of Social Work. pp.116-145.

THE ROLES OF BUDDHISM IN SOCIAL WORK

Chapter I

Report of University of Social Sciences and Humanities,

VNU Hanoi

THE PRACTICAL AND SPIRITUAL CHARACTERISTIC OF BUDDHISM IN SOCIAL WORK IN VIETNAM

Assoc.Prof.Dr. Nguyen Hoi Loan

MSW. Nguyen Thu Trang

University of Social Sciences and Humanities, VNU, Hanoi

1. Discussion on “Social Work” definition

There are a lot of definitions of Social Work nowadays. Among them, there are two attentive ones:

“Social Work is a applied science to improve the effectiveness of human, in order to create social change and bring to social welfare for citizens” (Social Work encyclopedia, 1995).

“Social Work is a professional activities to create changes (development) of the society. Taking part in the process of social problems solving (of the matters resulting from social relationship) and the process of empowerment and potential evoking of individuals, families and communities, Social Work helps human develop fully and harmonically to have a better life” (IFSW congress in Canada, 2004).

According to the Project No32 of Vietnamese Prime Minister, the definition of Social Work is that it is a solution contributing to harmonize relationship between people, limit social problems, enhance life quality of clients and society, orient to a healthy, fair and happy society and build a modern social security system.

However, until now Social Work researchers and practioner over the world have not agreed on a united definition of Social Work. The existed definitions meet

the fact of Social Work in a or some communities but none in others and vice versa. Social Work, indeed, is a social activity with human and global feature that is not based much on political regime but social ethics which are the same in many communities and societies.

In fact, each nation has its own pathway (national feature) for Social Work to get its true effectiveness. This own pathway of each community, nation is expressed in its approach, method with its unique features. Effectiveness of Social Work not only depends on social workers but also on clients. The foundation of Social Work is compassion as well as opinion, social value systems, especially the system of belief, religion, culture in community to identify their communication path among human with human, and human with physical world as well their society. From the characteristics above, we come to an united term of Social Work at global level.

An typical example is social security and social welfare. In developed countries, social security is indentified as a part of social welfare structure. However, in Vietnam, in the point of view of social administrators, policy makers and communication staffs, it is defined in an opposite side. It is not the fact that Vietnam is a different unit, but with a uncommon point and term using. Of course, it takes to a demand that the scientists in Vietnam need to study to adapt the terms using in Social Work to meet the change of the world.

From various terms of Social Work, based on the criteria of community culture and fact, in my point of view, “Social Work is a practical social activity which is carried out by the specific rules and methods and based on traditional cultural values in order to support individuals and groups to solve their problems for their wel-being and wefare and social progression.”

With this definition, we need to pay concentration to:

- (1) Social Work is a practical social activity so Social Work reflects the developing level of the society as well as social problems in the developing process of that society.
- (2) Social Work is a type of social activities based on rules, scientific methods and cultural tradition of each community, so we can not apply a Social Work model dogmatically from other community, country into ours with a hope that it will fit us completely.
- (3) Social Work is to directly impact on or support individuals or groups to help them solve their problems, so Social Work is to help people empowered, enhance their coping and problem solving capacity.
- (4) Social Work is to complete its task of welfare and well-being, equity to people, stabilize and develop sustainably community.

2. The features of Vietnamese Social Work with the impact of Buddhism

In this paper, we would like to discuss the practical and spiritual characteristics of Buddhism which contribute to unique/national feature of Social Work in Vietnam.

2.1. The practical feature in Social Work in Vietnam

The fact is all physical purposed activities with historical and social characteristics of human to interfere nature and society.

In Vietnam, although Social Work has been identified as profession since 2000, until now, it is hard for us to recognize the boundaries among social support, charity, voluntary activities, Social Work,... while in developed countries such as US, UK, France... this kind of boundary is very clear. This problem in Vietnam results from national traditional culture. Among those traditional values, the

communication path becomes the connection among social support, charity, voluntary activities to help them integrate into Social Work. The term of Social Work has been still new in Vietnam while those terms above last long in various period.

Vietnam is still a poor country with hard natural condition, backward agriculture, nature based cultivation. Hence, Vietnamese people usually have to fight to destruction of natural disasters, invasion,... To survive and develop, in the developmental history, Vietnamese people always have to face various problems from individual level to community level in a hard situation. All of those contributed to create a communication path of Vietnamese people to nature, society and foreign countries. Individuals connect to others, families, clans, neighbors and villages to create a collective power which is very different from spontaneous power of each individual. This path integrates individual characteristic into community characteristic so risks such as poverty, disaster, hunger, sickness, lost,... were not individual problems but also neighbours', communities',... Community take the responsibility to take care of its individuals, families. From that fact, Vietnamese people found out a lesson of core value in communication to create a cultural tradition, a lifestyle with full of humanity and compassion that becomes a soft power to control communication path in community. In the mind of each Vietnamese people, there is a belief that all the ethnic groups in Vietnam are brothers with the same ancestor: King Hung. With the same homeland, history,... the physical and spiritual lives bonds together, the caring and supporting are the solution to survive and overcome difficulty. It is, longlasting, a tradition to Vietnamese people.

The above practical value has been a power in social activities at many levels, from individual to community, including in domestic Social Work.

Although, we have adapted many theories, methods of Social Work from over the world, actually, they came from studies, testing, summarizations of situations in US, UK, France,... not Vietnam.

The practical communication path in traditional culture of Vietnamese people summarized in proverb, folk-songs with Buddhism spirit and then, became a rule and method to support effectively people, for instance, “*Whole leaves wrap torn leaves/ Lá lành đùm lá rách*”, “*Mutual help between brothers and sisters/ Chị ngã em nâng*”, “*When a horse is ill, the whole stable refuse to eat the grass/ Một con ngựa đau cả tàu bỏ cỏ*”, “*Love others like love yourself/ Thương người như thể thương thân*”, “*One piece of food while hungry equals a big basket of food while full/ Một miếng khi đói bằng một gói khi no*” ..., even, in some cases, Vietnamese people come to the extremism such as “*Better a neighbor near than a brother far off/ Bán anh em xa mua láng giềng gần*”. They are thinking path and lifestyle of Vietnamese people with the characteristic of small scale production – small holder, self supply, partial and conservative which based on experienced thinking and lacked of critical thinking. Traditional thinking of Vietnamese people is a feature of Eastern dialectic thinking and full of visual, intuition. It is flexible but not close and exact, using qualitative data than quantitative. It is close to compassion than reasoning. Hence, Vietnamese people often base on moral and relationship rather than legality like developed countries. It leads to sluggishness in legal relationship.

The practical characteristic in Social Work in Vietnam impacts on point and understanding of the term of Social Work as well as its content and method, its effectiveness locally. Therefore, it is hard to identify clearly charity, social support, social voluntary works and Social Work in our country.

2.2. The spiritual characteristic of Buddhism in Social Work in Vietnam

Of spiritual context, we discuss the value system of belief and religion, as Prof. Dr. Nguyen Lan Dung (in his paper “Uncle Ho and spiritual life” on Jan 19, 2013), Uncle Ho is a materialism follower. He respected all belief and religions although he was not a follower of any specific one: “Buddhism followers believe in Buddha, Catholicism followers believe in God like many of us believe in Confucianism. They are the most venerated we should place our faith at¹. He thought Confucius, Jesus, Karl Marx, Ton Dat Tien have the same purpose: *“They all want happiness for mankind, benefit for society. If they had lived in the same era, I believe that they would have shared a complete life as friends... I am trying to be their follower.”*² Especially, he estimated 45 times using the word “soul”, 9 times of “heaven”, 7 times of “blessing” and 5 times of “God” in 12 volumes of Ho Chi Minh Story.

Spirit is the highest part in human thought to seek the lofty of each person. Each person might have different level of belief, religion, particularly in Gods, doctrines, ideals,... and might not have a strong scientific base but can meet the harmony of reason an affection to direct their behaviors. Spirit is mind at a mystery level which is hard to explain and full of holy. Despite many differences, spirit of Eastern people always seek the good.

Awareness of people of the world (universe, society,...) might be divided into 2 kinds: (1) the 1st is the kind in which can be tested, proved by experiments, reasoning, logic and called sciences; (2) the 2nd is the kind in which just be received by intuition of each person and can not be proved by any testing or

¹ Ho Chi Minh collection, Vol 4, pg 148

² Truong Niem Thuc (1949), Ho Chi Minh Story, Tam Lien Publisher, Shanghai, pg 91

reasoning. It is worth mentioning that spirit is not a wrong issue or misunderstandings of people. It is, actually, the issues which are hard to prove if they are right or wrong. It is similar to other unproved scientific hypotheses. When they have not proved, they have still been in the area of spirit. With full proof, they will become sciences. Spirit seems larger than science for its boundlessness and great impacts on human lives. Culture of each nation, each ethnic group is contributed from religion and belief which made the unique hallmark.

According to Government Division of Religion, there are 80% of people in Vietnam having religious belief at various level. In Vietnam, Buddhism connected with national history like Catholicism in Europe, Islam in Arabia and Middle Asia. Buddhism easily perceived by Vietnamese people. Hence, Buddhism doctrines have come to a part of social values and lifestyle of people there.

Therefore, in Vietnam, Buddhism have a great effect on social activities as well as impact on thought and behaviors of people there: *“One good turn deserves another/ Ở hiền gặp lành”*, *“Curses come home to roost/ Ác giả, ác báo”*, *“We reap as we sow/ Gieo gió, gặp bão”*, *“The fathers have eaten sour grapes, and the children's teeth are set on edge/ Đòi cha ăn mận, đòi con khát nước”*... They are, actually, Buddhism belief on cause – effect in lives. People can made the cause and get the effect in the same life round. The image of “9 levels of hell” in Buddhism is to deter the bad and praise the good. *“One good turn deserves another”* is also the main theme of fairy tales in Vietnam. Not to find the nirvana, doing good things firstly is to find the peace and luck for not only themselves but also their next generations.

Nowdays, Vietnam is a developing country with many outstanding achievements in the process of industrialization and modernization as well as

global integration. However, there are more and more social problems such as huge immigration, destroyed environment, poverty, unemployment,... to become a challenge to sustainable development. Buddhism doctrines became a part of thought and behavior of Vietnamese people when facing those problems. They also become a foundation to explain the relationship among people.

Besides, more or less, people often have to face difficulty, danger, failure, disasters, illnesses,... and the dead of relatives or self. In that situation, people are easy to be vulnerable and religion belief help them to overcome. Some religions maintain some practice to pray for health with the belief that people can be more healthful – a solution to help them face and overcome the tense, risk and lost in usual life and connect to others.

Buddhism aims to help people liberate themselves from samsara of an ocean of suffering. In misery, people is strong and bright mind enough to overcome it. This will is a spiritual power, a strength of the mind, an effort of liberation. People need a strong will to overcome all obstacles. Through the doctrines, rules, lessons, Buddhism comes to a part of thinking way and life style of Vietnamese people.

Social Work is a specific action, and with philosophy of Buddhism, social workers in Vietnam may help poor, ill people to overcome hard situation, encourage their will to improve their condition, integrate better in community to have a chance of good life by taking care of elderly, orphans, street and disabled children, support ill people, victims of disasters, people infected by HIV/AIDS...

To take part in those activities, Social Work requires its workers to have a compassion and sacrifice with a voluntary attitude and collaborate with others. Social Work, hence, is a moral activity which is full of merciful guideline of Buddhism – a longlasting moral code in Vietnam. With that philosophy and action guideline, we could build a new approach in Social Work in Vietnam with

national identity in order to enhance the out put of this activity in the background of spiritual life in Vietnam.

In the fact of Social Work in Vietnam nowadays, social workers who currently is working in social welfare are facing many difficulties and deficiency as well as stress and anxiety in their working environment. So, a question raised is “Why social workers keep working in that condition? For a job or salary? For career or promotion? For human well-being or social justice?... They are true partly but not totally. Meeting them, I realize that they work for their belief that they are conducting good things to accumulate good works for themselves and their children. This belief can explain the root of strength of social workers in Vietnam which encourage them keep working in the bad situation and find out their happiness in their job.

3. Discussion

It is clearly that in Vietnam, there are unique characteristics in Social Work in the comparison with Western. In the background of traditional culture and practical characteristic, spirit has impacted on the awareness and application of Social Work in each locality in the country. With this feature, social workers can overcome difficulty and stimulate strength of clients. Social workers also have advantage in broking resources, seeking social services supporting for disadvantage people and calling for the participation of people in Social Work activities. Hence, practical and spiritual characteristics become a feature in Social Work in Vietnam.

REFERENCES

1. Tran Quoc Vuong (2000), Foundation of Vietnamese culture, Education Publisher, Hanoi.
2. Nguyen Dang Duy (1999), Buddhism with Vietnamese culture, Education Publisher, Hanoi.
3. Nguyen Tai Thu (1997), Impacts of thought and religion systems on Vietnamese people currently, National Politic Publisher, Hanoi.
4. Institute of Phylosophy (1998), History of Vietnamese Buddhism, Social Sciences Publisher, Hanoi.
5. Nguyen Thanh Tuan (2009), Buddhism with Vietnamese and Japanese culture in a comparision, Encyclopeadic Publisher, Hanoi.
6. Tran Dinh Tuan (2010), Social Work – Theory and Practice, VNU Hanoi Publisher.

SOCIAL SECURITY IN VIETNAM: Definition, Composition and prospect

Assoc. Prf. Dr **Nguyễn Thị Kim Hoa**

Assoc. Prf. Dr **Nguyễn Văn Kim**

Assoc. Prf. Dr **Nguyễn Hồi Loan**

MSW. **Bùi Thanh Minh**

Abstract: From the debates and different approaches in regard of social security in Vietnam, the article aims to clarify the approaches that help finding the most appropriate understanding of social welfare in Vietnam. What is more, on the basis of aggregating achievements, prospects and objectives of social security in Vietnam, the author seek to provide a comprehensive picture of the social security system in Vietnam and suggest some orientations for the future.

Key words: social security, Vietnam, definition, composition, prospect.

1. Definition of social security

Alike to many other nations over the world, social security in Vietnam is a complex concept with many different interpretations which can vary between departments of the Party and the State as well as between scientists.

There are many ways to categorize the definition of social security, among which the most popular category is based on the micro and macro level of social security system.

On the macro level, social security means the warranty of human right so as to provide people security, sustainable income, medical care, education and other social services. With this definition, social security includes social welfares.

On the micro level, social security guarantees that individual, family and community receive income and other basic needs in case their income is reduced due to the loss of

working ability, or job loosing. Social security also care for income and basic needs of elderly, children and disable. This definition stresses that social security care for insurance factors which is similar to the definition from ILO.

Some definitions of social security in Vietnam are current evidence of those approaches.

The Vietnam's Social Security Strategies during the period of 2011 – 2020 states that: Social Security is conducted of a system of policies and programs which are implemented by the State, the social partners to ensure a minimum income, health and welfare as well as enhancing the competence of individuals, households and communities in managing and controlling the risks of job loss, aging, illness, natural disaster, risks due to structure conversion, economic crisis, which lead to reduced or lost income and reduced access to basic social services (Ministry of Labor, War Invalids and Social Affairs, 2011).

According to this definition, social security is understood as a bigger system compare to social welfare if it includes insurance policies (social security, health insurance, unemployment insurance), social assistance policy and poverty reduction (support regular and irregular, poverty reduction programs) and policies social services). As a result, the subject of social welfare is the entire population.

Scholar Hoang Bao Chi stated in the workshop for project KX02.02/06-10 that social security is the safety for human being's lives which in turn will create foundations and motivations for the development of individual and society. Social security assures that the society in which the people are living in will promote their inner power and it operates in a humanity manner.

Social Security included in it all the assurance of safety for the people to live, work; acquire their needs, legitimate and reasonable interests while they evolve. People should also receive protections against risks, uncertainties, unusual situations which might threaten or destroy their state of peace, their right to live and receive their beneficiaries.

The author defines social security on a macro level which includes social insurance, social support, social welfare and poverty alleviation (Đàm Hữu Đắc, 2009). The subject of social security in this definition is similar to the one mentioned above.

The Institute of Labour Science and Social Affairs (Ministry of Labor, War Invalids and Social Affairs) and GIZ defines Social Security as a system of State's and private sector's interventional policies such as social insurance and social support and not statutory regime from the private sector to reduce the level of poverty and vulnerability, enhance self-protection capability of the people and society from risks or loss of income, security, ensure stability, development and social justice (Institute of Labor and Social Sciences, 2012).

According to this definition, social security also includes social insurance, social support, poverty reduction and a focus on vulnerable groups. In other words, social security is considered to correspond to the term "social protection".

Scholar Nguyen Hai Huu has a rather specific definition of social security. He states that social security is a system of mechanisms, policies and measures of the State and society to assist all members of society to cope with the risks and economical and social shocks which potentially cause them mutilation, loss of income due to sickness, maternity, accidents, occupational issues, aging, loss of working capacity or become poor because of objective reasons. Social security also provides health services to the community, through a network of social security, health insurance and social assistance (Nguyen Hai Huu, 2008).

This definition looks at social security on a micro level and it divides this terminology into three divisions including Social insurance, health insurance and social assistance.

Prime Minister Nguyen Tan Dung combines Social Security and Social Welfare in a definition: "Social Security and Social Welfare is a system of policies and resolutions which aim to protect the people minimum subsistence from risks and extraordinary impact from economy, society and environment and contribute to constantly improve the people's material and spiritual life "(Nguyen Tan Dung, 2010).

However, there are definitions of social security that are divided into three different approaches (Mai Ngọc Cường, 2013). Scholar Mai Ngọc Cường states that there are three ways to approach social security:

First approach divides social security in Vietnam into three policy segments. Labor market initiative policy (job training, job placement) is the first segment; social insurance policies, unemployment insurance, health insurance and other supporting policies belong to the second segment; policies of social assistance, poverty reduction, supporting access to basic social services network are the third segment (Nguyễn Thị Lan Hương, 2010).

This perspective approaches social security according to its main function such as risk prevention, risk mitigation and remediation corresponding risks associated with the policy. In this approach, social incentives for individuals and families who participate during the revolution are not part of the social security function. Obviously, it has overlooked the population that need many supports to ensure social security. Moreover, as a country that went through many wars, this perspective conflicts with view of the social security as the service for the entire population of Vietnam.

A second approach points out that the social security system includes social insurance policies to mobilize contributions of working population so as to prevent risks, and provide health insurance policy, social incentive policy, social support policy, and social deliverance policy. This approach has brought social incentives groups into the social security systems, but has not mentioned of labor market initiative policy. The idea of separating social support policy and social deliverance policy into two separate policies is also a distinction approach (Mai Ngoc Cuong, 2013).

The third approach bases on the nature of give – take relationship to divide the social security system into two divisions. The social security system that follows the nature of give – take relationship includes social insurance, medical insurance, and unemployment insurance. The social security system which does not consist of the contribution of the people include: regular social assistance and irregular social assistance. This approach is quite unique; it acknowledges the superiority of the Vietnamese regime in ensuring social security when national resources are limited. However, there is the fact that the health insurance policy provides free health insurance to marginalized segments of the

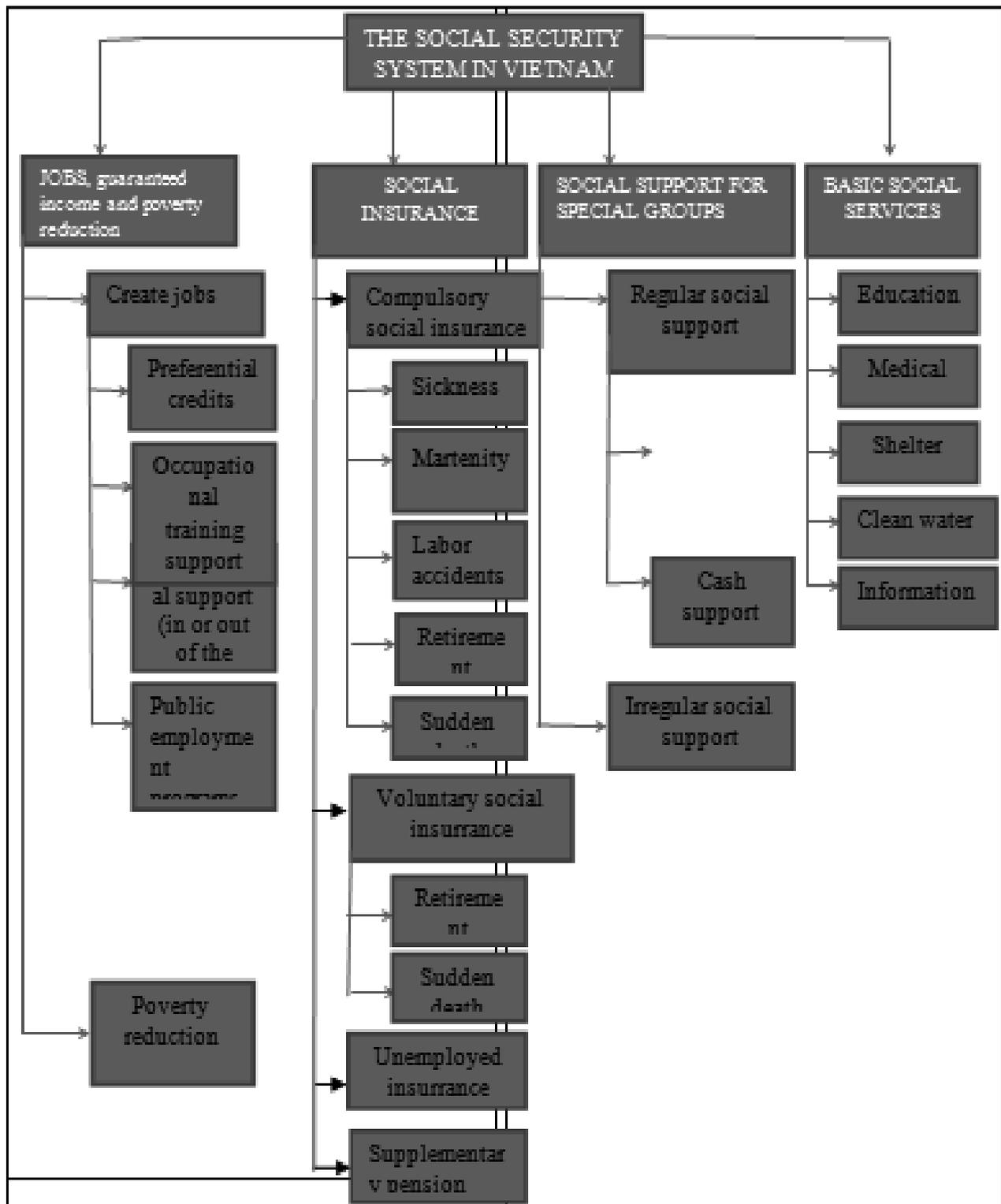
population. This means that dividing social security based on the nature of give and take relationship is a fairly narrow approach.

The views on social security have fundamental role in the design of a social security system for the country. The concept of social security will be represented by the components of the social security system with orthodox notions of the responsible state agency. In Vietnam, the views of the Vietnam Communist Party, the ruling party as well as the state agency, showed a concept of social security in the broadest sense, directed to "entire population "not merely a particular social insurance or a residential unit.

In regards of the relation between social security and social welfare, due to the nature of the diverse approaches of social security, there are different views of this relationship as well. From the above definition, we can see that with the approach of social security in the macro level, social welfare is considered to be a part of social security through the enhancement support to help people access to basic social services. Whilst the micro level approach does not include social welfare into social security systems. In the definition of Prime Minister Nguyen Tan Dung, we can see a mixture of these two approaches.

Based on reality, especially in terms of policy, Social security can be considered as overall solutions of the state and community to ensure life for people through assurance of career, income, health, health care, education and other social services.

Based on the current policies and perspectives of the government, the social security system of Vietnam during the period 2012 - 2020 includes the following components (ILSSA and Giz, 2013):



The Vietnam's Social security system is built on the principles of risk management , while emphasizing the role of providing basic social services to the people , including four basic policy group :

- employment policies Group guarantee a minimum income and poverty reduction in order to help people proactively prevent risks through participating in the labor market to obtain a good job as well as minimum income and sustainably reduce poverty.
- social insurance policies Group: to help people reduce the risk of illness, occupational accident, old age ... through their participation in the social insurance system in order to actively compensate the impaired income or lost due to the above risks .
- social assistance policies Group includes regular and irregular social support policy policies that assist people to overcome the risk of unforeseen or beyond control risks (crop failure, hunger, chronic poverty).
- basic social services Policy Group is to strengthen people's access to basic services system at a minimum level including minimum education , minimum health , minimum housing , clean water and communication

A distinctive characteristic of Vietnam is the community mechanism in the social security system. Derived from social security model is the traditional model of social security based on community (village , family ...) , the community institutions is promoted in all policies of welfare system from irregular social support , social incentives to other forms of insurance .

Since social security subjects to the entire population, providing social security is considered a mission that all social systems, social organizations are responsible for. Ministry of Labor, War Invalids and Social Affairs and the align agencies at the local level is the agencies that is responsible for general administration of policy to guarantee active labor market , social incentive , social assistance and poverty reduction; Social Insurance policy in Vietnam administrate social insurance , unemployment insurance . The social security policies is also involved in the development , implementation ,

coordination done by other government agencies such as the Ministry of Planning and Investment , Ministry of Health , Ministry of Education ...

Aside from the administration of the state's agencies, the civil society organizations such as the mass organizations of the elderly , women , farmers and trade union organizations also participate in the social security system as representative for their focus groups. These social organizations are also held to promote community most powerful mechanisms in order to ensure social security for the population strata through active assistance to those who contributed during the war, the poor, and people in disasterous or flooded areas. In Vietnam, the social security system form social movements that mobilize the entire population to participate in activities to help the disadvantaged.

The organizations of the Buddhist, Christian ... also participated in supporting activities to assist troubled populations especially children, the poor in the areas that are affected by natural disasters. Many Buddhist groups form support groups which operate quite effectively and contribute to the improvement of social welfare for many disadvantaged groups.

In addition, many individuals also established funds to support poor children. Based on personal charisma, these funds attracted the support of individuals and organizations in cash, goods and direct organizational activities to help those in need. The "Rice with meat" Fund of Tran Dang Tuan is a typical example. It attracts many contributions from individuals and organizations within and outside the country to help children in difficult mountainous areas with food , clothing ...

Not only engaged in the field of social protection, the highly specialized operation of social security system in Vietnam such as all forms of insurance also involve the local administrations and community level organizations. The community pension fund, a similar type of voluntary social insurance of the state had been established in many localities such as Hung Yen, Bac Ninh, and Ha Noi for pension payments to farmers from over 60 years of age or older. These types of pension funds are spontaneously active but their funds have actually contributed to the assurance of social security for farmers.

Insurance and Welfare Fund for farmer in Thanh Van province is a public pension fund established by the local authority in order to raise people's contribution and other social resources to pay pensions and benefits to farmers when they are out of working age. With only 25,000VND per person per month and 20 -year payment period which is equivalent to 6 million, people aged 60 and over will be paid 400,000 VND per person per month for a lifetime. There are also other benefits such as scholarships, insurance cards, tourism for the family members. This pension fund is to contribute to ensure social security for the local population (Bui Thanh Minh, 2013) .

In additional, there are private organizations involved in social security systems in a professional manner, in which notably public-private partnership model in social security. Before 1986, the social security primarily due to the state agency to undertake and implement. Public Private Partnerships (PPPs) is a model that the private sector partly financed or implement any part of the work in the project or service. Specifically, PPPs is a model in which the private sector undertake the provision of infrastructure and services such as hospitals , schools , bridges, roads , rail , water and sanitation ... which was originally the responsibility of the state .

In recent years the PPPs model has been extended to the field of social services. Especially in areas such as social security and health insurance, it's forecasted to expand further in the near future.

2 . The main achievements of the Vietnam Social Security

Social security system Vietnam is being completed and it has contributed to social security of the people in particular and the development of the socio-economy in general. The policies in each component of the social security system are becoming more updated and are being adjusted to meet the increasingly diverse needs of the population.

2.1 . Labor market initiative policy

Through the support policy for vocational training and employment creation, preferential credit, job placement, the State aims to create jobs, guaranteed income for the people,

especially the poor, people in the rural area, people with disabilities and other vulnerable groups.

Group of policies that support training is gradually improved and is extended to multiple subjects and devote special attention to vulnerable groups in society. Vocational Act was passed by Congress in 2006, has created a legal framework for vocational training in the country. The credit policy for students with disadvantages such as direct entry into apprenticeship , school fee exemptions ; encourage vocational scholarships; prioritized policies for vulnerable groups like the poor, people with disabilities are good examples.

Thanks to these policies, the vocational training institutions, colleges and universities were opened in many places, even the difficult areas like the North West Highlands. There are over 10,000 community learning centers, 700 continuing education centers, and 1600 IT and foreign languages centers .

Vocational networks rapidly develop with adequate levels from beginner to intermediate and vocational colleges. By 2011, there were over 123 professional colleges, 303 vocational secondary schools. During the period of 2001-2010, each year there were 1.8 million vocational training, including more than 1 million short -term apprenticeship. During the period 2006 - 2010 , there were over 300,000 annually short term training supports rural for workers.

The credit policy for students is also implemented effectively. By the end of 2011, the number of loans under Decision No. 157/2007QD - Prime Minister's TTg is 30,000 billion VND. This money was loan to students with difficult circumstances.

Group policies on job development and job approach support also achieved many significant accomplishments. From 2001 to 2011 , job creation programs through the development of social economy accounts for 70 % of the total number of jobs to be created, in which the industrial sector and services generated 1.1 to 1.2 million jobs / year . There were 130 job placement centers established across the country , every year these centers provide over 603,000 job counseling and job placement and actually

provided jobs for 230,000 people , vocational training for over 160,000 people (Ministry of Labor, War Invalids and Social Affairs , 2011) .

Short term working abroad labor operation is one solution to job creation linked to sustainable poverty reduction. In 2010, 85.546 people have been put to work in foreign countries, an increase of 1.2 times compared to 2005 and 2.8 times compared to 2000. Currently, Vietnam has around 500,000 employees working in 40 countries and territories with more than 30 professional groups, focused mainly in Taiwan, Japan, Korea, the Middle East ... (Ministry of Labour, Invalids and Social Affairs Congress, 2011).

The labor policies to support the poor, the disabled, women workers, salaried employees were also put into practice.

2.2 . Policy support people who have insurance

2.2.1 . Social Insurance Policy

Before the Doi Moi period (1986) , Social Insurance only covers workers in the public sector with the type of compulsory insurance. However, the category has become more diverse to fit the needs of many groups (In 1995, social insurance as amended). Social insurance is made compulsory for all workers in the formal sector (public and private) who have labor three months contracts onward or those who are military officers , police or people who work abroad that previously had compulsory social insurance. In additional, there is a voluntary social insurance for workers in informal sector and unemployment insurance.

Vietnam Social Insurance is designed on the principle of pension based on payment (Pay As You Go) with 5 regimes: sickness, maternity, labor accidents and occupational diseases, retirement, death in retirement and death. These regimes play a crucial role with the aim to ensure income for workers against risks that danger to health and age. The current premium rate on retirement and death is 8 % of salary and wages for workers and 14 % for the employer. Conditions of the retirement age for male is from 60 and for female is from 55 or older who have paid insurance for 20 years. Except for some

specific industries with hard work and toxicated working environment, the payment year reduce to 15 years. The level of pension entitlement is calculated as 45 % of the average wage, wage premiums corresponding social insurance paid in 15 years. Each year adding will raise 2 % for male and 3 % for female until reaching 75 % .

The subject of compulsory social insurance increased rapidly in both size and scope. If in 1995, there are 2.2 million participants, by 2012, the number of participants raised up to 10.43 million (ILSSA and Giz, 2013). Revenue fund from compulsory social insurance increased from 6,348 billion in 2001 to 49.6 trillion in 2010. Total expenditures on social insurance also increased from 1.856 billion in 2001 to 57.7 trillion (in which spending from the state budget is 26.7 trillion in 2010. The number of pensioners in 2010 was 1.796734 million with average wages retiring 2,197 million / month (equivalent to \$ 1,200 / person / year). In 2012 , social insurance provided settlement for nearly 130,000 people entitled to the monthly allowance of 700 once time cash support, 5.5 million beneficiaries of sickness , maternity , rehabilitation , pension payments for 1.96 million people each month in which the effects of the state budget is nearly 870,000 people. (ILSSA and GIZ , 2013)

Voluntary social insurance was established after Social Insurance Law was passed by Congress in 2006. Social insurance is voluntary for all Vietnam citizens, not subject to compulsory insurance, including: staff, not communal specialized labourers, working under 3 months labor contract, the self-employed workers ... Voluntary social insurance regime is composed of retirement and death. Premium rates by 22 % income (from 2014) by workers' choice , but must be in the lowest minimum wage (in 2014 is 1.15 million VND / person / month) and the highest salary is equivalent to 20 months minimum waged prescribed by the Government at that time. Conditions to get pension age is 60 male and 55 female with 20 years of insurance premiums , if the eligible age has yet to pay a full 20 years, the person have to continue paying until close to 20 years. Benefit level equivalent to 45 % of the salary , wages choice for insurance premiums corresponding to 15 years , each extra year will be added 2 % for men and 3 % for women, to a maximum of 75 % .

In 2008, the country only had 6110 participations. In 2012, the number has increased to 134.000 participation, of which 70 % participated in mandatory insurance. There are about 2,200 monthly pension from voluntary social insurance with benefit levels averaged 1.049 million / month (ILSSA and Giz , 2013) . Revenues Fund from Social voluntary Insurance reached 149.7 billion and was spent about 36.7 trillion in 2010. In 2010, approximately 13 % of the population aged 50 and older have a pension (Ministry of Labour, Invalids and Social Affairs, 2011).

In 2009 , Vietnam officially applied unemployment insurance for workers . In 2009, 5.9 million people participated in this type. By 2012, this figure rose to nearly 8.3 million (16% of the labor force and 47% salaried workforce). In 2010, the unemployment insurance fund has spent 546.470 billion on 128000beneficiaries for unemployment benefits. In 2012, there were 482,000 people registered for unemployment insurance, including 421,000 who are entitled to monthly unemployment insurance, 342,000 were consulted to job interviews, 5000 were subsidized to apprenticeship (ILSSA and GIZ 2013).

However, there are some shortcomings in insurance policies such as: a division of labor has not yet paid for the compulsory insurance, the monthly payment of the salary is lower than the actual income with highest benefit levels (maximum 75 % premiums, closing time to qualified is 20 years, for a number of special sectors, it's only 15 years), the risk of rupture of high social insurance funds. According to ILO, the fund will deficit in 2021 and depleted in 2034 (Bui Thanh Minh, 2013), unemployment insurance only applies to businesses with 10 or more people which also limits participants , security voluntary social insurance has higher premiums compare to the people's income, thus the sharing mechanism is quite unattractive . (Ministry of Labour, Invalids and Social Affairs , 2011) .

2.2.2. Health Insurance Policy

People's health has always been a priority in Vietnam. The government has implemented many policies with the view to establishing equality and humanity in the field of

safeguarding and health caring for all people, based on community's contribution, sharing the risk of diseases and decreasing financial burdens of each person (The Ministry of Labor – invalids and Social Affairs, 2011)

Health Insurance policy is also paid attention by the government so its scope is getting broader. Medical Insurance is divided into 3 parts: compulsory medical insurance according to social insurance, voluntary medical insurance and free medical insurance for specific groups: children below 6, the elderly above 80, the poor... According to the Health insurance Law (enacted since 2009), the government has identified the purpose of “universal medical insurance” in 2014. Along with this purpose are policies with full or partly support for minority groups. After 20 years implementing the Health Insurance law, from 1992 until now, the number of people taking part in Medical insurance has increase. If in 1993, there were 3.79 million people having medical insurance, by 2010, the number is 50,8 million, accounting for 58.4% of the population. In which, the number of having compulsory insurance is 25.4 million (20% from rural areas), 13.5 million of poor people (93% are rural people); 8.2 million of children below 6 are granted with medical insurance and above 3.7 million people join voluntary insurance (The ministry of labor-invalids and social affairs, 2011). Until 2012, the number of people having medical insurance is 60 million, accounting for 2/3 of the total population (Mai Ngoc Cuong, 2013). The policy of health insurance aim at the purpose of reducing poverty and gaining social equality basing on the mechanism of socializing financial benefit that medical setting brings

However, there are still many pitfalls. The purpose of “universal health insurance” by 2014 is impossible because in 31/12/2013, there are only 62.3 million people attend health insurance, taking 69% of the population (Manh Bon, 2014). The health insurance fund

The current medical service network is in shortage of quantity as well as quality, hence, the quality of health care is still low; the health cost for poor household and vulnerable groups excesses financial capacity; community healthcare has not developed yet.

Especially, inequality in accessing medical services has increased; those who own medical insurance have to suffer discrimination from those who do not.

2.3. Social support policies and Poverty reduction policy

2.3.1. Social support policies

There are two kinds of social support policies which are regular and sudden social support policy. These policies play important role in offering frequent or sudden income for vulnerable groups such as: people with disability, the elderly, children with special condition..., helping them to settle down and avoid risks in life. (Ministry of Labor-Invalids and Social Affairs)

2.3.1.1. Regular support policy

Since Doi Moi (1986), these policies have been innovated and getting more completed. Currently, there are about 200 pieces of Laws and legislations have been brought into force to instruct the implementation of these policies. Therefore, the number of beneficiary group has expanded, from 4 groups in 2000 to 9 groups in 2007, the standard condition is also more open (Mai Ngoc Cuong, 2013)

Those who benefit from frequent social support policy are identified in Decree ND67/2007ND-CP and Decree 13/2010/ND-CP as following: orphans without foster, HIV-infected children from low-income families, lonely elderly, the elderly above 85 (currently 80) without pension or social insurance allowance, people with disabilities who cannot manage to work or support themselves and HIV-infected people from poor families.

Hence, the number of beneficiaries has gone up rapidly, from 416000 in 2005 to 480000 in 2006 and 1.6 million in 2010 (Ministry of Labor-Invalid and Social Affairs, 2011). The coverage of the social insurance has also been increased to meet the demand of the objects: in the period 1994-2005, from 240000VND/moth to 45000NVD/month (1), in 2007, the amount was 120000/month and in 2010, it was 180000/month (1). The beneficiaries are also provide with medical insurance and other kinds of support (Mai Ngoc Cuong, 2013)

Many other models of social support were also set up in accordance with the demand of each group. The socialization movements (which mobilizes the participation of individuals, organizations); care for each objects is also extended. The number of patronage establishments rose quickly, by 2010, there were 571 facilities, taking care of 20000 persons. More than 1/3 of these facilities are sponsored by private institutions (Ministry of Labor-Invalid and Social Affairs, 2011)

However, the frequent support policy still has a lot of limitations. Those benefit from these policy take only 2% of the population, the age of 80 for elderly to be eligible for the policy is too high, the level of support is still low, has not met the demands of people. The type of care is not diverse enough; care in centers reveals many shortcomings while care in community is still limited (The ministry of Labor and Social Affairs)

2.3.1.2. Sudden support policy

It is common for unexpected risk, including natural disaster like tropical storms to happen in large scale in Vietnam (Estimated, there are 7-10 storms dumping on Vietnam from the South China Sea). Therefore, sudden support policies play an important role in Vietnam's social security system. According to local synthesis, from 2000 to 2010, natural disasters has killed 4.305 people, injured 3.737 people, spilled 138000 houses and destroyed 1.4 million houses. Each year, there are about 1.467 million turns of people living in poverty (Mai Ngoc Cuong, 2013)

Sudden aid work in Vietnam attracts a large number of people from all social strata, from individuals to social groups, social institutions and the whole political system. The families which are under disaster destruction are all assisted under the provisions of the Government. From 2006 to 2010, the Central Government has supported regions all over the country with 256 001 tonnes of rice and 4,603 billion VND for sudden support. In 2010 alone , the government supports 76 066 tonnes of rice and 1,065 billion VND for 23 provinces, including Lai Chau , Lao Cai , Ha Giang , Bac Kan , Yen Bai , Cao Bang ... (Department of Social Protection , 2011) . Local areas, individuals and social organizations also raised trillion as well as all the material needed to help serve unexpected aid (Mai Ngoc Cuong, 2013).

However, the limitations of social assistance policy is the narrow scope, focusing primarily on people who are subject to the risk of natural disasters, those with economic and social risk are lack of care. The subsidy level is low; only offset 10 % of the families' damage (Ministry of Labor- Invalids and Social Affairs, 2011).

2.3.2. Policies and programs for poverty reduction

Poverty reduction policy is an important part in the system of social security s in particular and socio-economic development in general. The system of poverty reduction policy in Vietnam is quite comprehensive , was carried out on all three aspects , including : improving access to health services , education , vocational training , legal aid , housing and water; supporting the development of production through preferential credit policies , productive land for poor ethnic minorities , encouraging agricultural - forestry - fishery , career development , labor export and developing essential infrastructure for communes with extremely difficult condition.

The poverty reduction policies are towards the basic needs of people, giving them the resources to escape from poverty : education , health , housing , credit ... Results of the policy system is the poverty rate in Vietnam decline rapidly , from 58.1 % in 1993 to 28.9 % in 2002 , 14.8 % in 2008 (Statistics Office , 2010) and 9.45 % in 2010 . Qualitatively, the poverty line is growing over time. In the period of 1998 - 2000 , poor households are identified as households with per capita income less than 25 kg of rice / person / month (equivalent to 25,000 VND) for urban areas , 20 kg / person / month (approximately 70,000 VND) of rural delta , midland and less than 15 kg / person / month (equivalent to 55,000) for families in rural and mountainous areas , islands. In the period of 2011-2015, the poverty line has increased to 500,000 VND / person / month for urban areas and 400,000 VND / person / month for rural areas.

Poor households find it easier to access policies : In 2010 there were 1.1 million poor households had preferential credit loan , with the average loan amount is 6 million VND / turn / households , 14 million people were granted with health insurance , 13 million turns of poor people got access to medical services through health insurance card , 2.5 million poor students are exempted from tuition fees (not including primary schools) and

700,000 poor students are supported with notebooks , textbook (Ministry of Labor-Invalids and Social Affairs , 2011) .

However, poverty reduction policies of Vietnam still have many shortcomings. The firstly, the standard for identifying poor household bases solely on income , while the financial system stay non-transparent so defining poverty is a big challenge. Secondly, the policies tend to provide cash support without creating a sustainable livelihoods for the poor. Thirdly, part of the poor group is limited in the eligibility and benefit from the policies; fourthly, the administrative apparatus of the poverty reduction program is massive, causing great loss of resources to help the poor.

2.5. Policies on social services

Social service system is the system that provides social work services for people to help them access services of healthcare, education , housing , productive land , roads , markets , electricity , clean water , sanitation , facilities for cultural activities , counseling and legal assistance (Ministry of Labor- Invalids and Social Affairs , 2011)

About healthcare: The development of health care services is paid a lot of attention in many poor areas in order to help the poor groups access basic health services. The forms of these services are quite abundant: mobile medical teams perform mobile medical services, social medical stations, many model of public health care...

About education : Focused education models, stay-in education , distance education are expanded in various forms to facilitate access to basic education for all segments of the population , especially the vulnerable groups such as the poor , ethnic minorities...

About electricity: electrical wiring system has run over to villages for people to easily access, improving quality of life and production efficiency. Currently, the poor families are also supported by government up to 30,000 VND / household / month for electricity usage.

About water and environment sanitation: The clean water system has been invested and expanded. National Water Program, clean water programs of UNICEF and other non-

governmental organizations have contributed significantly to the proportion of people using clean water.

About land for housing and production : Big programs such as 134 (QD134/2004) supporting housing and productive land for ethnic minority groups and Decision 167 supporting housing for the poor has solved the basic needs for housing and productive land of the poorest households . The policy is getting more and more expanded in object and aid policy. As of 2011, there are over 3,000 poor households are assisted to leave their temporary housing (Department of Social Protection, 2011)

About infrastructure system: electricity , roads , schools , dispensaries are invested according to the 135 program; the program that supports 62 districts with especially difficult condition; the program assisting communes along coastal areas has improved the traffic conditions , infrastructure , the key factor in socio-economic development and enhanced people's lives .

About counseling and legal aids: Legal advice and assistance to help the poor enhance their access to information and highlight their rights to approach public services of the State.

In particular, in 2010, the Government has adopted “the scheme of Developing social work as a career” in Vietnam, with the goal that by 2020, Vietnam has made social work a profession in society. This is an important development step in the delivery of social services to all strata of the population, especially vulnerable populations.

However, the overall system of social services remains limited, uneven among regions and territories. As of 2011, only 46 % of medical stations at commune level meet the national standards ; 88.3 % of the communes had kindergarten, preschools , doctors and nurses in rural or remote regions are still lacking and at low -quality , professional equipment are below standard , 17 % of the population still do not have clean water , lack of private sector’s participation in the provision of social services ; new social work staffs

are under training , have not met the needs of the people (Ministry of Labor-Invalids and Social Affairs , 2011)

3. Prospects and goals of social security in Vietnam by 2020

3.1. Prospects

In Vietnam, social security plays an increasingly important role and is getting more and more attention from the Government. The documents of the 10th Party Congress defined " ... building a social security system with diversity, thriving the system of social insurance, health insurance, toward universal health insurance " (Central Party committee, 2006); Resolution of the 6th Central term 10 also refers to the gradual expansion and improvement of the social security system to better meet the diverse requirements of all strata of society, especially the poor group.

21-NQ/TW Resolution dated 11.22.2012 of the Politburo on strengthening the leadership of the Communist Party in the work of social insurance , medical insurance during the period from 2012 to 2020 has clearly stated : " Social insurance and health insurance are two important social policy , being the main pillar of the social security system , contributing to social advancement and social justice, ensuring socio-political stability and socio-economic development " (Central Party Committee , 2012)

Action program of the Government to impletement the Resolution number 15-NQ/TW on June 1st, 2012 of the Central Committee of the Comunist Party of Vietnam on the course XI on some issues of social policy in the period f 2012 – 2020 also confirmed this direction: Study to change, adapt Social Insurance Law in a various forms of social insurance, to open a wider range of participants, to encourage farmers and labors in the unofficial area to take part in social insurance (Government of Vietnam Socialist Republic, 2012).

Hence, the resource for social security gets more and more, including financial resource. Total budget of social security in the period of 2003 – 2010 was 528,000 billion VND, included 271,100 billion VND from National budget (made up 51.3%, equal 6% of the GDP of the whole country) (MOLISA, 2011). The total expenditure of social security

in the period of 2003 – 2010 increased 23.8% per year. In order to carry out the social security strategy in the period of 2011 – 2020, total financial resource for the period of 2011 – 2015 has been reached 1,287,500 billion VND, and in the period of 2016 – 2020, this budget will increase to 2,479,700 billion VND (MOLISA, 2011).

Overall, Vietnam social security system play more and more important role in the socioeconomic development strategy. This resource for social security, therefore, more and more expands and be various. Contributing to gurantee citizen's social security is an urgent task in the campaign that socioeconomic development attaches with social security implementation for citizens.

3.2. The objectives of Vietnam social security in the period of 2011 - 2020

The strategy of Vietnam social security in the period of 2011 – 2020 is a manipulaton of the Government and Communist Party's orientation, direction in building a massess and comprehensive social security.

This strategy built based on the following viewpoint: Building and developing social security system is to meet the objective of economic development and poverty reduction substantially; building a social security of variety for multi-classes of citizens to meet their basic demand combined with the fit with current national condition; building a social security system which pays attention to vulnerable groups such as: poor people, people with disabilities, ethnic minority, children,... The Government plays the decisive role in social security organization and implementation as well as calling for a wider participation of other agencies, entepriises, individuals through mechanism of encouragement, in order to build a modern social security to fit in the current condition of the country and participate in international integration (MOLISA, 2011).

The objectives of the social security strategy is to ensure that all citizens, especially vulnerable people can access and make benefit from social security policies, contributing to substantial poverty reduction and social stability (MOLISA, 2011).

The specific objectives of the social security strategy includes: supporting vulnerable people to take part in training and get more job opportunity, increase their

income; widening the range and category of participants in the system of social security, jobless security; impletementing the whole citizens' security; carrying out substantial poverty reduction programs; improving the accessment capacity of vulnerable people to basic social services (MOLISA, 2011).

In summary, the approaches of Vietnam social security are various. This paper bases most on the basic viewpoints and policies of Government divisions of Vietnam social security building and development. The main trend in Vietnam considers social security a comprehensive social security for the whole social citizens of all classes. This point is likely the same with one on social welfare in many other countries.

REFERENCES

1. Mai Ngoc Anh (2010). Social security to farmers in Vietnam market economy. Publisher of National Politics.
2. Central Committee of the Communist Party of Vietnam on the course IX (2006). Congress document of the Communist Party on the course X.
3. Central Committee of the Communist Party of Vietnam on the course XI (2012). Resolution number 15-NQ/TW on some issues of social policy in the period of 2012 – 2020.
4. MOLISA (2011). Social Security Strategy for the period of 2011 – 2020.
5. MOLISA (2013). Review on Vietnam social security programs, policies.
6. Manh Bon (2014). Medical insurance participation as compulsory as helmet wearing rule. <http://baodautu.vn/bat-buoc-tham-gia-bao-hiem-y-te-nhu-doi-mu-bao-hiem.html> Jan 13, 2014.
7. Vietnam Government of Socialist Republic (2012). Resolution number 15-NQ/TW on June 15, 2013 on some issues of social policy in the period of 2012 – 2020.
8. Department of social protection, MOLISA (2011). Report on spending – task of 2010 and work program in 2011.
9. Mai Ngoc Cuong (2012). About Vietnam social security system development until 2020. Economy and Development Magazine, no 192 June, pg.11 - 23
10. Bui Quang Dung (2007). Vietnam social security system. Social Report 2007.
11. Nguyen Tan Dung (2010). Ensuring social security and social welfare better and better is a key content of socioeconomic strategy in the period of 2011 – 2020. The Communism magazine. No 815 (Sep, 2010).
12. Nguyen Trong Dam (2012). Vietnam social security: The viewpoints and an united approach. The Communism magazine. No 834, April.

13. Nguyen Van Dinh (2008). The textbook of social security. The publisher of National Economics University.
14. Dam Huu Dac (2009). Study on the policies of social welfare and the development of elderly care in the period of market economy in the orientation of socialist and integration (National project, Code: DTDL.2007.G/51)
15. Nguyen Hai Huu (2008). The textbook of social security. The publisher of Social Labor.
16. Nguyen Duy Kien (2012). The policy for people with merit – The responsibility of the society. The magazine of propaganda no 7, 2012.
17. Bui Thanh Minh (2013). Activities of the Foundation of insurance and welfare for farmer in Hanoi. MSW thesis. VNU Hanoi.
18. Ngo Thi Phuong (2013). Approach to social security system: the gap between people living in the urban and rural area currently. The magazine of VNU Science, Social Sciences and Humanities, Volume 29, no 1, pg.27 – 34.
19. Nguyen Danh Son (2012). Social security system for Vietnamese people. The magazine of Sociology, no 2, pg.41 – 53.
20. General Statistic Office (2010). Result of Vietnamese household's living cost in 2008. The publisher of Statistic, Hanoi.
21. ILSSA, MOLISA and GIZ (2012). Glossary of Social security. The publisher of Golden Sky.
22. ILSSA, MOLISA and GIZ (2013). The development of social security system until 2020.

Chapter II

Report of Shukutoku University

Concept of Social Security in Japan

—Definitions, Their Concepts and Future Prospects—

Professor Satoshi SHIBUYA
College of Integrated Human and Social Welfare
Shukutoku University

I. Research Objectives

According to Article 25 Section 1 of the Constitution of Japan, which was enacted in November 1946, “All people shall have the right to maintain the minimum standards of wholesome and cultured living,” guaranteeing “the right to live” for citizens. However, citizens live with such risks as illnesses, disabilities and unemployment. Without medical security for illnesses and accidents as well as income security in case of unemployment and retirement, it would be difficult to have “the minimum standards of living.” Therefore, Section 2 states, “The State shall use its endeavors for the promotion and extension of social welfare and security, and of public health,” spelling out the state’s duty, and what has been institutionalized to ensure that people can live in peace is called a social security system.

Regarding this “social security,” Matsuo (1964) pointed out, “The term ‘social security’ is relatively new, and there is not necessarily a solid accepted notion on its meaning and contents.”⁽¹⁾ Koyama (1968) also stated, “While the term ‘social security’ has been commonly used in today’s society, its meaning is not necessarily clear, and there is not necessarily an agreement on its scope and contents.”⁽²⁾

Hori gives 2 reasons for this. First, Social Security has different contents in each country and period because it was formed as a specific system in the history of each country across the world. Second, research on social security started relatively late and has not been fully developed since the system was enhanced and developed rapidly after the end of World War II (WWII).⁽³⁾

However, Hori also states, “While the systems that are assumed to be social security in our country and other countries are quite different from one another, they have 4 commonalities: they are the systems (1) for indigent citizens, (2) to ensure that citizens can lead the wholesome and peaceful living, (3) to provide benefits for life security and (4) which are under the State’s responsibility.”⁽⁴⁾

In Japan, serious discussions on social security started around 1947, 2 years after the end of WWII. The concept of the post-war social security systems was presented around 1950, 5 years after the end of WWII. Even after 63 years, the basic framework of social security has been maintained.

Hence, this paper traces the history of social security, including the prehistory before WWII and discussions after the War; summarizes the concept, framework and future prospects of social security; and aims to provide basic information in pursuing our research “The roles of Buddhism in social work: Japan and Vietnam.”

II. Establishment of Social Security Systems

1. Emergence of Social Security [Meiji Era to Showa Era (till the end of WWII)]

Saguchi describes the emergence of social security as the following: “In both Western countries and Japan, it started as a system to provide life security, on one side, for people in poverty and, on the other side, for workers. The former is generally called a poor law and public assistance, with a history of targeting specific groups of poor people. Meanwhile, the latter is called social insurance, which emerged as a system to target the working class.”⁽⁵⁾ In addition, while Matsuo states, “Social security is usually considered as integration of contributory social insurance and non-contributory social assistance in an institutional and therefore formal manner,”⁽⁶⁾ what Matsuo meant by social assistance is public assistance in the current framework and a relief system in the prehistoric time.

Also in Japan, several relief systems and social insurance had been established in 77 years from 1868 (when the country started as a modern state) to 1945 (at the end of WWII). Some of the major systems are as follows.

(1) Relief Systems

A relief system in Japan started with “Relief Regulations (Jikkyu Kisoku)” which was said to be created in 1874 as a publicity work to broadly inform citizens about the new government under Emperor Meiji.⁽⁷⁾ The preamble states that relief of the poor is normally provided through mutual assistance and that the state’s relief is provided only when the mutual assistance cannot be provided. According to Ikeda, “Readers can see the approach which is identical to the pre-modern relief structure, in which the monarchical charitable relief was provided only after the mutual assistance was implemented among the relatives and/or neighbors”⁽⁸⁾ and “It was the charitable measure in the pre-modern period based on Confucian philosophy, which was reorganized under the modern Imperial state.”⁽⁹⁾

Since the Relief Regulations were targeted to a limited group (the helpless poor) with the low level of financial benefits, they were not able to guarantee the minimum standard of living for the poor in response to the serious and enormous social problems, which were created by the Japanese-Sino War, Japanese-Russo War and formation of the capitalist system. Although the Regulations virtually lost efficacy in 1908 when the

government subsidy was discontinued, they did last for 55 years until the Poor Relief Law was enacted in 1929.

Like the Relief Regulations, the Poor Relief Law provided financial benefits to the poor. Yet, it became effective in 1932 for financial reasons. Sanada points out, “The Poor Relief Law seemed to have two major meanings. First, it set forth the duty of public assistance in the Home Ministry’s instruction. Second, it made efforts to provide detailed responses through such measures as dividing the relief into several categories in line with the reality of poverty at the time and defining such things as relief institutions, relief facilities and relief procedures. One can consider this noteworthy as modernization of Japanese relief system. However, it also included the following rules which were quite problematic. First, while it recognized the duty of public assistance, it did not recognize citizens’ right to public assistance. Second, the hardship caused by unemployment was excluded from the target group although unemployment due to the Great Depression was one of the major causes of poverty back then.”⁽¹⁰⁾

The Mother and Child Protection Act was enacted in 1937, becoming independent from the Poor Relief Law, in response to joint suicides of mothers and children. The Medical Protection Act was enacted in 1941, under which welfare commissioners (Hohmen Iin) issued medical vouchers to those eligible for the benefits under Poor Relief Law and the Mother and Child Protection Act as well as households “in difficulty due to poverty” who could not afford medical care and midwives. Moreover, the Wartime Disaster Protection Law was enacted in 1942, just before air raids started in Japanese mainland, starting to provide benefits for disasters which resulted from the War.

(2) Social Insurance

The Military Relief Law was set up in 1917 (it was renamed “the Military Assistance Law” in 1937) to provide life security for the surviving relatives of soldiers. Also, the Naval Pension Act and the Army Pension Act were set up in 1875. These systems were integrated into the Pension Act in 1923, marking the start of a pension system only for professional soldiers.

The first mutual aid association in Japan “Kanebo Mutual Aid Association” was established in 1905, followed by “Imperial Government Railway Aid Association” in 1907. These associations targeted specific workers and included not only health but also pension insurance.

The first social insurance (medical insurance) in Japan was the Health Insurance Act, which was enacted in 1922 and came into effect in 1927. It had characteristics of German social legislation.⁽¹¹⁾ The Act applied to businesses with 10 or more employees, and it also included benefits for job-related injuries and illnesses. Sanada explains the background of this provision: “Social movement, such as rice riots, was gaining

momentum based on the increasingly serious social problems after World War I. Internationally, ILO's efforts towards social insurance were believed to have influence."⁽¹²⁾

The National Health Insurance Act was enacted in 1938 to stabilize lives of rural residents and workers at small and medium enterprises who were suffering from economic slowdown as well as to secure a workforce and military manpower under the war regime. While insurers were voluntary national health insurance societies at a municipality level under this law, the Act has great significance because medical insurance in our country went beyond labor insurance and targeted the general public.⁽¹³⁾

Moreover, as seamen's jobs were facing the increasing risk along with the war expansion policies, the Seamen's Insurance Law was enacted in 1939 to retain seamen. It was the first comprehensive social insurance system in our country, including not only medical insurance and workers' compensation but also pension insurance.

The Workers Pension Insurance Law was enacted in 1941, which applied to male workers at a business with 10 or more employees and provided benefits for old age, disabilities and death (for survivors). The Workers Pension Insurance Law expanded the coverage and became the Employees' Pension Insurance Law in 1944. Yet, Saguchi points out, "The idea of life security as pension for workers was not the issue at hand. Rather, it was set up as the controlling measure against the war-related inflation. Contribution of the premium was more like a mandatory saving of workers' wages. Further, it also had an aim to channel the money from workers to war spending."⁽¹⁴⁾

(3) Characteristics of Prehistory of Social Security in Japan

As mentioned above, social insurance and public assistance (relief) systems, which would constitute the pillars of the current social security systems, were set up and developed in 20 years between around 1928 and August 1945 (the end of WWII). Similar to Western countries, the War became the time to compile social security systems.

However, Shibata points out, "While a series of important social insurance and other systems were implemented by the government and the military during the War, they did not intend to meet the needs of workers and citizens but rather had intention and contents that were in line with military purposes, including the "healthy-soldiers healthy-citizens" policy, increasing war production, raising funds for the War, boosting the will to fight and measures on people's thoughts. Hence, they were used to implement war policies."⁽¹⁵⁾

Moreover, Kagoyama characterizes this period as follows: "The development process of social insurance and public assistance in Japan was fundamentally different from that of Western European capitalist societies for the following reasons. In

Western Europe, social insurance started with a principle of workers' self-help, which led to development of voluntary organizations (e.g. friendly societies, mutual aid foundations, labor unions, etc.), and then they were fixed as national systems. Public assistance developed as its supplement. In our country, there were pre-modern family systems or "village-like" mutual aid systems, and social security systems were established as these pre-modern systems broke down. Public assistance did not develop because they were left in the principle of aid based on a family system. It is believed that the differences between these two regions are based on the fact that while social security in Western Europe functioned as sustainers and incubators of the labor force by establishing life security systems, social security in our country functioned as creators of the labor force by eliciting the manpower, which had been concealed in the family-system-like framework, through social insurance systems. It seems inappropriate to explain the in-balanced development of social security in our country based only on the backwardness of capitalism and the supply structure of cheap labor."⁽¹⁶⁾

2. Establishment of Social Security Systems

(1) Relief for Indigent People and GHQ

Our country had been under the occupation from September 1945 to April 1952. The discussions on social security under this system were carried out in such a way that Japanese government discussed and responded to the orders from General Headquarters (GHQ). Hence, formulation of social security systems in our country was largely influenced by GHQ's opinions.

In order to rebuild the devastated lives of its citizens, Japanese government established "Outline of Emergency Assistance for Indigent People" on December 15th, 1945, to hurry the relief for indigent people. A week before then (i.e. December 8th), GHQ ordered Japanese government "Relief and Welfare Plans" (SCAPIN 404), demanding submission of detailed plans for providing relief to unemployed and other needy persons. In response, Japanese government submitted a report "on relief and welfare" to GHQ on December 31st. Yet, it was barely rearrangement of the pre-war relief system.

Dissatisfied with this report, GHQ ordered "Public Assistance" (SCAPIN 775) on February 27th, 1946. Setting the principles of relief (i.e. "equality and without discrimination," "separation of the government from private agencies," "government's responsibility" and "no limitation to be placed on the amount of relief"), this document ordered Japanese government to prepare relief and welfare plans which included these principles.

Japanese government submitted "Report on the Government's Decisions on Relief

and Welfare” to GHQ on April 30th, established the Public Assistance Law, which was an amendment of the pre-war Poor Relief Law based on the Report. This Law was enacted in September and came into effect in October. Based on the principles of “equality and without discrimination” and “government’s responsibility,” the Public Assistance Law adopted the general assistance approach, in which protection would be provided to indigent people regardless of their capacity to work. However, the Law also included conditions for disqualification with intention to prioritize support by those who were obligated to provide assistance as well as to exclude people who were lazy or with bad behavior. Moreover, the Law also positioned welfare commissioners (Minsei Iin) as subsidiary agencies while listing the principle of government’s responsibility. Hence, there were several problems left in the Law which were not fundamentally different from the Poor Relief Law. Nevertheless, it is said that GHQ was aware of these problems, recognizing that it was a transitional system.⁽¹⁷⁾

The Constitution of Japan was established in November 1946 and enforced in May 1947. While Article 25 of the Constitution stipulated the right to live, the Public Assistance Law did not reflect the provision on the right to live because it was enforced before establishment of the Constitution.

(2) Establishment of the Advisory Council on Social Security and Amendment of the Public Assistance Law

In August 1947, GHQ invited “US Social Security Mission,” headed by Dr. Wandel, to have them conduct an overall investigation on social security in Japan. The team conducted the investigation for 2 months and also reviewed “Outline of Social Security Systems” which had been submitted by Social Security Systems Investigation Committee to Welfare Minister on October 9th of the same year.

The result was submitted from GHQ to Japanese government as “Report of the Mission on Social Security in Japan (SCAPIN 5812/A or “Wandel Report”),” dated on July 13th, 1948. As the first step to follow the recommendations in this report, Japanese government started establishing a council. By December 13th, it enacted the Law on Establishment of the Advisory Council on Social Security and actually set up the Advisory Council on Social Security (hereafter “the Council”).⁽¹⁸⁾

The Council’s first recommendation was “Recommendations on Improvement and Enhancement of Public Assistance Systems,” dated on September 13th, 1949, which included (1) raising the benefit standards, (2) establishing the right to claim assistance (appeal system), (3) appointing paid professional employees, (4) adding education assistance and housing assistance, and (5) transferring welfare commissioners to collaborating organizations.

GHQ then presented “Six Principles for System Establishment (Six Items on Social Welfare Policies) on November 29th, 1949, and made agreements with Japanese

government on such issues as (1) establishment of a welfare administration district system, (2) separation of private organizations from the public organizations (clarifying the scope of responsibilities held by public and private organizations), (3) reorganization of city welfare administration, (4) consultation and field services by Welfare Ministry, (5) provision of on-the-job training for paid professional employees, and (6) establishment of Councils of Social Welfare. This became the foundation of the Social Welfare Service Law, which was enacted in March 1951.

Japanese government started amending the Public Assistance Law based on the recommendations and proposals mentioned above as well as rules on right to live. The Law was amended in May 1950. This is the current Public Assistance Law (new law). The new Law eliminates the conditions for disqualification, which had been a major problem with the old Law, and it recognizes citizens' right to receive assistance if they meet certain conditions. This is called "the right to claim assistance," and a system was established so that people could make an appeal for the decision on assistance.⁽¹⁹⁾

(3) "Recommendations on Social Security Systems" by the Advisory Council on Social Security (October, 1950)

① Process toward the Recommendations

At the end of 1949, GHQ requested the Council "to prepare the outline of social security systems by around June 1950." In response, executive members, who had been elected from the Council, started discussing the issue in January 1950, which lasted for 5 months. The "Draft Outline of Social Security Systems" was completed in late May.

Discussions were made later based on the draft outline, including the following issues. "First, the discussion started with an issue on how to define the scope of social security. The options were whether to include housing issues and compulsory education, whether to limit it to social insurance and public assistance, and whether to have 4 pillars by including social welfare and public health in addition to social insurance and public assistance. The dominant opinion was to have the 4 pillars. The second issue was who should be the management body for health insurance and national health insurance. It was decided that health insurance for employees be managed by prefectures, and national health insurance be managed by local municipalities. It was also decided that establishment of these management bodies should be mandatory with certain conditions."⁽²⁰⁾ These results were presented as "Outline of the Draft Research on Social Security Systems" at the Council's general assembly on June 13th.

The Council committees then discussed the issues based on the Draft Outline. After a public hearing, 5 Council members headed by Bunji Kondo completed what was called "Kondo Draft" on August 21st. On that day, however, Brigadier General Sams at

GHQ suddenly approached, and a meeting was held between some of the Council members and GHQ. At the meeting, GHQ/PHW (Public Health and Welfare Section) presented its intention regarding the Outline, and Kondo himself made minor revisions of the draft. However, this became an issue at the general assembly on September 29th. The assembly agreed “to definitely decide on the recommendations” at the next general assembly on October 16th.

An ad hoc committee was held after the September general assembly, in which the final discussion was supposed to be made on “Ohuchi Draft,” which had been prepared under the leadership of the Chair Hyoue Ohuchi. Yet, Brigadier General Sams submitted “Criticism of the Advisory Council on Social Security’s First Report,” prepared by GHQ, to Welfare Ministry on October 6th, the date the committee meeting was to be held, stating that this would be included in the materials when the final discussion was to be made for drafting the recommendations. As a result, the meeting was postponed till October 9th. It is reported, “The discussion was made with the direction that the committee would not necessarily follow all of GHQ’s opinions, while discussing and respecting them, but it would clarify its autonomous views.”⁽²¹⁾ Moreover, it was also reported, “The most complicated problem was the huge difference between Kondo Draft and Ohuchi Draft, which was revised based on discussions on Kondo Draft. Several sections, including the one on “public health and medical care,” which had already been decided by the ad hoc committee, was revised by the secretariat, under the name of Ohuchi. Regarding these sections, discussions were made based on the original draft. The pending difficult issues were also resolved gradually, then the original draft was revised and finalized.”⁽²²⁾ Therefore, it seems that the ad hoc committee firmly maintained the Council’s autonomy in response to GHQ’s intentions.

The ad hoc committee’s proposal was decided at a joint committee on October 13th and approved at the general assembly on October 16th. On the same day, it was submitted to Prime Minister.

② Concept of Social Security Systems (Definition in the Recommendations)

The “Recommendations on Social Security Systems” (hereafter “the 1950 Recommendations”) were made through such processes mentioned above. They set a course of the post-war social security systems in our country. The preamble states the concept (definition) as follows:

Social security systems mean the systems to enable every citizen to lead a worthy life as a member of cultured society. Social security systems provide countermeasures against the causes for needy circumstances including illness, injury, childbirth, disablement, death, old age, unemployment and having a lot of children by implementing economic security measures through insurance or by direct public spending. Social security systems

ensure the minimum level of living to indigent people through national assistance, and they also promote public health and social welfare.

In this way, the 1950 Recommendations identify illness, injury, childbirth, disablement, death, unemployment, having a lot of children and other causes for needy circumstances (social risks) as the targets of social security. In response, financial benefits are provided first through “insurance method” (social security method) or “direct public spending” (public spending method). If the situation still remains difficult, the systems ensure the minimum level of living by “national assistance” (mainly public assistance). Meanwhile, the systems also ensure people’s living through “public health (and medical care)” and “social welfare (services).” As mentioned above, the 1950 Recommendations show the concept (definition) of social security as measures to ensure the minimum standard of living, which is guaranteed as the right to live in Article 25 of the Constitution, by establishing legal systems on social insurance, national assistance, public health and medical care as well as social welfare.

The table of contents of the 1950 Recommendations is as follows. One can see the scope and contents of social security back then.

Part 1: Social Insurance	Chapter 1: Insurance for medical care, childbirth and funeral
	Section 1: Insurance for employees
	Section 2: Insurance for the general public
	Section 3: Scope of medical care, medical institutions and medical fees
	Chapter 2: Insurance for old age, surviving families and illnesses
	Section 1: Insurance for employees
	Section 2: Insurance for the general public
	Chapter 3: Insurance for unemployment
	Chapter 4: Insurance for occupational accidents
Part 2: National Assistance	Section 1: Scope and principles of assistance
	Section 2: Types and methods of assistance
	Section 3: Assistance agencies and financial responsibilities
Part 3: Public Health and Medical Care:	
	Section 1: Public health
	Section 2: Medical care
	Section 3: Tuberculosis
	Section 4: Financial responsibilities
Part 4: Social Welfare	Section 1: Social welfare agencies
	Section 2: Welfare measures
	Section 3: Financial responsibilities
Part 5: Administrative Structures and Finance	

Chapter 1: Administrative structure

Section 1: National and local governments

Section 2: Agencies to protect rights

Section 3: Affiliated organizations

Chapter 2: Finance

III. Structure of Social Security Systems ⁽²³⁾

1. Concept of the Current Social Security

“Poverty” had been a problem facing citizens’ lives for a while after the War, including the period when the 1950 Recommendations were presented. Since then, programs had become more universal, the target going beyond the low-income people, as the six major laws on social welfare were enacted, universal health insurance and pension systems were established, and the demand for and usage of medical care and social welfare services increased. Consequently, the concept of social security had shown changes accordingly.

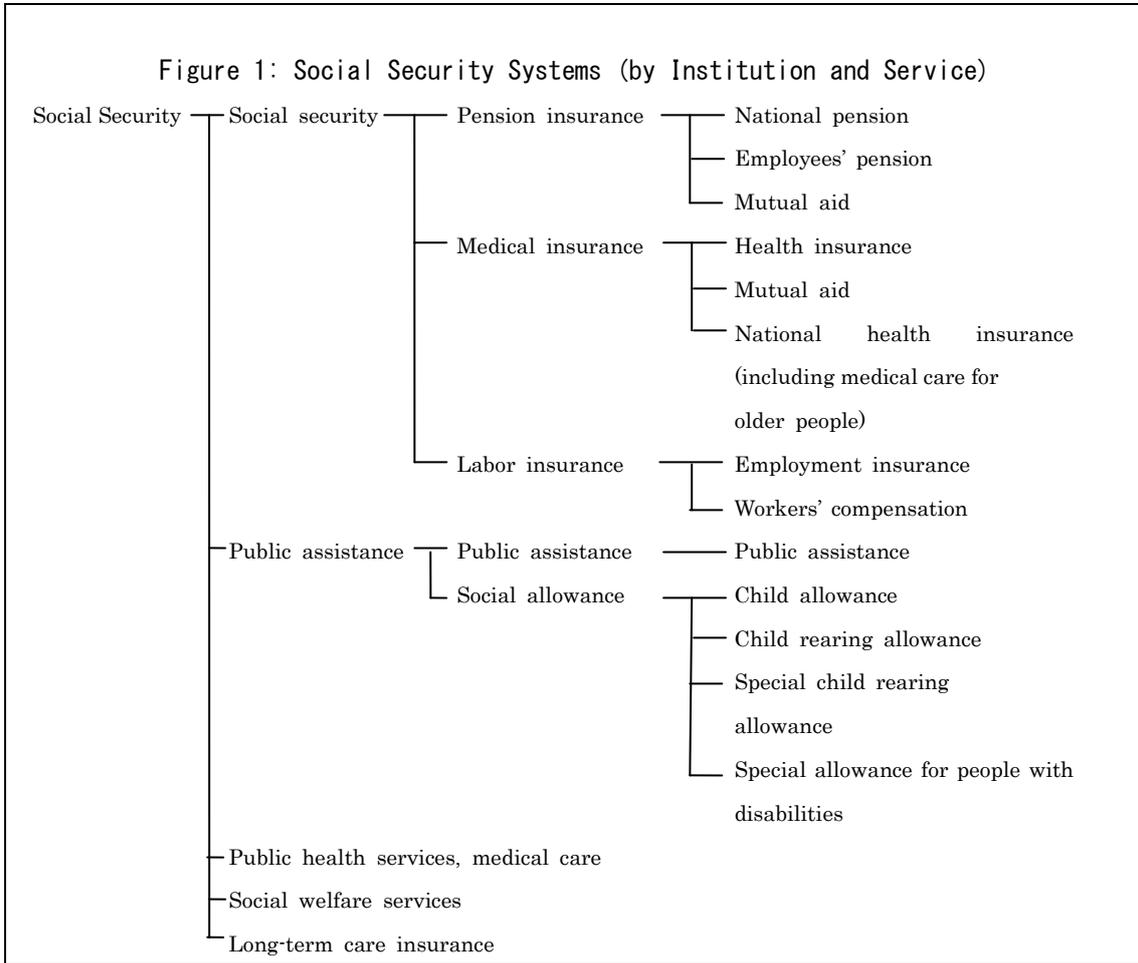
“The First Report by the Advisory Council on Social Security and Committee on the Future of Social Security” in 1993 states, “Social security systems provide benefits to support citizens’ lives, when they are impaired, under the public responsibility in order to ensure that citizens can lead healthy and safe lives.”

Moreover, “Welfare Vision for the 21st Century,” a report by the Council for the Vision for an Aged Society in 1995 states, “Social security is a mechanism based on income redistribution and mutual assistance, supported by each citizen’s sense of independence and social solidarity.”

Based on these reports, the Council put together “Recommendations on Reconstruction of Social Security Systems: Toward the Secure Society in the 21st Century” in July 1995. According to the Recommendations, while “the concept of social security was to ensure the minimum standard of living when the 1950 Recommendations were made,” the current basic concept of social security is “to provide broader security so that citizens can lead healthy and safe lives,” stressing that the citizens’ sense of independence and social solidarity is the foundation which supports social security systems.

One can summarize the current social security systems by institution and service as shown in Figure 1, based on the definitions by the Council and others as well as development of social security systems since the end of the War. The basic framework

has not changed since the 1950 Recommendations.



2. Contents of Social Security Systems

(1) Social Insurance

① Pension Insurance

Pension insurance is a system which provides economic security (financial benefits) against old age, disabilities and death through the covered policy.

The pension insurance for employees started in 1941 as the Workers Pension Insurance Law. But it was reorganized in 1944 as the Employees' Pension Insurance Law, expanding the scope of application (e.g. workers at a business with 10 or more employees who have paid the premium for 20 or more years can start receiving the old-age pension benefit at age 55).

Meanwhile, the National Pension Law was enacted in April 1959 for the self-employed as well as workers in agriculture, forestry and fishing sectors. The

non-contributory welfare pension started in November 1959, and the contributory national pension started in April 1961. This has realized the universal pension, in which everyone aged 20 or older joins one of the public pension systems.

Under the current system, there is National Pension (basic pension) which every citizen aged 20 to 59 participates in, Employees' Pension (for employees in the private sector) and Mutual Aid Pension (for civil servants and employees at private schools). Employees' Pension and Mutual Aid Pension provide additional income-related benefits on top of the basic pension. People receive benefits (old age, disability and survivor) from the pension which they participate in.

② Medical Insurance

Medical insurance is a system which provides medical services (in-kind benefits) for illnesses and injuries through the covered policy.

Medical insurance for employees started as the Health Insurance Act, which was enacted in 1922 and came into effect in 1927. The insurance applied to businesses with 10 or more employees, only the insured person could receive medical services without co-payment, and it also included benefits for job-related injuries and illnesses. The amendments in 1939 started coverage for family members, and the amendments in 1943 enshrined the 50% co-payment for family members into the law.

Meanwhile, the National Health Insurance Act was enacted in 1938 for the general public, including the self-employed as well as workers in agriculture, forestry and fishing sectors. Under this law, insurers were voluntary national health insurance societies at a municipality level. Yet, some municipalities decided not to implement this law. In November 1958, the National Health Insurance Act was enacted with 50% co-payment for insured people, and this has realized the universal medical insurance, in which every citizen joins one of the public medical insurance systems.

Under the current system, the insurance programs can be categorized mainly into insurance for general employees ("Society-managed Health Insurance" for employees at large companies and "Association-managed Health Insurance" for employees at small and medium-sized companies), specified employees' insurance (for seamen and those insured by mutual aid associations) and national health insurance ("National Health Insurance Societies" which are organized by a group of organizations in the same industry and "Municipality-based National Health Insurance" for others such as the self-employed, workers in agriculture, forestry and fishing sectors and those without a job). As a general rule, the insurance covers 70% of the service costs for insured people and their families.

③ Employment Insurance

Employment insurance provides economic security to protect workers' lives when they lose (e.g. bankruptcy) or leave (voluntarily) their jobs and/or they voluntarily take

job-related training. In 1947, the Unemployment Insurance Law and the Unemployment Allowance Law were enacted under then Ministry of Labour. They were reorganized as the Employment Insurance Law in 1974.

Under the current system, as a general rule, the Law applies to all businesses which employ workers. Employees and employers pay the premium. For example, if a person loses a job, he/she can receive “Job Applicant Benefit,” 50-80% of the salary before leaving the job depending on the length of insured period and reason for leaving the job.

④ Workers’ Compensation Insurance

Workers’ compensation is a system in which workers can receive cash benefits and medical services in case of an occupational accident. It was enacted as the Workmen’s Accident Compensation Insurance Law in 1947 after WWII.

Under the current system, as a general rule, the Law applies to all businesses which employ workers, including part-time workers. Only employers pay the premium, and the amount is set for each industry sector. It provides medical treatment compensation (benefits to cover medical costs), benefits to compensate the wage for temporary absence from work, disability compensation and surviving family’s compensation for a certain period of time to compensate for workers’ injury, illness, disability and death while at work or commuting to/from work.

(2) Public Assistance

The 1950 Recommendations state as follows.

National assistance aims to ensure the state’s responsibility to guarantee the minimum level of living to all the needy so as to pave the way for their independence and advancement. In principle, this is the last measure to guarantee citizens’ living. Hence, this is applied only if a person cannot maintain the minimum level of living after all the other efforts are made.

While the recommendations on this system are mostly covered under the current Public Assistance Law, the outline is presented here again as part of the social security systems.

As mentioned above, national assistance back then was envisioned as the public assistance system. The current public assistance system can be considered as provision of cash or in-kind benefits by the nation through public general revenue (e.g. tax) for indigent people and those at social risks. It is non-contributory, financed entirely by general revenue without premiums paid by beneficiaries. Therefore, from the standpoint of fairness, it requires means tests and income tests since benefits need to be provided to beneficiaries in an appropriate manner.

Public assistance is categorized into “public assistance” and “social allowance” which has been set up after the War. The following is a summary of social allowance.

Child Allowance became effective in 1972. People raising a child before completion of the middle-school education are eligible. The amount of allowance ranges from 10,000 to 15,000 yen per child depending on the age and the number of children.

Child Rearing Allowance became effective in 1961. Those who raise a child and manage living expenses separately from the child’s father or mother are eligible until the end of the fiscal year when the child turns 18. While the majority of beneficiaries are single-parent households, people are also eligible when a father has severe disabilities. The eligibility and amount of allowance are set in detail by the guardian’s income a year before. The amount of monthly allowance per child ranges from 41,550 to 9,810 yen, calculated by the nearest 10 yen. The 5,000 yen is provided for the second child, and 3,000 yen is provided for each child if there are 3 or more children.

Special Child Rearing Allowance became effective in 1963. Those who raise children aged younger than 20 with physical and/or intellectual disabilities are eligible. The benefits will not be provided to those who had income above a certain level in the previous year. The monthly allowance is 50,550 yen for children with the Grade 1 disability (children with severe disabilities), which is defined in the table of disability grade in the Special Child Rearing Allowance Law, and 33,670 yen for the Grade 2 disability (children with moderate disabilities).

Special Allowance for People with Disabilities became effective in 1974. Those aged 20 or over who live at home with severe disabilities requiring constant care in daily living are eligible. They can receive both this allowance and disability basic pension. The amount of allowance is 26,340 yen per month.

(3) Public Health Services and Medical Care

The 1950 Recommendations state as follows.

Public health refers to health and hygiene activities to improve physical function and to prevent illnesses for all citizens. However, it does not include environmental health and health regulatory administration. Also, while medical care refers to general medical activities, such as medical examination and provision of drugs, and medical facilities, it is provided from a standpoint of social security. In particular, along with the advancement of medicine and pharmaceutical sciences, efforts must be made to improve the contents of medicine and drugs as well as to enhance their public aspects. Social security systems should fully incorporate such public health and medical care, and they should be fairly applied to all citizens in this respect.

As mentioned above, they are the systems to maintain and promote citizens’ health.

Currently, they include “provision of medical care,” “general health (e.g. health promotion and health measures),” “living environment (e.g. food sanitation and measures for chemical materials),” “occupational health (e.g. ensuring workers’ health, occupational diseases),” “environmental health (e.g. pollution-related health damage compensation, air pollution)” and “school health.”

(4) Social Welfare Services

The 1950 Recommendations state as follows.

Social welfare refers to provision of necessary daily life guidance, rehabilitation and other aid and upbringing for those receiving national assistance, people with physical disabilities, children and others who need aid and upbringing so that they can become independent and fulfill their potential.

To this end, national, prefectural and local governments need to establish necessary facilities, rationalize their distribution, and maintain and expand these facilities. Moreover, efforts must be made to train and secure staff with necessary professional knowledge and skills to be engaged in social welfare. Meanwhile, appropriate measures are needed so that they can respect autonomy of social work providers in the private sector, utilize their unique characteristics, and promote their organizational development and public aspects through establishment of special corporation systems. Through such measures, these private social work providers should be able to work with the projects by national and local governments in an integrated manner.

As mentioned above, the target groups were set as people with low income, people with physical disabilities and children. This is because the system was based on the “three major laws on social welfare (the Public Assistance Law, enacted in February 1946; the Child Welfare Law, enacted in December 1947; and the Law for the Welfare of People with Physical Disabilities, enacted in December 1949)” back then. Also, the maintenance and expansion of facilities, training and securing of staff, and establishment of social welfare corporations, which are mentioned in the latter part of the document, were provided in the Social Welfare Service Law in March 1951 (it was renamed the Social Welfare Law in 2000).

Later, in the 1960s, the three major laws on social welfare could no longer respond to existing needs. In response, the Law for the Welfare of Mentally Retarded People was enacted in 1960 (it was renamed the Law for the Welfare of People with Intellectual Disabilities in 1998), the Welfare Law for the Elderly was enacted in 1963, and the Law for Maternal and Child Welfare was enacted in 1964 (it was renamed the Act on Welfare of Mothers with Dependents and Widows in 1981).

In this way, the current social welfare (services) consists of systems and services

which are provided based on the target groups defined by each law (e.g. public assistance, child welfare, welfare for people with physical disabilities, welfare for people with intellectual disabilities, welfare for the elderly, and welfare for mothers with dependents and widows).

(5) Long-Term Care Insurance

Our country became an aging society in 1970 and an aged society in 1994. The proportion of older people was 24.1% as of 2012, and it is expected to be 40.5% in 40 years (2055). Elder care was set as the first priority of social security, and its discussion fully started in the mid-1990s. The Long-Term Care Insurance Law was enacted in December 1997 and became effective in April 2000 after 2.5 years of preparation.

What characterizes the long-term care insurance system is that while financing is through the “social insurance” mechanism, in which premiums are collected from citizens aged 40 and over (contributory), provision of care service is through the “social welfare service” mechanism, in which care managers are in charge of clients’ assistance. Since this system combines both “social insurance” and “social welfare services,” it is placed separately from both systems in Figure 1.

3. Concept and Scope of Public Assistance

(1) Concept of Public Assistance

Public assistance is a system to ensure the state’s responsibility to guarantee the “minimum level of living for citizens (the minimum standard of living for citizens, or “national minimum”),” and each country across the globe has a public assistance system. It is difficult to present the universal concept because each country has different historic processes of social security systems. Nevertheless, there are such commonalities as follows.

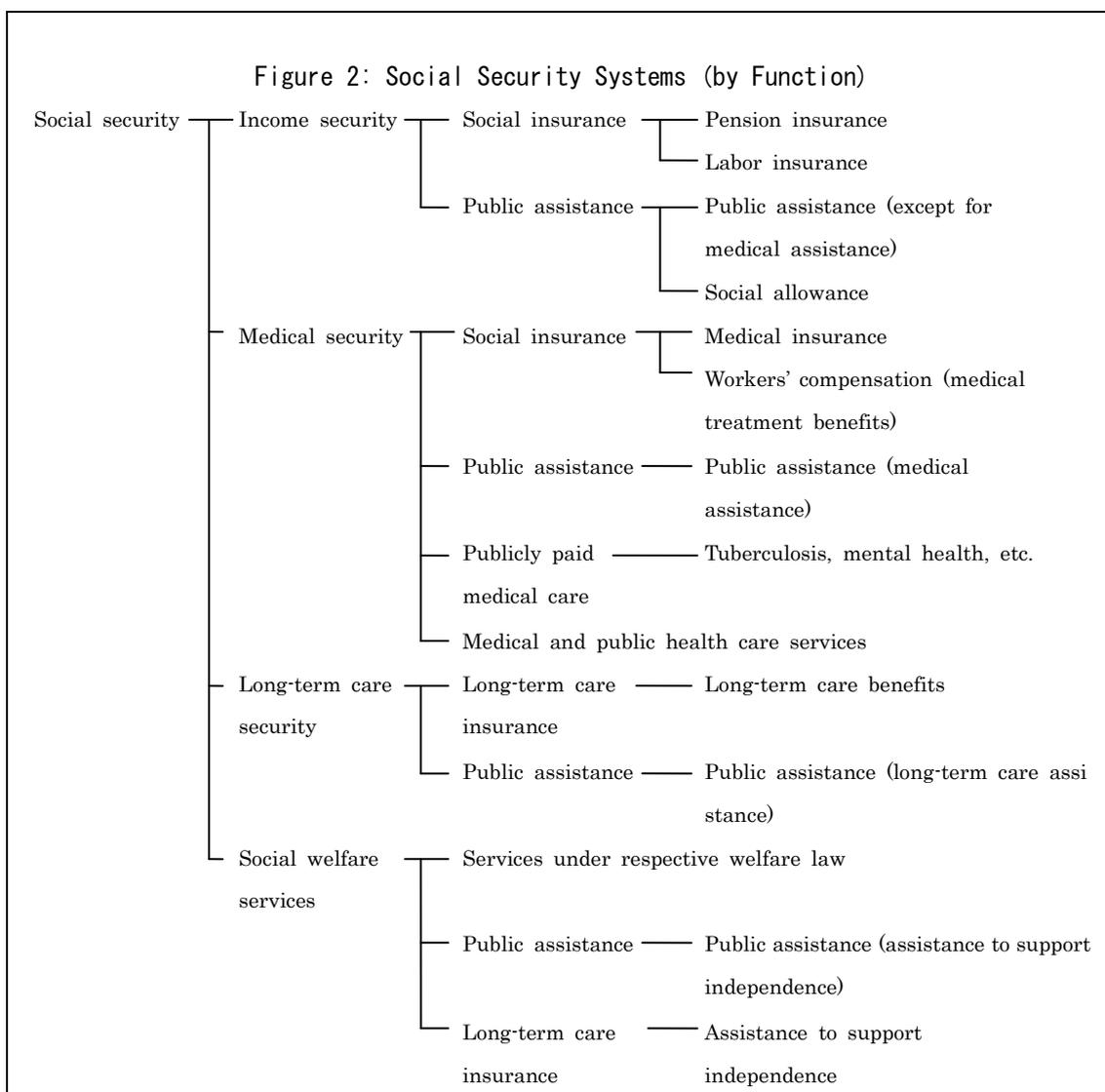
- ① It targets people with low income and in poverty (indigent people)
- ② Means tests are conducted to assess living conditions
- ③ Benefits are provided based on the individual needs
- ④ It is financed by general revenue (e.g. tax), without clients’ contributions
- ⑤ Benefits from other social security systems (e.g. social insurance) come first

Looking at our country, the system with such common characteristics can be “public assistance.” Yet, as shown in Figure 1, the author also categorizes “social allowance” into public assistance. As will be mentioned later, “it is difficult to present the

universal concept” since social allowance in our country plays an intermediate role between social insurance and public assistance.

(2) Position of Public Assistance

Figure 2 shows social security systems by function, categorizing the systems and services into 4 groups: “income security” through cash benefits, “medical security” and “long-term care security” through in-kind benefits, and “social welfare services” through personal welfare services.



Note: Additions and revisions made to Shuichi ITO (2006) (ed.), “Rinsho ni Hitsuyou na Kouteki Fujo (Public Assistance Needed in Clinical Settings),” p.16. Koubundou.

One can see that each social insurance system has single function. For example,

pension insurance provides income security, and medical insurance provides medical security. However, as for labor insurance, employment insurance provides income security while workers' compensation provides both income security and medical security.

On the other hand, public assistance has all the functions, including income security, medical security, long-term care security and social welfare services, providing comprehensive support for citizens' living. However, social allowance is a system for income security, having the same function as social insurance.

Hence, public assistance can be considered as a major welfare system and needs to be distinguished from social allowance in terms of functions and roles.

(3) Social Insurance and Public Assistance (Public Assistance and Social Allowance)

Public assistance provides financial (cash) benefits according to the individual's difficulties in living, based on the results of a means test to assess his/her assets and demands, when his/her life remains difficult even after using other social security systems such as social insurance, medical insurance and social allowance. It is characterized as the last and comprehensive measure within social security systems, playing a role as a safety net for those who fall through the nets of social insurance and other systems.

Also, while public assistance is a system in which the state guarantees the minimum standard of living for indigent people based on the right to live under the Constitution, it also makes efforts so that independence support can be accomplished effectively through social workers' assistance work at welfare offices.

In contrast, social allowance is provided after confirmation of eligibility criteria and an income test. Benefits are in cash, financed by public funds without clients' contributions. While public assistance comes with social workers' assistance work, beneficiaries of social allowance receive assistance work as needed.

There is some debate as to whether "child allowance" should be included in social allowance because it is for all citizens. However, it is included in this article because the amount of benefit differs depending on income. The roles of public assistance, social allowance and social insurance can be summarized as shown in Table 1.

Table 1: Roles of Public Assistance and Social Insurance

	Public assistance	Social allowance	Social insurance
Function	Poor relief (reactive)	Poverty prevention (proactive)	Poverty prevention (proactive)
Assessment	Means test	Income test	N/A
Benefit provision	Individualized	Standardized	Standardized
Benefit contents	Shortfalls in meeting the minimum living standard	Standardized with certain levels	Standardized with certain levels
Benefit type	Cash & in-kind	Cash	Cash & in-kind
Funding	Public funds	Public funds	Contribution by insured people
Duration	Until meeting the minimum living standard	Until no longer meeting eligibility criteria	Until no longer meeting eligibility criteria

While public assistance can be considered as a poor relief system because people can receive benefits after becoming poor (reactive), social insurance can be provided when people become old, disabled and/or lose their family, whether or not they are poor. Hence, it aims to prevent poverty by providing benefits before people become poor (proactive).

Social allowance can be controversial. Whereas it looks like a poor relief system because its current eligibility criteria include income limitations, it does not ask whether or not people are actually having difficulties. Hence, the author defines its function as poverty prevention.

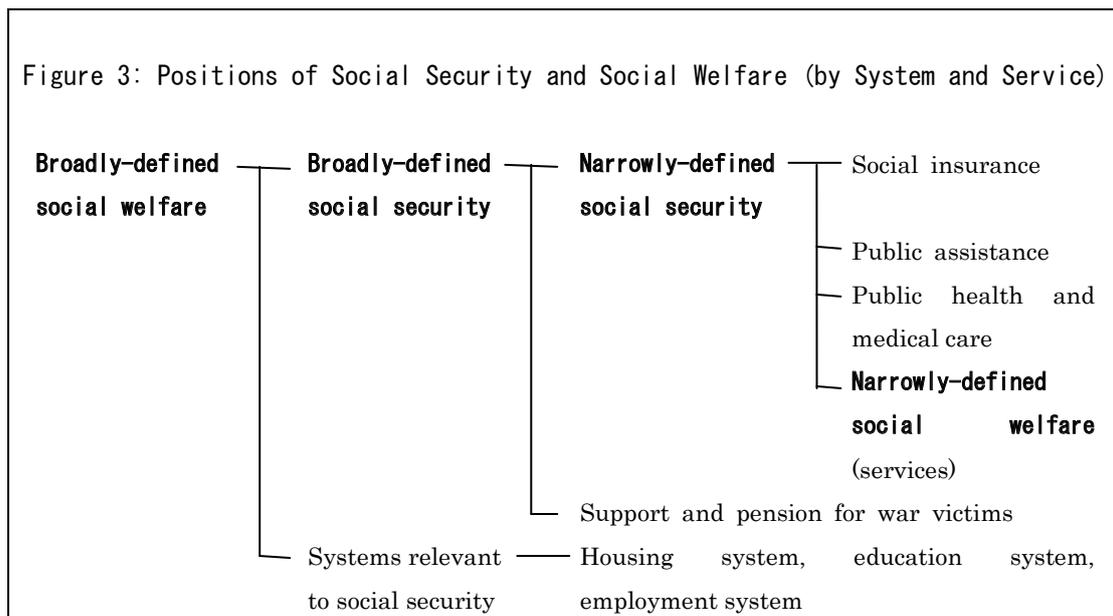
Moreover, while applicants' current income, savings and assets are assessed through a means test to determine the eligibility and the level of needs for public assistance, the eligibility and the level of benefit for social allowance are determined through an income test, which looks at the income in the previous year. For example, people can receive social allowance benefits if their income in the previous year was low, even when they have savings and no problem making a living. Meanwhile, since social insurance is contributory, means test and income test are not conducted. People can receive benefits even if they have income.

As mentioned above, while public assistance and social insurance have clearly different roles, social allowance is intermediate, having the roles of both systems.

4. Positions of Social Security and Social Welfare

As mentioned before, the discussion on “Draft Outline of Social Security Systems”

which was prepared in May 1950 “started with an issue on how to define the scope of social security. The options were whether to include housing issues and compulsory education, whether to limit it to social insurance and public assistance, and whether to have 4 pillars by including social welfare and public health in addition to social insurance and public assistance. The dominant opinion was to have the 4 pillars.” Then, where are housing and education policies positioned? Figure 3 summarizes positions of social security and social welfare by system and service.



Support for war victims (hereafter “support programs”) started under the occupation, mainly providing support to repatriates and dealing with remaining businesses of the former military. In 1952, the Law for the Relief of War Victims and Survivors was enacted, and the Law for the Relief of Families of Unrepatriated Persons was enacted in 1953. As the foundation of social security systems was gradually established in the 1960s, the Law on Special Measures for Unrepatriated Persons was enacted in 1959; the Law for Special Aid to the Wounded, Sick and Retired Soldiers was enacted in 1963; and the Law on Special Benefits for Surviving Families of the War Dead was enacted in 1965. The system of support programs was established this way, mainly through provision of pension and allowance. In addition, investigations on Japanese war orphans left in China started in 1981 as Japan-China diplomatic relations were normalized in 1972. The Law on Expediting of Smooth Return of Remaining Japanese in China and for Assistance in Self-Support after Permanent Return to Japan was enacted in 1994, implementing various self-support measures.⁽²⁴⁾

Pension is based on the Pension Act in 1923. It originally ruled pension benefits for civil servants. However, there has been no new subscriber since the Law on National

Public Officers' Mutual Aid Associations was enacted in 1958. Currently, its main role is to provide benefits for those who became eligible in the past. For the military personnel, the provision had been temporarily suspended due to the end of the War. However, it was reactivated in 1953.

Regarding social security, Koyama states, "Social security systems in this book (the author's note: "Sengo no Shakai Hosho (Post-War Social Security)," 1968) refer to 4 sectors: social insurance, public assistance, social welfare and public health and medical care. Needless to say, it is what the Advisory Council on Social Security calls the narrowly-defined social security. However, for narrative purposes, discussions are sometimes made while including the broadly-defined social security, such as pension and support for war victims."⁽²⁵⁾ Saguchi also states, "The recommendations limit social security to 4 sectors. However, it is considered the narrowly-defined social security rather than the broadly-defined one."⁽²⁶⁾ Nevertheless, this categorization is commonly used at the moment.

Shibata explains, "The Advisory Council on Social Security considers these 4 sectors as the 'narrowly-defined social security,' and it considers the 'broadly-defined social security' as these 4 sectors plus pension and support for war victims. Furthermore, it sets housing and employment (unemployment) measures as 'relevant systems.'"⁽²⁷⁾ During this research, the author checked the recommendations by the Advisory Council on Social Security back then and later on. However, there was no mention of such categorization in the recommendations themselves.

As for social welfare, as mentioned above, the system was based on the three major laws on social welfare when the recommendations were made in 1950. However, the current system is based on the six major laws on social welfare, each of which sets specific target groups. Hence, they can be considered as the "narrowly-defined social welfare (services)."

On the other hand, as mentioned before, the recommendations in July 1995 states, "While the concept of social security was to ensure the minimum standard of living when the 1950 Recommendations were made, the current basic concept of social security is to provide broader security so that citizens can lead healthy and safe lives. Citizens' sense of independence and social solidarity is the foundation that supports social security systems." Hence, the scope of social welfare is "to provide life security so that citizens can lead healthy and safe lives." The "broadly-defined social welfare" is considered to include the broadly-defined social security and systems relevant to social security, making distinctions from the "narrowly-defined social welfare" which is life security for specific target groups.

IV. Future Prospects

1. Characteristics of Social Security Systems in Japan

Currently, Japan is an aged society which no other country in the world has experienced. This has been accomplished due to the remarkable improvement of living standard after the War. Everyone can receive appropriate medical and long-term care thanks to medical and long-term care insurance, economic security through pension insurance has supported people's lives in old age, and social welfare services provide detailed support. All of these measures have contributed to the longevity society, and it is all thanks to enhancement of social security systems.

Ministry of Health, Labour and Welfare identifies characteristics of Japanese social security systems in the following ways.⁽²⁸⁾

1. They cover pension, medical care and long-term care for all citizens (universal insurance, universal pension)
 - Pension, medical care and long-term care, which constitute the majority of social security benefits, are administered through the social insurance mechanism.
 - Pension systems guarantee the pension which supports the basis for living in old age.
 - Medical insurance systems guarantee medical care for “anyone, anytime and anywhere” with an insurance card.
 - Long-term care insurance systems guarantee necessary care so that people can live independently even if they require care due to conditions associated with aging.
2. Public funds are also pumped into social insurance, so programs are financed by combination of “premiums” and “taxes.”
 - About 60% of social security is financed by premiums, about 30% by public funds and about 10% by asset income and others. Hence, it mainly consists of premiums.
3. Dividing targets into 2 groups: Employees and the self-employed
 - They consist of 2 systems: employees' insurance (medical insurance, employees' pension) and systems for the self-employed, farmers, older people and others (e.g. national health insurance, national pension, etc.).
4. National, prefectural and local governments share roles and responsibilities, and they collaborate with each other
 - Social security systems are administered where the national government plays a main role in pensions, prefectural governments play a main role in medical services, and local governments play a main role in welfare services.
 - Private entities play important roles in medical and welfare services.

2. Necessity and Direction of Social Security System Reform

Nevertheless, these social security systems can be maintained because they have developed based on the idea that “benefits mainly go to older people while the working-age people take on the burden.” Half a century ago, about 9 working-age people supported 1 older person aged 65 or over (like when tossing someone into the air). Hence, as shown before, it had been easier to newly establish or expand systems. However, in recent years, 3 working-age people have been supporting 1 older person (like a mock cavalry battle), in which the system is barely able to be maintained. Furthermore, by 2050, there will definitely be a society where 1.2 working-age people will be supporting 1 older person (like a piggyback ride). Hence, it is necessary to review the current social security systems and to make system reform which is well adjusted to the demographic change (i.e. population aging with fewer children), making it fair within and among generation(s) in terms of both benefits and contributions.

To this end, the government made the cabinet approval on “Outline of the Comprehensive Reform of Social Security and Tax” on February 17th, 2012. On August 10th in the same year, the Law on Promotion of Social Security System Reform (hereafter “Promotion Law”) was enacted, presenting a plan till FY 2017 as a “work schedule for social security system reform based on the Law on Promotion of Social Security System Reform” to summarize the measures and issues set by the Promotion Law.

Moreover, “National Congress on Social Security System Reform” was established based on Article 9 of the Promotion Law to advance discussions. The Congress submitted “Report of National Congress on Social Security System Reform: A Roadmap to Pass the Solid Social Security to the Future Generations” on August 6th, 2013. In the future, the reform is planned to be advanced based on the measures and issues set in the Promotion Law as well as the recommendations made in this report.

In Chapter 2 of “Outline of the Comprehensive Reform of Social Security and Tax,” the following 6 points are presented as the direction of the social security reform.

1. Strengthening investment for the future (children, child-care support)
 - Establishing new systems for children and child care, with the aim to build a society where it is easier to have and raise children.
2. Strengthening the security for medical and long-term care services as well as the function of social insurance systems as a safety net
 - Strengthening hospital treatment (e.g. focusing the medical resources on advanced acute conditions) and establishing comprehensive community care systems).
 - Building a society where people can receive appropriate medical and long-term care services for them no matter where they live.

3. Strengthening measures against poverty and disparities (building a multilayered safety net)
 - Providing job and daily-living assistance so that everyone can realize independent living and paying adequate attention to people with low income (e.g. additional benefits for pensioners with low income), with the aim to build a participatory society for all.
4. Toward social security systems (pension and medical care) which support diverse ways of working
 - Building social security systems which are fair to diverse ways of living and working, including child bearing and rearing, through such measures as expansion of application of social insurance to part-time workers and unification of employees' pension systems.
5. Realization of all-participatory and decent work
 - Strengthening employment measures (particularly for young people), stabilizing employment of non-permanent workers and improving working conditions of non-permanent workers.
 - Building the environment where everyone can work and lead stable lives.
6. Securing stable funding for social security systems
 - Expanding the application of consumption tax to medical care and child care for the working-age generation, securing the stable funding so that the public funding can cover 50% of the basic pension, and having all generations share the social security burden broadly and fairly.

3. Securing Funding for Social Security Benefits

On December 24th, 2013, the government made the cabinet approval on the budget bill for FY 2014. While expecting the increased tax revenue due to the consumption tax which is to be raised for the first time in 17 years, the expenditure budget is also higher due to social security and public works spending. Hence, the total general account reaches 95,882.3 billion yen, the biggest in the history. The revenue consists of tax (50.1 trillion yen), others (4.6 trillion yen) and national bonds (41.2 trillion yen). The increased amount of tax revenue due to the change in consumption tax rate, from 5% to 8% starting this April, is expected to be 5 trillion yen.

Meanwhile, the expenditure consists of the policy budget (72.6 trillion yen) and national bonds (23.2 trillion yen). Within the policy budget, social security expenses represent 30.5 trillion yen (42%), 4.8% more than this year's budget. Increasing the consumption tax to 8% was originally decided in order to maintain social security systems (e.g. pension, medical care) and to promote financial reform so as not to leave the debt to the future generations. The government stressed, "All of the increased tax revenue have been allocated to maintenance and enhancement of social security," while releasing the breakdown. However, only 10% of the 5 trillion yen (the additional tax revenue due to the increased consumption tax rate) will be allocated to

“enhancement (e.g. resolving problems on waiting lists for nurseries)” to start new measures. According to the budget bill, the rest (90%) will be allocated to maintain the current level of social insurance, such as making up for the shortfall of basic pension funds.

Moreover, while the current total social security expense is about 110 trillion yen, its revenue consists of premiums (60%) and public funds (40%: 25% from the national government, 10% from local governments, and 5% from asset income).

As mentioned above, the total social security expense is bigger than our national budget (revenue budget), and it is impossible to secure the funds unless premiums are paid reliably. Also, the social security expense accounts for 61% of tax revenue. Under this condition, there is no hope to be able to break away from the budget which is dependent on national bonds, meaning that the debt will be left for the future generations. While the consumption tax rate is scheduled to be raised to 10% from October 2015, in this aged society with fewer children, it is still difficult to secure funding even if all of the additional revenue is to be allocated to social security expenses. Hence, the comprehensive reform of social security and tax systems can be considered as an urgent issue.

V. Conclusion

This paper traced the history of social security, including the prehistory before WWII and discussions after the War, then it summarized the current concept and framework as well as future prospects of social security.

In Japan, while social insurance and relief systems, which could constitute the pillars of the current social security systems, were set up in 20 years between around 1928 and August 1945 (the end of WWII), it is generally agreed that they did not intend to meet the needs of workers and citizens but were rather used for such things as “healthy-soldiers healthy-citizens” policy, increasing war production and measures on people’s thoughts.⁽²⁹⁾

After the War, Japan had been under the occupation from September 1945 to April 1952. The discussions on social security under this system were carried out in such a way that Japanese government received orders from GHQ and responded to these orders. Hence, formulation of social security systems in our country was characterized by the large influence of GHQ’s opinions. The 1950 Recommendations set a course of the post-war social security systems in our country, and the preamble states the concept (definition) of social security. The opinions of GHQ also had a large influence on its establishment process.

“Poverty” had been a problem facing citizens’ lives for a while after the War, including the period when the 1950 Recommendations were presented. Since then,

programs had become more universal, the target going beyond the low-income people, as the six major laws on social welfare were enacted, universal health insurance and pension systems were established, and the demand for and usage of medical and social welfare services increased. Consequently, the concept of social security had shown changes accordingly. Yet, the basic structure of the current social security is not much different from the 1950 Recommendations.

Japanese social security systems can be characterized in the following ways.

1. “Universal pension” in which all citizens aged 20 or over participate in one of the public pension systems and “universal insurance” in which all citizens participate in one of the public medical insurance systems.
2. Public assistance has all the functions, including income security, medical security, long-term care security and social welfare services, providing comprehensive support to ensure the minimum standard of living for citizens.
3. There is “social allowance” which has intermediate position and roles between public assistance and social security.
4. There is public “long-term care insurance” so that people can live independently even if they require care due to conditions associated with aging.

Currently, Japan is an aged society which no other country in the world has experienced. This has been accomplished due to the remarkable improvement of living standard after the War. This is largely thanks to enhancement of social security systems. However, the proportion of older people is expected to be 40.5% by 2055, and the debt will be left for the future generations under the current financing system. While the consumption tax rate is scheduled to be raised to 10% from October 2015, in this aged society with fewer children, it is still difficult to secure funding even if all of the additional revenue is to be allocated to social security expenses.

Hence, it is necessary to review the current social security systems and to make system reform which is well adjusted to the demographic change (i.e. population aging with fewer children), making it fair within and among generation(s) in terms of both benefits and contributions. Also, the comprehensive reform of social security and tax systems can be considered as an urgent issue.

Our research theme is “The roles of Buddhism in social work: Japan and Vietnam.” In discussing social work practice as independence support for clients, it is also necessary to look at social policies. It also seems essential to conduct research with adequate understanding of the concept and framework of social security as well as service contents in both countries.

This paper described social security in Japan, and the author hopes that it serves as the basic information for the research members in Vietnam to understand Japanese social security systems.

[Notes]

- (1) Hitoshi MATSUO (1964). Chapter 1: Shakai Hosho no Gainen (Concept of Social Security). In Hitoshi MATSUO (ed.), “Nihon Shakai Hosho Dokuhon (Reading Book on Japanese Social Security),” p.3. Toyo Keizai.
- (2) Michio KOYAMA (1968). Chapter 1: Gaisetsu (Overview). In Social Security Research Institute (ed.), “Sengo no Shakai Hosho (Post-War Social Security),” p.3. Shiseido.
- (3) Katsuhiko HORI (1994). “Shakai Hosho Hou Souron (Overview on Social Security Laws,” p. 6. University of Tokyo Press.
- (4) Ibid (3), pp. 6-7.
- (5) Takashi SAGUCHI (1976). “Shakai Hosho Gaisetsu (Outline of Social Security),”p.7. Kouseikan.
- (6) Ibid (1), p.3.
- (7) Naoshi SANADA (1990). “Shakai Hosho Nyumon (Introduction to Social Security),” p.65. Roudou Jumposha.
- (8) Miwako IKEDA (2007). Bakumatsu Ishin Ki no Jizen, Kyusai (Charity and Relief at the End of Edo Period and During Meiji Restoration). In Yuichi NAKAMURA (ed.), “Encyclopedia on Social Welfare,” p.163. Chuohoki Publishing.
- (9) Ibid (8), p.164.
- (10) Ibid (7), pp.68-69.
- (11) Health, Labour and Welfare Statistics Association (2011). “Annual Statistical Report of Trends in Insurance and Pensions 2011/2012,” p.203. The author.
- (12) Ibid (7), p.69.
- (13) Ibid (11), pp. 203-204.
- (14) Ibid (5), p. 157.
- (15) Yoshihiko SHIBATA (1998). “Nihon no Shakai Hosho (Social Security in Japan),” p.154. Shin-Nihon Publishing.
- (16) Takashi KAGOYAMA (1967). Introductory Chapter: Shakai Hosho Kindaika no Kenkyu no Imi (Significance of Research on Modernization of Social Security). In Takashi KAGOYAMA (ed.), “Shakai Hosho no Kindaika (Modernization of Social Security),” pp.1-2. Keiso Shobo.
- (17) Yukie TOYODA (2009). Chapter 12: Koteki Fujō no Rekishi (History of Public Assistance). In Satoshi SHIBUYA (ed.), “Tei Shotoku-sha eno Shien to Seikatsu Hogo Seido (Support for Low-income People and Public Assistance Systems),” p.210. Mirai.
- (18) Prime Minister’s Office Advisory Council on Social Security Secretariat (ed.) (1990). “Shakai Hosho Seido Shingikai 40nen no Ayumi (40-year History of the Advisory Council on Social Security),” pp.39-40. Houken.
- (19) Ibid (17), p.211.
- (20) Ibid (18), pp.60-61.

- (21) Ibid (18), p.64.
- (22) Ibid (18), p.64.
- (23) Ibid (17), pp.44-49. Additions and revisions are made based on Satoshi SHIBUYA's Chapter 2: Shakai Hosho Seido to Koteki Fujo (Social Security Systems and Public Assistance).
- (24) Health, Labour and Welfare Statistics Association (2012). "Annual Statistical Report on National Welfare and Long-Term Care Trends 2012/2013," p.208. The Author.
- (25) Ibid (2), p.4.
- (26) Ibid (5), p.41.
- (27) Ibid (15), p.41.
- (28) Ministry of Health, Labour and Welfare web site. Characteristics of Social Security Systems in Japan. In "Environment Surrounding Social Security Systems and the Current Systems." Information retrieved in January 2014.
<http://www.mhlw.go.jp/seisakunitsuite/bunya/hokabunya/shakaihoshou/dl/01.pdf>
- (29) Ibid (8), pp. 180-182. Researchers' perspectives (active one, critical one, productivity theory, etc.) on changes in people's lives during the War and policy changes toward wartime projects are summarized in Masami NAGAOKA's "Nicchu Senso, Taiheiyo Senso to Senji Kosei Jigyo (Japanese-Sino War, the Pacific War and Wartime Welfare Services)."

1. An Attempt of Typology of Social Work Practice by Buddhist Temples
and Monks in Contemporary Vietnamese Society (Vol. 2)
~From the Results of the Second Research Visit to Hanoi in 2012 and the
First Research Visit to Ho Chi Minh in 2013~

Yui KIKUCHI
Research Student
Department of Buddhist Studies, Taisho University

1. Introduction

This research is an international joint study, started by a team consisting of Vietnam National University-Hanoi, University of Social Science and Humanities (hereafter “USSH/Hanoi University”); Japan College of Social Work/APASWE and Shukutoku University in 2012.

At the beginning of the research, the author knew little about contemporary Vietnamese social systems, politics and Vietnamese Buddhism. The author would like to thank USSH, Japan College of Social Work/APASWE and Ms. Nguyen, an interpreter and a joint research team member (also a nun), for their cooperation in this valuable learning opportunity.

So far, the team has made 2 research visits to Hanoi, the Capital of Vietnam. This year (i.e. FY2013), the team completed the first research visit to Ho Chi Minh.

This section will first describe the second research visit to Hanoi (hereafter “the second study in Hanoi”) and the first research visit to Ho Chi Minh (hereafter “the first study in Ho Chi Minh”) as a “record.” Then, it will attempt to typologize the results of the second study in Hanoi and the first study in Ho Chi Minh in accordance with the typology attempted by Associate Professor Yusuke Fujimori at Shukutoku University in the 2012 report.

2. Welfare Activities in Vietnamese Buddhism

Readers are advised to see the 2012 report to check the existing research on social work in Vietnam. Vietnamese population is aging along with economic development, and the country is increasingly having skill exchanges with Japan, which has high levels of care skills.

The ultimate goal of this research is to prepare recommendations for so-called “Vietnamese-style social work” while using the information on welfare activities in Vietnamese Buddhism as a reference. As mentioned repeatedly in this and other research reports, the fact is that many people go to a temple in Vietnam when they have such problems as poverty, illnesses and disabilities.

The following are the author’s personal impressions of Vietnamese welfare facilities and welfare activities in Vietnamese Buddhism after the three research visits.

(1) Doors are open to everyone

The author believes that this is the greatest characteristic of welfare activities in Vietnamese Buddhism. While there are quite a few public welfare facilities, the number of people who can be placed there is limited due to financial reasons and lack of human resources. In particular, under the existing conditions, children, older people, those in poverty and/or with disabilities would have no place to go if there were no facilities run by temples. This also means more burdens on families.

(2) Most of the services are provided free of charge

Most of the welfare activities by temples do not charge for their services. This is related to the clients' poverty problem, which is mentioned above. Moreover, since there is a strong tradition of offering in general, head monks (nuns) can collect the considerable amount of offering when conducting welfare activities. Many people also donate foods and other goods.

Meanwhile, the operation which is based mostly on the offering tends to be unstable in terms of sustainability. In addition, based on the research conducted by the team, the author has an impression that their activities started relatively recently (since the 1990s) and that the head monks' (nuns') personality have been attracting offering and volunteers. Hence, securing the human resource who would take over these activities will also be a challenge. There have also been voices worrying about sustainability of these activities due to the economic downturn in Vietnam since the last year.

(3) It is easy to find information on welfare activities at temples through media and other routes

While an increasing number of young women in Japan are also said to be enjoying visits to temples, Zen sitting meditation (Zazen) and sutra copying (Shakyo), few ordinary people know about welfare activities by temples. Yet, it is not uncommon for young men and women in Vietnam to participate in welfare activities at temples. A lot of information on welfare activities by temples is available in newspapers as well as online, and the research team observed that people would give a hand to help as long as they sympathize with the temple's activity, whether or not they are believers, since there is no parishioner system in Vietnam.

While these characteristics can be identified, the research team conducted the second study in Hanoi and the first study in Ho Chi Minh as the first step to collect as many cases of welfare activities by Buddhist temples and monks (nuns) as possible.

3. The Second Study in Hanoi

The research team continuously received the full cooperation of Hanoi University as well as assistance in interpretation by 3 Vietnamese people, who have studied Japanese and are also believers of Ms. Nguyen, an interpreter and a joint research

team member. The team received cooperation from Mr. Akashi (Japanese man living in Vietnam) for the visits to 3 public facilities and from Ms. Vu thanh nga and Ms. Nguyen thuy link for the visit to Chùa Bát Mẫu. Ms. Nguyen continued to serve as an interpreter at Chùa Linh Sơn. This study was conducted from November 21st (Wed.) to November 27th (Tue.) in 2012, and the team studied welfare activities at 3 public facilities as well as monks (nuns) and believers at 2 temples within Hanoi City which were selected based on the team's requests. The following is a detailed record of the study based on the interviews.

(1) Làng Hòa Bình (public health facility): November 22nd (Total study hours: 4 hours and 35 minutes)

“Làng Hòa Bình” in Vietnam is a health care, rehabilitation and educational facility for children with disabilities due to Agent Orange, which is also well-known in Japan.

Làng Hòa Bình was established in 1991 with German aid to support children who were affected by Agent Orange (details are not known). The facility has been under the jurisdiction of Vietnamese government since 2001.

While staff members are what would be called civil servants in Japan, their salaries are relatively low. And according to an interviewee, the facility sometimes has financial difficulties since the government support is often insufficient. The facility also accepts a number of international supports, including such Japanese supporters as Ms. Masako Matsumoto at Japanese association in support of Vietnamese Agent Orange children and Dr. Toshio Ohshiro.

The total number of staff is 108 (as of the time of the study. The same applies to all the following data), including doctors, nurses and teachers. As for residents, 136 children and 52 adults live there. The facility accepts adults only if they have financial or mental difficulties. The facility accepts people aged 2 to 18, and an interviewee said the facility would provide ongoing support even after the children leave the facility.

There are also outpatients, about 30 per day on average. Most of them are residents within the same district.

Its therapeutic method combines traditional methods and contemporary medicine, without using any drugs. Their primary method is rehabilitation. According to an interviewee, children aged 6 or younger can receive free medical services if they have an insurance policy. For those aged 6 and over, their copayment is 10% if they have an insurance policy. According to Mr. Minh, an assistant at Hanoi University who accompanied the research team, there are 4 types of health insurance in Vietnam: insurance for all civil servants, fee-based voluntary insurance, insurance for everyone aged 6 or younger and for those aged 80+, and insurance for people who are identified as the needy by a local government.

While the team was not able to learn the details on medical expenses at this facility, it seems lower than hospitals since it is a governmental facility.

In addition, the facility provides educational support for children who live there. Since many of the children there have intellectual disabilities, the classes are divided based on developmental level rather than age. Children can also go to school outside of the facility. So far, 4 children have left this facility and gone to college.

The author's impression of this facility is that children there lead stable lives under the wing of professional staff members and employees.

At the end of the study, the team asked whether there were any temple-related and/or religious events there. According to an interviewee, while there are some governmental rules on religious matters, monks and nuns at temples often visit the facility as volunteers.

(2) Health resort mainly for military veterans (public facility): November 22nd (Total study hours: 1 hour and 30 minutes)

This facility was established in 1977, 2 years after the end of the Vietnam War. According to an interview with the director, this facility is managed by Hanoi Department of Labor and 100% financed by the governmental support. Depending on the level of contributions made to the county, people can have priority use of this facility. Or they can use the facility by paying expensive fees. The building is clean and well-equipped, looking like a hotel in a resort area. Many of the service users are military veterans or their mothers. According to an interviewee, they stay in the facility for 10 days per year, having a checkup and taking a rest, then go home. While the facility used to provide care until the patient died, it now provides free services only up to 10 days. Additional services are charged. If a person uses the facility for over 10 days, the cost is about 5,000 Japanese yen (or about US\$50-70) for 10 days. This is quite expensive considering the fact that a monthly salary for general workers is about 15,000 yen.

Even within Hanoi City, there are 5 facilities like this. Across the nation, there are about 125. Moreover, there seem to be other welfare facilities for the general public and people in poverty.

The number of service users is 250 per day during the summer, the busiest season. Throughout the year, about 5,000 people use the services. The number of staff is 52. The oldest service user is aged 95, and the youngest one is aged 50. Although the facility is not exclusively for older people, the client population has been aging because the facility has been there since 1945. Yet, since this facility is for the clients to have fun, people cannot use the facility if they have symptoms of dementia although there are such professionals as care workers, nurses and doctors.

While the facility provides a library and recreation rooms as well as excellent services by staff members, only a limited number of people can use its services. According to the director, there are other facilities for people in poverty and those with illnesses. There are also fee-based retirement homes. Under the present conditions,

there are not enough facilities and financial resources to provide services to everyone. The facility also has a mausoleum for the clients who passed away, and monks in the neighborhood come there to read the sutras. According to Professor Loan at Hanoi University, while Vietnam is a socialist state, this kind of mausoleum is allowed in public facilities like this one because it is Vietnamese tradition.

(3) The Birla Children's Village Hanoi (public children's home): November 23rd (Fri.)
(Total study hours: 2 hours and 25 minutes)

The Birla Children's Village Hanoi was established on November 20th, 1987, with support from Mr. Birla (an Indian entrepreneur) for the building. The facility has been under the jurisdiction of Vietnamese Department of Labor since the establishment. The facility tries to keep the environment as homely as possible, and the author's impression was that the children were quite polite.

Since this facility is under the jurisdiction of Vietnamese Department of Labor, there are quite strict eligibility requirements for this facility, similar to the above-mentioned health resort. According to the interview with the director, a child is eligible to enter this facility if he/she meets the following criteria:

1. He/she lives within Hanoi City.
2. He/she has no parents, grandparents or brothers. Or he/she is struggling to survive if he/she has mother. In particular, there are many cases where fathers are not available to take care of their children because they have been serving time in prison for over 15 years or have received a death sentence.
3. He/she is aged between 2 and 18. The facility accepts children until age 18.
4. He/she passes a pre-admission health checkup. He/she cannot enter the facility if any infectious disease or disability is found. Moreover, the facility does not accept street children because they tend to cause such problems as escaping.

While Department of Labor conducts pre-admission screening, Hanoi City and the director investigate if the child is truly in need. There are currently 150 children living in the facility, and the rules prohibit the facility from accepting any more children. There are 29 staff members, among whom 9 are single volunteer females taking care of children and playing a mothering role. There are 4 buildings within the property, and each building consists of 2 females (playing a mothering role) and about 34 children. The facility values the homely environment and has children live together without dividing them by age or sex. The facility has such rooms as an administrative office, an infirmary, class rooms (study rooms), a computer room and a library. The children go to regular schools within Hanoi City. The facility is currently overcrowded, and 2 children share one bed. The facility is facing difficult economic conditions. It costs 8 million dong (about US\$40) to take care of one child per month, and the facility is forced to cut food expenses.

The facility also receives international support. In particular, Mr. Ryotaro Sugi, a

Japanese actor, has been supporting the children's education for 23 years. About 100 children have gone to college since 1994. According to the director, he hopes that children would think of this facility as their second home. The facility also provides assistance in such matters as marriages even after the children leave the facility.

(4) Chùa Bát Mẫu (and Chùa Niên): November 24th (Sat.) (Total study hours: 7 hours and 30 minutes)

During the study at Chùa Bát Mẫu (and Chùa Niên), 2 women kindly helped the team as interpreters. However, some parts of the interpretation were fragmented because they were not professional interpreters. The author would like to thank the interpreters and at the same time notes that the information is somewhat fragmented.

At Chùa Bát Mẫu, the team conducted an interview with a female believer who runs an Ohsawa Method restaurant. She not only donates all of the restaurant's sales to the temple but also conducts various charitable activities.

The following are the 2 major activities.

1. Delivering meals to hospitals

The previous studies have also found many temples and monks (nuns) who deliver meals to hospitals. In general, meals are not provided during hospitalization in Vietnam. Nurses' care is not available either, and someone from the family ends up staying in a hospital to take care of the patient. Consequently, families may fall into financial difficulties because of expensive medical costs as well as loss of the breadwinner. This is why monks and nuns are involved in delivering meals and small amount of money.

She delivers meals every weekend with monks and student volunteers.

2. Giving cows to families in poverty

The idea of giving cows to families in poverty came from a TV program. In 2012, a total of 12 cows were sent to 3 provinces. Each cow seems to cost about US\$650. According to the interviewee, cows can provide long-term support. This is also a productive activity because cows bear children, which can be sent to other families in poverty.

The team also conducted interviews with 2 female believers at Chùa Niên, which is located near Chùa Bát Mẫu. They said they were also involved in various voluntary activities. The following is a summary of the interviews.

- They provide assistance after finding information on people in need via Vietnamese Buddhist newspaper which is published every week.
- In Vietnam, women participate in charitable activities as family representatives.
- They have a 3-hour gathering 3 days a week, where they discuss charitable activities after singing Buddhist songs and finishing Zen sitting meditation.
- They collect donations and deposit them at the temple for a while. Their activity costs are covered by these donations.

- In particular, they provide assistance for victims of natural disasters and educational assistance for children.

Though the information was obtained from the limited communication, the team was able to hear such comments as “Women participate in charitable activities as family representatives, which would lead to happiness of the family.” Hence, it was an interesting case that can provide hints for the reasons why welfare activities in Vietnamese Buddhism are active. It was a wonderful opportunity to learn about people’s motivation to participate in charitable activities at a temple.

(5) Chùa Linh Sơn

Chùa Linh Sơn mainly provides 3 welfare activities: 1. Support for disaster-hit communities and poor communities, 2. Delivering meals to hospitals, and 3. Health clinic.

A number of natural disasters, such as floods, hit Central Vietnam. According to the head nun, while disaster assistance was provided at the temple where she entered the nunhood and received training 40 years ago, she has been continuing to provide the assistance even since she became the head nun of Chùa Linh Sơn 18 years ago. Moreover, she also visits poor communities several times a year to provide support. This year (2012), she was planning to provide medical examination to 1,000 people on November 1st and provide drugs. She would also deliver 10kg of rice, 1 liter of oil, 5 bottles of seasoning, mosquito nets, instant noodles, money and drugs to 500 families in poverty.

The temple has also been delivering meals to hospitals for 7 years. The program started after the head nun learned about a girl with a tongue disease via a newspaper and went to a hospital to see her. She found that many patients in the hospital were poor and started thinking about what would be the things she could do.

In the beginning, she cooked 50 rice porridges for breakfast and 50 lunch boxes with 7-8 believers. The cost is covered by the temple’s finance. Currently, they deliver 550 rice porridges for breakfast and 250 lunch boxes to 2 hospitals every day. While the believers do most of cooking and shopping for this program as volunteers, the temple pays about 8,000 yen to 4 people who cook, clean and drive. It costs about 50 yen to provide one lunch box, which is covered by donations and the temple’s money.

Finally, the temple has also been providing clinic services for poor people in the neighborhood for 4 years. According to rules, the service is available twice a month, and it will be provided for up to 135 people each time. Medical examination and drugs are available free of charge. Doctors and pharmacists also come to the temple as volunteers, and the temple purchases equipment for ultrasound examination and electrocardiogram as well as an emergency vehicle. As for drugs, the temple receives support from the former president of pharmaceutical college, introduced by his wife who is a believer.

According to an interviewee, the reason behind the start of clinic services is because there are many people in poverty who live in the neighborhood near the temple. These people cannot afford to go to hospital when they become ill. Moreover, if a patient's condition is severe, he/she may have the volunteer doctor to write a referral form and bring it to the hospital where the doctor works so that he/she can receive free medical care there. According to the head nun, the temple provides not only medical examination but also mental care that is related to birth, aging, illness and death by giving Buddhist stories.

At Chùa Linh Sơn, the team also interviewed 3 believers. It was impressive to sense their deep trust in the head nun and to hear their comments that it was not difficult to assist in these works. Two of the 3 interviewees were a young married couple, who mentioned that their relationship had improved since they started the work at the temple and that their children were healthy and nice thanks to their involvement in the good deeds. This could also be a factor that contributes to people's involvement in welfare activities at a temple.

During the second study in Hanoi, the team was also able to interview the vice president of VINCOM in addition to the studies mentioned above. While VINCOM is a major corporation in Vietnam, he also plays a number of roles at Trung Ương Giáo Hội Phật Giáo Việt nam, such as vice president of international department, president of economic department, vice president of communication department and vice president of cultural department.

4. The First Study in Ho Chi Minh

The study was conducted from June 10th (Mon.) to 16th (Sun.) in 2013, and the team studied 7 temples and their monks (nuns) as well as one public facility. During the third study, the team received tremendous cooperation from Ms. Nguyen's older sister and nephew. They also kindly provided transportation. The following is a summary of the entire study results.

(1) Pháp Võ Cổ tự: June 11th, 2013 (Tue.) (Total study hours: 4 hours and 30 minutes)

Pháp Võ Cổ tự is a traditional temple, established in 1928. The current head nun is the third one. The first head nun who studied in Hanoi took the name "Pháp Võ," one of the 4 famous gods in Hanoi, for the temple. The second head nun increased the size of the temple, receiving a land donation from the father and building a new temple.

The current head nun is highly educated, with a bachelor's degree at law school, a master's degree in business management, and a doctoral degree in business management at Vietnamese campus of American college. Currently, she plays various roles, including the president of a facility established by Pháp Vân Cổ tự, the vice president of Hội Từ Thiện trung Ương Giáo Hội Phật Giáo, the vice president of Hội Từ

Thiện Phật Giáo TPHCM, and a member of ban Chấp Hành Giáo Hội Phật Giáo TPHCM.

While Pháp Võ Cổ tự has been conducting charitable activities since the first head nun, it accepted 10 children and 10 older people in the 1980s. Among the children, 6 were Cambodians and 4 were Vietnamese, whom the temple took under its wing because they were sleeping in a neighboring market. Also, Pháp Vân Cổ tự took the older people who were collapsing on the street, and they started living together. There was no facility back then, and these people lived together by making incense sticks and clothes.

Since 1999, the current (the third) head nun has built and been running the present facility. Back then, she started a religious service at 3:30a.m., studied Buddhism in the morning, studied laws at college in the afternoon, went back to the service around 6p.m., and studied until 1a.m. every day. Between these busy schedules, she would take care of young disciples and children who were taken by the temple. These disciples are now grown up, but the head nun would not force them to help the facility. Yet, since one of the disciples is planning to submit a master's thesis in China on health of children without parents, the head nun would like this disciple to help the facility when she comes back.

According to the head nun, the reason behind her extremely hard work to take care of children is that Bodhisattva has to come to this world to save people in anguish. Whether or not people are involved in charitable activities, they must be doing something as children of Buddha.

There are currently 14 staff members at the facility, including the president, child care workers and nuns who are also disciples. They are volunteers with little pay, but the temple provides child care workers with 2 million dong per month, vegetables and a bag of rice. According to the head nun, the child care workers the temple hires are those who have difficulties finding a job, and they come from various places. In addition, the temple has 2 paid security guards. Child care workers particularly take care of children who are in poorer health and young. Children seem to be excellent and do not need much care.

Children live in the facility and go to school outside. These children have come to this facility mainly because (1) they were abandoned in front of the temple when they were 1-2 month old, (2) they were street children who were referred by the Nha Be district government, (3) they were orphans, and (4) they had one parent and lived in poverty. Currently, 90 girls live in the facility. The temple only takes girls because Chùa Long Hoa, which is located near Pháp Võ Cổ tự, established a facility only for boys in 1998. The idea was that there would be no children in trouble if Pháp Võ Cổ tự was to take care of girls.

It costs about 5 million yen per year to run this facility, which is financed by a vegetarian restaurant, a Buddhist object shop, and sales of candles and incense sticks.

However, these activities do not cover the entire costs, and some of the costs are covered by offerings and support funds. While the temple receives little international support, it has meal volunteers, thanks to whom children can have delicious foods about twice a week.

The head nun's present concern is the increasing education costs as children grow up. According to the head nun, the government told the temple 2 things before approving the establishment of the facility: to never ask the government for money and to raise children until they turn 20. However, the head nun says she is not afraid of poverty because they have learned how to make clothes, candles and incense sticks.

Lastly, the team asked the head nun who (e.g. nuns, child care workers) would listen to children's concerns and troubles. According to the head nun, the staff members study psychology because everyone grows. Concerns on love life are particularly common, but the staff members try to change their moods while worshipping Buddhist statues. Although the head nun has never learned social work (hereafter "SW"), she attended a 4-month workshop by a Swiss organization on mental care for orphans and children who have experienced a traffic accident and bullying.

While Vietnam is an Internet society where many people use iPad and smartphones, there are also a number of Internet-related crimes. The most difficult challenge at the moment is the spread of Internet and mobile phones among children. The head nun is concerned about the negative side of this phenomenon while she is also aware of the need to adapt to the contemporary society.

The children are polite and charming. The head nun seems to be confident on their capability for economic independence through sales of candles and incense sticks besides depending on offerings and support funds. While a considerable amount of criticism against charitable activities is said to exist within Giáo Hội Phật Giáo TPHCM, the team has found that these activities can be done quite freely at the discretion of the head monk (nun). Nevertheless, the difficulty in training successors was also mentioned.

(2) Chùa Kì Quang II: June 11th, 2013 (Tue.) (Total study hours: 5 hours and 30 minutes)

Although Chùa Kì Quang II is a Theravada Buddhist temple, Thượng Tọa Thích Quang Thạnh (the interviewee) belongs to Mahayana Buddhism. It seems possible to have training on both. The following is a summary of various activities at Chùa Kì Quang II.

1. Operation of Tuệ Tĩnh Đường (clinic)
2. Operation of 6 temple schools (from nursery-school toddlers to children around the 5th grade)
3. Training to quit heroin (every Sunday)
4. Qigong exercise for older people

5. Providing care for children who are blind, without parents and/or with disabilities.

The following report focuses on Tuệ Tĩnh Đường and a facility for children based on an interview with Dr. Sou. Tuệ Tĩnh Đường of Chùa Kì Quang II was established around February 2000. Three days a week, it provides medical treatment which combines Western and Eastern medicine. Doctors and pharmacists provide medical treatment almost free of charge, and 250 to 400 patients visit this clinic per day. Many patients have infectious diseases such as AIDS and hepatitis, followed by myocardial infarction and cerebrovascular diseases. For seriously ill patients, doctors write referral forms to other hospitals. The clinic does not charge patients, and the temple covers the costs for drugs and medical treatment, which is financed by offerings and a sponsor who has been supporting this activity since 2008.

When the team commented that the clinic could expand its activities if it took money from patients, an interviewee said it was monks' philosophy not to mind money. Also, when asked about what would happen if the sponsor left, an interviewee said that it would be Buddha's providence and that the activity would continue if it was the right thing to do.

As for a children's facility, there are currently 20 orphans, 28 children with disabilities, 23 children with intellectual disabilities, and 68 blind children who take massage classes, 8 child care workers and 6 international volunteers who live there. Children from the 1st to 5th grades study at Chùa Kì Quang II, and those in the 6th and older go to school outside.

In addition, the temple also provides rooms for blind children so that they can stay there for a short time to learn massaging in Ho Chi Minh. At 7a.m. every day, children and believers conduct a religious service.

When asked about social workers, Thượng Tọa Thích Quang Thạnh mentioned that there were many kinds of social workers, including international volunteers and financial contributors. Moreover, while ordinary volunteers tend to be temporary and will not be able to continue their activities without money, monks (nuns) can continue the activities even without money. Also, while some business managers may be involved in this kind of activity so that other people would think highly of them, we cannot consider them as nice people because their acts are temporary. After all, monks' (nuns') activities are different from those of ordinary people, and what characterizes monks' (nuns') activity is that it does not receive money.

In response to the team's comment that there were people who studied SW in Vietnamese college, an interviewee said that monks (nuns) do more SW than social workers even without taking SW classes. And they are more successful than ordinary people. For example, monks (nuns) can collect money quickly if they call for it. This is because monks (nuns) have more virtue and influential power than ordinary people.

(3) Chùa Linh Quang (Trung Tâm Giáo Dục Trẻ Em Khuyết tật Quận 4): June 12th,

2013 (Wed.) (Total study hours: 3 hours and 30 minutes)

Chùa Linh Quang is a Theravada Buddhist temple, providing a school for children with disabilities and a clinic. The school for children with disabilities was established in 1989, and the clinic was established in 1993. The reason behind the establishment of the school is as follows. A woman came to the temple with a child with disabilities one day. When asked about whether or not this child went to school for children with disabilities, she said that there was no such school in Ho Chi Minh and that no one would take care of this child because of the disabilities. In response, the head monk thought he would help children with disabilities as a Buddhist.

As for the clinic, the head monk had been famous for his treatment like “exorcism.” But it was quite exhausting physically after the exorcism, and that was why the clinic was established. The treatment like exorcism has been said to be the job which only monks could do. In general, it involves chanting a spell and Darani, putting clients in a temple bell, banging the bell and asking their names.

The clinic provides free services. From Monday to Saturday it provides Eastern medicine, and it provides Western medicine on Sunday. On Monday, Wednesday, Friday and Sunday, from 300 to 400 people receive the services, while fewer people come on Tuesday and Thursday because the clinic only provides acupuncture. About 65 people work at the clinic, including doctors, pharmacists, nurses and others. They are not paid, but the temple provides several tens of thousands of dong for gas. Moreover, the temple frequently provides relief goods for disaster-hit areas.

Next, the team was able to hear stories from Ms. Trương Dân Lợi, a sister of the head monk and also a manager of the school for children with disabilities. Most of the workers there are believers of the temple. They were not paid in the beginning but currently receive about 10,000 yen. There are currently 86 students and 7 teachers with 7 classes.

The workers need to have at least high school diploma and take a training course provided by the head monk. The school does not have volunteers. Although the school does not have an association with someone who studied SW in college, it receives information from the government regarding training centers and workshops.

Children come to the school at 7:15a.m.; exercise for 15 minutes; start Buddhist chant, studying and resting at 8a.m. and have vegetarian lunch at 11:30a.m. After a nap, they take vocational training from 1p.m., have a snack at 3p.m. and go home at 4p.m. Moreover, the school brings outside teachers on various activities (e.g. Aikido, badminton, marathon and soccer) once a week. The school also organizes events such as birthday parties.

Children can enter the school if they live within the area where their parents can take them to/from the school. Basically, the school accepts every child if the necessary paperwork is submitted. The service is free, and the local government gave the school an advice to receive some money. However, the head monk continues to provide the free

service because he has given a prayer. The temple covers not only education costs but also insurance premiums. In the beginning, the school accepted children aged 6 to 14. Now it accepts children aged 4 to 14.

Children are trained to do things like writing, pulling writing materials together and brushing their teeth by themselves. While the school also provides vocational training, it does not expect the children to be financially independent after they graduate. Although this is a wonderful facility, some of the interviewee's comments are a little disappointing, including "A child is born with disabilities because parents had sex during early pregnancy" and "Families will fall apart once they have a child with disabilities."

(4) Chùa Lâm Quang: June 12th, 2013 (Wed.) (Total study hours: 4 hours)

Chùa Lâm Quang is the first temple only for older people since the team started a study in Vietnam. Currently, 137 older people without relatives live there. Although the temple only accepts women in general, one man also lives there. The head monk would also like to start a facility only for men by receiving a land donation.

The current head monk was assigned to this temple by Giáo Hội Phật Giáo TP HCM in 1995. He is in charge of 4 temples, but this is the only temple which operates a facility for older people. About 13 women in the neighborhood and 15 disciples (nuns) of the head monk provide care for these old people, carrying them on their backs to toilet and shower every day. A number of college students also work there as volunteers, and medical students have taught how to take care of older people.

The reason why the head monk started taking care of older people is as follows. He became a monk when he was 5 years old. His master took care of an old nun, and he thought he would also like to take care of older people as well when he grew up. Moreover, since there were already 6 older people living in Chùa Lâm Quang before the head monk was assigned there, he invited them to practice Buddhism with him.

There is no particular daily schedule for older people. They usually have Buddhist chants from 8a.m. to 9a.m., 2p.m. to 3p.m., and 7p.m. to 8p.m. at the main temple. The minimum eligible age is 60, and the head monk accepts a person after checking whether she really has no home or children based on government documents. Although the facility is currently overcrowded, the head monk would not turn down any application because this is something he has given a prayer for. Moreover, the temple buys an insurance which costs about 3,000 yen per year. However, according to an interviewee, it is difficult to pay not only for hospitalization but also for a casket (about 35,000 yen) when a person dies. Most of the facility costs are covered by the believers' offerings.

According to the head monk, there is little communication with other temples which are involved in similar activities. He was only aware of 2 other such facilities. In addition, there was opposition from Giáo Hội Phật Giáo TP HCM in the beginning. It

was the case which presented the need to discuss whether or not the entire Vietnamese Buddhist society is involved in welfare activities.

(5) Làng Tre: June 13th, 2013 (Th.) (Total study hours: 2 hours)

Làng Tre (Bamboo Village) is a facility located in Dong Nai Province, 55km from Ho Chi Minh. As the name suggests, this facility is made of bamboo. Unfortunately, the team had little time for interpretation. The following is a brief introduction of the facility.

- Room 1: 22 children with disabilities, believers (volunteers)
- Room 2: Babies (abandoned children), 5 child care workers
- Room 3: 40 children (of whom 30 go to school), 4 child care workers
 - They ride the temple's ambulance to go to school
- Room 4: 37 older people without relatives (males only)
 - 80% of them have some kind of illness
- Room 5: People with hearing and/or visual impairment (there is no school for people with these disabilities in the neighborhood)
- Room 6: Older people without relatives (females only), the oldest one is aged 91
 - There are posters on the wall (e.g. famous quotes).
 - Believers (volunteers) wash the laundry of residents in each room by hand.
 - Little electricity and gas is available. Firewood is used for cooking.
 - The facility made a bulk purchase of caskets from a casket company which went bankrupt (the facility currently owns 54 caskets). There are about 7 deaths per year.
 - The facility is supported by residents in the neighborhood.
 - The facility has a system in which healthy people take care of frail ones.
 - The facility calls for support through DVD and Internet (keywords: Love Bamboo Village).
 - The residents' ratio is 6 older people: 4 children.

(6) Viên Giác Thiền Tự: June 13th, 2013 (Th.) (Total study hours: 4 hours)

At Viên Giác Thiền Tự, the team interviewed Trụ Trì Thích Giác Hiếu and 4 singers: Nam Cường (Buddhist name: Quốc Thịnh) aged 29, Minh Tuấn (Buddhist name: Nhuận Tê) aged 33, Vũ Bảo (Buddhist name: Viên Ngọc) aged 29, and Quốc Bình aged 37. The head monk and singers are engaged in charitable activities by singing songs. The following presents some examples of their charitable activities.

- Giving out meals and money (200,000 dong/person) to 1,000 people at a hospital for children with blood diseases once a month
- Giving out goods and money (about 100,000 yen each time) to patients with neurological problems at a Christian church in Da Lat once a month
- Supporting school expenses for 122 children at elementary and middle schools

once a year (about 500,000 dong per child)

- Giving out money (100,000 dong/person) to blind older people every month
- Giving out rice, instant noodles and 200,000 dong to 50 poor older people for the last 7 years
- Taking doctors to Da Lat and other places to provide medical examination

According to the head monk, there are about 50 believers who are involved in meal delivery to a hospital, of whom about 10 are singers. They cook about 1,000 meals at Viên Giác Thiền Tự and additional 300 meals at the office which is located in the 4th district. The temple started its activity at a Christian church because the priest was the head monk's classmate in high school. According an interviewee, it does not matter whether someone is Christian or not.

In the head monk's opinion, the number of monks (nuns) who are involved in charitable activities will increase. Hence, once the new temple building (currently under construction) is completed, he is planning to set up "Trung Tâm Bảo trợ Xã Hội." This place will provide not only residential services to people in need but also vocational training. When asked about how to increase the number of monks (nuns) who are involved in charitable activities, the head monk said he would not be able to force anyone although he would like to see more monks (nuns) involved in charitable activities. If they are not involved, they are not meant to be. When asked about social workers, the head monk said that charity would be different from SW. He does not know anything about social workers, and there are many Tình nguyện Viên (meaning unpaid volunteers) in Vietnam.

(7) Trung Tâm Nuôi Dưỡng Bảo Trợ Gò Vấp: June 14th, 2013 (Fri.) (Total study hours: 5 hours 30 minutes)

Trung Tâm Nuôi Dưỡng Bảo Trợ Gò Vấp (hereafter "GOVAP") is a public facility. When founded in 1975, it was under the management of Christians. Yet, it has been under the national management since 1975. Currently, 252 children live there, and most of them are orphans. Also, 80% of them have disabilities, while the rest are being assessed to determine whether or not they have disabilities. The children who have come to GOVAP are mainly those who were abandoned (1) at a hospital after the birth because of unwanted pregnancy, (2) on the street, and (3) at GOVAP.

While GOVAP has a rule on up to how many children it can take, it never turns down a child. They simply move children to vacant facilities. An increasing number of children have been infected with AIDS. In such cases, these children are moved to a specialized facility.

When a baby is abandoned, the following steps are taken at GOVAP after placing him/her under its protection. It submits a notification to Department of Labor, which forwards the notification to the national government. The national government then issues an official family registry, medical insurance and a birth certificate. If the baby

is dead, GOVAP has a death certificate issued. GOVAP also provides funeral services and keeps urns. Although GOVAP is basically for children up to age 18, some children with severe disabilities may stay there even after they turn 18.

The children are divided into 6 groups, each receiving different education: (1) toddlers, (2) children with physical disabilities, (3) children with intellectual disabilities, (4) children with hydrocephalus and other conditions, (5) children with Down syndrome, visual impairments and other conditions, and (6) children with other disabilities. There are 143 employees at GOVAP: 86 of them provide direct care to the children, and others include doctors, nurses, technical personnel like rehabilitation staff, pharmacists, laundry staff, and cooks. GOVAP is also equipped with ICU, and there is a full-time doctor who is in charge of ICU.

It costs 600,000 dong (3,000 yen) per month or 20,000 dong (100 yen) per day for children aged 0 to 18 months. For children aged 18 months and older with mild disabilities, it costs 480,000 dong (2,400 yen) per month. The law sets rules on such things as the number of clothes to provide (2 top-and-bottom sets per year), mosquito nets, Futons, pillows and Tatami mats.

The team also asked Ms. Loan, the director and an interviewee, about social workers. Some professions like teachers at college, kindergarten and schools have professional titles, professional numbers and salary numbers. The same rule has been applied to social workers since 2011. As for the differences between monks' (nuns') welfare activities and SW, she pointed professionalism and whether or not the service is provided free of charge.

Ms. Loan had worked as a teacher at a school for children with disabilities for 20 years. From 1999 to 2002, she had studied education programs for people with disabilities, which was taught by an invited German expert. Currently, she serves as the director of GOVAP and teaches care for children with disabilities. At GOVAP, about 100 staff members have studied SW, and 6 of them have SW education in college. However, she mentions that staff members need to learn care practice for children with disabilities at GOVAP even if they studied SW in college.

Despite the limited time, it was a valuable interview on the current status of social workers in Vietnam.

(8) Chùa Minh Tuyên: June 15th, 2013 (Sat.) (Total study hours: 3 hours 10 minutes)

Chùa Minh Tuyên belongs to Ms. Nguyen's sister, who also accepts and raises orphans. The team conducted interviews with 3 children during the first study in Ho Chi Minh, but it plans to continue interviews at the second study in Ho Chi Minh. The detailed report will be made after completion of the second study in Ho Chi Minh.

In addition to these studies mentioned above, the team was able to interview Hòa Thượng Thích Trí Quảng, the President of Trường Đại Học Phật Giáo. The University is

currently in preparation process to establish “Faculty of Social Work” in its curriculum, and it has been attempting to teach monks (nuns) SW as a professional. However, there are clear differences between SW and charitable work: while SW is paid and social with certain conditions, charity work is unpaid and without conditions. He also mentioned that it is natural for Buddhist to support citizens.

5. An Attempt of Typology

The report of the second study in Hanoi and the first study in Ho Chi Minh is summarized above. In this section, the author attempts to typologize these temples based on the tentative typology in the 2012 report. In line with the theme of the joint study, this analysis only includes the activities by Buddhist temples and monks (nuns), not public facilities. The following is a list of the temples.

The first study in Hanoi

- A) Bo De Pagoda
- B) Phat Tich Pagoda
- C) Phap Van Pagoda
- D) Hoe Nhai Pagoda

The second study in Hanoi

- E) Chùa Bát Mẫu (and Chùa Niên)
- F) Chùa Linh Sơn

The first study in Ho Chi Minh

- G) Pháp Võ Cổ tự
- H) Chùa Kỳ Quang II
- D) Chùa Linh Quang
- J) Chùa Lâm Quang
- K) Làng Tre
- L) Viên Giác Thiên Tự
- M) Chùa Minh Tuyên

The following is a typology made by Fujimori.

- “Direct Support and Facility Operation” Type
 - The temple and monks (nuns) are directly involved in provision of support, including a facility (place), for those in need of help.
 - A) Bo De Pagoda Model: Clients are there first. The temple develops its activities to respond to the needs of people who request support while adjusting its functions accordingly.

B) Phat Tich Pagoda Model: The temple develops its activities based on detailed plans. It provides solid services to clients, who meet the criteria set by the temple, with sufficient material, technical and human resources.

- Temple Settlement (Settlement House) Type

→ Having the temple as a hub, not only monks (nuns) but also believers and others develop various services to address the welfare needs of people who live in the community.

C) Phap Van Pagoda Model: In addition to the characteristics mentioned above, this model also seems to be developing activities which have characteristics of what is called “community care” in Japan.

D) Hoe Nhai Pagoda Model: Based on the temple’s tradition and trust built in the community, volunteer groups play the main role in developing the actual activities.

Next, the author attempts to put the temples E to M in these categories mentioned above then summarizes, evaluates and analyzes each category.

※A) Bo De Pagoda Model

H) Chùa Kì Quang II, J) Chùa Lâm Quang, K) Làng Tre and M) Chùa Minh Tuyền

- As Fujimori pointed out, Bo De Pagoda Model functions first as a “shelter” for those who need support, from infants to older people. Also, it accepts people who tend to be rejected by other facilities, including AIDS patients, who have become an issue in recent years, and people with severe disabilities.
- In consequence, these facilities tend to be overcrowded. While they manage to collect a certain amount of goods thanks to the understanding by the believers and the community, they have a number of problems, including environmental arrangement.
- Nevertheless, children and older people looked serene, and they seem to have great faith in monks and nuns. Bo De Pagoda Model needs a long-term investigation and discussion as keywords for Vietnamese-style social work.

※B) Phat Tich Pagoda Model

G) Pháp Võ Cổ tự

- Like the monk at Phat Tich Pagoda, the nun at Pháp Võ Cổ tự which the team studied this time was also highly educated (with a doctoral degree). Under the leadership of the head nun with a degree in business management, the temple was

under the stable management through a vegetarian restaurant as well as production of candles and incense sticks.

- Children at the facility are polite, and there seem to be no children who have disabilities or show problematic behaviors.
- Unlike Bo De Pagoda Model, this temple provides a pleasant environment. Yet, as Fujimori points out, there may be disagreement on whether its services are the ones which “can only be done by a temple and monks (nuns).”

※C) Phap Van Pagoda Model

F) Chùa Linh Sơn, I) Chùa Linh Quang and L) Viên Giác Thiền Tự

- At each temple, the head monk (nun) , believers, community residents (and clients) work together to respond to the community’s needs, including disaster assistance, delivering meals to hospitals, clinics, school for children with disabilities and assistance for people in poverty. Temples function as hubs for these activities.
- With temples as hubs, believers develop voluntary and active projects while putting their head monks (nuns) at the center.

※D) Hoe Nhai Pagoda Model

E) Chùa Bát Mẫu (and Chùa Niên)

- With the temple as a hub, believers organize a volunteer group and develop activities for people who need support.
- In this interview study, the team learned that these people provide assistance after finding information on people in need via Buddhist newspaper. It is worth further investigation on what kind of information is available in the newspaper.
- There was also a comment that charitable activities were women’s jobs and for happiness of the family. It will be helpful to further examine what it means for female believers-volunteers to participate in these activities.

6. Conclusion

So far, the team has completed 2 study tours in Hanoi and 1 study tour in Ho Chi Minh. The team would like to collect as much information as possible to have more detailed discussions in the future. At any rate, despite the not-so-ideal residential environment, people at all the facilities the team visited seemed to have deep faith in Buddhism and head monks (nuns), which was quite touching.

Moreover, in making comparisons with Japan, it is interesting to see a number of

nuns in the facilities the team interviewed. In the author's opinion, welfare activities can be grouped into Type I (protection and care) and Type II (education and training).

As was expected, the majority of Japanese Buddhist facilities from the late Meiji Era (i.e. predawn of Japanese welfare) to the early Showa Era seemed to be categorized into Type II. In Vietnam, however, Type I facilities seem to be dominant, as can be seen in Bo De Pagoda Model.

In any case, the author is grateful to be able to have such experiences and would like to work as much as possible to accomplish the goals of this joint study.

平成 25 年度国際比較研究（ベトナム）報告書
宗教とソーシャルワーク；その異同と関係－仏教の場合

ソーシャルワークにおける仏教の役割
－日本・ベトナム比較研究－

平成 26 年 3 月

発行 学校法人 日本社会事業大学社会事業研究所
〒204-8555 東京都清瀬市竹丘 3-1-30
TEL 042-496-3050
印刷 株式会社 共進
