

**Report of the symposium “State, Society and Health in Xinjiang, China”,
held from 29.-30.03.2008, Department of East Asian Studies – Sinology,
University of Vienna, Austria**

by

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Wascher and Sascha Klotzbücher**

Vienna, May 2008

Speakers: Peter Finke (Zürich), Ondřej Klimeš (Prague), Sascha Klotzbücher (Vienna), Peter Lässig (Vienna), Liu Minquan (Beijing), Qin Jiangmei (Shihezi), Yang Lei (Shihezi), Susanne Weigelin-Schwiedrzik (Vienna)

From 29th to 30th March an International Conference on “State, Society and Health in Xinjiang” took place at the University of Vienna, Austria. Bringing together European and Chinese scientists in a transdisciplinary discussion, the participants of different graduate professions talked about the health care situation in Xinjiang (China) in order to concretise the pilot of a mobile clinic in this specific region. The symposium was held by the Department of East Asian Studies – Sinology, University of Vienna with the financial support of the University of Vienna, Eurasia-Pacific Uninet, Austria Science Foundation (FWF) and the Confucius Institute (Vienna).

Opening the conference Prof. Weigelin-Schwiedrzik and Dr. Sascha Klotzbücher presented the aims of a joint project of Shihezi (Xinjiang, China) and Vienna Universities on capacity-building for pastoral clinics in Xinjiang. This was followed by eight lectures and related discussions in four sessions addressing the appendages of health in a transdisciplinary perspective, past and present health policy, qualitative and quantitative approaches on Kazakh communities as well as current and future development scenarios of pastoral clinics.

Session I: Health in a Transdisciplinary Perspective

Prof. Weigelin-Schwiedrzik and Dr. Klotzbücher presented the aims of a foregone field study and the geographical and social outline of the project area. The research group was formed by Prof. Weigelin-Schwiedrzik, Dr. Klotzbücher, Prof. Qin Jiangmei, MSc Rui Dongsheng and eight students of Shihezi University with a Kazakh background. The study was based on the idea of good governance in combination with an approach on local actors and their interest in capacity

building. Strengths should be turned in account, resources and problem-solving abilities already present ought to be sustained. In order to realize the potentials of the interface as a source of capacity building, context factors like politics, economy, culture and society have been integrated into the analysis. A more specific goal was to relaunch the idea of pastoral clinics though avoiding problems of the past which have included difficult access to health care delivery and information for nomads, insufficient education of doctors and need for qualified personnel, low usage of health care service and avoidance of hospitalization for financial reasons. Therefore it is intended to instigate mobile clinics, which will meet the nomads in the mountains during the summer periods, considering them paying into health insurances not least due to better access to medical health care and treating diseases before conditions give cause for concern.

By means of laboratory test results, including gene screening and blood samples Prof. Yang Lei from the Laboratory of Xinjiang Endemic and Ethnic Diseases, Shihezi University, accounted for endemic and ethnic diseases in Xinjiang mainly caused by geographical circumstances and genetic background. Thereby he identified five high incidence diseases mainly occurring among Kazakhs and Uygurs, namely *Esophageal Carcinoma* (cancer of the oesophagus), which represents the second most common disease in China and generates the highest mortality rate in China,” (cervical cancer), *Kaposi's Sarcoma* (a special kind of skin cancer), which is exclusively found in Xinjiang province, Primary Hypertension (high blood pressure) and Diabetes. Besides geographical and genetic factors he relates higher liability as regards those diseases to the distinctive lifestyle of Nomads referring to the lack of fresh fruit and vegetables, habits of drinking and smoking, eating of condensed yoghurt and smoked or salted meat represent. His investigations showed that an early age of sexual intercourse and multi-pregnancies could also be reasons for increased proneness.

Session II : Policy: Past and Present

Ondřej Klimeš MA from the Institute of East Asian Studies, Charles University in Prague compared the general pre-1949 policies to the contemporary government policies in Xinjiang. He focussed on the internal and external strategies of pre-1949 policies which should provide a political stable Xinjiang. One strategy mentioned was the campaign to "open up the wide West" (大西北开发) - policy implemented by the Guomindang which should enhance the economic development and construction of this region. The speaker compared this policy with the policy of "opening up the West" (西部大开发) of the contemporary government which has a very similar goal. Furthermore, Ondřej Klimeš showed early efforts on medical care considering

traditional doctors like shamans, traditional Chinese medicine and the introduction of western medicine with the special influence of the Soviet Union.

Prof. Liu Minquan from the school of Economics, Center for Human and Economic Development Studies, Peking University gave a report on maternal and child health and the role of the government in China with special emphasis on Western regions. He demonstrated the lack of supply capacity of many individual-based maternal child health services in rural areas in China. Therefore he suggested the government to principally subsidize the supply side by paying for private and/or public providers to develop such capacity. He particularly emphasized the importance of the integration of maternal and child health care system into the lately established “New Rural Cooperative Medical System” and suggested the use of some of the central subsidies for this reason.

Session III : Studying Kazak communities: Qualitative and quantitative approaches

Prof. Finke from the Department of Ethnology at the University of Zurich gave a brief introduction on Kazakh pastoralism and its transformation through the history. While illustrating a general overview of pastoral economy among Kazakh societies he primarily focused on Kazakh societies in Kazakhstan. As characterising factors on nomad economic and social strategies he referred to the diversification of economic activities, the retreat from the market towards barter trade, the reduction of movements and concentration around settlements and a lack of trust in local institutions and social networks. Concluding his presentation Prof. Finke defined the official Kazakh campaign with its slogan “to come home”, which has taken place in the early 1990's and is built upon the idea to increase the proportion of ethnic Kazakhs in Kazakhstan whereupon the outcome of this campaign is by far worse than expected as there was a mere 300,000 to 400,000 migrants who mainly came from Mongolia and Uzbekistan, but not from the rather considered Kazakh population in Xinjiang.

Prof. Qin Jiangmei, Department of Preventive Medicine, Shihezi University (currently visiting professor at The University of Leeds) emphasized the health service needs and utilizations of Kazakh herders in Xinyuan province. As the accessibility of health services is low regarding herders in Xinjiang pastoral areas and the existing pastoral hospitals do not satisfy the health needs of herders, the above mentioned field study carried out by Prof. Weigelin-Schwiedrzik, Dr. Klotzbücher and Prof. Qin should help to understand and acquire herders' health condition, assess needs and utilizations of health service among herders as well as provide some evidence

for policymaking on those issues: The condition of pastoral hospitals should be improved to help to solve the problem of accessibility, the burden of medical expenses in pastoral clinics ought to be impaired, the general health condition of herders should be improved.

Session VI : Pastoral Clinics: Status Quo and Future Development Scenario

Analysing the health care for Kazakh nomads in Xinyuan County, Peter Lässig BA and Dr. Klotzbücher stated the structure, problems and perception of the health care providers and health care service of pastoral hospitals. Using results from the sample of herders and interviews, Dr. Klotzbücher pointed out that the pastoral clinic is a village-based, but not a community-oriented health care provider because it does or should not reflect the mobility of the population, affected by the low equity and accessibility of health service. In addition, an increase of staff and highly qualified general practitioners is needed, but hardly achievable in the countryside presumably accompanied by inadequate income and equipment. Therefore sufficient incentives for doctors are needed to give their efforts, spending the summer in the pastoral areas and following herders to the pasture, a positive influence on their life and career. Furthermore, the speaker disclosed that there is no sustainable financial support for the patients affording medical consultations which additionally implicate the problem of accessibility of health service for Kazakh nomads. Two graphics showed that even though the stock farmers' problem of accessibility is more prominent than for the average of peasants in Xinjiang, low accessibility exists in summer and in winter –in the winter settlement or the in the summer pasture. Two further graphics let us subsume that stock farmers in the pasture are afflicted by illnesses and turn to a doctor more frequently than in comparison to the whole rural population, whereas the rate of self-treatments of nomads on the pasture and in the winter settlements is also much higher. On the part of the administrators it is necessary to bewail the low accessibility of rural health care and thereby evoked limited administrative control over doctors and other health personnel at village level. Another negative fact is the inequity of the New Rural Cooperative Medical System (“NRCMS”) concerning herders who do not benefit from the state contributions in the System by reason of the above mentioned bad health care situation in the mountains or remote areas. Most notably here is the problem of accessibility. To solve this problem the speakers consider the re-evaluation of the structure and coverage of the existing health care structure in the light of the introduction of the NRCMS including higher economic efficiency of the hospitals.

Next to speak was Peter Lässig BA to give a general idea of the main characteristics of rural health care declaring high diversity and different levels of social security and rural health care due

to low priority and dissent in national politics. For a better understanding of the health care policy in China he furthermore illustrated on the basis of his field studies about the NRCMS in Xinyuan County the actual administrative structure of NRCMS and its authorities at the different levels as there are the county level, township level and the village level, each perceive NRCMS very differently, concurring in the aim at maximizing their particular interests. Analysing the NRCMS one can say that the participants are the main winners, but reimbursement levels are still far from satisfactory. Their main power is the possibility to retreat from the system, that means not to enrol next year and thereby articulate their interests whereas the autonomy of health providers is reduced but winning their cooperation is essential for the sustainability of the system. As future prospect administrators they must function as honest brokers to balance participants' and health providers' interests in order to strengthen their local legitimacy and their position up the line.

Concluding the symposium Prof. Weigelin-Schwiedrzik and Prof. Qin recapitulated the health care problems in Xinyuan County from the perspectives of the stock farmers liaising with the doctors' perspective and the side of the administration. For the purpose of finding a solution that meets the expectations of all parties involved and at the same time solving the expected economic problems, the initiators of the project on capacity-building for pastoral clinics in Xinjiang (Prof. Weigelin-Schwiedrzik, Dr. Klotzbücher, Prof. Qin) suggested to choose the option of a mobile pastoral clinic as an in many respects flexible alternative solution to the conventional pastoral hospitals. In order to implement the action the health care administration at the county level is now required to decide on the locations for a pilot project, on the allocation of doctors and on necessary incentives (such as extra income while on duty among the nomads) for doctors and nurses with a high sense of responsibility and preferably Kazakh background or with a basic knowledge of the Kazakh language. Certainly extra funds must be acquired to finance the mobile clinics with their equipment and respectively the pilot. If the evaluation confirms the pilot planned to be established at Halabola Township, additional mobile pastoral clinics should be established in all seven townships of Xinyuan County arousing remarkable economical advantages to all parties as well as a higher degree of accessibility from the patients' and doctors' side and a strengthened authority among the nomads from the point of the county government.

The lively discussions throughout and closing the conference turned the symposium into a prolific think tank on the centric project on establishing mobile pastoral clinics. Henceforth, the

project should – as soon as the pilot is funded – provide advancement in the health care situation of nomads in Xinjiang, China. In the mean time both speakers and audience eagerly await news of respective achievement.

Symposium Program

"STATE, SOCIETY AND HEALTH IN XINJIANG"

March 29–30, 2008

Venue: Department of East Asian Studies – Sinology, SIN 1

Organizer: Department of East Asian Studies, University of Vienna

Friday, March 28, 2008

7.00 p.m.

Welcome Dinner

Restaurant Asia, Teinfaltstraße 9, 1010 Wien, Tel. 5329617

Saturday, March 29, 2008

9.15 a.m.

Prof. Susanne WEIGELIN-SCHWIEDRZIK, Department of East Asian Studies, University of Vienna
Welcome Address

Session I

Introduction: Health in a Transdisciplinary Perspective

9.30–9.45 a.m.

Prof. Susanne WEIGELIN-SCHWIEDRZIK, Department of East Asian Studies, University of Vienna
Capacity-building for Pastoral Clinics in Xinjiang (China): Aims of a Field Study and Outline of the Project County

9.45–10.00 a.m.

Dr. Sascha KLOTZBÜCHER, Department of East Asian Studies, University of Vienna
Capacity-building in a Transdisciplinary Dialogue

10:00–10:30 a.m.

Discussion

10.30–10.45 a.m.

Coffee break

10:45–11:30 a.m.

Prof. YANG Lei, Laboratory of Xinjiang Endemic and Ethnic Diseases, Shihezi University
Ethnic Diseases in Xinjiang

11.30–12.00 a.m.

Discussion

12.00–1.30 p.m.

Lunch Break

Session II

Policy: Past and Present

1.30–2.15 p.m.

Ondřej KLIMEŠ, Institute of East Asian Studies, University of Prague
Comparison of pre-1949 and Contemporary Government Policies in Xinjiang

- 2.15–3.00 p.m. Discussion
- 3.00–3.15 p.m. Coffee Break**
- 3.15–4.00 p.m. **Prof. LIU Minquan**, School of Economics, Center for Human and Economic Development Studies, Peking University
Maternal and Child Health and the Role of the Government in China with Special Emphasis on Minority Regions
- 4.00–4.30 p.m. Discussion
- 7.00 p.m. Dinner**
Meister Xiao, Gersthofen Straße 70, 1180 Wien, Tel. 4794156

Sunday, March 30, 2008

Session III Studying Kazak communities: Qualitative and quantitative approaches

- 9.30–10.15 a.m. **Prof. Peter FINKE**, Institute of Ethnology, University of Zürich
Kazak Pastoralism Through Time and Space: Local Variations and Global Change
- 10.15–10.45 a.m. Discussion
- 11.00–11.15 a.m. Coffee Break**
- 11.15–12.00 a.m. **Prof. QIN Jiangmei**, Department of Preventive Medicine, Shihezi University, actually visiting professor at University of Leeds
The Health needs and Health Service Utilization of Kazak Herders in Xinyuan County: Evidence from a Health Survey
- 12.00–12.45 a.m. Discussion
- 12.45–2.15 p.m. Lunch Break**

Session IV Pastoral Clinics: Status Quo and Future Development Scenario

- 2.15–3.00 p.m. **Peter LÄSSIG, Dr. Sascha KLOTZBÜCHER**, Department of East Asian Studies, University of Vienna
Health Care for Kazakh Nomads in Xinyuan County
- 3.00–3.45 p.m. Discussion
- 3.45–4.00 p.m. Coffee Break**
- 4.00–4.45 p.m. **Prof. Susanne WEIGELIN-SCHWIEDRZIK**, Department of East Asian Studies, University of Vienna
Prof. QIN Jiangmei, Department of Preventive Medicine, Shihezi University, actually visiting professor at University of Leeds
Pathways to Health Care in Pastoral Regions
- 4.45–5.45 p.m. **Final Discussion**

Monday, March 31, 2008

**Opening Ceremony of the Exhibition on Health Care in Xinyuan
County, Xinjiang Uyghur Autonomous Region**

Confucius Institute, SIN 1

7.00 p.m. Prof. **Susanne WEIGELIN-SCHWIEDRZIK**, Department of East Asian
Studies, University of Vienna
*Capacity-building for Pastoral Clinics in Xinjiang (China): Aims of a
Field Study and Outline of the Project County*

7.30 p.m. **Prof. QIN Jiangmei**, Shihezi University
Explanations to Exhibited Photographs

Buffet

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