



## **THE 2003 RAMON MAGSAYSAY AWARD FOR PEACE AND INTERNATIONAL UNDERSTANDING**

### **BIOGRAPHY OF TETSU NAKAMURA**

**W**ho would have thought that beetles and butterflies would lead a Japanese doctor to his life's work? As a boy, Tetsu Nakamura developed a passion for insect collecting in the mountains of Kyushu Island. He continued his hobby through adulthood, even traveling to eastern Afghanistan in 1978 to confirm for himself that insects in Japan share the same ancestry as those in the borderlands between Afghanistan and Pakistan.

There Nakamura found much more than the fragile creatures of his dreams. Word got around that a doctor was in the area. The sick and the dying from Pakistan's hardscrabble foothills begged for medical attention. Sadly, Nakamura could not do much for them. The medicines he had were reserved for use by his climbing party. "As a medical doctor, that was regrettable," he says. "This remained in my mind for a long time."

Back in Japan, Nakamura was haunted by the faces of the people he could not help. In 1982, he jumped at the chance to go on a medical mission to the Pakistani border city of Peshawar. Afterwards, Nakamura returned to the area again and again, helping to build a seventy-bed hospital in Peshawar and three satellite clinics in Afghanistan, where he also mobilized Afghan villagers to dig deep wells to mitigate the dearth of periodic droughts. Today, some quarter of a million people draw water from these very wells. A more ambitious project, now underway in Afghanistan, is a sixteen-kilometer canal system to pipe water from the upper reaches of the Kunar River to the Sheiwa district in Kunar Province. When completed, the system will irrigate two thousand hectares and allow 150 people to return to previously parched settlements.

"To look back now, I went there thinking I wanted to help people, but what happened was that I was saved by these people," says Nakamura. In speeches around Japan, he talks of how the Afghans' positive approach to life inspires him. He calls this "the optimism of those who possess nothing."

Nakamura's journey from Japan to Afghanistan began when he was born on September 15, 1946. His father, Tsutomu Nakamura, owned and managed an inn on the outskirts of Fukuoka City on Kyushu. His mother, Hideko Nakamura, helped with the family business. What else did she do? "She simply loved my father," says her son. Hideko did not attend university but was educated at a special school for women. She inculcated in young Tetsu the belief that everyone is equal and no one should be discriminated against because of ethnicity or class, an ideal echoed by his father.

Tsutomu Nakamura was a remarkable man. "He was a quiet, stubborn person, an old-fashioned Japanese who [nevertheless] opposed the Sino-Japanese War and World War II," says Tetsu. "Once he decided to do something, he would do it, whatever it took." Accepted to prestigious Waseda University, Tsutomu dropped out to become a journalist and, later, a social activist. He earned the ire of gangsters—similar to today's Yakuza—when he tried to organize workers in Fukuoka who were under the control of the mob. That and his opposition to the Sino-Japanese War in the 1930s—Tsutomu wrote antiwar propaganda and distributed it to the poor—led the authorities to jail him for a few years.

Freed from imprisonment, he decided to become an innkeeper. But Tsutomu remained a peace activist at heart. During World War II, he opposed Japan's attack on Pearl Harbor

and subsequent invasion of Asia. But he still believed in the emperor and was depressed by Japan's military defeat in 1945. Tsutomu sought to uphold Japanese dignity throughout the American occupation. Tetsu vividly remembers being told by his father not to accept candy and chocolate that United States soldiers offered to children. "Pride cannot be purchased," he remembers his father telling him. "You should not sell Japanese pride for chocolate." Although his mouth watered for the goodies, Tetsu never accepted any.

The Nakamura family lived at the inn with other relatives, including several cousins who shared Tetsu's room. He also had a sister, Tomoko, who was sixteen years older and acted at times as a surrogate mother. "It was mainly she who looked after me," says Tetsu. Despite (or perhaps because of) all the activity around him, the boy preferred solitary walks in the mountains to collect insects. This passion was kindled by the town's postmaster, the father of one of Tetsu's friends. The boy learned about bugs and their habits from the older man, who would often bring him along on his own collecting expeditions. "I liked butterflies and *kouchu rui*, beetles," says Nakamura.

In everything else, he was a typical country boy. At home, he would wake up early to fire up the charcoal stove, chop wood, and do other chores. Then, he would walk to school, first to a Roman Catholic kindergarten and, later, a public grade school. For junior high, he was enrolled in a Southern Baptist mission school but returned to the public schools for high school, with the aim of getting into university. The back and forth reflected the family's open attitude toward religion. Nakamura describes the household as a mix of Shintoism, Buddhism, and Christianity.

Nakamura joined the Southern Baptist congregation when he was at the mission school but says he now has too little time to attend services. "I'm not a very pious Christian person, more a Christmas person," he quips. But he reads the Bible every night. "It gives you a better understanding of human beings," he says. He remembers being introduced to the Bible at twelve or thirteen. "It was the most sensitive age," he says. "I was busy trying to catch up with the truth about human beings and I met Jesus Christ. It really was a new experience and modified my ideas. But I never changed the original spirit of [being] Japanese."

He remembers his school days with fondness. The grade school was close to the sea, which was sometimes too much for the nature-loving boy. He would skip classes to play on the seashore, an infraction that resulted in a face slap, the typical means of discipline in public schools at the time. "I was notorious among the teachers," he laughs, remembering instances when he led a group of boys on escapades that involved breaking school rules. Nakamura took the punishment in good stead, though. "I felt sad, but never became angry. There was enough reason to be punished."

At the mission school, he loved to read Japanese literature and translations of Charles Dickens and Jonathan Swift, Confucius and the Chinese classics. He became close to the only foreign teacher, a Christian missionary from Texas named Charles Fenner. "He was a very good teacher and he also regarded me as one of the best students." Nakamura did not become fluent in English, though, because Fenner could speak Japanese well. It was only as an adult, when he briefly lived in Britain, that Nakamura learned English well enough to have the pleasure of reading Dickens's *A Christmas Carol* in the original language.

Nakamura returned to the public system for high school. He describes the school as a "mass production" line, turning out graduates who could pass the national college entrance exams. Typical of the time, most of Nakamura's schoolmates were boys, though there was a sprinkling of girls. As in the mission school, he had competent teachers. Nakamura especially remembers his biology teacher, who shared his interest in insects. The teenager was not a very good athlete, but he had stamina, the result of his regular mountain expeditions.

Nakamura wanted to study entomology at university, but he knew his father would not approve. So he told him he wanted to become a doctor in the rural areas, which were suffering from an acute shortage of medical personnel. "I thought I could change majors later," he says. Tetsu did not pass the national entrance test on his first try. "I was a very lazy student, always busy walking in the mountains and [cutting] classes," he says. "I used to be always on the worst ten [list of students]." He had to spend a year in a review school attached to his high school and finally passed on his second try.

Eager to train more rural doctors, the medical faculty of Kyushu University in Fukuoka City, one of five imperial institutions in Japan, accepted his application. Barely twenty, Nakamura felt he had become an adult and enjoyed the freedoms of his new status. He lived in a dormitory and became a student leader. He never got around to changing his major, but his interest in insect collecting remained strong. Even as he busied himself learning German (the language of medicine at that time), anatomy, and physiology, Nakamura would spend his spare time climbing mountains to look for new specimens.

After two years, he became disillusioned with the university. "I had expected [medical] students and teachers to be very noble people but actually they were not," he says. Nakamura discovered commercial ties between pharmaceutical and other companies with teaching hospitals and some university professors. This nexus dictated where students could go for internships and other programs. Those outside the favored circle, like Nakamura, had to take whatever was available. "I saw corruption between professors and some doctors," he says.

The 1960s was also a time of student ferment. In 1968, U.S. warships visited Japan, prompting young people to stage furious demonstrations. They took over the Kyushu campus at one point. Although part of the student movement, Nakamura did not really like his fellow activists. "Ideology itself is a sort of alcohol," he says. "They got drunk with their own ideas." He was labeled a counterrevolutionary. "So I said *I don't like you, too*, and said goodbye," Nakamura recalls.

Impetuously, he left school and took a job at a factory that made steel cabinets. But it was mind-numbing work. His assignment was to punch a hole in pieces of steel as they moved down the assembly line. Nakamura decided to go back to the university. Fortunately, he was still a student in good standing; while Nakamura was away, a professor who had faith in him had continued to pay his tuition out of his own pocket. The chastened student buckled down to academic work. Because of his hiatus, Nakamura finished medical school in seven years instead of the normal six.

He chose to intern at the Hizen National Mental Hospital. "I wanted to continue mountain climbing and insect collecting," he explains. "I heard that psychiatrists were the least busy." The reality was quite different. "The work of the psychiatrist was quite stressful," says Nakamura. "You cannot criticize the patient. Sometimes I wanted to say, 'No! You are wrong!' But wrong or bad, we never judge. We just keep listening and listening and listening."

Nakamura opted to transfer to neurology, another specialty at the hospital. It was easier on him mentally since the field was all about clinical diagnosis. The CAT (computerized axial tomography) scan was not yet commercially developed at the time, so he used a medical hammer and a flashlight to examine patients. "There was no need to listen [to their mental problems]. Instead you asked when and how the paralysis started and then conducted a simple examination."

He furthered his studies at the nearby Omuta Industrial Medicine Hospital. The facility was specially built after an explosion in 1965 caused mass carbon monoxide poisoning in thousands of people. Those who survived suffered from brain conditions such as aphasia, apraxia (affecting the speech centers), and agnosia (affecting visual recognition). "I thought

that was a good chance to pick up clinical neurology,” says Nakamura. He ended up specializing in neuropsychology.

Nakamura met nurse Naoko Miyagawa in Omuta, and they married in 1979. It was a love marriage, says Nakamura, but he and Naoko were so compatible the union could have been arranged by careful matchmakers.

In the midst of his advanced studies, Nakamura made his first trip to Afghanistan. In 1978, he joined a mountain-climbing team to the Hindu Kush range in the hopes of proving to himself that some insects he saw in Japan indeed traced their origins to the area. Instead, he discovered just how poor and desperate the local populace was. “So many patients came to see me because there was no doctor there,” Nakamura recalls. The people were suffering from leprosy, typhoid fever, and diarrhea. But he could not help them. When the Soviet Union invaded Afghanistan later that year, he knew the people would be in need of medical aid more than ever. This came to haunt him.

Nakamura found a way to help in 1982 when the charity group Japan Overseas Christian Medical Cooperative Service asked him to serve in a mission hospital at the Pakistani border city of Peshawar. Noboru Iwamura, a Japanese doctor he met at a Christian meeting, recommended him. But his expertise was neurosurgery so Nakamura, whose mission-school English had turned rusty, first had to learn all he could about diseases common in Afghanistan. This involved a period of study in Britain.

He and his family—Naoko had borne two of their five children by this time—first lived in London for four months, while the doctor studied English. “It was a little hard for me at the age of thirty-six,” says Nakamura. “But I was very happy to see the house of Charles Dickens.” The English Nakamura learned came from medical texts, so he would startle someone by asking, “What’s your prognosis?” when he meant to ask what that person wanted to become later in life. The family spent five more months in Liverpool, where Nakamura earned a diploma in tropical medicine and hygiene from the Liverpool School of Tropical Medicine.

In 1984, Nakamura settled with his family in Peshawar. The Pakistani town is known as the “City of the Pashtun,” because most of its inhabitants belong to this ethnic group. The Pashtun also dominate the population across the border in Afghanistan. When the Soviet Union moved some one hundred thousand soldiers into Kabul and other major Afghan cities in 1979, the fighting drove millions of people across the border to Peshawar, where they were housed in refugee camps set up by the United Nations High Commissioner for Refugees (UNHCR). The conflict in Afghanistan is estimated to have turned six million Afghans into refugees, half of whom ended up in Peshawar.

Nakamura was placed in charge of the leprosy department of Mission Hospital, one of several private facilities supporting a network of public hospitals in Peshawar. Almost at once, he felt disappointed by the infighting he witnessed. “Sorry, but this was the fact I experienced,” Nakamura says apologetically. “[There were] political struggles among [the staff] and the hospital itself against other public hospitals.” The feuds over power and money grew so bad that many doctors decided to leave.

As a new volunteer, Nakamura wisely focused on patients instead of hospital politics. Some basic things needed to be set right. “The staff had picked up medical skills in the wrong way,” he recalls. They washed used syringes with tap water, placed them in a disinfectant solution, and then laid them out on the table to dry. “It was terrible,” says Nakamura. Improvising with available materials, he had syringes and other implements placed on gauze inside a covered metal bowl, which then went inside an oven toaster. The bowl was taken out when the oven began to smoke. If the gauze had turned brown, he knew the implements had been sterilized.

Nakamura introduced new procedures to improve the individual care of leprosy patients, the majority of whom came from poor mountain villages in Afghanistan. One area of focus was reconstructive surgery. Patients can be fully cured of the infectious disease in one to two years, but leprosy can have horrendous aftereffects such as misshapen limbs and failing eyesight. Nakamura took time off in 1985 to hone his surgical skills in a Korean leprosarium. When he returned, he reactivated paralyzed limbs by transferring tendons to the affected parts and forestalled leprosy-related blindness by easing the paralysis of facial nerves to allow patients to close their eyes.

He also worked to improve medical facilities and accommodations. Mission Hospital only had sixteen beds even though it was the sole facility in the city to have a leprosy unit. When Nakamura arrived, the hospital had 2,400 registered cases. Appalled, the doctor asked for help from Peshawar-kai, a Fukuoka-based nongovernmental voluntary organization he was involved with in Japan. "They were shocked to see the reality [in the mission hospital] and started collecting finances," says Nakamura. The donations grew larger after some Japanese newspapers published articles about his experiences in Peshawar.

Although his work at the hospital itself was arduous, Nakamura also spent time in Peshawar's refugee camps. The makeshift shelters were overflowing with Afghans displaced by the fighting between Soviet occupiers and mujahideen guerrillas. "Initially, I was searching for leprosy cases," the doctor explains. "But later on I came to understand that where leprosy is common, other infectious diseases are also common, such as diarrhea, tuberculosis, and malaria." Eventually, about 40 percent of his day was spent in the refugee camps treating these diseases.

It dawned on Nakamura that villagers inside Afghanistan must be suffering from the same diseases. "They had no access to medical institutes," he says. "This is why we added another target: establishing model medical care in the remote areas. This has become the second task for us." Nakamura began thinking about ways to bring medical care to rural Afghanistan as part of the antileprosy campaign in Peshawar. If the disease were stopped at its source, he reasoned, then fewer people would clog the tiny mission hospital in the city. At that time, just two hundred of the 2,400 registered leprosy cases at Mission Hospital came from Peshawar itself.

More and more, Nakamura depended on Peshawar-kai to support his work. At first, he brought some of his Pakistani staff from the mission hospital to assist with his medical missions in the refugee camps. New Peshawar-kai volunteers later arrived from Japan. He needed a lot of help. At one point, the UNHCR estimated the number of people living in the camps at more than 2.7 million. It would have taken Nakamura and his team 120 years to visit each habitation. "So I surrendered," he says.

He decided to turn his attention to health conditions inside Afghanistan. When the refugees eventually returned home, Nakamura wanted to help make sure there would be medical facilities there to cope with leprosy and other infectious diseases. "Leprosy control [takes] a long, long time," he says. "This is why we decided to look after patients in their own homes." Nakamura had meticulously investigated the origins of his leprosy patients in Peshawar. The majority came from the mountain villages of Kunar Province in eastern Afghanistan, where malnutrition was common and medical facilities nonexistent.

He started crossing the border in 1987, although he had to keep a low profile. "I never mentioned it officially because it was very dangerous," says Nakamura. "There were many spies and political factions and misunderstandings." Some workers in the mission hospital even mistook him for a missionary intent on spreading Christianity, which was strictly banned. But some of his patients with personal connections within Afghanistan were ready to help

him. Nakamura had also become reasonably fluent in Pashtun and Persian and had one Afghan nurse who always accompanied him.

The treks were strenuous but Nakamura was used to the pace, thanks to his insect-collecting trips. He felt right at home. Eighty percent of the Central Asian nation is made up of the Hindu Kush mountains, which tower as high as seven thousand meters. You can walk for miles without meeting anyone. Though nearly twice as big as Japan in area, Afghanistan has only an estimated 20 million population, just 16 percent of Japan's 127 million people. The country is predominantly Muslim. "Residents solve communal issues locally [at the mosque]," says Nakamura. Theirs is "a completely self-sufficient society with no police or psychiatric hospitals." The central government in Kabul may issue decrees, but these are not always followed. "Afghans place higher priority on their own traditions over new rules from the capital," he says.

The doctor and his team learned to work within local cultural parameters. When visiting a village for the first time, Nakamura would make sure to present himself first to the council of elders. "I always brought a staff member from that village so he could explain our purpose and [vouch for] my trustworthiness. Everything was all right in the majority of cases." In making his request, he focused on treatment and data gathering, rather than on basic public health work. Talking about the health of mothers and children was something of a taboo in Afghanistan's male-dominated society. He was not allowed to see the womenfolk, whom tradition demanded must hide their faces from male strangers.

But the male villagers were always grateful to see a doctor, a first-time experience for most of them. Nakamura was especially touched by their hospitality and warmth toward the Japanese. "What came to their mind first to hear the word 'Japan' was the Russo-Japanese War [in 1904–1905]," Nakamura explains. For the villagers, any country that managed to defeat the hated Russian occupiers was admirable. Many also knew of Hiroshima and Nagasaki and sympathized with the Japanese over the horrific destruction wrought by atomic bombs on these two cities.

Nakamura and his group became such a part of the local communities that they acquired mujahideen guerrillas as escorts. When the medical mission stumbled into a firefight, their guards did not hesitate to risk their lives to protect them. "The majority of the mujahideen were the local farmers themselves," says Nakamura, belying the international belief that most of the fighters were followers of Afghan warlords and militants from other Muslim countries. "If they promise to do something, keeping that promise is more important than their lives." This code of conduct reminded Nakamura strongly of his father.

The doctor carried arms for self-defense. "We were [part of] a fighting group, but I never killed," he says. He did witness many killings. The mujahideen did not take prisoners alive. "Once, one soldier from the [Russian-installed] government was captured," Nakamura recalls. "Normally, they shot [captured enemies] to death or simply cut their throats. But in this case, one cruel person first cut [off] the ears, then the nose." The captured soldier pleaded for a quick death. Nakamura told the mujahideen: "Kill him." It was not an easy thing to say for a doctor who had sworn to protect life. "This is some sort of wound in my mind," says Nakamura now.

There were times when he had to do emergency surgery on people hurt in battle or those who stepped on land mines. "Even [the northern city of] Jalalabad, such a big city, did not have a proper [medical] institute," Nakamura explains. "So I had to treat them by myself on the spot, using simple tools [such as a pipe saw] for amputations. After this, I normally sent them to the Peshawar side." Wherever he went, the doctor made it a practice to carry hypodermic needles and ampules of ketamine for general and local anesthesia.

Away from the war, Nakamura was the healer he always had been. He was careful not to single out leprosy as a special disease. Nakamura had observed how some Western

missionaries paid so much attention to leprosy that, as he puts it, they “woke up the sleeping baby. All at once a program starts and [villagers] . . . start to discriminate against the leprosy patient.” In the villages of Afghanistan, he and his staff would treat sufferers without telling them leprosy was an infectious disease, but making sure they took all precautions necessary to avoid passing it on to other people.

The practice of veiling women posed a special challenge. “It made my work especially difficult because the early symptoms of Hansen’s disease [leprosy] can be detected on a patient’s skin,” says Nakamura. “In the case of male patients, it is easy because you can simply ask them to take off their clothes. If you start treatment at this stage, you can cure the disease completely. The chances of [detecting leprosy symptoms] in female patients were extremely small because women are not supposed to expose themselves to male strangers.” The detection rate in some areas was less than 10 percent because of this tradition.

Nakamura increased his activities in Afghanistan in 1990, after he resigned from the Japan Overseas Christian Medical Cooperative Service. “Two main reasons,” he says. “I won’t say the organization itself was fanatic, but I would say that some of [the members] were too fanatic.” A group of what he considered to be overly fundamentalist Christians wielded too much influence on the cooperative, in his opinion. The other reason for his resignation was the group’s policy of sending Christian medical workers only to Christian organizations and sending just personnel, not money and provisions. “To continue our work, it was very difficult without at least some finances and materials.”

Nakamura tried to continue serving in the mission hospital, but the infighting there eventually got to him. He decided to focus instead on his work across the border inside Afghanistan. The Soviet Union collapsed in 1991, leaving the Moscow-backed government in Kabul in a very weak position. The United States also embarked on the Gulf War that year. With the great powers preoccupied by other problems, various mujahideen factions in Afghanistan were emboldened to march to Kabul. The Taliban, a fundamentalist Islamic group that drew strength from militant students, eventually took control of the capital and most of the country.

Nakamura opened his first clinic in Dara-e-Noor Valley in northern Nangarhar Province in December 1991. Two others were established the following year, one in Dara-e-Pech and the other in Dara-e-Wama. The three clinics were soon inundated with patients. Afghan refugees in Peshawar now shifted back to their villages en masse as the fighting in their homeland moved from the rural to the urban areas. “From May 1992 to December 1992, within seven months, according to the UNHCR, 2 million out of 2.7 million refugees [started] going back to their own homes,” says Nakamura.

As with the mujahideen, the doctor cultivated good relations with the Taliban. “What the Taliban was saying and doing,” he says, “was exactly the same . . . as in other Pashtun areas.” The only difference was that the Taliban turned Pashtun customs into written law. What about the Taliban’s treatment of women? “I don’t think they are badly persecuted,” says Nakamura. “Even under the Taliban, there are a lot of female medical workers working together with us.” He cautions against condemning the custom of veiling women as uncivilized and discriminatory against women. “Foreigners tend to impose their value system on the locals. International workers with such attitudes will be eventually expelled.”

One of Dr. Nakamura’s more controversial positions is his belief that it is the women of Afghanistan who keep cultural observances alive. “For example, customs of revenge,” says Nakamura. “The men are always ready to compromise as a whole, but it is the women who strongly insist and even force the men to go to the enemy and kill.” Rightly or wrongly, the implication is that the women themselves sanction their age-old role as primarily child bearers and homemakers. “There are many things in our lives that limit or control what we

can do,” Nakamura argues. “I keep in mind that I should never impose my values or be judgmental about their customs, culture, or tradition. Everyone at Peshawar-kai makes sure that he or she respects this rule.”

Nakamura had more than a passing academic interest in the dynamics of gender. He could not ignore half the population if he was to effectively control leprosy and other infectious diseases. But as a man, even if a doctor, Nakamura could not talk about childbirth and women’s health without courting misunderstanding. “This is still very much a headache for me,” he says. The solution was to enlist female doctors from Japan and Afghanistan to treat and train other women. Nakamura and his team would also talk to the husband and the rest of the family to gain their trust. “There are so many matters we can solve within the frame of the culture,” he says.

By this time, Nakamura’s wife and children had returned to Japan, so the doctor was frequently in his homeland as well. In 1991, he accepted the post of vice-director at the sixty-bed Baba Hospital in his home city of Fukuoka, a position he holds to this day. The designation is not as grand as it sounds. “There are only two doctors working there,” Nakamura laughs. His schedule at the hospital is flexible enough to allow him to continue his work in Peshawar and Afghanistan.

Nakamura also reforged links with Peshawar-kai, which decided to raise money for a new hospital in Peshawar to be known as Peshawar-kai Medical Services. “I had to go on lectures frequently,” says Nakamura. “Thanks to God, there were still so many concerned people to support us and we were able to collect 70 million yen for construction.” He and the Peshawar-kai appealed for donations from labor unions, teachers’ unions, leprosy-related institutions, mothers’ groups, high schools, and universities. Nakamura continues to draw from this pool of Japanese generosity. In 2003, some twelve thousand donors gave about 290 million yen, equivalent to more than 2.6 million U.S. dollars.

The surge in contributions is due in part to the peace movement in Japan, especially after the United States invaded Afghanistan in 2001. “In Japan, activities against war or for peace are not new,” explains Mitsuji Fukumoto of Peshawar-kai. “And many people are, of course, pro-peace. However, they have felt some kind of helplessness or lack of direction. But triggered by what happened in Afghanistan recently, they came to realize that there are groups like Peshawar-kai doing very specific tasks like digging wells and providing health services.” Nakamura’s writings—he has published several books, among them *Honto no Afghanistan* (True Afghanistan) in 2002—and recognition of his work by various organizations also help. Indeed, Nakamura has been showered with awards including the Japanese Foreign Ministry Award in 1988 and the Okinawa Peace Prize in 2002.

The new Peshawar-kai Medical Services hospital opened its doors in 1994, with Nakamura as director. (He was also named Peshawar-kai’s representative to Afghanistan, a post he still holds.) It had three operating tables, a basic laboratory, and facilities to treat the majority of complications from leprosy. “We have seventy beds and a staff of 140,” says Nakamura. “Out of the 140, twenty are doctors. The majority are Afghans, some are Pakistani, and two or three are Japanese.” Medical students from all over Japan came to do part of their internship in the hospital as well. The hospital treats about 290,000 people a year, most of them outpatients in Afghanistan. The medical laboratory processes thirty-four thousand cases, ranging from blood and urine tests to x-rays and electrocardiograms.

Half of the doctors have been with the hospital for ten years. The rest come and go. “Good doctors will [adapt to] difficult conditions, whatever happens,” says Nakamura. “Those who are not so eager to stay soon give up. . . . God decides. This is my guideline.” More worrying is the turnover among Afghan women health workers, many of whom are enticed to leave Peshawar for Kabul, Afghanistan’s capital. “The UN, Unicef, and other

foreign nongovernmental organizations pay sometimes five times, ten times more in salary than us.”

The staffing issue is important because the hospital also supports the personnel needs of Nakamura’s four satellite clinics, one in Pakistan and the others in Afghanistan. At least seven people—a doctor, nurse, medical aide, laboratory technician, maintenance worker, cook, and guard—are needed to run each outreach facility. “Sometimes we need two doctors and two nurses,” says Nakamura. “It depends on the number of patients.” The hospital’s doctors and nurses typically take turns serving for a month at a time in the satellite clinics.

When drought hit Afghanistan in 2000, Nakamura’s attention was drawn away from medicine to other matters. “More than twelve million were suffering,” he recounts. “Four million were [starving] and one million were on the [verge] of starving to death. The surrounding villages [around the clinics] were disappearing one by one.” Without water, farming was impossible. Ninety percent of the domestic animals perished. Forced to drink contaminated water, children died. “I told the villagers: ‘Life is first. Diseases can be cured later on,’” says Nakamura. He organized the digging of wells and awaited international aid.

But none came. Instead, the United Nations imposed sanctions on the Taliban government, which it believed was harboring Osama bin Laden, the Saudi-born Islamic fundamentalist accused by the United States of involvement in the 1998 bombing of its embassies in Kenya and Tanzania. The sanctions included a ban on arms sales to the Taliban, the freezing of bank accounts abroad owned by bin Laden and the Taliban, and closure of the international offices of state-owned Ariana Afghan Airlines. Rumors swirled inside Afghanistan that the UN contemplated imposing a ban on food imports as well.

“Imagine how people felt,” says Nakamura. “More than one million people were just about to starve to death and they [were thinking] of imposing sanctions on food. In this way, I think more than 99 percent of the whole Afghan population lost confidence in the outside world.” To his mind, the UN sanctions strengthened extremists and emboldened them to defiant acts such as the destruction of two 1,500-year-old giant statues of the Buddha in Bamiyan Valley in March 2001. The sacred images were carved into a cliff by an ancient Buddhist kingdom that was later supplanted by Islamic invaders. The Taliban brushed aside urgent pleas from the UN not to harm the sites.

Peshawar-kai had always focused on the rural areas but, because of the sanctions, Nakamura decided to open clinics in Kabul as well. “We feared that all the clinics might withdraw from Kabul, leaving the capital’s population with no access to medical services,” he says. Peshawar-kai also opened a sewing workshop for women. “Kabul was full of female beggars and the situation was really horrible,” Nakamura recalls. “For these women, the most important thing was how to get food to stay alive.” Peshawar-kai distributed sewing machines to participants at the end of the three-month course to help them support themselves.

The noose tightened around Afghanistan after the terrorist attacks on the United States in September 2001. America blamed Osama bin Laden and his al-Qaeda network. Two months later, it led an international coalition in an invasion of Afghanistan. “People didn’t know why Afghanistan was being attacked,” says Nakamura. “One million starving people [were] going to die. What’s the sense of bombardment?” He says most Afghans did not even know what al-Qaeda was. “The majority of the people who were killed by the bombardment were innocent normal civilians as [those in] New York.”

The end result, he asserts, is renewed anger against foreigners. “If you go to the people to ask about it, they will say, ‘Welcome to the United States, welcome to France,’” he concedes. “But deep in their minds, the majority of them have very strong hostility

against these attackers. It's natural. Exactly the same [reaction to] Soviet Union troops." For Nakamura, the invasion was more reprehensible because of the timing. It came in winter, when heavy snow blocked many main roads and the severe cold placed children and the elderly at risk. It was difficult for civilians to flee to safer areas.

Nakamura urgently returned to Japan to raise funds. "I'm not [denigrating] those pacifists [who organized antiwar protests] but they had no effect on starving people," he says. "We needed practical results so we could see as many people as we could survive even under heavy bombardment. This was our message. And so many people donated money." Two thousand yen, equivalent at that time to twenty-five U.S. dollars, could buy enough wheat and oil to help a family of five survive for three months. Peshawar-kai raised enough money to purchase 1,800 tons of the two basic commodities. Nakamura estimates that the group saved more than one hundred thousand lives in Kabul and elsewhere.

More than twenty staff members of Peshawar-kai Medical Services traveled to Kabul in the middle of the war to distribute the goods. To avoid their mission being totally wiped out, the volunteers were divided into groups of four. It was highly dangerous work. "Even the Red Cross Institute was destroyed," Nakamura notes. "Staying in four places, even if one group was attacked, the three other groups could continue the work." One volunteer was injured, but everyone survived the bombing. When the war ended, Peshawar-kai closed its temporary clinics in Kabul and the sewing workshop as well. Rents had soared and international organizations were now back in the capital setting up their own medical facilities and livelihood projects.

The drought and the war brought two truths home to Nakamura. One is that Afghanistan cannot depend on international help. The second is that his own efforts should extend beyond physical healing. Peshawar-kai continued the deep well projects that Nakamura started in 2000. "The local [people] already had a technique to dig a well, but did not know what to do when they hit a large rock," he recounts. The water table had fallen so low that, after reaching bedrock, the villagers could not coax any more of the precious liquid to seep out.

Nakamura's solution had a touch of poetic justice. The villagers drilled a hole in the rock and filled it with explosives from land mines cleared from the surrounding area. "The majority of the farmers used to be guerrillas, so they are quite used to dealing with explosives," says Nakamura. So far, Peshawar-kai has worked on 880 well sites, with more than seven hundred providing potable water. "Thanks to this project, nearly 250,000 villagers are able to remain in their villages [instead of flocking to Kabul or Peshawar]," says the doctor.

The well-drilling project naturally expanded to irrigation water. "More than 80 percent of the whole population of Afghanistan are farmers," explains Nakamura. "Drinking water alone cannot keep them at home. So what we are doing now is to get irrigation water for domestic animals and agricultural crops by [digging] irrigation wells." Simple systems dug by hand, they supplement about thirty-eight sites that use traditional methods to draw underground water, which Peshawar-kai helped rehabilitate. "Now, desertized fields are green, full of crops and domestic animals," says Nakamura, who estimates the total area at around eighty-eight hectares.

Nakamura embarked on his most ambitious project yet in 2003. This is a canal connecting the district of Sheiwa to the Kunar River, about sixteen kilometers away in the Hindu Kush mountains. "Almost three kilometers have been dug by the farmers," Nakamura reports. "If completed after one year, we expect that roughly two thousand hectares can be irrigated. It means 150,000 people can come back [from the refugee camps]." He is also looking into building holding ponds to store water from melting snow four thousand meters

above sea level. There was a time when the snow level was only 3,300 meters up the mountains, close enough to supply ample water to lower areas in summer. Nakamura blames global warming for the snow's retreat, which is contributing to Afghanistan's drought.

Another long-term project is an eight-thousand-square-meter pilot farm in Dara-e-Noor Valley where Japanese agricultural experts are experimenting with ways to improve the soil and raise drought-resistant crops. Other experts are looking at cattle raising. "The aim of this project is to help the local population become self-sufficient," says Nakamura. He is keen to look for alternatives to growing opium poppies, a practice stamped out by the Taliban but making a comeback as the new government led by President Hamid Karzai in Kabul struggles to maintain control over the country. "To me, the only way to eradicate poppy cultivation is to provide welfare to the people," says Nakamura. "Forcing them not to grow poppy without doing anything about their poverty cannot succeed."

Despite Peshawar-kai's heartening accomplishments in Afghanistan, Nakamura is acutely aware of how small a dent the organization is making in a country with such vast and complex problems. "What we do there looks like troops of ants crawling through the valleys between these towering mountains, trying to extend their territory little by little," he says. It is difficult enough tackling geography and culture, with villages and towns isolated from each other by massive mountains and ethnic groups leading separate lives even when inhabiting the same district. Politics and the involvement of foreign powers further complicate the work of nongovernmental organizations such as Peshawar-kai.

Nakamura is pessimistic about Afghanistan's short-term prospects at the national level. "From the viewpoint of the politics, hopeless," he says. A new government may have installed itself in Kabul, but the rest of the country is essentially out of its ambit. "Girls' schools have been established, what they call democracy looks like it's going on, but once you go out of the capital city, you see a totally different scene," says Nakamura. Kabul itself remains unsecured. "The multinational peace-keeping troops cannot protect even themselves. Many German soldiers have been killed." The United States has been forced to increase its troop presence.

He is more upbeat about developments at the local level. The individuals he meets, says Nakamura, are quite optimistic. He has seen former mujahideen, pro-Taliban soldiers, anti-Taliban troops, followers of the Northern Alliance warlords, and even men working for U.S. forces building things together with pickax and shovel. "About political matters, they have no concern at all," says the doctor. "War is nothing to them. Life is most important for them. They are ready to live with any kind of power unless the foreigners invade their cosmos." The people of Afghanistan have seen Alexander the Great come and go, the Mongol hordes, the Russian empire, the British, the Soviet Union, and now the Americans. "They will be as they are now. Loving the peaceful life, loving life itself."

And Nakamura himself? "My experience in Afghanistan helps me see things more clearly," he says. "I feel fortunate to be able to see the truth and speak the truth, while [Japan] seems to be confused by the campaign of war against terrorism. To me, it is time we seriously contemplate and find out what is truly needed for mankind and what is not." He is troubled by what he sees as the increasing willingness of many Japanese to condone violence in quelling terrorist acts. "There are various ways to solve the problem without war," he insists. "By helping each other, by respecting [each other's] culture and sharing common points as human beings."

Nakamura is also bothered by his country's materialism. "The more you possess, the more dependent you become," he warns. He once asked a friend how many people died because of the Japanese recession. Nobody died of starvation, he was told, but more than thirty thousand people had killed themselves. It is telling that his favorite Bible verse is

Matthew 6: “Behold the fowls of the air: for they sow not, neither do they reap, nor gather into barns; yet your heavenly Father feedeth them. Are ye not much better than they? . . . Consider the lilies of the field, how they grow; they toil not, neither do they spin. . . . Take therefore no thought for the morrow: for the morrow shall take thought for the things of itself.”

“We tend to think that we can do better if we have more,” says Dr. Nakamura. But thinking of his Afghan patients and colleagues and friends of many years, he says, “I learned from them that having nothing can liberate us, and make us more optimistic.”

Cesar R. Bacani Jr.

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