

NOBORU IWAMURA

Noboru Iwamura describes his father as an adventurer. Upon hearing from a Christian missionary that Americans could fly—this is the family lore—Kojiro Iwamura struck out from his rural home on Shikoku Island and made his way aboard a cargo ship to California. Having finished only middle school, he was still a youth at the time. His stay in the United States nearly ended in disaster. One day, an American man spat on him and called him a monkey. He retaliated with a judo maneuver and barely escaped being lynched by an angry mob. Despite this dangerous encounter, Kojiro made friends in America and, back in Japan, he established a business trading Japanese silk to the United States. He also became an advocate of airplanes built from silk and bamboo—truly Japanese airplanes, he argued. He once piloted such a plane for twenty-five minutes before it fell to the ground, leaving him scarred for life. After his Tokyo offices and workshops were destroyed in the Great Earthquake of September 1923, Kojiro Iwamura returned to his birthplace on Shikoku Island. There he set up a silk factory in the small town of Uwajima. His first child and only son, Noboru, was born there on 26 May 1927.

Noboru Iwamura's mother, Shizu Kawabata, grew up in the cosmopolitan harbor city of Yokohama and became a Christian in her teens. The birth of a son marked the answer to her most fervent prayers. She had been childless after several years of marriage and Kojiro was under pressure from his family to divorce her, although he refused to do so. When little Noboru was old enough, Shizu enrolled him in a Christian kindergarten and gave him his own Bible, which she required him to carry everywhere. He disliked having to walk one and a half hours to school and sometimes he sneaked away to meet his friends elsewhere. But his mother's religion struck a chord. Through her example and his kindergarten lessons, Iwamura says, "As a six-year-old boy, I started to pray. I came to recognize that God had some plan for my life."

As a boy, Iwamura suffered the nickname of Aobyotan, which means Green Gourd, signifying someone who is pale and sickly. Indeed, he *was* sickly and lay in bed for weeks at a time with the flu, fever, and tonsillitis. In high school, however, a friendly botany teacher invited him to help in a tree-planting project. The physical

exercise and fresh air worked wonders and gradually, he says, "I found I was healthy."

The decade of the 1930s marked the rise of ultranationalism in Japan and the rapid expansion of Japan's empire into Manchuria and China. For much of the period, Iwamura's father was away in China where, among other things, he was involved in aerial reconnaissance flights to detect Chinese troop movements. At home with his mother and younger sister, Iwamura absorbed the passions of the time. In school, he was taught that all Japanese should be willing to fight and die for the emperor. However, one of his teachers in Uwajima High School had served briefly with the Japanese army in China. Mr. Chiba—Iwamura remembers him vividly—told the students that Japan's war in China was not noble and that Japanese soldiers there were killing not only Chinese soldiers but innocent civilians. Stories of this kind circulated widely at the time, Iwamura says, but it was dangerous to mention them openly. Not one of his other teachers did so.

As the family's only son, it was more or less expected that Noboru would someday take over his father's silk-making business. This may explain his application to attend the Hiroshima Institute of Engineering and Technology after high school. He passed the entrance examination and, at the age of sixteen, moved to Hiroshima where he lodged in a dormitory with other boys. The year was 1943 and, outside Japan, the war was raging. At the institute, Iwamura joined a cohort of eighty students who specialized in applied chemistry. Other groups of eighty concentrated on motor mechanics and naval engineering. These academic divisions reflect the fact that ordinary instruction and research at the Hiroshima Institute of Engineering and Technology had been thoroughly subordinated to Japan's war aims. The school was, in fact, conducting research for the Imperial Japanese Navy. For this reason, Iwamura and the other students were awarded a handsome scholarship and exempted from military service.

By mid-1944, Allied forces led by the United States had turned back the advances of Japan's navy in the Pacific and had begun bombing the Japanese homeland. In the year that followed, Tokyo and other Japanese cities were devastated under the impact of this campaign. By July 1945, sixty-four Japanese cities had been bombed. Iwamura and his classmates were well aware of the destruction and havoc occurring not so far away. But Japanese-language leaflets dropped by American warplanes said that the cities of Kyoto and Hiroshima would be spared. They were "safe," the leaflets said.

On the morning of 6 August 1945, as the American airplane bearing the atomic bomb approached Hiroshima, Iwamura was busy at work in a section of the institute's laboratory used to store chemicals. The room had been fortified with ferro-cement walls; its windows and doors were made of plate iron. All he remembers of the

blast itself was an intense flash of bluish light piercing the room through a small window. When he regained consciousness two days later, he learned that the concrete walls collapsing around him as the bomb hit had created a protective cocoon. The epicenter of the explosion was 1.2 kilometers away, yet most of Iwamura's classmates died instantly. Some were turned to ash. Others who lived through the blast itself gradually died in the days and weeks to come. Of his group of eighty, only Iwamura survived.

He was taken to a tuberculosis quarantine center on an island just off of Hiroshima. On his first day of consciousness, he remembers hearing terribly burned people all around him crying out for water, water. The next morning, he said, the ward was quiet; nearly all of them had died. From the quarantine center, he was admitted to a naval hospital where he was treated for a burn on his scalp. It was there that a worker from the family's silk factory, who was sent by his mother in response to an announcement over the radio, found him and took him home to Uwajima. His mother, who all these years had been managing the family business, had spent the latter months of the war hiding in a damp underground bunker. Iwamura found her to be suffering horribly from rheumatism, but she and his sister had survived the war. And so had his father, who soon returned from China. Reunited and whole, they were an exception among Japanese families.

As Iwamura pondered his own miraculous survival, he also mourned the loss of his schoolmates. He wished that his life could somehow compensate for the lives that they, his friends, would never live. His father now confirmed for him the stories of Japanese atrocities in China and he also felt the need to atone for them. Driven by these powerful feelings of gratitude and guilt, he vowed to become a doctor and to lead a life of service.

Although he had survived the bomb, Iwamura was not unharmed by it. He quickly developed symptoms of leukemia, one of which was bleeding from the kidneys. Leukemia is unusually common among atomic bomb survivors; it interferes with the healthy production of red blood cells and clotting agents. Through blood transfusions and radiation treatments, doctors kept Iwamura's leukemia at bay and he was able to proceed with his plans. But he would be plagued by the disease for the rest of his life.

When he was sufficiently strong, Iwamura enrolled in Matsuyama Junior College, located in the capital of Matsuyama Prefecture. During a three-year period there, he completed a bachelor's degree in biology, the prerequisite for embarking upon medical school proper. After graduating in 1950, he moved immediately to the city of Tottori on the northern coast of southern Honshu Island and enrolled at the Tottori University School of Medicine. To help support himself—and for the robust exercise—Iwamura worked for a local farmer in exchange for rice. He also joined a nondenominational

church whose distinguishing characteristic was that it spurned church buildings and was thus known as the “No-Church Church.” It was at the No-Church Church that he met Fumiko Kadowaki, the daughter of a local schoolteacher and functionary at a nearby Shinto shrine. Fumiko was a graduate in social work who devoted herself to helping local orphans and the many now-husbandless women who were struggling to raise families on their own. Among other things, she assisted women who had turned in desperation to prostitution to find decent alternative work in factories. Iwamura felt immense respect for Fumiko and grew fond of her. As they courted, she taught him how to ski in the nearby mountains, a recreation that became a joy to him. The two were married on 21 March 1954.

In the year of his marriage, Iwamura finished his medical courses and embarked on an internship in public health. The following year, he finished the internship, passed the national medical board examinations, and was licensed to practice. Instead of practicing medicine, however, he pressed on at Tottori University to earn a doctorate in public health. This took another three years. He received his doctorate in 1959 and immediately joined the university as an associate professor of medicine.

But he and Fumiko would not linger for long in Tottori.

Iwamura had long ago decided that he wished to practice medicine somewhere off the beaten track, in “a remote, doctorless place.” This is why he had devoted himself to public health rather than to a hospital-based specialty. (Even around Tottori, however, he had observed the health hazards resulting when women washed diapers upstream and rice downstream.) Stoking his ambition were missionaries who periodically spoke at the church he and Fumiko attended. He remembers one in particular, an American medical missionary who had fallen ill in Nepal and who had been evacuated to Japan to recuperate. He said to them, “What is a neighbor? I went to my neighbors in Nepal and yet my home country is on the other side of the earth. You are in Asia. It is easy for you to go to your Asian neighbors.” Members of the Japan Overseas Christian Cooperative Society (JOCCS) also visited Tottori and challenged the young doctors to volunteer for service abroad.

In Nepal at that time, missionary doctors and other volunteers were organized collectively under the United Mission to Nepal. In 1960, the government of Nepal approached the United Mission and asked if there was a Japanese doctor available who was a specialist in tuberculosis and environmental health. “So one day they came to me,” says Iwamura. “And I was very happy to go.” He and Fumiko, kindred spirits, were soon aboard an airplane bearing them to Katmandu, the country’s capital.

In Katmandu, they joined seven other couples who had also volunteered to work in Nepal—other doctors and also teachers, engineers, and agriculturalists. Most of them were American and En-

glish. He and Fumiko were the only Japanese. Together they underwent four months of orientation, learning basic information about the country and, most importantly, its lingua franca, Nepali. Iwamura well remembers the poor grade he earned on their final examination in the language: "The worst mark," he says. Fumiko, on the other hand, was the best in the class.

The country they now encountered was the world's only surviving Hindu kingdom. Nepal's twentieth-century rulers practiced isolation and had only recently opened the kingdom's doors, although their domains had once constituted a commercial and cultural crossroads linking the Indian plains to the highlands of Tibet. A popular uprising in 1951 wrested power from domineering hereditary premiers and restored it to the monarchy; by the early 1960s, the first tentative steps toward modernization were underway. Even then, however, foreigners were generally refused permission to travel beyond the immediate orbit of Katmandu and the Terai lowlands. Iwamura and a small number of other international volunteers were the exception. For most, the hills were strictly off-limits, and the hills comprised the vast bulk of the country.

Nepal was almost completely bereft of roads. In the entire country of some fifty-five thousand square miles, there were less than four hundred miles of roadway navigable by motorcar, most of them in Katmandu Valley and the lowlands bordering India. For the rest, as one English observer said at the time, "There were no roads of any description, not even a bridle path." To help traverse what rough tracks there were, the Nepalis used beasts of burden: bullocks and ponies; asses, sheep, and goats; and, in the higher reaches, yaks. But the commonest beasts of burden were Nepali men and women themselves, who moved nimbly through the hilly terrain, across rope bridges and through rivers and streams laden with their earthly needs and trade goods and—borne in plaited seats mounted on their backs—other people who were too weak or too rich to walk. Nepal's nine million people were scattered across this forbidding landscape, clustered in thousands of small villages and fragmented into dozens of ethnic groups. Only 6 percent of them could read and write. In the entire country there were fewer than two hundred doctors.

When their orientation was over, Iwamura and Fumiko became intimately acquainted with the realities of the landscape as they wended their way overland to their new post in Tazing—about 130 kilometers west of Katmandu—where a small mission hospital was the only outpost of modern medicine for hundreds of miles around. Tazing was the administrative center of Palpa District and the site of a military garrison. The region's hill tracks converged there, making it an important center for transshipment and trade. But it was a small town by any standard and completely lacked modern amenities, including electricity. When the British traveler John Morris saw it in 1960, he said it was the most unattractive town he

had seen in all of Nepal: “a scruffy little place, a huddle of tin-roofed shacks and shops.” For Iwamura and Fumiko, Tanzing would be home for eighteen years.

The mission hospital in Tanzing, known as Shanabhawn Hospital after the family who had donated the land, was Iwamura’s base. Here he presided over a tuberculosis (TB) clinic and a fifty-bed TB ward. An electric generator powered a single precious X-ray machine. TB was rampant in the area, as a door-to-door survey he performed upon arriving amply demonstrated. Ten percent of the people were infected. Iwamura was soon examining forty to fifty patients a day in his clinic. He found many of them already too sick to be treated effectively. His hospital ward was constantly overflowing. To cope with the demand, Iwamura devised a system that he called “teaching treatment.” Patients were permitted to remain in the TB ward for only six months. During this time, Iwamura treated them with medications and taught them how to medicate themselves when they left the hospital, as well as how to monitor their symptoms. After six months, he sent them home with a supply of medicine and instructions to get plenty of rest and to come back for a check-up and additional medicine in three months’ time.

This system relieved some of the pressure on Iwamura’s TB ward and permitted him to treat a wider sample of the affected population. But he knew that even his most efficient and backbreaking efforts at the hospital in Tanzing could not really contain the territory’s raging TB cases, not to mention the legions of other diseases that plagued rural Nepalis. Nor was there any hope in sight that the country’s primitive-to-nonexistent health care system would be substantially upgraded any time soon. Moreover, as a public health doctor, he knew well that the source of many of the region’s common scourges lay in its filthy villages where the simplest sanitary and hygienic precautions were unknown. With all of this in mind, Iwamura began to experiment with a system that would extend rudimentary health awareness into the villages themselves.

He began with a simple outreach program. Ranging into the hills around Tanzing with an X-ray machine strapped to the back of a pony and living for extended periods in this village or that, Iwamura familiarized himself with the conditions and lifeways of Nepal’s rural people. As he treated legions of ailments using supplies from his medical kit, he also instructed his hosts in rudimentary environmental cleanliness and other simple health matters. The kindness and honesty of the people he met made a powerful impression on him. He likes to tell the story of the Nepalese porter, himself a poor man, who “appeared out of nowhere” and volunteered to carry a sick elderly woman to the mission hospital, a three-day walk away. The porter refused the slightest payment, saying, “I have my youth. The grandmother does not have it. I share my strength with her.” Iwamura vowed as he worked among the people not to undermine

the good values in their traditional culture. It was their health habits and lives of poverty that he strove to change.

Iwamura began to recruit individuals in the villages to serve as rural public health workers. He looked for clever men—men explicitly, to exploit their higher social status—who were already respected by their neighbors. Scattered about the hills, he discovered quite a few men who had been trained as medics while serving in Gurkha units of the British army. They were ideal for his purposes. But he also recruited traditional herbalists and healers, or younger members of their families, for he discovered that they too made excellent village “doctors.” Iwamura developed his network one village at a time. When a potential health worker was identified, Iwamura personally traveled to his village and spent two weeks training him, observing his progress, and watching for signs that the villagers accepted him. “When I saw that people respected him,” he says, “my work was finished and I could return to Tanzing.” Although the process was painstakingly slow, it had the merit of demonstrating to villagers that their local health worker had the backing of “the mission doctor” and, through him, access to the resources of the fabled hospital in Tanzing.

In the initial and subsequent training sessions for village health workers, Iwamura says, “We taught them basic medicine.” They learned to treat wounds and common ailments and to diagnose conditions that required the services of a real doctor. They learned to make use of locally available herbal medicines. They also learned to assist Iwamura in medical procedures when he made the rounds in the villages. Most importantly, however, they learned to make their villages healthier places to live in. Through Iwamura, the health workers learned to improve the village water supply and water drainage systems and to spread habits of household and personal cleanliness. Most significantly, they taught villagers to construct and use toilets. At the time, virtually no household in the hinterland possessed any sanitary facilities whatsoever. People deposited their daily wastes hither and yon, inadvertently leaving them to be dispersed into the water and food supply by rainfall and the region’s ubiquitous flies. Iwamura believed this one factor to be the single greatest source of illness in the countryside. The toilets that his village “doctors” introduced were simple in the extreme. They consisted of three holes in the ground covered by wooden lids. The holes prevented runoff; the lids kept flies away. This, says Iwamura, was a beautiful application of appropriate technology.

Over many years, Iwamura expanded his network of rural agents to over fifty outlying villages, some of them as far away as five days’ travel on foot from Tanzing. In this way, basic health services and health awareness were made accessible to some two hundred thousand people. In time, working through his stalwart health workers,

Iwamura also introduced livelihood projects and village cooperatives throughout the area.

As Iwamura threw himself passionately into this project, Fumiko looked after the couple's growing Nepali family. She and Iwamura had decided at the outset of their marriage to have no children of their own; his exposure to radiation from the atomic bomb made Iwamura fear that any children he had would be deformed. Instead, the couple established a small home for orphans called Okachan, an expression used by Nepali children to mean mother. Okachan was really an integral part of their own household in Tanzing; there the Iwamuras raised twelve Nepali children, six boys and six girls. Some of these children had lost their parents to TB and other illnesses, but most had been orphaned because of road accidents. The government was building a road to connect Tanzing to the lowlands just south of the town and from there to India. Cut crudely into the hillsides and prone to mud slides, it was a treacherous route that soon claimed many victims. Some of the children orphaned by such accidents became part of the Okachan household.

The daily burden of raising the children fell primarily on Fumiko, of course, since Iwamura spent so much time in the hinterlands. She and her husband nurtured the Nepali identities of the children and, as they matured, steered them to viable vocations in the local economy such as farming, cooking, and motor mechanics. Some of the girls attended college and became nurses and community development workers. The eldest, Purneema Gurung, for example, studied nursing in India and later established a nursing facility in Katmandu for patients recovering from operations. The Iwamuras legally adopted two of the girls, Maya and Habitri, and eventually took them home to Japan. But Iwamura likes to point out that even they have remained very much Nepali at heart.

For readers back in Japan, Iwamura chronicled his and Fumiko's life and work in Tanzing in three books. *A Hospital on a Mountain* was first in 1965, followed by *Blue Sky of Nepal* in 1975, and *A Message from the Himalayas to Japan* in 1976.

In 1978, the government of Nepal reassigned Iwamura to Katmandu and asked him to expand his public health initiatives to other areas and to train Nepali doctors to do the work that he was doing. He, Fumiko, and the twelve children moved en masse to the capital. Iwamura threw himself into identifying and training rural "doctors" in two new territories: one centered at Gurkha, the site of a United Mission branch hospital some eighty kilometers north of Katmandu; the other in the very remote hill country around Okhaldunga, an outpost 120 kilometers east of the capital. This endeavor met with great success and, in about two years, he had rooted the program in some fifty villages in each area.

Iwamura's efforts to recruit Nepali doctors to the cause of rural public health met with less success, however. He had been trying to

do so for many years. But as a matter of course, Nepali doctors came from the country's elite. Even though their families' wealth was often based on ownership of rural farming lands, they themselves scorned the countryside—even that of Katmandu Valley, let alone the primitive hills. As graduates of Indian and British medical schools, they looked forward to lucrative practices in the capital. When obliged to go to rural areas with him, Iwamura says, they complained of the rough life and the interminable walking. Soon they pleaded, "Please, give us permission to go back to Katmandu."

But Iwamura did find some kindred spirits. One of these was Firman Shah, the headmaster of Katmandu School. It was at Katmandu School that children of Nepal's wealthy families prepared for college and professional training abroad. When Shah observed that graduates of his own school showed so little inclination for service, he himself decided to set the example. Leaving his position, he went to India to attend medical school. When he returned as a doctor, he joined forces with Iwamura in promoting rural health. Together they worked to foster a higher standard for public service in the practice of medicine—in other words, says Iwamura, to find and encourage 'doctors who work for people, not for money.'

Through all his years in Nepal, Iwamura struggled with chronic leukemia. When it flared up, blood would appear in his urine and he would require a blood transfusion to arrest the condition. After a particularly alarming episode in 1980, the medical officer of the Japan Overseas Christian Cooperative Society concluded that Iwamura could no longer live safely in Nepal. He was evacuated to Japan where doctors attempted to treat his condition with a bone marrow graft. But no match could be found. Fortunately, with transfusions and rest, he recovered and since then his condition has been under control. He could not return to Nepal, however.

Instead, Iwamura accepted a professorship at the Kobe University School of Medicine, where for five years he was affiliated with the International Center for Medical Cooperation. While teaching epidemiology at the university, Iwamura traveled widely throughout the developing world, often in connection with World Health Organization projects or fact-finding missions. "I went to almost all of Asia, Africa, and Central and South America," he says, "researching the present medical situation." Then, from 1985 to 1987, Iwamura was affiliated with the ASEAN (Association for Southeast Asian Nations) Training Center for Primary Health Care in Thailand, where he served as local team leader for the Japan International Cooperative Agency (JICA).

These valuable experiences confirmed Iwamura's perception that the cruel cycle of poverty, disease, and ignorance that bound generation after generation of Nepali hill folk to lives of unremitting hardship was repeated virtually everywhere in the developing world. In Asia alone, hundreds of millions of people—farmers, fisherfolk,

and urban slum dwellers alike—were trapped in a pattern of self-perpetuating destitution. At the same time, living side by side with these legions of the poor were Asian communities of great wealth. Everyday, he observed, the gap between the poor and the rich grew wider. This, in turn, led to the social unrest and political turbulence that often plagued the region. Meanwhile, standing aloof from all of this was Asia's richest and technologically most advanced society: his own country, Japan. What sort of contribution, he asked himself, could the Japanese make to break the poverty cycle that inflicted so many of their neighbors?

In thinking about this question, Iwamura's vast experience at the grassroots taught him to "think small." He had long ago imbibed the admonition of China's early guru of rural reconstruction James Yen, and his Filipino disciple Dr. Juan Flavier, to "go to the people. Start with what the people know." (Iwamura had met both men during his Nepal days when he attended a seminar on appropriate technology at Yen's Philippine-based International Institute for Rural Reconstruction [IIRR], which Flavier led.) And Iwamura knew from his own experience that change, although it can be promoted from the outside, must always be executed and sustained from the inside—in individual villages, neighborhoods, and towns. Moreover, self-reliance must be the goal of any effective development program. Failure to understand this, he believed, had led to the failure of many lavishly funded, top-down aid plans. Outside experts were not the answer; local leaders were.

With all this in mind, in 1981 Iwamura launched the Peace, Health and Human Development Foundation, or the PHD Foundation for short. The foundation's motto was "Living is sharing," and its goal was to mobilize Japanese time, skills, knowledge, and money for joint efforts in promoting self-reliant development in grassroots communities around Asia. The program was both modest and practical. Each year, with the assistance of trusted partner organizations in recipient countries, the foundation identified three or four young people for training in Japan. Each trainee was selected on the basis of his or her potential to introduce useful new ideas and technologies into his or her community, and the commitment to do so.

In the early years, Iwamura made the final selection of PHD trainees himself. The trainees were brought to Japan and, after a brief language course, were assigned to instructors and host families with whom they spent the rest of the year. Generally speaking, female trainees were assigned to weavers and tailors, males to organic farmers. To Iwamura, organic farming was particularly suitable for rural development because it did not require expensive, debt-inducing inputs such as fertilizers and pesticides and it helped to preserve and enhance the natural habitat. Moreover, organically grown foods were healthy. Some trainees also learned how to cultivate fish in fishponds and how to raise pigs and poultry. Although

they struggled with the language, the trainees tended to thrive anyway. They “learned by doing,” Iwamura says.

Nestor Servando was a typical PHD trainee. A twenty-seven-year-old farmer from Negros Island, Philippines, he spent a year working with Japanese organic farmer Shogo Watanabe on his farm in the mountains of Hyogo Prefecture, north of Kobe. “Many Negros farmers work at sugarcane, pineapple, or other fruit plantations when they are free from their own farmwork,” he says. “They spend all their wages on chemical fertilizers and insecticides for their farms.” Thus, although they worked hard and had access to land, their economic lives did not improve. Servando saw organic farming as one route out of this kind of structural poverty.

Iwamura funded the PHD Foundation by collecting membership fees from some two thousand supporters, mainly in Hyogo Prefecture, and donations from Christian churches. During the traineeships, he encouraged the donors, and other Japanese, to participate in personal exchanges with the trainees in order to familiarize themselves with the life circumstances of many of Japan’s near neighbors. He wanted them to have “a deeper understanding of the actual relationship between Japan and these societies. As for the trainees, they visited Hiroshima and other Japanese sites and made a side trip to South Korea, where farmers struggled in a transitional economy similar to that of some of their own countries. Following the initial year of formal training, the PHD Foundation provided hands-on follow-up support for its trainees as they applied their new knowledge at home. In the fifth year, it conducted an evaluation of the trainee’s success.

After launching the PHD Foundation, Iwamura entrusted its day-to-day management to the Reverend Kenichi Kusachi, who continues to lead it today. In the many years since it was founded, PHD has trained over thirty farmers, fisherfolk, and social workers from Nepal, Thailand, Indonesia, Sri Lanka, Papua New Guinea, and the Philippines.

Shortly after establishing the PHD Foundation, Iwamura initiated a second and very different sort of program, this one for Japanese youths. While living in Nepal, he had made the acquaintance of a Mr. Inamura, a young Japanese mountain climber and adventurer who operated a hostel for Japanese climbers. Iwamura recruited Inamura as a volunteer to help introduce innovative appropriate technologies to hill villages. He noticed that Inamura was particularly adept at working with children. Some years later, when both men were back in Japan, Iwamura approached Inamura with the idea of taking Japanese children to Nepal for short nature trips during their school holidays. Thus was born the Shizen Juku, or the Asian Nature School, in 1983.

Every September and October thereafter, Inamura led groups of grammar school children on weeklong hiking and camping expedi-

tions in the Nepalese highlands. Inamura followed no set curriculum but encouraged the children to follow their own curiosity. However, he taught them to respect the fragile environment they were passing through. It was a rule, for example, that no trees should be cut to make campfires; instead, the children planted trees and, for their evening campfires, they gathered dried twigs and branches from the ground. The young campers were also required to carry their own tents and utensils and taught to respect the local porters who carried their food and other gear. In these ways, Iwamura hoped to instill in Japanese children not only a love for nature and for Japan's neighbors but also respect for the humanity of poor people. He says that when the little campers receive gifts from their bare-foot Nepali porters at journey's end—small personal items such as a bracelet or earring—it is a powerful and memorable lesson.

Still grappling with the problem of leadership for community development, Iwamura founded yet another organization in 1985. Whereas the PHD Foundation concentrated on identifying and training village-level community leaders, the new one focused on the need for committed and well-trained individuals who could formulate and guide development projects and programs. By this time, Iwamura notes, international development agencies had long since discovered Nepal. There were dozens of donor agencies with offices in Katmandu, each one looking for good projects to support. Yet one after the other, the projects they funded "failed, failed, failed," he says. He believes this happened because there were too few Nepali development workers with the skills and wisdom necessary to execute them. This insight became the basis for Iwamura's new International Human Resources Institute (Kokusai Jinzai Kaihatsu Kikoh) or IHI.

IHI (pronounced "eye-high") was similar to Iwamura's PHD program. Individuals would be recruited from Asia's developing countries and trained to become more effective leaders. In the IHI program, however, Iwamura targeted college graduates who had already demonstrated commitment and promise working in nongovernmental organizations (NGOs). IHI's mission was to provide these individuals the opportunity for advanced training in community development.

When Iwamura wondered just how to go about doing this, he thought of his Nepalese adopted daughter, Uma Gurung. Some years back, Uma had been awarded a scholarship to earn a master's degree at the University of the Philippines in Quezon City. Before entering the university, however, she attended a short course at the International Institute of Rural Reconstruction in nearby Cavite, similar to the one that Iwamura himself had taken earlier. Iwamura wrote ahead and asked Susan Flavier, the wife of IIRR's director Juan Flavier, to look after Uma, since this was her first time abroad. Uma's happy experience at IIRR paved the way for her success as a graduate student at the university. She later returned to Nepal and, with

her husband, established a community development center. Iwamura adopted exactly this protocol for IHI's fellows. Provided with scholarships and living expenses for two and a half years, they would go first to IIRR for orientation and next to the University of the Philippines for a master's degree—either at the College of Social Work and Community Development in Quezon City, or the College of Agriculture in Los Baños.

For IHI, Iwamura recruited a board of trustees made up of internationally oriented Japanese NGO and business leaders, scholars, and public officials. Juan Flavier became an adviser, as did Krasae Chanawongse of Thailand. Like Iwamura himself, both Flavier and Krasae were doctors who had dedicated their careers to extending medical care and material upliftment to rural Asians. As with the PHD Foundation, Iwamura funded IHI through memberships and donations. Since its establishment, eighteen individuals have been recipients of IHI scholarships, most of them Filipinos, but also Nepalis, Thais, and a few Japanese. (Japanese IHI fellows pay their own expenses.) As Iwamura hoped, the graduates are now all working for development agencies such as the United Nations Children's Fund, the Food and Agriculture Organization of the United Nations, or for NGOs in Asia. He is very proud of them. One IHI alumnus, he noted recently, now works in an area of southern Philippines torn by strife between Muslims and Christians and where, for years, government soldiers have engaged in bloody clashes with local guerrillas. Due to his patient fostering of community accord, says Iwamura, for three years now there has been no violence in his area. Victories like this confirm Iwamura's belief in IHI's mission.

These days, sixty-six-year-old Iwamura lives in Miki City. Neither he nor Fumiko is strong anymore. He has retired as chairman of both the PHD Foundation and the Asian Nature School, although their work goes on. But he still teaches part-time at Kanzai Women's College in Miki and, once or twice a week, makes the three-hour commute into Kobe to lecture at Nihon Fukushi University. And he is still actively involved in IHI. Today, most of the work is handled by his brother-in-law, F. Tsukakoshi, a retired businessman who says frankly that Iwamura has no head for figures. (Iwamura agrees and says that, in the family, Fumiko has always been "minister of home finance." She determines, for example, how much the frugal couple can afford to contribute to PHD and IHI each year.) As IHI's chairman, however, Iwamura presides over the organization's regular board meetings and other important gatherings. And six or seven times a year, he travels throughout the country to speak before Rotary Clubs, Lions' Clubs, and other groups to promote IHI's work and to raise funds. "This is my present job," he says. Most of IHI's 750 or so contributors are older individuals with disposable incomes. Some are perhaps prompted to give in order to make amends for Japan's

behavior in World War II. But most are inspired by Iwamura's own example and message. He guides their philanthropy.

Noboru Iwamura is still disturbed by Japan's aloofness. Even now, he says, "The Japanese are very isolated. They don't know what is happening in Asia." So in his own modest way, Iwamura carries on. He knows that his message is not one that all Japanese are ready to hear: Japan must share with its neighbors. Rich and poor, we live *together* in Asia.

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J.R.R.

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