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Tetsu Nakamura is the executive director of Peshawar-kai Medical Services (PMS), a nonprofit organization set up in 1983 which enables him to provide medical services along the tense border between Afghanistan and Pakistan. PMS Main Hospital, in Peshawar, Pakistan, where Nakamura is the hospital director, is the base of operations for the PMS. PMS runs four clinics for refugees and poor people along the border. The total number of patients that were treated in 2002 was 158,103. Nakamura manages a staff of 140 (including 16 doctors), 90 percent of whom are Afghans, and spends more than two-thirds of the year in Afghanistan and Pakistan.

In 1982, a Japanese medical NGO assigned Nakamura to work at the Peshawar Mission Hospital, located in a mountainous area. He soon started to treat leprosy\*1 patients, because even though there were about 50,000 doctors in Pakistan, only three were leprosy specialists. "It's not due to discrimination and prejudice about leprosy," says Nakamura. "Few leprosy patients are isolated there. In a word, treating leprosy patients isn't profitable because they are too poor to pay the doctor's fee. I decided to do it, because nobody else wants to."

In 1990, PMS became an independent organization so that it could support Nakamura, and he resigned from the NGO. At present, PMS cares for about 8,000 leprosy patients in Afghanistan and the northwestern region of Pakistan, which is about 1,000 more than in 1982. "In the regions, we find other infections, such as malaria and typhoid.\*2 But the most common cause of death is just diarrhea.\*3 The same thing happens in all developing countries," Nakamura says.

He is willing to travel for medical examination for all diseases. Because of Islam's dharma (divine law), women are not allowed to show their skin to strangers. How does Nakamura treat female patients? "I always ask their husbands and fathers to be present when I treat them," he says, with respect to their culture. "If we handle problems one by one, we can find various ways to solve them."

Besides being a doctor, Nakamura is also someone who always wants to be truthful about what happens in Afghanistan. As PMS's activities were restricted by the U.S. air strikes after September 11, 2001, he has questioned press coverage on Afghanistan. He claims, "In fact, 99.9 percent of Afghans were relieved when the Taliban regime\*4 started to position itself, though news from the West reported the Taliban as evil. I think Japanese thinking has become westernized, and they have a prejudice against Islam." He also laments that only the downside\*5 of the Taliban has been emphasized.

In general, Afghanistan is a safe place. Most lost articles are returned. Afghans are

good-hearted, though strict with money," says Nakamura, smiling. He is fluent in Pashto, an official language of Afghanistan, Dari, a Persian dialect, and Urdu, a common language in Pakistan. These three languages are necessary for him to converse with his patients. He also speaks English when he works with the local government.

After more than 20 years in the region, Nakamura says, "I want to tell Japanese that a convenient and comfortable life is not everything. To pursue that kind of life is often the purpose of war. The tendency to solve problems by money and violence has spread socially. Afghans are happy, though they have no money. I want young Japanese people to seek the truth with a different sense of values than we adults ever had."

\*1 leprosy ハンセン病 \*2 typhoid 腸チフス \*3 diarrhea 下痢 \*4 regime 体制  
\*5 downside 悪い点

(1) Mr. Tetsu Nakamura is a medical doctor who

1. built four clinics in Pakistan and Afghanistan.
2. teaches medicine to 140 doctors in Pakistan and Afghanistan.
3. spends over 8 months in Pakistan and Afghanistan.
4. brought 16 doctors from Japan to Pakistan and Afghanistan.

(2) According to Mr. Nakamura, some doctors do not want to take care of leprosy patients because

1. such patients are poor and cannot pay the doctor's fee.
2. doctors are afraid of getting infected with leprosy.
3. there are discrimination and prejudice against leprosy.
4. there are no doctors who specialize in leprosy.

(3) According to Mr. Nakamura, in Afghanistan and Pakistan

1. the number of patients who have leprosy is decreasing.
2. most people die of leprosy.
3. it is not the case that the majority of people die of malaria or typhoid.
4. leprosy is the only disease they find.

(4) Mr. Nakamura thinks that

1. women should be treated by their husbands and fathers in Islamic countries.
2. doctors should consider the culture of their patients.
3. women who believe in Islam do not see a doctor.
4. there is only one way to solve problems.

(5)Mr. Nakamura comments that in Afghanistan

1. most of the people were happy when the Taliban began to take power.
2. more doctors started to work after September 11, 2001.
3. the Taliban had a prejudice against Islam.
4. the Taliban regime was westernized by the Japanese.

(6) In Afghanistan and Pakistan,

1. people like to spend money.
2. only one language is spoken.
3. English is necessary to communicate with patients.
4. it is better for doctors to speak more than one language.

(7) Mr. Nakamura wants to tell Japanese that

1. people are happy when they have no money.
2. young people should develop their own sense of values to find out the truth.
3. everyone needs to spend a convenient and comfortable life.
4. money and violence always solve problems.