**Extra Chapter 　Think "What can I do?"**

 In the spring of 2003, I was driving the Hokuriku Expressway as usual towards Fukui to meet a client there. It was not long since my driver's license issue was settled. It felt great to be able to drive freely.

 I was to visit a curtain manufacturing company with about 100+ employees. Of which, six were foreigner trainees from the cooperative union that I served as chairman. Training of foreigner engineers is supposedly conducted for educational purposes, but in actual, its purpose was to rebuild Japan's curtain manufacturing industry lacking human resources on the grounds of technical training of employees from state-owned enterprises in Shanghai, China.

 The company lightly renovated the former girls' dormitory where female workers used to live during the prime of curtain manufacturing industry and provided a living space that even I thought was spacious enough for the six trainees I introduced. There were a few single Japanese employees that lived here. Although it cost a bit for welfare benefits, the training allowance itself was close to minimum wage. For a company that had long been lacking human resources, these trainees were "golden eggs".

 It was obligatory for the staff-in-charge from the union to visit the company, once a month, and report about the training situation to JITCO (Japan International Training Cooperation Organization), an external organization of the Immigration Bureau. The staff-in-charge had already visited this month, but this day, I received an urgent call from the employee looking after the trainees. Hence, I went to see what happened.

 Upon arriving at the company, the president stopped the trainees from work and called them to the employees' break room. I was called to be consulted about the health of a trainee named Chunhua Zhang, but before I had arrived, one of the employees had taken her to the hospital because she complained about severe back pains.

 I had been briefed about the situation the day before, but as I took my seat at the meeting, the president explained to me with a solemn face that Ms. Zhang had a disease called "spinal carious." He wanted me to inform this to Ms. Zhang in Chinese. All of the union's trainee patrol staff had majored in Chinese at their universities, but with my long experience studying abroad in China, I was more capable of addressing something that complicated. I also wanted to return favors to this president, because he would often invite me to his company, take me out for meals, and had been extremely cooperative when key persons from China came to visit Japan.

Anyone could have looked up spinal carious in a Chinese dictionary to translate it, but it took quite some time to explain what kind of disease it was to have Ms. Zhang understand herself.

 Spinal carious is a disease where Mycobacterium tuberculosis invades bone for some reason and dissolves these bones. Therefore, it is necessary to remove the affected area by surgery. However, in the case of Ms. Zhang, the bacteria had spread, and it was difficult to operate because if a nerve is nicked even a little, it may leave her with an aftereffect. It was very sad to inform this to Ms. Zhang, who was only 25 years old. The girl in charge of the trainees who had accompanied me was crying out loud.

It was a difficult operation, but the issue didn't end there....

With the operation came great expense.

 Ms. Zhang had been examined at Fukui Prefectural Hospital and the inspections by X-ray, etc. already cost her tens of thousands of yen. Foreigner trainees are subscribed to the same health insurance as the typical Japanese employee. The co-pay of medical expenses was 30%. If it were only tens of thousands of yen, a 30% co-pay would not be such a large amount. In a case such as a major operation for spinal caries, the hospital estimate was about 6.5 million yen. Simply calculated, Ms. Zhang would have to pay 30% of that, which will amount to 2 million yen.

 At that time, my union invited trainees from Chongming County (currently, Shanghai's Chongming District) of Shanghai, China. In most cases, 'foreigner trainees from China' meant personnel from the back regions of China forced to work overtime with illegal wages. It was becoming a social problem. However, at my union, we deliberately chose proper technicians from urban China to train and though it was minimal, paid them according to laws and regulations. Still, Ms. Zhang did not have savings of 2 million yen, working in Japan for only about a year under such condition. That would leave Ms. Zhang with the only option of returning to China. The doctor said that trying to perform an operation that was even difficult to do in Japan would be devastating to do in China.

 After we finished explaining the medical condition to Ms. Zhang, the president started talking about what he could do for Ms. Zhang who was always hard working. At this point, I could not reply since I also wouldn't be able to pay for the surgery in Japan. I did not like just pouting at the situation, but it also seemed like a waste of time for me, a complete outsider in the field of medicine, to think. But no, Hiroshi Taniguchi is a man that never gives up.

When I returned to the office in Kanazawa, I started searching on the internet about this disease called spinal caries.

 Spinal caries is the tuberculosis of the spine. According to Wikipedia, the famous Japanese poet, Shiki Masaoka, died from this disease. I clicked on the word "tuberculosis" on the top part of the page.

Beyond my expectation, I discovered a new legal fact!

Under the Communicable Disease Prevention Law, tuberculosis was designated as a "Type 2 Communicable Disease." This Communicable Disease Prevention Law was a new law made by merging with another law in 1998. I read further on this law. It said that a tuberculosis patient may receive health checkup order, job restriction order, and hospitalization order from prefectural governors.

 Huh? 　What were these "orders" from the prefectural governor?

 I immediately called Fukui Prefecture Hospital and asked for a detailed explanation. A tuberculosis patient was a very rare case at this hospital. Hence, there wasn't anyone who knew the details and told me to call the Health Center.

I called the Health Center. Again, I was told that tuberculosis was rare and there has not been any precedent cases of a forced hospitalization order in recent years. However, if there were a patient with tuberculosis, a prefectural governor order of hospitalization was highly likely and if the order was issued, then the entire medical expense will be paid by the prefecture.

The person on the phone did not discriminate foreigners, rather he listened with great care. Thanks to him, I was able to communicate smoothly with the prefectural government. We were finally able to receive a hospitalization order from the Fukui prefectural governor. The next question was, "Who will be Ms. Zhang's parental guardian?"

 Ms. Zhang had a mother, but she was in Shanghai and there was no other method to communicate to her but by phone. I called her several times to explain her the details, but it seemed she was not good in Mandarin (the Chinese I was using). Sometimes Ms. Zhang had to join the conversation and somehow, I was able to receive her consent about me becoming Ms. Zhang's parental guardian. As the union chairman, I was also her guarantor under the Immigration Control Act. This worked to our favor and JITCO also pleasantly agreed that I should become Ms. Zhang's parental guardian and proceed accordingly.

The day of the surgery came.

It started a bit shy of 3 pm. It was still chilly in Fukui, with melting snow still left on the ground. I encouraged Mr. Zhang with "Jia-yu (meaning "Hang in there" in Chinese)."

When I was waiting in the hospital hallway, the personnel from the Health Center who had accompanied me encouraged me with "I'm sure everything will be okay", but to be honest, I was super worried about this great surgery that will be removing the affected area that had spread from the hip bone to the femur.

 The surgery ended at around 10:30 pm. The operation room opened, and Ms. Zhang came out on a stretcher with oxygen masks and other various instruments attached. She seemed to be going in and out of consciousness, but when I approached, she gazed into my eyes and slowly breathed out the words, "Ma-ma- (meaning mother in Chinese)" in her oxygen mask.

Ms. Zhang was still delirious. I immediately contacted Ms. Zhang's mother and told her that Ms. Zhang's surgery was successful but would have to use a wheelchair for a while. In about a couple of weeks, she should be able to stand on her own. I had no clue as to whether or not I was able to properly explain the situation to her, but she kept saying, "Xie xie ni! Xie xie!" (Thank you in Chinese) I was too tired with fatigue and a sense of accomplishment, so I gave up returning to my home in Kanazawa. I got myself a room at a business hotel near the hospital and slept.

 About a month and a half month later, Ms. Zhang returned to Shanghai with the Chinese agency who received the request from our union. The president of the curtain manufacturing company repeatedly requested to the Chinese agency not to punish Ms. Zhang, because she was not returning due to her fault. She was not punished.

　It was a happy ending.

 Fast forward, ten years later to the winter (or summer in Fiji because it's in the southern hemisphere) of 2013, I was in the hospital again. This time it was not Fukui Prefectural Hospital in Japan, but Lautoka Hospital in the Republic of Fiji.

Several days ago, a Japanese student studying at the national high school where I served as chairman was infected with dengue fever.

 The high school counselor had taken the student to the hospital, where he was diagnosed with dengue fever and prescribed a medicine. He had not taken those medicines. He was still a high school student and had not thought dengue fever was a serious illness. He fainted because he had lost his physical strength. The host father immediately took him to the hospital, but when I arrived, the student was receiving artificial dialysis due to severe kidney function deterioration. His consciousness had not yet returned.

I confirmed the situation with the hospital's Indian-Fijian doctor. He told me that it could turn into a life-risking situation due to high fever and kidney function deterioration. He added that even if the student recovers, he may suffer from aftereffects because of great damages to the brain and kidney function.

Generally, it is possible to cover treatment costs with the premium we have each student to subscribe when studying abroad. In Fiji, the cost is cheap and so, expense-wise I was not worried. I was more worried that in the worst case, the student may die or suffer from aftereffects. I consulted the doctor and decided to urge the insurance company to take him back to Japan by an emergency carrier.

 The insurance company returned us a very mindless reply. Although they had no clue about the situation, they kept saying "No problem in Fiji." This conversation went back and forth for three days. It seemed we were battling the insurance company, not dengue fever. The agent, with no particular reason, was reluctant to arrange a private medical jet for emergency transportation.

 We looked after the student who had fallen into a coma in Fiji with a three-shift system. Apart from that, I asked one of the Japanese staff who was not a counselor for the high school but for the language school to negotiate with our stubborn enemy (aka the insurance company).

Finally, after submitting a document from the doctor in Fiji, a private medical jet "Care Flight" arrived from Sydney on the morning of the fourth day. I was hoping to transport the student to Japan where his family was waiting, but the doctor judged that he might not be able to endure such a long flight. We changed the destination from Japan to Australia.

 All throughout the day, for 24 hours, I had kept in contact with the office in Japan almost every hour. I instructed Ishimoda of the high school business department in Japan to immediately start arranging tickets to Australia for his family.

 After finally arranging the private jet, I contacted Ishimoda to finalize the student's family's ticket to Sydney. I could hear her crying on the other end of the phone. She said that she wanted to go to Sydney with the student's family. She mentioned the manager at the Japan office thought so as well and stood her ground.

I listened to what she had to say and asked her, "Is there anything you can do for the student in Sydney?" She stayed silent for a while.

Medical expenses in Fiji, where standard medical care was very inexpensive, were about 300,000 yen in total. This itself was not much at all, but transportation from Fiji to Sydney by a private medical jet was about 8 million yen. To top it off, it cost close to 500,000 yen per day for a foreigner to be treated in Australia.

 This quotation was shared with the student's family. The amount exceeding the upper limit of 10 million yen insured by the insurance company, were to be covered by the family, and it was about to drastically expand. Didn't she realize that she will be adding onto the expense by another hundreds of thousands of yen, despite that she would not be of much help?

I told her that what she was trying to do now were only actions to satisfy herself. The student's family probably does not want her to be involved, and even if she did head to Sydney, she would only be helpful as a mere interpreter. I more or like roughly spit these words at her.

"So, what can you do for them?"

　I could hear Ishimoda crying on the other end of the phone, repeating "But.... but...." She didn't seem to be convinced.

 Perhaps the high school counselor and I were more aware (satisfied) of our devotion to the student, taking turns for the past few days to grasp his hands where he laid in the hospital room. I'm sure Ishimoda wanted to do something for the student because she couldn't do anything. At least, as a senior to Ishimoda, I was rational.

 We had done everything we could, so we asked Jack who was a minister as well as our school teacher to come to the hospital in the morning to pray. The student had not yet recovered consciousness, but according to the Indian-Fijian doctor, he seemed to think the patient had turned the corner. There was a Korean doctor at the hospital, and he too thought the patient would be okay.

 Japanese inpatients were rare at the Lautoka Hospital. Friendly Fijians came gathering in front of his room to sing a hymn for him. A young Indian-Australian woman wearing the cool uniform of orange and khaki color was the Care Flight doctor and pilot. She was meeting the doctors at the Australia hospital. She was originally from Fiji, and even after she moved to Australia before attending university, she had been helping seriously ill patients in Fiji.

 We saw the student off to the airport on an ambulance. Cagi, the high school manager, and other high school counselors all started praying. The sight of them praying was beautiful, but I myself did not pray. I was cynically replaying the words, "So, what can you do for them?" that I had said to Ishimoda the night before, in my mind.

 I flashbacked that incident in Ishikawa ten years ago. What was it that I did? Oh yeah! I had found the Communicable Disease Prevention Law, talked with the Health Center, had the prefectural governor issue an order, and had the entire prefecture pay for the medical expenses...

Hm! 　Maybe I could pull that off again!!

 I waited until the Japan office opened to immediately called Ishimoda internationally and told her that dengue fever is a Type 4 infection. I asked her to immediately contact the student's family and recommend them to negotiate with the public health center in Aichi prefecture before they left Japan. I added that about half of medical expenses in Sydney (expense calculated based on medical expenses he would have had to pay if he received standard medical care in Japan) could be applied for refund to the Social Insurance Agency.

 Later on, Ishimoda had told me that she had left Tokyo to head to the hospital in Sydney before the student's family. She knew she would only be able to buy personal necessities for the student, but she went anyway. She confessed that she bought tickets to Sydney out of her own pocket because she could not have her expense settlement approved by me in advance. Secretly, I had added that expense to her bonus. I guess Ishimoda will find out about this as she reads this book. (lol)

 After hospitalization in the intensive care unit for three weeks, the student was able to safely return from Sydney. He had to regularly go to the hospital in Aichi prefecture for a while, but he managed to recover without any aftereffects. The expense was paid by his home town.

Reflecting back, I sometimes worry I am cold-blooded because I can calmly make judgments in times like this. It was a happy ending and that's all that matters.