

# Atomic bomb

disease for medical practitioners

My experience in providing medical service to hibakushas



**HIROSHIMA** 8:15 a.m., August 6th, 1945



**TREATING THE BURNS**

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# Foreword

Vice President **Hiroshi Yamagami**

Japanese Medical and Dental Practitioners for Improvement of Medical Care (Hodanren)

This year marks the 65<sup>th</sup> anniversary since atomic bombs were dropped in Hiroshima and Nagasaki. During these years, A-bomb survivors have suffered an enormous sense of threat, anger and grief to A-bomb and psychological pains. The hibakushas, however, made persistent efforts and instituted lawsuits against the government under difficult circumstances. And finally on 6<sup>th</sup> August 2009, the government signed on the Letter of Confirmation on the Basic Policy in Closing the A-bomb Disease Recognition Class Action Lawsuits with Nihon Hidankyo. On the plaintiff team there were a group of medical practitioners who were deeply involved in the trials.

They rose to the class actions recognizing the importance of changing conventional individual action made by each hibakusha to a new collective approach and clarifying the objectives of the trials which would allow them to effectively establish causal relations between A-bombs and diseases. It was important to institute class action lawsuits nationwide, to clarify the reality of A-bomb effects and achieve recognition system reforms. The Letter of Confirmation was made possible by the strong sense of social responsibility of medical practitioners to save lives as professionals and conscience as well as compassions to hibakushas, scientific logics and fighting spirits. We hope that many people in the world will read this collection of papers. Besides these medical practitioners there have been always supports from the citizens and NGOs and encouraging public opinions. The Letter of Confirmation still leaves a lot of challenges. We would like to do our best to solve the problems with hibakushas. We are also determined to continue our activities by collaborating with the peace-loving people on Earth to encourage all the nations particularly the nuclear states to give up on nuclear weapons and eliminate them not to generate more hibakushas in future.



## MIYUKI-BRIDGE ON "THAT DAY"

Survivors, burnt and bleeding, try to escape the flames... unable to walk a step further. 2.2km south of the hypocenter. August 6, 1945 about 11:00a.m. Hiroshima

# Atomic bomb disease for medical practitioners

Hyogo Medical Practitioners' Association Director **Hideo Gochi**

## From the viewpoint of a medical practitioner

I have provided medical care to about 1500 hibakushas in Hyogo Prefecture and met 2000 through the judicial processes. Whenever I see A-bomb patients in my practice, I think about three important missions. First I must save their lives, second I must protect their rights and their livelihoods, and third I must protect global peace with them.



### MOTHER FEEDS HER BABY

At Michi-no-O Station, 3.6km from the hypocenter. August 10, 1945 about 2:00 p.m. Nagasaki

I, however, realized that a very important piece was missing in this picture. During the early years of my professional service, I had only swallowed what was reported by the Japanese and US governments and had not been able to clarify the real suffering of the hibakushas from the medical point of view. It is only the last six years that I started approaching to the reality of hibakushas by listening to their true voices.

So, first of all I want to clarify what are special medical allowances for atomic bomb disease?

According to the Atomic Bomb Survivors' Assistance Law, a patient is recognized as an atomic bomb disease patient and provided with compensation by the government if the Minister of Health Labor Welfare approves that he or she suffers due to the atomic bombs radiations (atomic-bomb-radiation induced) and needs to be put under medical care (medical care required). Some patients sued the government for recognition which will allow them special medical benefits by proving that their symptoms are radiation-induced. For so many years only if you were directly exposed to the atomic bombs or you are within the radius of 1,5km at maximum from the ground zero, you could be officially recognized as an atomic bomb disease patient. The number of recognized patients has been around 2000 in the last 20 years simply because the government could set budget only for 2000 people, which was clearly stated by then vice minister of MHLW in the Konishi case in Kyoto. In other word, unless someone officially recognized died or got relieved from the

symptoms, you would not be enlisted as an atomic bomb disease patient.

Moreover, the standards set by the government were utterly unscientific. For example, there was once a time in which you could be regarded as an official patient only if you were within 800m from the ground zero. The hurdle was too high since people within this distance were exposed to explosive wind of 180mps, 1800°C heat wave and 10Gy in radiation which is 2,5 folds of the fatal amounts.

New standards were set up after years of struggle in court in March 2008 by which distance was extended to within 3.5km from the ground zero and arrival in Hiroshima or Nagasaki within 100 hours from the A-bomb blast was approved. The scope was also extended to cancer, leukemia, thyroid disease, irradiation cataract and radiation-induced cardiac infarction. This still leaves some issues, for example, it is almost impossible to establish evidence for cataract or cardiac infarction to be radiation induced. However, it is a major advance since the scope is widely expanded to various kinds of cancer.

According to the court decision, hyper tension and deforming spondylitis are also included in the scope. That requires physicians to write statements claiming that the patients should be recognized for A-bomb disease if they complain of backaches from hypertension or deforming spondylitis. Court requires physicians to examine the health conditions of patients in a comprehensive manner.

### || Struggle of physicians

Before I was involved in the support in court cases, I had only filled applications for the primary patients who were exposed to radiation within 1,5km based on the information from the books titled as 'A-bomb damages in Hiroshima and Nagasaki' and 'Effects of A-bomb radiation on human body 1992'. Later, I listened to the patients carefully and realized I was wrong. I was



#### **Kill Me!**

Mr. Taniguchi Sumiteru, a postman of 16 years old, was making his rounds by bicycle when the A-bomb exploded. His entire back was heavily burned, and he was hospitalized in the Navy Hospital of Omura district, Nagasaki where he laid on his stomach, unable to move for almost two years.

While serving as Vice-President of Nagasaki Council of the A-Bomb Sufferers, he continues to tell people about his A-bomb experience.

(Photo by U.S.Army/ Sponsored by The Japan Peace Museum)

convinced that they should be recognized as A-bomb patients and went through a lot of intensive reading of related books. While I was doing this, I came to realize a long history of conflicts between the physicians who provided a medical care to the A-bomb patients and those who tried to trivialize the suffering of such patients. According to Kenzaburo Oe in his Hiroshima Note, the history of medical care to the A-bomb patients was not written by the authority on the establishment, but by the people who made a silent opposition to them through their unsuccumbed commitment starting from scratch.

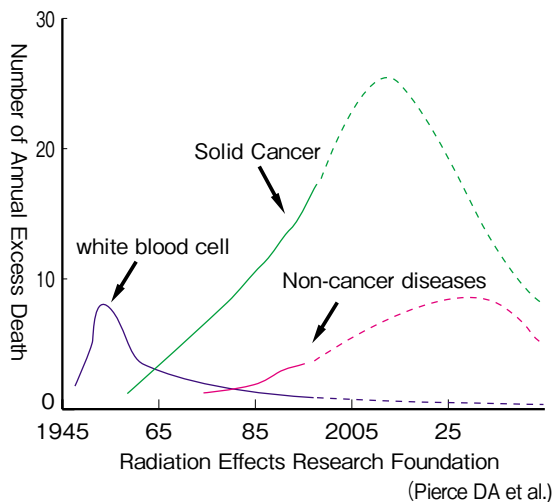
There are some books that record the commitment made by the physicians taking care of the A-bomb patients. For example, Report on A-bomb damage research comprised of 2 volumes was published in 1953 and White paper on A and H-bombs damage with its prefatory note written by Dr. Hideki Yukawa. Dr. Soichi Iijima, a founder of Aichi Chapter of Physicians for Elimination of Nuclear Weapons, also wrote a book titled Nuclear Radiation and A-bomb Disease.

## Three Mistakes

I realized after my research that I had made three mistakes. First of all I used to believe that A-bombs were a past issue. Second, I believed that the damages caused by A-bombs were already scientifically identified. Third, I thought that very little damage was made in terms of residual radiation to the people who were exposed in the larger range of distance or made entry to the cities after a few days. Even the Radiation Effects Research Foundation that has reported data of minimized damages on human body stated that the damages caused by the effects of A-bomb radiation will peak in 2020

**Figure one** is an estimated incident of solid cancer caused by A-bomb radiation that shows the damage will peak in the near future and there are scientific reasons behind this. A majority of death tolls in the past is claimed by those older than 20 years old when they were hit by the A-bombs. Those who were hit at younger ages are in fact more seriously affected by the radiation than those hit at 20 years or older. People who were 0 year old at the time of the A-bombs are now 64 years old and those are the

Figure 1 Chronological Changes and future estimates of Excess Mortality Rates Caused by Radiation



most vulnerable to the effects of radiation.

How much scientific evidence is available to prove the causality between the radiation and the disease has been the argued in court. The government requires solid scientific evidence to prove radiation being responsible for the death. However, Dr. Toshiaki Okubo, President of the Radiation Effects Research Foundation, told to the Chugoku Newspaper 2 years ago that only 5% of the delayed damage cases has been currently established scientifically indicating that it would take another 40 years to establish the evidence by investigating the data which should be available by then due to the death of the all surviving patients. Until now very little has been known regarding the A-bomb diseases.

## Underestimate the damages

The Radiation Effects Research Foundation drew criticism since it underestimated the effects of fallout. Its former body called Atomic Bomb Causality Committee (ABCC) was established by the US military and experimented the effects on human bodies by using hibakushas. ABCC was said to be intentionally underestimating the negative effects to utilize nuclear for military purposes. Although the organization is now jointly run by Japan and US since 1975 under the different name, Radiation Effects Research Foundation, a half of its budget is still funded by the US government. With its financial affiliation to the organization, the US government imposes tangible and non-tangible pressure. It is obvious that their research is far from adequate, for example they ignore the effects of residual radiation and internal exposures. In the comparison study, they compared the people exposed to massive radiation with little radiation in which they should have compared hibakushas non-hibakushas as control. I myself use to believe those reports.

Nuclear energy is released into the air in the form of explosive wind by 50%, heat by 30% and radiation by 15%, Radiation includes 5% initial

radiation (less than 1 minute) and 10% residual radiation which enter human bodies through rain and radioactive dust. There are three kinds of residual radiation namely  $\alpha$  ray,  $\beta$  ray and  $\gamma$  ray out of which only  $\gamma$  ray was taken into consideration. They ignored the effects of  $\alpha$  ray and  $\beta$  ray since  $\alpha$  ray penetration depth is 1mm and merely  $40\mu$  inside the body and  $\beta$  ray is 1cm. They concluded that neither  $\alpha$  ray nor  $\beta$  ray could have possibly penetrated the human body since the bombs exploded 500m in the sky. Residual radiation is carried by nuclear clouds and reaches the ground in the form of rainwater. But US insists that the nuclear clouds are blown off and expands thinly over the sky causing no rain. But the truth is that since they made nuclear experiments in the desert in New Mexico where there was virtually no rain or no dust to carry the radiation with. It is true that  $\alpha$  ray could only penetrate  $40\mu$  in the human body, but it is long enough to damage the cell nucleus penetrating the membrane. Initially I believed that there was no effect of

residual radiation, but that contradicted the fact I obtained from hibakushas. For example, a woman who entered the area near the epicenter in search of her husband died 3 days later manifesting acute symptoms. I was only listening what they said without exploring why. I, however, was enlightened by reading the book titled Nuclear Radiation and A-bomb Disease authored by Dr. Iijima.

Quotes ‘ All the symptoms shown by hibakushas have to be considered directly or indirectly being radiation-induced unless there is clear evidence that there is no causality.’

### || Lifton Classification Scheme

Robert Lifton is an American psychiatrist who wrote scientific papers exploring the psychology of hibakushas and was awarded for the American Book Award. He came in for an interview with physicians as well as hibakushas and divided their attitudes into four categories. **(Figure 2)** Many physicians exposed to nuclear bomb were

Figure 2 4 categories by Lifton

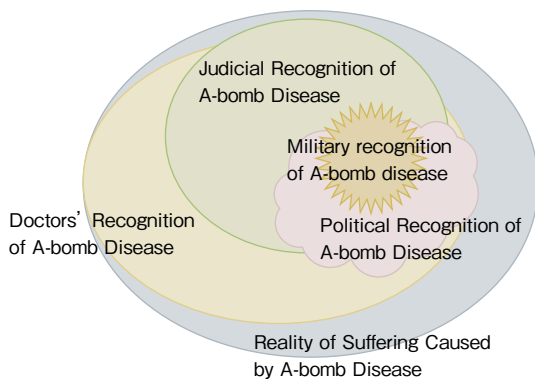
1. ALL-Embracing Concept	All cases have to be recognized as A-bomb diseases	Very few doctors
2. Moderately Inclusive Concept		Japanese doctors
3. Skepticism Concept		American doctors
4. Outright Rejection Concept	Recognition as A-bomb disease is harmful	American doctors

either group 1 or 2, whereas young Hiroshima Physicians were mostly categorized into Group 3 or 4. I found myself to be Group 3 before getting involved in the trial. But I changed my opinion to group 1. As I mentioned earlier, the effects of A-bomb are identified only by 5%, however still the Japanese government insists that there has to be clear evidence regarding the causality for recognition. They also have to change their stance to Group 1 and give the patients the benefits of doubt and save them. The role of physicians is to reconcile the gap of each group.

### Reality of A-bomb disease

I observed that there are five views at conflicts in the trials. One viewed from the standpoint of A-bomb victims wishing the symptoms to be recognized 'based on the reality'. There is a view

Figure 3 : Five Different Recognition of A-bomb Disease



held by those who trivialize the effects of A-bombs which I call military A-bomb effects and slightly expanded area is so called political A-bomb effects. Judiciary A-bomb effects are recognized as an official A-bomb disease. And the 5th view is held by physicians.

Though we physicians don't fully understand the reality of nuclear effects which were experienced by hibakushas, we can fill the gap between the reality and military and political views which are intentionally trivialized. Physicians also have to expand our views and encourage the political view to come closer to the physicians' view. We have to be story tellers on behalf of hibakushas.

### No more tolerance

The government view in A-bomb disease is fundamentally wrong. Study Group on Basic problems of hibakushas, an advisory body to the Ministry of Health Labor and Welfare, published 'Basic concept of measures for hibakushas' in which tolerance theory was proposed. Tolerance theory indicates that the suffering of the WW2 has to be equally shared and tolerated by the Japanese citizens. And A-bomb Survivor Support Law was enacted to compensate the A-bombs survivors for their extra suffering caused by radio-active materials and to soften their complaints.

We must beat this mentality. As a start, we must first win the approval of wider A-bomb symptoms, war damages and eventually compensation by the government.

# A-bomb disease class action

Hiroshima Kyoritsu Hospital **Katsuaki Aoki**

**1 : An application for government recognition was rejected which was filed by a gastric cancer patient who was 2,9km away from the ground zero at the time of blast.**

Hiroshima Kyoritsu Hospital is located north of Hiroshima, 7km away from the ground zero in which 15% of the outpatients and 20% of the inpatients are hibakushas. One of my patients called Mr.Hirayama who went through a gastric cancer operation came to me to file for an application for government recognition. He was hit by A-bomb 2,9km away from the ground zero. With a distance being 2km or longer from the ground zero, there had been no case winning recognition from the government. Mr.Hirayama, however, was determined since one of his friends who ran in the city for escape with him won the recognition. I wrote doctor's statement responding his strong requests.

If you are an A-bomb survivor and recognized as a sufferer of nuclear-radiation induced cancer, leukemia, cataract, thyroid disease or anemia and needing to be put under medication, your medical expenses are totally covered by the government and you are also eligible for special medical benefits worth of ¥130,000/ month. Where the number of recognized A-bomb patients had been around 4000 from 1960 to 1980 it decreased since then to around 2000, only 0,7% of the total hibakushas. The rate of government recognition in Hiroshima City was almost 100% at the initial periods; however, it has gradually declined to some 30% to date. From 1957 to 1985, the breakdowns of the recognized people by disease are 47% for anemia, 17% for malignant

cancer, 13% for liver disease and 9% for keloid, but the ratios hugely changed since then, for example, 40 malignant cancers were recognized followed by 2 hypothyroidisms and 1 keloid in 2000.

In 2007, a victim in Nagasaki, Ms. Eiko Matsuya won the case at the Supreme Court and was recognized as an A-bomb patient due to the head injury caused by the blast 2,45km away from the ground zero. This case raised the expectations of more cases to be recognized in future. In this



**THE SHADOW OF A MAN**

Shadow burnt into the granite step



### THE SHADOW OF A PARAPET

Bridge parapet left shadows on Yorozyua Bridge

case, however, I received an inquiry from the Ministry of Health Labor and Welfare to show papers to prove that an exposure to the A-bombs 2,9km away from the ground zero caused gastric cancer. I submitted papers as I was requested but the application was rejected as of October in 2001. Objection was filed only to be re-rejected in March 2003.

## 2 : Launching A-bomb class action and overall victory

Each individual hibakusha filed a lawsuit after his or her application rejected by the government and most of the cases the government lost. The government, however, never expanded the recognition scope, to the contrary, they released 'Government Screening Policy for A-bomb Disease' as of May 2001. They established probability chart in causal inference that identified 14 cases based upon kinds of

cancer, sexes and ages etc. Filling out information and figuring out radiation doses you received by using the distance from the ground zero and the age at the time of exposure, you would be recognized as an A-bomb disease patient if the resulting score is more than 10%. It is especially hard for a male gastric cancer case and a prostate cancer case to be recognized because 120cGy in dosage, the equivalent of the exposure of 1290m away from the ground zero is the minimal requirements if you suffered at the age of 7 like Mr.Hirayama. In the case of Mr. Hirayama, since he was exposed 2,9km away from the ground zero he was considered receiving less than 1cGy from the blast, and rejected. After the Matsuya case, the number of application increased, but the probability chart screening lowered the recognition rates to 20% which kept the total recognition around 2000 resulting in the same budget level.

Hiroshima Kyoritsu Hospital made 182 applications until the end of 2007 and 54% of them were recognized. The recognition rates for men were 39%, 66% for women and the rates for thyroid cancer were 66%, breast cancer 62%, gastric cancer 41% and prostate cancer 17%. This result indicates that there are huge gaps in types of disease. To make a breakthrough in this stagnant situation, a group of people planned class action lawsuits to fundamentally change the system and 300 people from 22 prefectures who were not recognized eventually sued the government starting in 2003. Mr.Hirayama was one of the 41 people who sued the government in the first suits in Hiroshima.

In Hiroshima there were 40 people asserting the validity of their symptoms to be radiation-induced out of which 27 were more than 2km away from the ground zero, 5 cataract and 4 liver disease and one person asserting the needs of medication who had developed thyroid cancer and had surgery operations 18 years ago with no relapse. Since my statement attached to the application was rejected I felt as if I was the 42th member of the suits and devoted myself to

support them.

The most serious case was with Ms. Ōe who was 16 years old at the time of A-bomb. When she was a student at Miyoshi Women's School, she was mobilized to Honkawa Elementary School, 350m away from the ground zero to be engaged in relief activity from 19<sup>th</sup> August for one week. She gave the first aids to the hibakushas and took a care of their meals and even disposal of the dead bodies. At night she shared a straw mat with the hibakushas to sleep in. Immediately after she came back from her trip, she suffered from fatigue, vomiting, diarrhea, melena and a loss of hair, and especially headache and fatigue continued for a year. She developed breast cancer at 37 years old and underwent a surgery for gastric cancer at 52 years old. In 1997, she was advised to make an application for radiation-induced breast cancer by her friend who had won recognition from the government for leucopenia, but it was rejected. In 1997 she went through an ovary cancer operation. She again made an application due to leucopenia, breast cancer, gastric cancer and ovary cancer only in vain.

10 A-bomb victim advisors made an investigation into the 23 former school girls who were mobilized to Honkawa Elementary School for relief activity and found that only 10 people or 43% survived when they were 76 years old in 2005. This is a striking comparison with the national average of 84% in survival rates for this age. There were 13 deaths out of which 7(54%) were malignant cancer ( 2 leukemia , 2 liver cancer, 1 ovary cancer, 1 gastric cancer and 1 pancreas cancer ) proving that residual radiation could give a serious health impact even 2 weeks after the blast. However, the government did insist that there was no serious impact on the human body if the exposure is more than 2km away from the blast and it would require 10 thousand tons of soil to be swallowed to cause an acute illness such as a loss of hair or diarrhea.

According to the ruling in the suits 'Ms. Ōe presented relatively serious acute symptoms and

since she could think of no other specific causes she was likely to be exposed both internally and externally to the residual radiation through buildings, soil, bodies of hibakushas. The 23 students who accompanied her to the site also showed a significantly low survival rates vis-à-vis the national average and the people died of diseases that were likely to be connected to radiation and large amount of doses. Those who survived also showed symptoms which were likely to be radiation-related. Therefore the causal relations could be established between the massive exposure to the A-bomb and the development and progression of leucopenia, breast cancer, gastric cancer and ovary cancer.' The court dismissed government's rejection.

In May 2006, all 9 people won the cases in Osaka District Court followed by the victory of the 41 people in Hiroshima District Court.

### 3 : New recognition system

Prime Minister Abe announced on 5<sup>th</sup> August in 2007 that the government would renew the recognition system in 2008 after six consecutive losses in court. It was decided that cases of exposure within 3,5km from the ground zero would be proactively recognized and cases of arrival to the cities within 100 hours since the blast and within 2km from the ground zero with



#### THE TOWN LIES DEAD

Atomic Bomb Dome from a former shopping center 400 meters away. Smoke and the heat rise but not a living thing. August 7, 1945 about noon. Hiroshima

additional one week stay in the cities would be also proactively recognized. Cardiac infarction was added to the list of target diseases.

Minimal requirement on the probability chart to win recognition was 100cGy in the worst case, but it was reduced to 1mSv, the equivalent level of annual radiation in nature, which increased the coverage from 20% to 65% of the total hibakushas. However, the effects of residual radiation were disregarded.

Regarding the budget, it peaked in 1998 and declined ever since by ¥1 billion every year and the decline in 2008 were moderated and ¥12 million down to ¥153,6 million. The special medical allowance increased by ¥4,1 billion which enabled another 1800 patients to be recognized. This increase was funded by medical costs and health allowance saved due to the death of ailing hibakushas. So, it is fair to say that the new standards were made in accordance with the natural loss of hibakushas by their death.

In April in 2008, the A-bomb Screening Committee set up 4 subcommittees and started screening prioritizing the patients who were eligible to proactive recognition. They recognized 2969 people out of 3020 in 2008, but left 8000 people unscreened. In 2009, they extended the screening to the people outside the proactive recognition area which increased the number of rejected and suspended cases.

In 2010, 6019 people were screened out of which only 2598 were recognized as A-bomb disease patients and 6900 cases were still suspended.

#### 4 : Consultation to the outpatients for A-bomb disease

Hiroshima Kyoritsu Hospital started providing consultation services with the outpatients for A-bomb disease since December 2007 and made 132 applications out of the 171 people. Cases outside the scope of proactive recognition in the new standards such as spine disorder and dermatological disorder were consulted and the application was made if the patients desired.

There are about 4000 hibakushas living outside of Japan such as in Korea, USA and Brazil. As of the end of 2008 only 11 non-Japanese residents or 0,5% won recognition for A-bomb disease which is half the level of the Japanese residents in the case of Hiroshima. The recognition rates were low due to the extra burdens of coming to Japan for application and the difficulties of getting the medical statements from the local doctors. However, since this requirement of having to come to Japan for application was abolished in April,2010, those living outside of Japan are now able to apply to the Japanese diplomatic establishments in their own places. By the end of the year 2009, we accepted 486 hibakushas who were non- Japanese residents and made applications for 25 people and 9 people have been so far recognized.

Mr. Kim who grew up in a Korean village was conscripted to the Japanese Imperial Military under the Japanese name of Nobuo Ishikawa and assigned to Hiroshima when he was 21 years old. He was hit by A-bomb in Ujina, 4,8km away from the ground zero on the 6<sup>th</sup> August and remained in Hiroshima until 21<sup>st</sup> to clear the dead bodies as part of his military service. He was sent back to Korea from Hakata as of 25<sup>th</sup> August by the order from the Imperial Headquarters in fear of Korean upheavals. It took him years until 1993 before he finally won the certificate as a hibakusha thanks to the testimony from the former head of his troop. In 2000, he underwent an operation of gastric cancer and came to our hospital to make an application for the government recognition of A-bomb disease. We concluded that he developed gastric cancer induced by the exposures to A-bomb radiation since he was engaged in clearing the dead bodies until 21<sup>th</sup> August near the ground zero and he underwent gastric cancer operation 8 years ago and fit to the Sendai High Court case that ruled if you went through regular medical checkups after gastric cancer operation, you would be regarded as a case of medication needs. He was conscripted

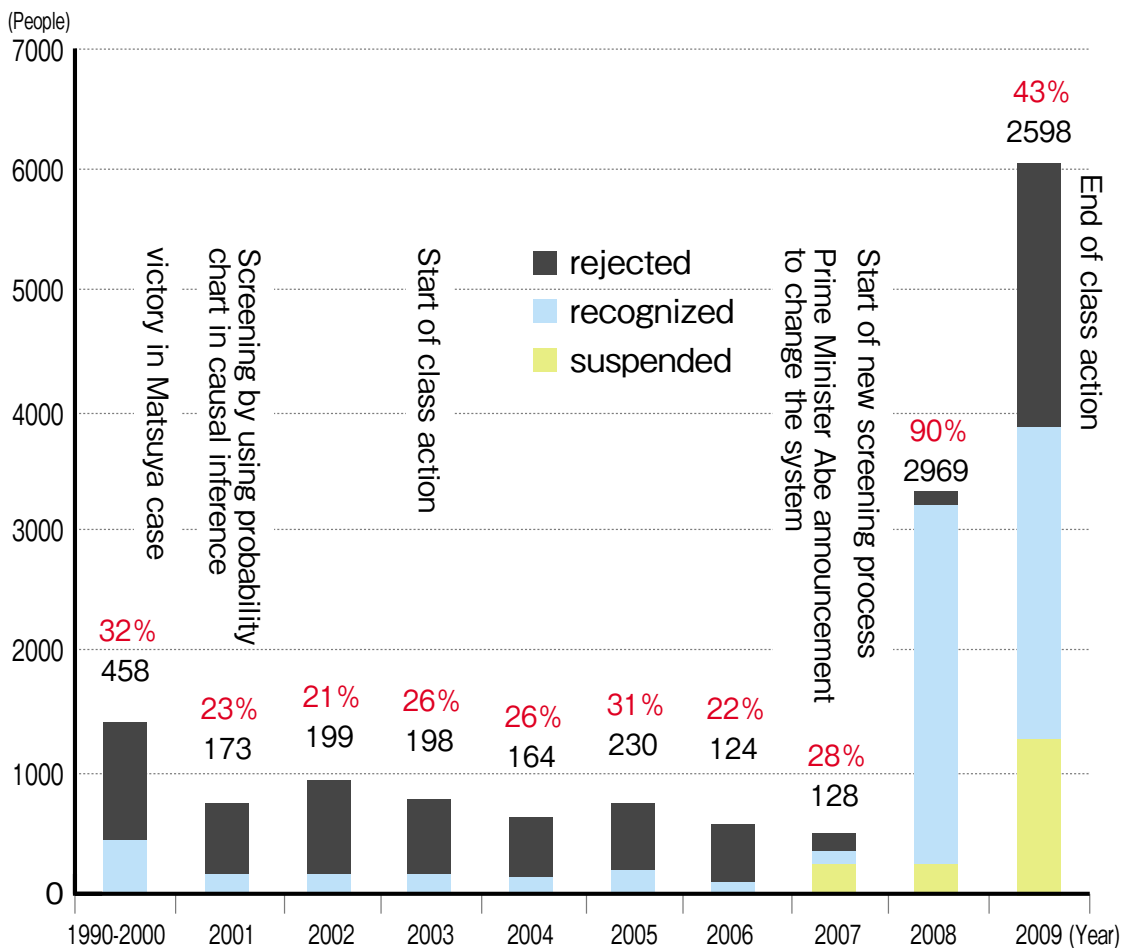
under the Japanese colonial occupation, hit by A-bomb in Hiroshima and disregarded for many years with no support eligible to hibakushas. Considering his age, 84 at that time, he should be granted the recognition for A-bomb disease. We created a medical statement based on this conclusion, but we haven't received any answer yet after 1,5 years to date.

### 5 : Settlement by class action and future recognition system

Ruling at Tokyo High Court as of 5<sup>th</sup> August 2009 marked the 18 consecutive losses of the government. Minister Masuzoe of the MHLW

announced that he would make further efforts to improve the system respecting the court decisions and to settle the class actions without appealing the court ruling. On 6<sup>th</sup> August 2009, the Letter of Confirmation was exchanged to agree to the basic concept of settling the A-bomb class action in which the government accepted the plaintiffs to be recognized as A-bomb patients if they won in the lower courts. This agreement also stipulates that the case will be open if it is pending in court and that there will be allowance paid to the plaintiffs funded by the lawmaker-initiated legislation even if they lose in the suits. Moreover, regular meetings were set

## The trending of A-bomb screening results Number of recognized A-bomb disease patients and recognition rates



up among the MHLW minister, Nihon Hidankyo, or Japan Confederation of A-and H-Bomb Sufferers Organization. Plaintiff team and lawyers to find solutions and the plaintiff team concluded to close the class action.

Mr.Hirayama finally received a letter of recognition 8 years after the application and 5 years after the lawsuit. But he died of lung cancer 4 months later. His death indicates that A-bomb victims are likely to develop multiple primary cancers.

The class action showed the reality of A-bomb victims' suffering, but it wasn't clarified yet the effects of A-bomb radiation. Complaints of myelodysplastic syndrome also known as preleukimia are increasing more than 50 years after the exposures. Prof. Ichiro Sekine at Nagasaki University indicates that the effects of radiation are more seriously developed if you are exposed to an excessive amount at a younger age. Currently 80% of the male and 90% of the female hibakushas who were younger than 10

years old at that time are still alive. He warns that only one third of the cancers have been developed by all hibakushas. At Nagasaki University,  $\alpha$  ray trace was observed in the hibakusha's autopsy specimen and the specimen was used for the analysis of internal exposure.

The government has to make more efforts to support hibakushas and research over the effects of radiation poisoning. Specifically the current A-bomb recognition system has to be improved as follows

- 1 : Structure the system to realize a faster screening process
- 2 : Expand the scope to cover all the hibakushas
- 3 : Recognize people as A-bomb disease patients immediately after the submission of medical certificates if they develop malignant cancer
- 4 : Expand the scope of illness respecting the court rulings in the class actions
- 5 : Provide full medical benefits to the hibakusha living abroad in their own places of residence.

# As a medical practitioner practicing in Nagasaki

## My experience in providing medical service to hibakushas

Executive Director Nagasaki Medical Practitioner Association **Masakazu Kan**

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### 1 : Encountering and mixing with hibakushas

In July 1982, I came back to Nagasaki after completing orthopedic surgery training in Hokkaido and was hit by huge flooding. Subsequently I went to Higashi Nagasaki area to practice medical checkups in the post disaster period.

At that time 80% of the patients coming to Oura Clinic were hibakushas. The outpatient department was filled with hibakushas who wanted receive so called health control benefits designed for serious A-bomb cases and we medical practitioners were dedicated to making as many applications as possible for hibakushas. The health control benefits were given to certain number of hibakushas after a series of regular round-table meetings with hibakushas and were made possible by serious appeals to the government and the Ministry of Health Labor and Welfare.

At that time, malignant cancer complications

increased significantly even in our limited practices in the orthopedics outpatient department which made me realize the importance of making a holistic approach to detect cancer at an early stage. Therefore we made palpation of thyroid gland, X-ray photography and consultation by other surgeons' standard practices when the patients wanted to apply for health control benefits.

### 2 : Health care issue for hibakushas = Health care for elderly people

Health care issues for hibakushas have to be dealt with as issues for elderly people due to the aging population of hibakushas which exceeded 75 years old in 2009, especially under the newly introduced nursing-care insurance system.

Practicing medical service to hibakushas, I always give full diagnosis, treatment and therapy programs and check out complications and coverage of health control allowance as well



**THIS WAS A BOY**

The charred remains. 700 meters from the hypocenter. August 10, 1945 Nagasaki



### WAITING FOR HELP - OR DEATH

Wounded, unable to move. A stricken child. 1.5km from hypocenter. August 10, 1945 about 10:00 a.m. Nagasaki

as practice health check designed for A-bomb victims and annual birth-month check for osteoporosis. I also advise them to take out nursing care insurance, but most of the cases they want to be on their own and assume negative attitudes to insurance coverage. Since their family can be covered by nursing-care allowance, I check out such possibilities, too.

On the other hand, unfortunately their psychological trauma has been left untreated to date. Therefore, whenever I treat hibakushas, I try to imagine the suffering of those people due to the effects of A-bombs, high levels of radiation that they were exposed to, compassion they need from the society and the harsh reality of aging hibakusha population and insufficient environment to receive medical treatments.

Since medical services are increasingly required to offer healing of mind, I try to have conversations with them and listen to what they suffered during and after the war and what they did for job. Some hibakushas even told me that they felt much better after they saw and talked with me.

### 3 : Individual A-bomb disease application

There have been a lot of applications made for orthopedic trauma such as osteoarthritis and spondylosis deformans, but they have been

rejected completely. According to the Ministry of Health Labor and Welfare, it is difficult to determine that the orthopedic trauma was caused by A-bomb radiation. Prior to the class actions for recognition of A-bomb disease, orthopedic trauma cases had been closed without any oppositions filed by the patients. Situations, however, have been dramatically changed after the Matsuya case in Nagasaki for which I joined her supporting group.

### 4 : Matsuya case in Nagasaki

Ms Hideko Matsutani Matsuya was 3 years old when she was hit by A-bomb 2,45km away from the ground zero and suffered a head injury by blasted roof tiles. As a result she developed motor impairment in 1988, but her applications for recognition were rejected twice since she was not within 2km from the ground zero.

In this lawsuit, the government was judged over consistently limiting the number of recognized patients. At the same time, the role of a private advisory body to the MHLW minister to consider basic policies for hibakushas was questioned.

May 1993, Nagasaki district Court announced overall victory of the plaintiff.

However, since the government appealed the ruling, the case was transferred to the Fukuoka High Court. At the end of the day, it took 12 years to settle and win in the Supreme Court after a long and harsh struggle. All the hibakushas were encouraged because this could become a trigger for the MHLW to fundamentally revise the recognition standards although the Matsuya case was an individual suit. The result was very disappointing because the ministry adopted a new system called possibility chart in causal inference under which even Ms Matsuya could not have been recognized. So upset with this new system, the hibakushas started a movement nationwide to take class actions to change the recognition system (**Figure 1 : Results of the individual lawsuits**).

**Figure 1 : Individual trials in the past**  
(Some people won and some lost the cases)

Major A-bomb disease lawsuits

• Kuwabara case	: 1979 Hiroshima High Court	Lost
• Ishida case	: 1976 Hiroshima District Court	Won
• Matsuya case	: 2000 Supreme Court	Won
• Konishi case	: 2000 Osaka High Court	Won
• Azuma case	: 2004 Tokyo District Court	Won
• Yasui case	: 2003 Dismissed at Sapporo District Court and recognized	

**5 : Class action for A-bomb disease recognition**  
(Figure 2 : Reasons for the class actions)

Class actions for A-bomb disease recognition were filed in April 2003 and spread through the nation in 17 places involving 306 people resulting in 21 consecutive victories of the plaintiffs. It is particularly noteworthy that the 2006 Osaka and Hiroshima District Court rulings were totally in favor of the plaintiffs and pointed out the ‘mistakes made through DS86 and possibility chart in causal inference regarding radiation –induced disease’ (**Figure 3 : Consistent attitudes of the government**). The rulings also refer to the necessity of comprehensive considerations into their age, situations of exposure, levels of acuteness of disease and current financial status. (Difficulties faced by the medical practitioners are described in details by Dr. Hideo Gochi and Dr. Katsuaki Aoki)

In August 2003, Support Group for Class Action to Win A-bomb Disease Recognition was launched in Nagasaki and I myself joined this organization. I am also a member of Nagasaki Min-Iren and a group of doctors from this association dedicated themselves to writing doctors’ statements for the plaintiffs of class actions. What we want through this activity is victories for all the plaintiffs in the lawsuits, full supports to compensate health damages with and fundamental improvements of the A-bomb disease recognition system and medical services.

In the examination of witness for the 6 plaintiffs in the second trial, I took stand to give evidence and won credits both in Japan and overseas. In the first trial, 20 out of 27 plaintiffs won the cases, but the government made appeals to the rulings and still pending at the Fukuoka High Court. On the other hand, after recording 21 consecutive losses, the government is likely to withdraw their appeals based upon the Letter of Confirmation regarding the basic policy to close the class actions for A-bomb disease recognition (Letter of Confirmation) agreed with the plaintiffs including Nihon Hidankyo and the plaintiffs’ lawyers.

**Figure 2 : Position of the plaintiffs of class actions for A-bomb disease recognition**

Reasons why the plaintiffs go to court

- 1 : Atomic Bomb Survivors’ Support Law was insufficient  
Recognition rates are less than 1%
- 2 : Improve too stringent screening standards
  - 1) It trivializes the impacts of radiations
  - 2) It disregards the effects of residual radiations to human bodies
- 3 : 1) Clarify the negative effects of radiations to human bodies
  - 2) Reconfirm the destructive power of nuclear weapons
  - 3) Contribute to disarmament activity

**Figure 3 : Consistent government attitudes**

Position of the government

- People who were hit by A-bombs more than 2km away from the ground zero
- People who enter the cities after the blast
- People who were engaged in relief activity immediately after the blast
- Acute symptoms such as diarrhea, loss of hair and bleeding from the gums
- Hygienic conditions when the bomb was dropped
- Nutritional state
- Stress

[It was not the effects of radiations from A-bombs]

## 6 : Letter of Confirmation with the government

- 1) Respect the rulings of the first trials and plaintiffs who won the first trials can settle without the rulings to be appealed.
- 2) Kumamoto District Court rulings( announced on 3<sup>rd</sup> August) will not be appealed and based upon this example, all the appeals filed to the plaintiffs who won in the first trials should be withdrawn.
- 3) Suspended cases should wait for the rulings of first trials to be announced
- 4) Fund initiated by lawmakers' legislation should be launched and used for the problem-solving for the plaintiffs
- 5) Regular meetings with minister of the MHLW, Hidankyo, plaintiffs and their lawyers need to be launched to solve the problems through

### BOY AND GIRL



Girls hair lost, due to irradiation. Nagasaki



Removing maggots from burns.

consultations not litigations.

- 6) The plaintiffs discontinued class actions if the requirements above are all met.

(Note : Act on the Fund enacted and put in force on 1<sup>st</sup> April 2010)

Letter of Confirmation above was agreed on 6<sup>th</sup> August 2009. In Gensuikin International Conference 2009, when reports were made on the Letter of Confirmation, the perception of participants was not always positive due to its unclear nature such as complicated texts, unclear government responsibilities and fund managements. In fact there was no description by the team of plaintiffs and lawyers in the Letter. Since there was no time to get approvals from the all stakeholders, it is hard to say that everyone was satisfied with the contents.

On the other hand, however, a lot of participants highly evaluated the Letter of Confirmation because : it shows future directions of recognition system which enables early settlements reflecting the reality of hibakushas. it is a result of the efforts made for elimination of nuclear weapons through class actions, and it enables all the peace loving people to share aspirations for the world without nuclear weapons. But, still there is a long way to go before us such as 7800 new applicants for government recognition.

## 7 : Future health care for hibakushas

Major syndromes observed with hibakushas are multiple primary cancer that is particularly suffered by the patients exposed to the radiation in short distance and myelodysplastic syndromes or MDS also known as pre-leukemia with bone marrow dysfunctions and hematopoietic failures which are newly regarded as A-bomb induced disease, as well as prenatal radiation exposure and psychological trauma.

I have been involved in medical practices for hibakushas for 30 years and I will continue to work for them as long as I continue to be a medical practitioner.

## 〈Later description〉

〔Taking stand to give evidence in the second trial for A-bomb disease recognition〕

I received a subpoena from the Nagasaki District Court addressed to me but my name wrong. I knew that I would receive the subpoena but didn't expect they got the spellings of my name wrong. Anyway I was quite nervous on the day of hearing and felt my pulse getting faster and faster. There was a long process before I took stand in court, so I would like to explain about the process and my opinions

In writing the doctor's statement I spent 3 months with no day off. I tried to understand 63 year history of the patient and researched related literatures, medical papers and verdicts announced in different courts. Sometimes I even used the National Diet Library for research. I asked two colleagues to write down the draft and three colleagues to make corrections.

The plaintiff team was comprised of 6 people. Two were keloid patients and one patient for meningioma, endometrial cancer, colon cancer and rectum cancer respectively. In order to diagnose the patients with A-bomb disease, you have to prove that i ) the disease was caused by A-bomb radiation and ii ) the disease requires medical attention. To prove i ) I respected the Min-Iren's statements regarding A-bomb disease. If the diseases were not listed as significantly related to the radiation exposure, I tried to make an approach from the perspective of late-set deficiency. Regarding ii) it was not a major problem since most of the patients needed medical attentions.

The female defense lawyer persistently asked about keloid since it was non-cancerous disease. She also tried to convince the presiding judge that keloid was not a radiation induced disease. She asked me whether I conducted pathological examination by cutting keloid, but gave me no time to answer. How could I have cut the keloid knowing that it would cause recurrence of hyperplastic scars. I could have said so if I had been given enough time to counter.

Regarding meningioma, it was listed as the 8<sup>th</sup> common cancer developed by hibakushas after long and in-depth researches made by Radiation Effects Research Foundation and the former professors of school of medicine. But in order to trivialize the effects of the literatures the defense urged us to choose just one most important literature. They did not approve of 'long distance case' nor 'late arrival to the cities case' in the first place, their questions were most ridiculous. A male lawyer who claimed that he was also qualified as a medical doctor asked about the minimal radiation level required to develop disease which no one could have possibly answer.

I was encouraged by my colleagues and staff members at hospital after the trial. The next day I read newsletter that introduced the trial. I realized I was not alone in this struggle and that I could go through this hard process thanks to the supports of Min-Iren. What I learnt in particular is the importance of collaboration and selections of easy-to understand words to the court spectators.

# Damage and Effects of the Bikini H-Bomb Test in Japan

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On March 1, 1954, the Bravo hydrogen bomb test conducted at Bikini Atoll produced radioactive coral “ashes” and they fell on Rongelap, Rongerik and Utrik atolls that were located downwind from the test site. We are well aware that in particular, those who were living on Rongelap, the nearest atoll from Bikini, suffered the severest damage; it was not limited to the effects on human health but it has brought grave hardships to date to the continuation of the Rongelap community.

When the Bravo bomb was detonated, a 200-ton Japanese tuna fishing boat was operating in the area about 160km northeast of Bikini and some 50 km due north of Rongelap atoll. The boat was the Fifth Lucky Dragon and on board were 23 crew members whose average age was 25.3 year old, ranging from 18 to 39. Like 86 Rongelap islanders, they were exposed to high degree of radioactive fallout for about 4 hours.

They hastily loaded tuna and rushed to its homeport of Yaizu, Shizuoka Prefecture. On its way back, strange symptoms began to appear on these young crew members. Their skin bathed with fallout turned into dark red running sores. Their hair also fell out. These strong fishermen lost appetite and felt sluggish.

It was two weeks after the exposure to the H-bomb that the crew returned to Yaizu port. Seeing them, a doctor at once suspected that they had A-bomb diseases and instructed all the crew to be hospitalized immediately. After that, they were transferred to a hospital in Tokyo

from Yaizu and continued to receive treatment for radiation effects. Six months later, on September 23, Aikichi Kuboyama, radio operator and the oldest leader of the crew, died liver of disorder, the complication of radiation diseases,

The Bikini incident, the third damage that followed the A-bomb damage of Hiroshima and Nagasaki, triggered the indignation of the Japanese people at the U.S government that dared to continue nuclear tests in the Pacific. Calling for an immediate halt to A and H-bomb tests and a total ban on nuclear weapons, a signature campaign spread throughout the country in no time and the adoption of resolutions by local governments followed. It was significant enough to be called the first historic nationwide movement in Japan since WW II ended. As a direct result of this upsurge, the World Conference against A and H Bombs began to be held in Hiroshima and Nagasaki in August 1955, during the month the two cities were attacked with atomic bombs. It also gave impetus to the Japan Mothers' Congress, the largest women's rally in Japan, as well as the movement of A-bomb sufferers.

On the other hand, Japanese fishery continued to suffer great damage. In the period from the Bravo test to May of the same year, a total of 6 nuclear tests were conducted. A large amount of the catch of tuna and bonito were contaminated by radiation and discarded at ports, which brought about a decrease of income of fishermen and their families and led them into poverty. Even a governmental statistic shows

that 548 fishing boats disposed of their catch and 876 boats suffered a loss due to a sharp drop in the price of fish. Having been aware of the damage of A-bomb sufferers, the concern of the Japanese people about radiation effects grew and they avoided eating fish. This caused great negative influence on the whole of fishery industry.

For fear of the people's anti-A and H-bomb movement developing into anti-U.S. movement, the U.S. government tried to make political settlement of the incident by paying the sum of 2

million dollars to the Japanese government, and the two governments reached an agreement. The Japanese government decided on how the money was spent. Almost all the money was paid to the owners of fishing boats as compensation for loss of disposed tuna and bonito. No compensation was made to the fishermen on other boats than the Fifth Lucky Dragon.

The bereaved family of Kuboyama received compensation amounting to some 16,000 dollars and other 22 crew members of the Fifth Lucky Dragon, who were then released from the



#### **Nuclear tests in the Bikini Atoll in the Marshall Islands of the Pacific**

Due to the hydrogen bomb test conducted by the U.S.A. on March 1, 1954, crew members on more than 850 Japanese fishing boats, including the Fifth Lucky Dragon, a tuna fishing boat, were exposed to radiation, along with the islanders residing in the area and the U.S. soldiers who took part in the test operations. The island people were left without medical treatment, and forced to leave their polluted island, and lead a harsh life away from their home.

hospital, received an average of 5,500 dollars. This caused some people in Yaizu, whose lives were also economically affected by this incident, to feel jealous of them.

To date, 13 of the 22 crew member except Kuboyama have already been dead. Most of them died before age 60 of liver cirrhosis and liver cancer. Compared with the average death age in Japan, their deaths are premature. It was recently found that these crew members had contracted serum hepatitis due to the blood transfusion for the treatment of leukopenia caused by acute radiation syndrome after the exposure.

The sufferings of the crew of the Fifth Lucky Dragon were regarded as resolved through the political settlement of May 1955. In addition, as they themselves have kept silent, their existence gradually sank into oblivion. However, in August 2000, forty-five years after the test, a crew member who has been suffering from liver disorder caused by the exposure claimed that his treatment should be covered by workmen's accident compensation insurance. At first, his appeal was rejected by the Health Ministry, but it drew social attention and was admitted by the

Social Insurance Screening Committee. He got his medical fee fully covered on the condition that it is applied to liver disorder only.

The damage on the crewmen of other fishing boats than the Fifth Lucky Dragon has not yet been brought to light. Activities for tracing and revealing the damage of the Bikini tests are still going on in Kochi and Shizuoka prefectures, Misaki of Kanagawa prefecture and others.

The hull and engine of the Fifth Lucky Dragon, after going through full of vicissitudes, were recollected by the effort of citizens. With the materials about the damage and the radio equipment, they are now exhibited at the Fifth Lucky Dragon Museum run by the Tokyo Metropolitan Government, in Yumenoshima near Tokyo Port. Yaizu Citizens Cultural Center in Yaizu City, Shizuoka also exhibits and keeps the materials about the boat.

The Japanese movement for peace and the elimination of nuclear weapons has commemorated not only the tragic A-bombing of Hiroshima and Nagasaki but the sufferings of Bikini nuclear tests holding the annual March 1 Bikini Day rally in Yaizu City.

# PRACTITIONERS' DECLARATION

## Basic Attitude of Japanese Medical and Dental Practitioners for the Improvement of Medical Care (Hodanren)

This declaration was adopted by the Japanese Medical and dental Practitioners for Improvement of Medical Care (Hodanren) in 1989 after a four-year discussion, to express the determination to improve future medical treatments, setting out what should be done and what the medical specialists, patients and residents should do, so that dialogue on these subjects will be widely made, centering on this declaration.

In January 1998 the fifth of the text "Record of Diagnosis" was modified by the 36th Hodanren's general meeting.

### (Preface)

Practitioners have long been in the forefront of medical care, contributing to community medicine in all parts of Japan.

The average life span of the Japanese people has now been extended remarkably. On the other hand, rapid changes and distortions in the economic, working and environmental conditions of national life have increased the incidence of geriatric diseases and produced new, previously unknown kinds of mental and physical disorders. All generations of the people, young and old alike, are increasing their concern and anxiety about health.

Reconsideration must now be given to the role of medical and dental practitioners and how it should be. They are called on not only to be responsible for day-to-day medical care, but also to improvement various tasks ranging from the prevention of diseases to environmental improvement, based on specialized knowledge and technology.

At the same time, the modern democratic idea of people's sovereignty and respect for human rights assign new tasks to us, including human relations between the development of medicine and the ethics of medical treatment.

To meet these expectations and requirements, it is essential for practitioners to try to gain adequate understanding of what their patients and residents want of them, to pursue their studies in search of new medical sciences and arts, to reflect upon their own medical services and to use their effort to develop new medical activities.

Japan is known as an "economic power", but the Japanese people are not in a position derive the benefits of what they have built up. On the contrary, the benefits of social security that have been built up through the efforts of the people are being set back, as military budgets are being increased and "private initiatives" are called for. Environmental disruption is taking on a global scale and nuclear threats are combined with it to jeopardize even human existence.

Searching for an identity of practitioners in the face of these realities and in the search for medical care for the 21st century, we make the following declaration:

### (Text)

#### 1. Medical Care for the Whole Being

We should not only try to find proper treatment for every disease faced, but should also made to provide all around medical care, taking into consideration their mental and physical conditions, and environments.

#### 2. Importance of Dialogue

Medical care is a joint action between patient and doctor based on mutual confidence. With the dialogue respecting the position of the patient, the doctor should provide the special knowledge and technique necessary for the patient to choose the best.

#### 3. Community Medicine

We are the person who should be directly responsible for the day-to-day

medical care of residents in the community. Each also has an active role to play in local public health, preventive medicine, rehabilitation, public welfare, environmental protection and pollution control.

#### 4. Contact with Medical Institutions

We should make every effort to exchange information on diagnostic functions and everything else necessary to keep in close contact with other medical doctors and institutions so that the most appropriate medical care can be given. Giving due consideration to the role of other medical and welfare workers, we should try to work in close cooperation with them, centering on the patients.

#### 5. Record of Diagnosis

It is a doctor's important duty to keep an accurate record of diagnosis, to try everyday to provide information necessary for convalescence and to meet in good faith patients' demands for information about treatment. On the occasion of providing information about treatment, the doctor's duty of confidentiality concerning their patients must be strictly observed and protect the secrecy and human rights of the patients.

#### 6. Study for Life

We should voluntarily continue studies in medical science and art, as well as peripheral studies, so that patients and residents will be given access to the best achievements in the creation, practice and development of front line medical arts and sciences.

#### 7. Enforcement of Self Discipline

We must strictly refrain from such acts in medical care as would betray the confidence of patients and local residents. Taking care to give reassuring medical treatment which can be invulnerable to other's criticism, all should try to make personal and mutual examinations into the practice of medical care.

#### 8. Social Security

Medical care must not conform to the dictates of the market, which pursues profits. It is a modern state's duty to assure social security for all the people so that they can receive sufficient medical care and welfare benefits. We should fight along side the people to defend improve social security.

#### 9. Watch over Advanced Technologies

Rapid progress in science and technology has conferred benefits on mankind and at the same aroused apprehensions that this could, depending on its use, destroy the ecosystem. We should keep watch and speak out on the advanced technologies that could have an impact on the future humankind and the Earth.

#### 10. Desire for Peace

The doctor, whose task is to defend human life cannot allow any war. Learning from history and acting on the principles of the Constitution of Japan, we should oppose moves to threaten peace and confirm that it is a social duty of all doctors to work toward prevention of nuclear war and the elimination of nuclear weapons.

January 1998

#### WHAT IS HODANREN :

Hodanren (Japanese Medical and Dental Practitioners for the Improvement of Medical Care) was established in 1969 with the aim of protecting the practitioners and dental practitioners, to enhance medical care for the people and to improve the medical insurance system. Hodanren represents 64,948 medical doctors and 38,182 dental doctors as of February 1 2010. Hodanren's local chapters are organized in 47 prefectures.



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