

An Oral History of Nurses Who Cared for the Atomic Bomb
Victims in Hiroshima from August 1945 to the End of that Year

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Abstract

At 8:15 A.M. on 6 August 1945, the first Atomic Bomb was deployed against the city of Hiroshima in Japan. The city of Hiroshima was largely destroyed by this action, and huge numbers of its people became A-Bomb Victims (ABVs). Then, relief parties began medical treatment for the victims immediately. There were many nurses who attended the Hiroshima relief. The purposes of this study was to describe the senior nurses' experiences of the relief for the ABVs in Hiroshima, and to describe the senior nurses' lives during and after their experience in the relief of Hiroshima. This study used oral history (OH) as its methodology, and specifically an idiographic approach and focused on the informants' inner world, such as how they thought, felt, and acted during the events which happened at Hiroshima. The informants in this study were seventeen senior nurses who had the experience of caring for the Hibakusya in 1945. Data was gathered by interviewing by this researcher and from the beginning, interviews were conducted as a non-structured interview. The analysis used a sequential analysis, specifically narrative analysis.

There were too many seriously wounded ABVs for relief workers to cope with and they did not have enough medication for all ABVs. Despite this informants tried to provide good nursing care for ABVs through much hard work, and yet most of ABVs died of what was to come to be known as radiation sickness. Hiroshima City was a naval and military city, therefore the impact of the announcement of the surrender of Japan to the Allied Forces as immense. Along with this humbling, the city was enveloped in one of its frequent and significant weather events, named the Makurazaki Typhoon, where one of the hospitals was caught up in a mudslide. Although the Hiroshima relief turned out to be a short period in the long lives of these senior nurses, its events and traumas affected them throughout it. Firstly, because Hiroshima had been contaminated by extremely strong radiation, the informants themselves became ABVs. The terror of A-Bomb radiation is that even though one recovers, this recovery is never complete and many experienced several returns of illnesses. They also experienced social stigma and marriage discrimination because they known to be ABV and rumours circulated that suggested women who were ABVs would have abnormal babies. Also has there

was censorship through a press code and by the ABVs themselves, the secrecy compounded the stigma and discrimination against all ABVs. During the occupation the Japanese government was concerned to not express conflict with the Allied Forces and these nurses who provided care for victims were in turn victimised for the roles that they played. Support for ABVs has only recently become more open and less shameful for families to acknowledge the work undertaken by women such as these. All the informants agreed that the A-Bomb relief had been a precious or good experience despite their on-going suffering and insecurities for future generations of their families. They had learnt so much through their various, difficult experiences which provided them with a strong sense of how the circumstances had enriched their lives more than they had caused them suffering. They believed that nursing in such an extreme episode had meant that they understood what other victims went through, they were more empathic and tolerant as well as understanding what caring for others could provide for nurses – it affected how they thought of themselves as nurses for the remainder of their lives.

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I would like to also express my gratitude to the informants of this study. Without their cooperation, this study would not exist. The informants are of an advanced age, and are looking forward to me finishing this thesis and publishing this study in English. I also thank for Mr. Satoshi Nishimura who was a member of the Hamada Atomic Bomb Victims' Association, who arranged interviews for this study. Yukio and Ikuko Okamoto, who are my uncle and aunt in Hiroshima, also arranged interviews and provided information about Hiroshima. They are also looking forward to my publishing this study. Despite their earlier expectations, I have spent six years on it, and there were times when they wondered if I would ever complete. Now, I am relieved that I can fulfil my obligations to them all.

I am also thankful to many people who helped me. Alan and Chris Saunders treated me as a member of the family every time I visited Australia. Masayuki Nishiki and Masako Suzuki, who are former Professors of Hiroshima University, supported this study during the time I worked at Hiroshima University. Linda Chamblor Dubosson looked closely at the final version of this thesis for English style, grammar and offering suggestion for improvement.

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There have been several publications and one other research project that have come out of this research. Firstly I have published a report to the above funding body. I have presented this research at a conference and a commentary from this paper. The commentary is:

Ryoko Ohara, (2005) '*Interminable hell*': *Hiroshima's nurses remember the atomic bomb*, *Nursing Inquiry*, **12**,4, (2005), 303-305.

Also following the interest in this research other researchers from Hiroshima University undertook a study on another group of nurses who were survivors of the A-Bomb. They used me as a consultant on the project and in the writing of a publication from this. This publication is:

Yuko Matsunari, Sachie Nozawa Kayo Sakata, Yoshiko Ohara, Keiko Takahashi, Yukiko Hyakuta, Mutsumi Ueda, Ryoko Ohara, Toshio Kobayashi, Noriyuki Kawano, Kazumi Mizumoto., (2007) 'Individual testimonies to nursing care after the atomic bombing of Hiroshima in 1945', *International Nursing Review*, **55** (1), 13-19.

Declaration

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

[Redaction]

Ryoko Ohara

1 October 2009

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Abbreviations

ABCC: the Atomic Bomb Causal Centre

A-Bomb: Atomic Bomb

ABV: Atomic Bomb Victim

B-29: Boeing B-29 Superfortress

cc: cubic centilitres

CCD: Civil Censorship Department

DZ: dropping zone

GHQ: General Headquarters

JCAHBSO: Japan Confederation of Atomic and Hydrogen Bomb Sufferers
Organisation

JRC: Japan Red Cross

kg: kilogram

km: kilometre

LH: Life History

NGO: Non Government Organization

NHK: Nihon Housou Kyoukai (Japanese National Broadcast Company)

OH: Oral History

RN: Registered Nurse

SCAP: Supreme Commander of the Allied Powers

WWI: the World War I

WWII: the World War II

CHAPTER ONE

Introduction

1.1. My personal experience

It is over sixty years since the first time A-Bomb was dropped on Hiroshima. Today, Hiroshima is one of Japan's modern cities and there are no traces remaining of the bomb damage, except at the A-bomb Memorial Dome and the museum. Those buildings that were destroyed have been completely rebuilt. Therefore, when people visit Hiroshima, they get the impression that the A-Bombing was an event in the remote past. If there was no A-bomb memorial dome, people would even forget the fact that the atomic bomb had really and truly been dropped.

In 2000, I got a job in Hiroshima, and moved into the city, where one of my aunts lived. She is the only one of my relatives who had worked as a Japanese Red Cross (JRC) nurse during the Second World War (WWII) and my father has always been proud of her, even though, in fact, she was not a registered nurse, but only a nursing student in 1945. Elderly people, like those of my parents' generation, who had experienced the war, have always said that 'the nurses of the JRC were really excellent' or 'nursing was then a highly sought-after profession', but I failed, at that point in time, to understand the reality of what it was they admired. Later, I learnt the history of nursing, and the role that the JRC nurses had played during the war. I came to know for a fact that the JRC nurses had been an elite group of women, who had had to pass a highly competitive entrance examination to gain admission to its school. Only then were they able to work for their country during this intensely nationalistic period.

My aunt suffered from rheumatism however, and was not able to work as a nurse at the hospital for very long. I never knew her as a nurse, or had any memory of her having worked at the hospital as a nurse; I only knew that she had been a housekeeper. It was only when I moved to Hiroshima City and often visited my aunt that I had the opportunity of hearing about her nursing experiences.

Her stories are quite unique, because her experiences as a nurse are quite different to those of nurses today. Her stories date mainly from the war period or within two decades from the end of the war. Now, the main Japanese health problems are cancer, stroke, heart disease, diabetes and other life style related diseases but my aunt mainly cared for patients with tuberculosis, dysentery and other infectious diseases, as well as war trauma, and for the Hibakusya. Hibakusya is the Japanese term for the A-Bomb victims or survivors. She worked for Red Cross Hospitals after graduating from a regional branch of JRC Nursing School, and then she moved to different branches around Hiroshima. Japan has forty-seven Prefectures and the JRC had at least one hospital in each Prefecture. Later, around 1960, she worked at the Hiroshima Red Cross Atomic Bomb Memorial Hospital where she cared for Hibakusya patients. During that period most of the patients died of leukaemia caused by the A-Bomb. She told me that the patients were shocked and dismayed at dying of leukaemia, known to be an A-Bomb related disease, ten or more years after the tragedy. Their disbelief arose especially because they had survived the fearful dropping of the A-Bomb and the very hard times of the capitulation period when they were occupied by the Allied Forces.

She also spoke about her experiences, nearly forty years ago, as a member of the teaching staff of a nursing school. During that period, a neighbour asked my aunt about how she could become a nurse and my aunt accordingly introduced her to the nursing school. At first, after the neighbour's enrolment, she enjoyed her studies and dreamt of being a fully-fledged nurse. However, suddenly she stopped going to the school and then finally left. My aunt said regretfully:

I was so happy when she told me that she wanted to be a nurse and I wanted to assist her as much as I could, but she started being often absent from school, I could not persuade her to continue her studies. Unfortunately she

was a Genbaku Otome, and it was very difficult for her to live in society. After that, she isolated herself more than ever before. It is painful for me to remember this.

Genbaku means the A-Bomb and Otome means girl. Genbaku Otomes are called 'Hiroshima Girls' in the USA.¹ In 1955, the USA invited these girls to the USA for re-constructive surgery of the keloid scarring on their faces.² This surgical treatment is commonly used for young girls who have been injured or burnt and would have reduced the remaining serious scars on her face caused by the A-Bomb. She was not able to bear people's shocked expressions when they saw her face, or those who stared at her out of mere curiosity. She could not stand such behaviour and suffered greatly from psycho-social problems which led finally to her isolating herself. In Japanese society it, is commonly believed that a woman's face is the most important part of her anatomy, and good looks are all important for a good marriage. People believed if a girl had such a face, she could not get married. So they felt compassion and pity for her, but at the same time, they discriminated against her. I had never known any Genbaku Otome, and had never thought about the difficulties of their lives. Giving support to Hibakusya is not always successful and as I could not offer any helpful advice to my aunt I remained silent. That is how I learnt about the reality of the Hibakusya's lives.

Once she told me a story of another nursing student friend. When she was a second grade nursing student, the A-Bomb was dropped and Japan surrendered. My aunt's school was near Hiroshima Prefecture and some of her classmates were sent there as relief nurses after the explosion. Her friends worked continuously on the disaster relief, even though they were only students. This relief activity, in which a lot of nurses participated, is now called the A-Bomb Victims' (ABVs') Relief, and the Japanese term is the 'Hibakusya Kyugo', My aunt was not sent as part of the relief, but was ordered to return to her home town just after the surrender, because the JRC Head Quarters predicted that Japan would be divided into two countries, one

¹ Mikiyo Kanou, *Hiroshima jyosei heiwa gakushiron* [Essay of peace from Hiroshima women's perspective], (Hiroshima: Kazokusya, 2002), p.13.

² Kanou, *Hiroshima jyosei heiwa gakushiron*, p.13.

belonging to America and the other to the Soviet Union. The JRC Head Quarters also wanted to avoid separating the nursing students from their families.

When my aunt returned to the school after being at home it was early October, and she heard about her friends' experiences of the disaster which were so shocking that she was moved to tears. As she and her friends were now already over seventy years old and the nurses' experiences had not yet been studied, my aunt asked me to record their stories so that they could be saved for future generations. Even though some of the senior nurses have participated in interviews or in other research projects, that research had not been done on the experiences of the nurses, either as victims or in their role as support for the physicians during the ABVs' relief. My aunt presumed that the experiences of the ABVs' relief would not be of any interest to researchers who want to develop new theories, and there would not be interest in elderly people's stories. She went on to say, however, that the elderly will not be available forever and it is important to listen to their stories now. Nurses of today are interested in the work and lives of other nurses, particularly in time of crises like Hiroshima, therefore I decided to study the nurses' experiences of their work with the ABVs so that their story will always remain a part of nursing history.

1.2. Aim and purpose

The core aim of this study is to make known the nurses' experiences of the ABVs' relief and the affects it had on their lives, so as to be aware of the importance of peace for nurses as well as be against the use of the A-Bomb in the future.

My interest in this study is the informants' subjective experiences, such as what they felt, thought, considered, and did during the time that they cared for those people affected by this event. None of these experiences are stored in any archives or in other documents. Each informant has her own individual story. I would like to describe their subjective experiences so that others, who were not there, may feel compassion for the informants and fully understand the importance of never resorting to A-Bomb use again. Another purpose of this study is to describe their lives before

and after the relief activity, as well as their current status up to the present day.

1.3. Significance of the Study

This study is focused on the nurses who were in the position to offer assistance and care to people who were physically, mentally, and socially damaged by the A-Bomb. A nurse is always intimate with the vulnerable. I also think it is a nurse's role to provide relief for disaster victims. The purpose of this thesis is to appeal, from a nurse's point of view, against the use of the A-Bomb.

Now that sixty years have passed since the tragedy, the number of Hibakusya (the A-Bomb victims) is declining and soon their stories about that time and the effects of the A-Bomb will be silenced by their passing away. Most Japanese will think about these issues only on the 6 and 9 August, that is the A-Bomb memorial days.³ However, in Hiroshima it is different. There, the subject is often spoken about in daily life, sometimes on TV, in newspapers or other media, as well as on hoardings, or in people's conversation. But this is specific to Hiroshima or Nagasaki. The tragedy of the A-Bomb is already an event well in the past for most Japanese, including myself. Obliterating tragedies from the human consciousness is very dangerous, because it provides an opportunity where it may be possible to use this weapon again. I believe that keeping certain stories alive for the next generation is a way of stopping the same tragedy from occurring again. I believe that stories such as these that are handed to the next generation have such a power. This study provides an account of the experiences of the nurses who cared for Hibakusya, the effects of this on their lives and careers in the hope that such knowledge will minimise the potential use of this weapon called the A-Bomb.

1.4. Methodology

Traditionally, an historical study makes use of government documents, archives, newspapers or diaries, as primary data.⁴ Fortunately, some of the experienced

³ The A-Bomb Memorial day in Hiroshima is on 6 August and Nagasaki's Memorial Day is on 9 August.

⁴ Takashi Ito, Atsushi Shimokoube, and Junnosuke Masumi, 'Oral history no keiken to houhou [Experience and the method of Oral History]' in Seisaku Kenkyuin, ed., *Seisaku to Oral history*

Hibakusya relief nurses are still alive and I was able to interview them, and this became the primary data. I have therefore used Oral History (OH) as my methodology.

Mikuriya⁵ says that OH research is divided into two paradigms, such as ‘the pursuit of significant facts’ and ‘the understanding of a variety of realities’. Sakurai⁶ also provides more detail of OH that is also called Life History and has two basic approaches, the nomothetic approach and the idiographic approach. Both approaches focus on disclosing social reality. Sakurai⁷ describes these two approaches below.

A nomothetic approach seeks formulised, universal laws or attains theoretical generalisation by collecting a lot of data from structured interviews or questionnaires. The paradigm of this approach is positivism. This means that data is edited from the past to the present and repetition or invalid data are deleted by the researcher. The researcher checks the accuracy the oral history against archives or other written documents and alters this, if the data has mistakes or incorrect content. This approach focuses on the facts of history which are considered correct, true, appropriate or consistent explanations and interpretations.

On the other hand, the idiographic approach stresses understanding human behaviour and social realities by collecting unstructured interview data. The aim of this approach is to describe institutional norms and social reality. The interviewees’ stories contain the historical data. These narrative recollections may be different, ambiguous or mistaken or even deceptive, but it will present a certain social reality.⁸

At first, I used a nomothetic approach for this study and tried to describe what kind of care had been provided for Hibakusya relief as well as the changes in Hibakusya nursing from 1945 to 1960 because during this period the A-Bomb Victim Support

[Oral history as policy studies], (Tokyo: Cyuoukouronsya, 1998), pp.65-114 (p.75).

⁵ Takashi Mikuriya, *Oral History, a testimony for modern history*, (Tokyo: Cyukou Shinsyo, 2002), p.35.

⁶ Mikuriya, *Oral History, a testimony for modern history*, p.16.

⁷ Mikuriya, *Oral History, a testimony for modern history*, pp.24-37.

⁸ Mikuriya, *Oral History, a testimony for modern history*, p.16.

Act which provided support (medical, economic and social) for people who had experienced the use of the A-Bomb had not yet been established. But none of the informants had nursed Hibakusya over the period 1945-60, as they only worked for short period on Hibakusya emergency relief. Those nurse informants who had worked for a longer period had practised in many other areas of nursing.

Therefore rather than using a nomothetic approach and giving a description of Hibakusya relief and subsequent changes, I decided it would be more interesting to focus on the lives of the nurses who had experienced Hibakusya relief in 1945. This would have the advantages of OH and the use of narratives of the informants, as well as the experiences that affected their lives.

Many of the informants' interviews contained similar details of their experiences, but there were also some differences. Also, each informant had unique explanations of the events. Therefore there is more value in describing the variety of explanations, rather than merely detailing how Hibakusya nursing had changed.

It is said that 'historical research is ex post facto explanation, when the result of an occurrence is known.'⁹ Most Japanese do not know about the Hibakusya relief just after the bombing, and also do not know the effects it had on the nurses' lives. OH has the advantage of being able to gather data from not only a fixed period, but also up to the present. During the interviewing for this study, I realised that the current situation of the informants is also an important part of their history. Therefore, I went on to focus on the lives of nurses who took part in the Hibakusya relief at Hiroshima rather than merely on the facts of the relief activity.

OH is also called life history, life story document, case history, or personal history, and these terms are often used interchangeably in this form of research.¹⁰ Minichiello also explains that the aim of OH is to gain information about the past, whereas the central

⁹ Ito et al., *Oral history no keiken to houhou*, p.75.

¹⁰ Victor Minichiello, Rosalie Aroni, Eric Timewell, and Loris Alexander, *In-Depth Interviewing: Researching People*, 2nd edn, (Melbourne: Longman Cheshire, 1995), pp.150-154.

concern of the biographical life history is to elicit information detailing the individual's development. Past and present are not able to be separated because the present is affected by the past. Therefore, I believe that understanding influences from the past is also an important part of history. Sakurai¹¹ explains 'LH is focused on an individual's partial or holistic life and analyses the various aspects of social and cultural change from the individual's experiences because the individual exists while the social structure is changing.' Nine days after the A-Bomb explosion, Japan agreed to surrender. Japan was then occupied and later became a democratic country. Today Japan is one of the world's larger economic powers. These social changes probably also influenced the informants' lives. In OH, it is possible to collect this personal data about such social changes.

Sakurai¹² argues that social science pursues the facts. As a result, it devalues the subjective meaning of human experiences. LH (OH) attaches importance to the subjective meaning or identity. Such an approach assumes that even meanings that are personal have been shaped by society. Therefore the LH approach is able to interpret the relationship between personal and social experiences.

In using the ideographic approach with its focus on the subjective interpretation of the social, it is useful to know how society shaped the JRC nurses' interpretation of the Hibakusya relief and their subsequent lives and careers. Another important reason for wanting to know what happened to them after their time with the relief is that 'OH is based on recollections, and therefore the data is often based on a point of view located in the here and now.'¹³

1.4.1. Description of the Informants

The informants in this study were senior nurses who had the experience of caring for the Hibakusya in 1945 because they had been sent as part of the relief parties. Some

¹¹ Atsushi Sakurai, *Interview no syakaigaku* [Sociological interviewing], (Tokyo: Seriya Syobou, 2002), p.14.

¹² Sakurai, *Interview no syakaigaku*, p.14.

¹³ Sakurai, *Interview no syakaigaku*, p.14.

had been nursing students at that period and had experienced caring for the Hibakusya in Hiroshima. There were also two senior nurses who were in Hiroshima city when the A-Bomb exploded. Since Hiroshima was destroyed, its hospitals could not provide care for their patients. Some informants provided in-patient care at local hospitals, and continued doing so when in-patients became Hibakusya. The grounds for selection were that the nurses had cared for the Hibakusya patients somewhere in Hiroshima or its outskirts. In addition, most informants had belonged to the Japanese Red Cross Society, but it was not limited just to JRC nurses. Other nurses were also included, if they had cared for the A-Bomb victims.

Informants were also not limited by the type of nursing license they held. If some of the senior nurses had an enrolled nurse's license, rather than a registered nurse's license, they also were included. However, medical orderlies were excluded, because they had been soldiers and not male nurses, and even if they had cared for the Hibakusya, they were not included in this study of nurses and nursing.

1.4.2. Gaining informants

The protocol for approaching potential informants was through a process of introduction from a person who was known to the researcher and to the people who were likely informants in this research project. I sought these introductions through a key person who was my aunt and who had been a student at the Red Cross Nursing School in 1945. She provided an introduction to the informants through her network. I also sought potential informants through key organizations, such as the Hiroshima Municipal Education Department, the Japanese Red Cross Association, and the Atomic Bomb Victims' Associations. The key person and the relevant organisations provided interested informants with the contact details of the researcher that were in the form of information sheets and introductory letters.

1.4.3. Methods of Data Collection

Data was gathered by interviewing and from the beginning, interviewing was conducted as a non-structured interview. The interview was structured around such

events as the A-Bomb explosion, the dispatching of the relief parties, the Japanese surrender to the Allies, and the Makurazaki Typhoon, and informants were asked to describe whatever they felt or thought about. Seventeen nurses were interviewed, three of them twice, the others only once. All of data was collected through face to face interviewing. The interviewing was conducted at the informants' houses or at a place of their choice such as a room in a community centre, a hotel lounge, or at their work place. The shortest interviews were fifteen minutes long, and the longest was three hours long. Most informants stayed for more than two hours, but none of them seemed tired.

1.4.4. Data analysis

This study used sequential analysis, specifically narrative analysis. The aim of sequential analysis is 'to reconstruct the sequence of events in the process of interaction.'¹⁴ This study was to make known the nurses' experiences of the ABVs' relief and the effects it had on their lives. This means that this study reconstructed historical events, such as the A-Bomb at Hiroshima from the nurses' position. Using this sequential analysis made it possible to clarify the relationship between events and the nurses' experiences. Resenthal¹⁵ explains sequential analysis as, 'an approach where the text or small text units are interpreted according to their sequential gestalt, the sequence of their creation'. The meaning of this German word 'gestalt' is: 'the shape, the pattern, the whole form, the configuration. It connotes the structural entity which is both different from and much more than the sum of its parts.'¹⁶ This study used an idiographic approach to understand human behaviour and social realities.

Such understanding required the interpretation of the texts or or small text units (of the informants and other texts used to provide context) to explore the distribution of meaning, or the gestalt, in order to fully understand the sequence of events and the

¹⁴ Herbert Willems, 'Erving Goffman', in Uwe Flick, Ernst von Kardorff, Ines Steinke, and Bryan Jenner, eds., *A Companion to Qualitative Research*, (NY: Sage Pub., 2004), pp.24-28 (p.26).

¹⁵ Gabriele Resenthal, 'Biographical research', in Clive Seale, Giampietro Gobo, Jaber F. Gubrium, and David Silverman, eds., *Qualitative Research Practice*, (London: Sage Pub., 2004), pp.48-64 (p.53).

¹⁶ Petruska Clarkson, *Gestalt Counselling in Action*, 3rd edn, (NY: SAGE, 2004), p.1.

nurse informants' subjective experiences. Analysis of the informants' feelings is one of the important parts of describing subjective experience. Only narrative analysis, using the informants' data made such a thing possible. Because, the informants' statements were so powerful, I wanted, as much as is possible to retain their original intent. So, I copied the Araragi method where 'the narrative is not processed, but quoted as pure text as much as possible.'¹⁷ It means that this study 'paid attention to the gestalt.'¹⁸

I followed Resenthal's¹⁹ analytical method where 'the analysis reconstructs the progressive creation of an interaction or production of a spoken or written text through a step by step analysis of small units.' Using this approach, analysis began by using a free interpretation of data in using the temporal sequence of the events in the life course used by the informants. Each informant's data was initially interpreted independently. The interpretation of data followed each interview text as well as from other available sources. Then, interpreted data was analysed to find out thematic linkages of the text segments. After this, data was divided according to a linear time order, as well as according to the informant's role as shown in the temporal gestalt. Hence, the data was arranged in chronological order of the episodes as set by the informants and through their individual life story. Then, where necessary I added short explanations to clarify the context and provide information about history and culture.

I decided that I did not want to write only about the horror of the disaster. Too much graphic description about the Hibakusha would be difficult for the reader as well as being too disturbing for me. While I was compiling documents, books and other material for my secondary sources, I read and saw many horrendous descriptions and photos. I was so mentally affected by them I interrupted my data collection. Some

¹⁷ Yukiko Araragi, *Yamai no keiken wo kikitoku: Hansen's disease sya no life history* [A Life history of experiences of Hansen's disease: Understand the meaning of the disease], (Tokyo: Kouseisha, 2004), p.54.

¹⁸ Uwe Flick, *An introduction to qualitative research*, 3rd edn, (London: Sage, 2002), p.196.

¹⁹ Resenthal, 'Biographical research', pp.53-62.

informants also refused to describe the Hibakusya's appearance, so of course I accepted their situation and never pressed them further. I also think that depiction of the full horror of the Hibakusyas' appearance might provoke a strong, negative reaction on the part of the reader. Such an aggressive approach is not always acceptable, even by those who want to know the reality of the A-Bomb disaster. I thought that there was also a need to describe the nurses' humanity, compassion and affection for the Hibakusya. This is what I understand to be the true nature of nursing and it is important to describe this in my nursing thesis.

1.4.5. The informants' reaction to this study

The uniqueness of this study is that the informants strongly desired to participate in it in the hope that their message would be disseminated to as many readers as possible.

Their reasons for participating were:

1. To make the readers understand that the Hibakusyas were human, and not merely objects to be studied as an after-effect of the A-Bomb.
2. To show the importance of never using the A-Bomb again.
3. To make known the Hibakusyas' experiences as well as the informants' experiences as nurses, for contemporary nursing purposes.

Almost all the ABVs passed away in the first two weeks. The nurses were first-hand witnesses of this pain and suffering and in being there and undertaking this care some of these nurses also became ABVs themselves. This is the reason they strongly desired to have their experiences used for the promotion of peace.

When I informed them that this study was my PhD thesis and was going to be written in English, some of them welcomed the idea gladly. If this study had been written only in Japanese, its audience would have restricted to only Japanese language readers, whereas for it to be written in English increases the potential audience world-wide for its message of peace. The informants, all elderly women, were concerned that if this study were conducted only in Japanese, their anonymity would

be difficult to preserve and they might be pursued by the Japanese media.

I also struggled with the gap between my research purposes and the informants' expectations that seemed to be beyond what I felt I was able to achieve. On the other hand, I wanted to bring the two goals together. I understand that an oral history is driven by the informants more than the researcher therefore I tried to reflect their opinions as honestly and carefully as possible.

1.4.6. The rigour of this study

The rigour of this study follows the criteria of clarity and consistency.²⁰ Clarity is appropriate for the reliability of a quantitative study. Reliability is identified if the study is repeated, but the result must be yield the same result every time to identify the laws. However, it is not conducted so that laws of human behaviour can be known, and researchers seek to describe and explain the world as those in the world experienced it.²¹ Merriam says that in qualitative research, there are many interpretations of what is happening. There is no benchmark by which to take repeated measures and establish reliability in the traditional sense.²² Sakurai says that each researcher uses their own unique research process for achieving the aim of the study²³. Therefore, clarifying the process of the study including such situations as selection of informants, how data was collected, how analyses and categories were developed. Therefore, in this chapter of the thesis I describe how I met the informants, my methods of data collection, and how I analysed the data. In addition, I use the informants' data as much as possible to provide their interpretations of the events around the use of the A-Bomb on Hiroshima. In using their data, it is possible that the reader/audience can check its accuracy and the analysis of this researcher.

²⁰ Atsushi Sakurai, and Tazuko Kobayashi, *Life story interview*, (Tokyo: Serika Syuppan, 2005), pp.48-52.

²¹ Sharan B Merriam, *Qualitative research and case study applications in education*, (Philadelphia: Jossey-Bass publishers, 1998), p.205.

²² Merriam, *Qualitative research and case study applications in education*, p.205.

²³ Sakurai et al., *Life story interview*, pp.48-52.

Rigour, in a qualitative study, uses the term consistency rather than validity which can be internal or external Sakurai says that internal consistency for LH is apparent when, on collation of the interview data, there are many similarities. However, Ueno,²⁴ a Japanese feminist historian, has found little acceptance for LH/OH, because mainstream history considers that the data is merely anecdotal story-telling. The reasons why positivists object to oral history data are the following:

1. Forgetfulness or differences in what is recalled.
2. Inconsistencies within a story
3. Stories are often selectively remembered, be it intentionally or unintentionally
4. OH is recollection, because the data is seen from the present
5. The informant's story is influenced by other persons' experiences, especially those of a hero.

In addition, as a measure against these faults of memory, inconsistency and influences from other people's experiences, I used, with their permission, the informants' journals, articles and other documents to check the accuracy of the interviews. However, Sakurai and Kobayashi insist that LH is subjective reality which consists of each informant's sense of values and motivation, not universal truths.²⁵ Sakurai and Kobayashi also stress, however, that if a story or event changes or has inconsistencies, it is important to explain the reasons for the change or inconsistency, rather than achieving complete consistency.²⁶

External consistency means that the narrative is consistent with existing knowledge or studies. For this study, accuracy checks were done from official records kept in the JRC branches around the Hiroshima area. The nurses' records of the events are the major source for the details of the care given. These accuracy checks are put as footnotes to explain the context.

²⁴ Chizuko Ueno, *Nationalism and gender*, (Tokyo: Seidosya, 1998), pp.166-170.

²⁵ Sakurai et al., *Life story interview*, pp.48-52.

²⁶ Sakurai et al., *Life story interview*, pp.48-52.

1.4.7. Ethical considerations

Participation in this study was voluntary. The researcher informed the potential informants that their experiences were quite unique and valuable for nursing history, and should be passed down to future generations. The researcher also explained the objectives of the research, informed them of the interview procedures and assured them of the confidentiality of their information.²⁷

I learnt from the following interview with Lsan that it was very important to be ethical in my research.

I was introduced to Lsan by the liaison for this research. When she came into the room, she seemed angry and she shouted, 'what are you and your H University doing for us? What about the results from the last time? I have not received any results from you. Many times, researchers have come and asked us to cooperate with them. We cooperated with you, because we want to save others from the horrors of the A-Bomb. But you just take from us, because you look down on us. You are just interested in us for data about the Hibakusya.' I stood in open-mouthed astonishment at this furious greeting. Lsan showed me a paper, which was the information sheet for a research project at the medical faculty of H University, where I was working at that time, and which required a blood examination. She said 'I have not been given the results.' She continued, 'We cooperate, but you, you only take from us. The university treats us like that all the time. What would you like to take from us this time?' Then, I told her that I did work at the university, but I was not involved in that project, and that mine was a different research project.²⁸

I learnt from that episode that the Hibakusya had been treated as objects, and data had been taken from them in order to investigate physical reactions. I understood the reason for her anger, as she felt that she had been treated like a guinea pig. Neither had she received any health advice nor interpretations of the tests. They had been exploited by researchers. Then, I understood their anger and sadness, and decided that I must treat them as humans, who had emotions, thoughts, and determination.

There is a moral responsibility to record their experiences and the effects that this had

²⁷ This study is approved by Social and Behavioural Research Ethics Committee, Office of Research, Flinders University, Adelaide, Australia.(Project: 2685)

²⁸ Research Journal, written by Ryoko Ohara, Shimane Prefecture, Japan, 2 February 2002.

on their lives. It was acknowledged that as these women are now all in their mid-seventies and older, telling these stories of their experiences now, more than sixty years later, might cause a certain suffering and pain. The researcher had made it clear to them, in all the information provided and on their consent forms, that they were entitled to stop the interviewing at any time. They could leave out any details, such as the care they gave to the ABVs if they did not feel comfortable talking about them. These women had never been approached to tell these stories before, so it was likely that talking about these times might bring up difficult memories. An ethical consideration towards this group was to provide access to supportive counselling or contact with psychiatrists. However, none of the informants requested or seemed to need such support. The researcher also provided them with a brochure containing information about the many atomic bomb victims' support organizations. Such support organizations work within quite a large area of the mid Eastern part of Honshu Island, which was where I planned to meet the potential informants for this study. Anonymity was a key issue as many of these nurses were now senior nurses in Japan, and might be identifiable in the report of this thesis. Every effort has been made to ensure that they remain anonymous in the report through the use of pseudonyms, the non-reporting of organizational names (except that they were Red Cross nurses), or other major names (such as occupational forces). The informants also were expected to check their interviews and were free to change their contents. Interview data was issued with a code number to ensure each informant's anonymity. All of the corresponding records were locked in a filing cabinet and stored at the researcher's house in a separate, secure area. Only the researcher and supervisors had access to the data. Computer files had a password known only to the researcher. Transcripts were to be kept in a locked secure area for five years following the completion of the thesis.

1.4.8. Summary of this thesis

Chapter Two introduces the informants in this study, including their historical background such as their reasons for being a nurse, as well as the educational background of nursing in Japan. Most of the informants in this study were senior Japanese Red Cross (JRC) nurses. The reason was that JRC nurses were recruited as

war nurses and used for disaster relief. Even though the Red Cross Society is recognised as an NGO, during the war the JRC was controlled by the Junta. As recognition of this different relationship with the JRC, the relationship with the Junta and JRC nurses is also explained in more detail. Non JRC nurses were also included as informants in this study, and their background is also introduced. During the war, women did not have full adult suffrage and neither did they have the right to decide on how to live their lives, therefore it is also important to know the reason why the informants wanted to become nurses as a part of the war effort.

Chapter Three explains the informants' experience of the first time use of the A-Bomb as a weapon. Nine of the informants experienced the bombing in Hiroshima or a suburb of the city. The damage created by the A-Bomb varied according to the distance of impact from the dropping zone so I have divided their experiences into five categories organised according to their work place. This chapter reveals the tragedy of the A-Bomb and how nurses kept on working even though they were its victims as much as the citizens and soldiers in Hiroshima. Many received differing degrees of damage to their bodies and future health.

Chapter four introduces the effect of the A-Bomb and its destructive power, and nurses' experiences during the first week after the bombing. This chapter includes nurses' experiences from those who not only experienced the bombing, but also includes those who were dispatched to Hiroshima as the disaster relief. Hiroshima was demolished with huge proportions of its inhabitants and health workers becoming ABVs, therefore many disaster relief personnel were required. As was the custom, JRC sent their nurses to form the relief operations. However, at that time, Japan was faced with a serious nurse shortage because licensed nurses were sent to overseas countries as the war nurses, so most of the relief nurses were nursing students who were inexperienced and this was their first relief activity.

Chapter five describes nurses' experience from after the first week from the bombing. At this time, informants experienced two major events. One was the surrender, and another was the Makurazaki Typhoon. Most of informants expressed their shock at the

surrender which was made worse by the fact that Hiroshima was a military city and most of the patients were soldiers. The Makurazaki Typhoon struck the Ono Army hospital, and many more patients died as a result of the typhoon. Informants worked in even more hardship. Moreover, the patients' condition now changed from trauma to acute radiation sickness due to the A-Bomb. The informants described their shock at the different stages of the effects from the bomb. They too, were to suffer radiation sickness, even though not all of them had been at Hiroshima on August Sixth – the radiation present on their arrival was sufficient to cause their illnesses and some deaths of health personnel occurred during the disaster relief.

Chapter six describes informants' life after the relief. After the war, Japanese society changed dramatically as did many of the social attitudes. However as the informants were now considered to be Hibakusya this caused continuing hardship for informants. Fearfulness of this bomb and the effects of radiation sickness and uncertainty had an impact on the remainder of their lives. They had to battle with stigma and ignorance, as well as political silence about their conditions. This chapter reveals that it was not only the matter of the A-Bomb and its explosion, but also how it affected the entire social life of Hibakusya. The identity of Hibakusya carries with it many concerns and has had inter-generational problems for these nurses. It is not a problem in the past.

One of the most significant chapters, chapter seven, discusses the informants' lives as nurses and how the experience of the Hibakusya relief affected their careers as nurses. The informants reflected on their lives and described how the experience of the relief had left an indelible impression on them. Even though they had suffered as Hibakusya however, none of the informants complained or regretted that they had become nurses or cared for Hibakusya. The Hibakusya relief was accepted as a positive experience that had brought them added compassion for the suffering of others because of what they had seen and what had happened to them. These experiences increased their strong belief in the value of nursing and the role of nurses. I also discuss the implication of this event in the education of nurses.

Chapter eight brings the thesis to its conclusion. I started this study with the purpose of

appealing against the use of the A-Bomb by describing the subjective experience of the nurse informants. This chapter discusses methodological issues, the limitation of this study and also the dilemma surrounding the informants' responsibility for the war, because the A-Bomb tragedy is seen as a part of WWII. Japan played a part in what is now called the axis of evil, and Japanese soldiers killed and imprisoned many civilians in Asian countries. I did not want this thesis to be considered as an apology for the nurses but I wanted to be frank about the JRC nurses as a war nurse and disaster relief personnel. I felt that without discussing war responsibility of the informants, it would not be possible to appeal for peace unless we understood how the Hibakusya relief nurses came to be there and their relationship to the war efforts of the junta. This was necessary to honour their participation in this project which was to promote the peace cause and to prevent the use of atomic bombs in the future.

1.5. Conclusion

This chapter has dealt with my motivation for writing this study which not only describes the experiences of the nurses who cared for Hibakusya in Hiroshima in 1945 but focuses on the nurses' experiences more than on the A-Bomb disaster itself. Therefore, this study focuses on the informants' subjective reality rather than merely reporting the objective facts. Moreover, the nurses' experiences include not only the relief activities, but also their own lives after the event, since the aftermath of the A-Bomb remained with them for the rest of their lives. This study uses an idiographic approach to life history and a form of narrative analysis is used to maximize the effect of the informants' stories. Together with the informants, I believe that it is most important to portray the reality of the aftermath of the A-Bomb so that there will never be another Hiroshima.

CHAPTER TWO

The Informants and their Background

2.1. Introduction

Seventeen informants took part in this study, fifteen of them being JRC nurses. The reason for this high ratio of JRC nurses is because of their principle role as relief nurses during the war. Eleven of them were educated at JRC regular nursing schools, and three of them participated in a special supplementary relief nurse training course after obtaining their nursing diplomas. Two of the informants were army nurses, one of them educated at the Army Nursing School and the second at an enrolled nursing school. One was a public hospital nurse. Even though not all of the informants remembered their educational background in detail, it is important to know as much as possible of their nursing background during the historical period we are dealing with. This chapter explains how the informants became nurses. Their training experiences are divided into three categories, a) the Japanese Red Cross Nursing School, b) the Military Nursing School, c) other nursing institutions.

2.2. The first nurses in Japan

In 1868, the Japanese government changed from the Tokugawa Shogunate to the Meiji Restoration. The new government aimed at changing Japan into a democratic state but

during the change-over period, Japan experienced a civil war and consequently there were injured soldiers who required medical treatment. At that time, most Japanese physicians studied and used only Chinese medicine, and medical treatment was mainly conducted at patients' homes. It focused on internal medicine and nursing was carried out by the patients' family since there were no nurses in Japan. The war was prolonged and the number of wounded soldiers seriously increased. These were not just patients that could be treated with ordinary Japanese internal medicine. What they needed was surgical treatment. Moreover, these civil wars suddenly produced many wounded soldiers who needed to be accommodated. Finally, in 1868, the Yokohama Military (Gunjin) Hospital was established, and the government invited two English physicians to provide surgical treatment there.¹ They worked so skilfully that the Japanese government decided to adopt western medicine and improve their health care system.

After studying the question of the best model for Japan, the government decided to follow the German system because they believed that it was the best in the world. Kameyama noted that if the government had decided to follow the English medical system, Japan would have followed the Nightingale style of nursing.²

However the Japanese government sent only competent men physicians to study German medicine and on their return they created hospitals that imitated German ones. Naturally, they had seen nurses in Germany, but they thought that they were simply physicians' assistants. So, Japanese physicians trained medical assistants during their surgical operations and other medical consultations.³⁻⁴ At this period, all medical acts were conducted by men but they did not provide care for the patients. Therefore, hospitals needed personnel to look after the patients and accordingly they employed women to work as cooks and, cleaners, and to provide hygiene care. These positions did not require any medical knowledge and did not involve any medical treatment. However, those physicians who had studied in Germany knew that nursing was a feminine occupation in

¹ Michiko Kameyama, *Kangoshi* [History of nursing], (Tokyo: Medical Friend Sya, 1993), pp.78-79.

² Kameyama, *Kangoshi*, p.81.

³ Kameyama, *Kangoshi*, p.84.

⁴ Yasuko Kishita, *Kangoshi* [History of nursing], (Tokyo: Medical Friend Sya, 1982), pp.60-61.

western countries, and began to train women as nurses. However they were only taught to work as physicians' assistants and to focus on medical knowledge.

Even though the Japanese government understood the excellence of western health care systems, including the establishment of hospitals for the sick, they established only military hospitals and did not build any for civilians. Since Japan society was still in a state of flux, the establishment of any regulated system would include changing the country's constitution. Also, the government only wanted to use its budget for the military services in order to become a strong, wealthy nation.⁵

Private clinics or hospitals however had been in existence since 1873, and they provided services for civilians.⁶ The physicians were educated at universities or they took diploma courses organized by the government, but no nursing educational institutions had been established. Then physicians at private hospitals started educating women as nurses but only as their assistants and not as care-givers for the patients.⁷

Then in the 1930s, Japan tended more towards militarism and a Junta took over the governing of the country.⁸ In 1931, Japan invaded Manchuria, in Western China, and converting it to a Japanese colony. This began the invasion of the Chinese continent.⁹ In 1933, Japan withdrew from the League of Nations.¹⁰ Then, in a process now viewed as leading invariably to fascism, Japan started strengthening its army and extended its power into government.¹¹ Yamaguchi points out below how the Japanese nation measured against an index of fascism as below.

Progression to the formation of compulsorily homogeneous, single party

⁵ Kameyama, *Kangoshi*, p.84.

⁶ Kyoko Niino, Hanae Yamaguchi, and Masae Yukinaga, *Kangoshi nenpyou*, dai 3 pan [Nursing history chronology, 3rd edn], (Tokyo: Igakusyoin, 1991), p.25.

⁷ Niino and et al., *Kangoshi nenpyou*, p.25.

⁸ Minoru Nomura, 'Taiheiyou sensouka no gunbu dokusai [Military-authorities autocracy during the Pacific War]', in Miyake Masaki, ed., *Dai 2 ji taisen to gunbu dokusai* [The WW II and military-authorities], (Tokyo: Dai Ichi Houki Syuppan, 1983), pp.5-22 (p.5).

⁹ Takatsugu Sasaki, *Syowashi no jiten* [The dictionary of Showa Era], (Tokyo: Tokyodou Syuppan, 1995), p.33.

¹⁰ Sasaki, *Syowashi no jiten*, p.41.

¹¹ Sasaki, *Syowashi no jiten*, p.41.

dictatorship, with complete suppression of all liberal human rights of citizenry; complete institutionalization of terrorism through the ‘mobilization’ of civilians to form a ‘new system’ made up of ‘militarized man’; and a ‘false revolution’ and a set of reactionary authorities consisting of a political alliance between the army, a bureaucracy, financiers, and a ‘controlled’ Japanese society.¹²

The military hospitals were recognised as being part of the army and their personnel consisted of soldiers. Since the military never employed women, there were no nurses and medical orderlies only took care of injured soldiers.

During this regime the JRC was the only organisation that trained nurses, not as physicians’ assistants, but for disaster relief. Since they had nursing schools all over country, the JRC produced the largest number of nurses in Japan.

2.3. JRC regular nursing school and nurses

2.3.1. Establishment and background^{13 15}

The JRC was established in 1887 by the Imperial Prince Arisugawa and the funding was supplied by the royal family of Japan. The JRC society has received charitable aid from the Imperial family since its establishment.¹⁶ The philanthropic purpose of its establishment was to care for all those in need. However, this idea was Western and Christian and not at all Japanese. So the founder and the executives of the society interpreted the meaning of their philanthropic activity as caring for injured people during any wars or calamities in Japan. At that time Japan consisted of more than fifty regional provinces, known as Han in Japanese, and these provinces had their own culture,¹⁷ local

¹² Yasushi Yamaguchi, *Fascism*, (Tokyo:Iwanami Gendai Bunko, 2000), pp.41-42.

¹³ Michiko Kameyama, *Kindai Nihon kangoshi 1, Nihon Sekijyujisya to kango* [The history of modern Japanese nursing, 1 vol, Japan Red Cross Society and the nurse], (Tokyo: Domesu Syuppan, 1997), pp.11-80.

¹⁴ Michiko Kameyama, *Kindai Nihon kangoshi 2, sensou to kango* [The history of modern Japanese nursing, 2 vols, War and nurses], (Tokyo: Domesu Syuppan, 1997), pp.106-107.

¹⁵ Masako Takahashi, ‘Nihon Sekijyujisya kyugo kangofu youseijyo [Japanese Red Cross: the Relief Nurse Training Course]’ in Takahashi Masako, ed., *Shashin de miru Nihon kindai kango no senkusyawo tazunete* [A pictorial history of modern Japanese nursing: The pioneers of nursing], (Tokyo: Igakusyoin, 1984), pp.56-63.

¹⁶ The current President of the Japanese Red Cross Society is the Empress of Japan.

¹⁷ Kameyama, *Kindai Nihon kangoshi 1*, p.19.

government and regional identity. Since Japan had only recently become unified as one nation, the idea of national cooperation was very new.

The JRC sought to promote itself by inviting members of the upper class into its association. The reason for this was to show western countries that the Japanese were not only humanitarian but had a high level of culture. However, the members of the society were only men. To act like a western country, the society should have invited women to be members, but at that time, it was not commonly accepted that women could work outside of their home or even hold a position in society. At first, the society invited an imperial princess to become a member of the JRC, followed at a later date by wives of governors and relatives of the royal family. Then, a feminine benevolent group who provided care for people became part of the JRC society and even an imperial princess became the group leader. The group members learned about nursing and first aid skills from a physician and their benevolent activities were described in the newspapers and in women's magazines. This was used to promote the JRC and the notion of women being employed because the society was planning to hire women as nursing personnel. However, although certain members learnt nursing and first aid skills, they did not actually work as nurses. They served only as propaganda or investors and did not come to the aid of common people. Therefore, the society itself had to train nursing personnel to uphold its policy.

The JRC society established its first hospital in 1889 supported by funds from the royal family and the JRC nursing school was established in April 1890 for training JRC nurses, as relief nurses, specifically for war and calamities including Non-Governmental Organisation (NGO) activities. However, the international concept that Red Cross nurses worked without discriminating between ally and enemy did not exist. Since the JRC executives believed that the nurses should work benevolently only for the Japanese, they were recognised as working for their country and accordingly received support from the military authorities. During this period, the military Junta was planning territorial expansion overseas and the role of war nurses would become essential. Accordingly, the Junta contacted the JRC and requested that their nurses be permitted to work also as military nurses. The JRC accepted and sent their nurses to the war zones. The Junta did

not use the national budget for specifically educating war nurses, but they promoted normal JRC nurses to the rank of war nurses which was the most honourable occupation a woman could aspire to in her country. At that point, relations between the Junta and the JRC became very strict, and militarized nursing training was instituted. The nursing students were educated as severely as the soldiers and the military concepts of 'loyalty, patriotism' and 'rewarding the soldier who devotes himself to his country', were applied.

It was during the First Sino-Japanese War¹⁸ that for the first time, JRC nurses worked loyally for the war relief, and received high praise. This was the opportunity for JRC nurses to acquire a certain social status. After the war, Japan strengthened its military views and not only the Junta government, but also the people, accepted an increase in armaments, and agitated for overseas expansion. JRC nurses became part of the war propaganda because they were the only women who could work for their country. Being a JRC nurse was therefore regarded as the ideal occupation for young women.¹⁹

After the Russo-Japanese War,²⁰ the JRC, as a member of the International Red Cross, dispatched relief nurses also to Europe, for example Russia and Czechoslovakia. In order to participate in this international society, the conditions were that the nurses be skilful, that they spoke English, and were both physically and mentally healthy. Those nurses who were going to work with their western counterparts were carefully chosen.

In 1896, the JRC set up eligibility requirements for an enrolment examination at eighteen years old or over, and an education period of three years. 'The National Nurse Rule' was then enacted in 1900, which stated that nursing school graduates could become nurses after a three year training period. However, when Japan later faced a shortage of nurses, 'the National Nurse Rule' was revised and the eligibility age for the regular course was changed from eighteen to seventeen years in 1941, and again revised from seventeen to

¹⁸ The First Sino (China)-Japanese War was from 1894-95.

¹⁹ Takahashi, 'Nihon Sekijyujisya Kyugo Kangofu Youseijyo', pp.56-57.

²⁰ The Russo-Japanese War was from 1904-05.

sixteen years old in 1944. During the same years, the graduation age from secondary school was also lowered in order to use teenage labour in the war effort. Therefore, the informants who were the JRC regular course nursing students when they were working in the wards as clinical replacements were only seventeen years old. Moreover, even though the course consisted of three years of education, in 1944, the duration was shortened to two years. Therefore, six of the informants in this study were nursing students, even though they were only seventeen years old, two were nineteen years old and one was twenty years old. Even though they were young, they were regular licensed nurses.

Even though the JRC society was an NGO, it had strong connections with the Imperial Family and the military Junta. Therefore the JRC nurses not only received a military-style education, but were assisted by the military. At first, JRC nurses were only war-time nurses and worked in the field, but later they also served in army hospitals. Girls yearned to become JRC nurses as there was a certain amount of war propaganda circulating during war time about the nursing profession. However, it only concerned JRC nurses, not civilian ones.

There was quite a unique Japanese phenomenon where Florence Nightingale was called "the Queen of the Red Cross", unlike other areas where Nightingale's approach to nursing dominated. There was no actual relationship of Nightingale with the Japanese RC Society.²¹ Nightingale was introduced into Japan from the 1870s.²² Takahashi reports:

She was represented as an example of a strong woman who was imbued with high womanly moral qualities, such as benevolence and altruism, and who had survived in a challenging situation on the battlefield. Before World War II, Nightingale was one of the few westerners who appeared in textbooks about moral conduct, and her work, in particular her role during the Crimean War, was used to illustrate Confucian-based good moral conduct, such as altruism, empathy with all living creatures, and kindness.²³

²¹ Aya Takahashi, *The development of the Japanese nursing profession*, (London: Routledge Curzon, 2004), p.42.

²² Takahashi, *The development of the Japanese nursing profession*, p.41.

²³ Takahashi, *The development of the Japanese nursing profession*, p.41.

And

Her good moral conduct was based on her Christian belief, but this religious belief was not well understood by Japanese. Hence, her moral conduct was interpreted through the lens of Japanese cultural values about sound womanly morals, such as being a 'good wife and wise mother'. Many of Nightingale's biographies were published and she was recognised by Japanese as a person that had, even in bad circumstances, conducted herself altruistically, being self-sacrificing in her determination to provide people with care. She was a great woman, and her actions were believed to be based on the intrinsic worthiness of women's nature.²⁴

The first official nursing text book was published in 1896 and was to be used by JRC nursing school students. In its preamble, it used Nightingale as an example of the sound humanitarian model for the role of military nurse.²⁵ Unfortunately, her great work of establishing modern nursing and her 'Notes on Nursing: What it is and what it is not'²⁶ was not paid the same attention. Rather, the focus on Nightingale was on the improvement of the moral compass of Japanese nursing not nursing skills. Ishiguro, who was the president of JRC society from 1917 to 1920, stated that all JRC nursing schools should give a portrait of Nightingale pride of place, to ensure its graduates were reminded of this woman's superior moral values.²⁷ Ishiguro wanted her graduates to be calm and to conduct themselves with the same moral code attributed to Nightingale during any war. Nightingale was portrayed as the ideal type of nurse of the JRC in terms of their behaviour and as their work as a military nursing during a war.

Another unique aspect of the education of JRC Nursing School was the setting of self regulation through the rules of the JRC Nurse, and these rules were known as the 'Ten commandments for disaster relief staff'. These rules were:²⁸

1. Be benevolent and sincere

²⁴ Takahashi, *The development of the Japanese nursing profession*, p.41.

²⁵ Takahashi, *The development of the Japanese nursing profession*, p.46.

²⁶ 'This book was published in 1859 in London, then translated into French, German, Italian, and other languages, except Japanese, coming to be spread throughout the world for use as a text book of nursing.' Katsuko Kodama, *Nightingale*, (Tokyo:Shimizu Syoten, 1999), p.212. [Japanese].

²⁷ Takahashi, *The development of the Japanese nursing profession*, pp.41-43.

²⁸ Aya Takahashi, *The development of the Japanese Nursing Profession*, (London: Routledge Curzon, 2004), p.47.

2. Be patient and persevering
3. Be obedient and obey orders
4. Be sympathetic and comfort patients
5. Be meticulous and smart
6. Be chaste and continent
7. Be modest and master the female virtues
8. Be calm and silent
9. Be neat and moderate
- 10 Have sound knowledge and apply it to good causes

This JRC nurses' rules hung in a recess in the foyer of every JRC schools, and students read them aloud at morning meetings, other gatherings and ceremonial events, and learnt them by heart.²⁹ JRC nurses were brainwashed by using the idea of Nightingale promulgated by their superiors in the JRC and the associated 'Ten commandments for the disaster relief staff' so that they would continue to sacrifice themselves for their country.

2.3.2. Informants

There were eleven informants, all of whom were educated at the JRC nursing school and two of them were educated as part of the JRC nursing course war effort. They are included in the 'other nurses' section. Six informants were second grade JRC regular course nursing students and were only seventeen years old at that time. Five informants were Regular Nurses (RN) and two of them were still teenagers (Table 1). They expressed their reasons for becoming nurses, the reaction of their families, their education and so on.

²⁹ Takahashi, *The development of the Japanese Nursing Profession*, p.47.

Table 1. Informants from the JRC

	Second grade nursing students (RN course)						Total Number
Name	Asan	Esan	Bsan	Gsan	Psan	Rsan	6
Age	17	17	17	17	17	17	
	Registered Nurses						
Name	Osan	Hsan	Dsan	Csan	Ksan		5
Age	20	19	19	26	24		

2.3.3. Reasons for being a nurse

To enrol in the JRC Nursing School, it was necessary to have graduated from high school and to have passed a highly competitive enrolment examination. At that time, only families with a high social status could send their daughters to this school.³⁰ Normally, after graduating from school, these young women were married to young men from the upper social classes who were acceptable to the former's family. The young women either never worked or worked for a short period just for the experience. However, since it was war time and the government had enforced a national mobilization law, these girls were obliged to work, despite their upper-class background. When they graduated from school, they were only fifteen to seventeen year old naive teenagers, and did not know much about the realities of society. Those who had graduated from high school had three choices: teacher's training school, the JRC Regular Nursing School, or employment in the national services.

One of the main reasons for becoming a JRC nurse was to work for one's country, but this was a supplementary reason for certain informants. The informants did not have a clear idea of what they wanted to do after graduating from school, but they had to make a decision about their future. They saw JRC nurses who wore lovely uniforms, and they hankered to be like them. Ksan saw an illustration of a JRC nurse and a soldier in a

³⁰ Gsan, personal interview, interviewed by Ryoko Ohara, Hiroshima Prefecture, Japan, 28 August 2001. The name of the interviewee has been changed to protect her privacy.

teenager's magazine, and she fell in love with the lovely nurse's uniform at first sight and decided to be a JRC nurse. Ksan remarked reflectively, 'it was such a simple reason, but I was only fifteen then.'³¹ They did not really know the meaning of 'working for one's country', at the age of fifteen³² when they enrolled at the JRC nursing school.

In the 1940s, when the war intensified, those girl high school students, who were not planning to go on to higher education, were obliged to work in a military factory, even though they were still at school. For this reason, girl students had to decide on their future careers at an early stage. For example, Bsan had expressed her wish to enter a teacher's training school at first, but she changed her mind when she saw the JRC nurse who came to her school to promote the JRC Nursing School.³³ Bsan recalled, 'I saw a JRC nurse who had graduated from our girls' school wearing a lovely uniform and I was instantly captivated by her.'³⁴

Gsan, also, was planning to be a teacher, but one day, a JRC nursing school student visited her school to recruit students. Gsan also expressed how she fell in love with the wonderful uniform. 'Her uniform was so lovely that I longed to become a JRC nurse. I really wanted to wear that uniform and so I became a JRC nurse. That was the only reason why.'³⁵ Then, the JRC nursing student explained that becoming a JRC nurse was a way of expressing one's commitment to one's country. 'After I heard her explanations, then I really and truly wished to join the JRC.'

The informants were only girls who did not understand the real meaning of working for one's country. JRC nurses were part of the war propaganda. They were allowed to wear pretty uniforms while they worked for their country, and they became Japanese girls'

³¹ Ksan, personal interview, interviewed by Ryoko Ohara, Shimane prefecture, Japan, 1 February 2002. The name of the interviewee has been changed to protect her privacy.

³² Admission age had to be lowered because of the intensification of the war and the shortage of nurses. See, above 'Establishment and background.'

³³ Kameyama, *Kindai Nihon kangoshi* 2, p.45, writes 'JRC relief nurses visited girls' schools and strove to recruit JRC relief nurses.'

³⁴ Bsan, personal interview, interviewed by Ryoko Ohara, Hiroshima Prefecture, Japan, 7 July 2002. The name of the interviewee has been changed to protect her privacy.

³⁵ Gsan, personal interview, 2001.

idols³⁶⁻³⁷.

Esan's first reason for entering the JRC Nursing School was the school's location. She had always wanted to live in an urban area, which was normal for a fifteen year old teenage girl. So she enrolled at the JRC nursing school so that she could work for her country as her brothers were doing. Her brothers had applied to enter the army and were training to be officers while she was still at high school.³⁸

Dsan entered the JRC Nursing School simply to work for her country, and to honour her family. Dsan did not have any male siblings. She longed for her family to be able to organise an honourable sending-off ceremony, such as her neighbours had done when their son had gone off to the war. She thought that if she became a JRC nurse, her family would receive the honour of having a family member who was working for the country.³⁹

In fact, entering the JRC Nursing School was treated in the same way as a soldier going to war. Gsan remembered when she was leaving her house and going off to the JRC: 'My neighbours came to the station for my send-off, and it was like sending a soldier off to the war.'⁴⁰

Csan expressed other reasons for becoming a JRC nurse. The JRC Nursing School was free of tuition fees and also provided scholarships for the students. The prolonged war effort had impoverished many civilians, so the JRC Nursing School was economically attractive for young girls.⁴¹

³⁶ Midori Wakaguwa, *Sensou ga tsukuru jyoseizou* [Wartime images of women], (Tokyo: Chikuma syoten, 1997), pp.164-216.

³⁷ Kameyama, *Kindai Nihon kangoshi I*, p.145, writes 'The dark blue uniform, the cap and laced-up boots attracted people. Civilians were still wearing Japanese kimonos, so such western clothes attracted not only girls, but also the attention of the common people.'

³⁸ Esan, personal interview, interviewed by Ryoko Ohara, Hiroshima Prefecture, Japan, 21 December 2001. The name of the interviewee has been changed to protect her privacy.

³⁹ Dsan, personal interview, interviewed by Ryoko Ohara, Saga Prefecture, Japan, 22 December 2001. The name of the interviewee has been changed to protect her privacy.

⁴⁰ Gsan, personal interview, 2001.

⁴¹ Csan, personal interview, interviewed by Ryoko Ohara, Hiroshima Prefecture, Japan, 23 January 2002. The name of the interviewee has been changed to protect her privacy.

It also made it possible for a woman to make a living without seeking financial assistance. Csan lost her father when she was at high school. She wanted to continue her studies further, and when she heard that the JRC nursing school provided education for girls without having to pay tuition fees, she decided to enrol at the school.⁴² Furthermore, the JRC nursing schools also educated girls according to strict regulations which made the students mentally strong, and she believed that that would help her to survive by herself in society.

Csan also thought that she wanted to be educated as a nurse as she had been through the experience of losing her father. When he was suffering from cancer, she had been unable to help him. If she became a nurse, she would be able to help any of the other family members who became sick. 'Since my father passed away, I have been thinking that if I was nurse, I could support my family.'⁴³

The informants desired specifically to be JRC nurses because only the JRC nurses were able to work for their country in the same way as Japanese men could. It was war time, and to work for one's country had the highest status for the Japanese. However, they did not really know what it meant to work for one's country. They were yearning to be JRC nurses because of the status it gave them in their country, and because of the lovely uniform. Also, to be provided with a scholarship was an attractive reason for becoming a JRC nurse. Lastly, they were not thinking of becoming just a nurse, but of becoming a JRC nurse.

2.3.4. Family reactions

Even if the informants wanted to become JRC nurses, their families did not always agree with their idea. Gsan explained her family's reaction when she expressed her wish to be a JRC nurse. 'My mother seemed seriously shocked when I told her I wanted to go to the JRC nursing school.'⁴⁴ Parents could not accept this challenging situation. Even if it was

⁴² Csan, personal interview, 2002.

⁴³ Csan, personal interview, 2002.

⁴⁴ Gsan, personal interview, 2001.

going to bring praise and honour to those young women who were going to work for their country, it was a very dangerous career.

When Dsan wanted to become a JRC nurse, the male family members, such as her grandfather and father, agreed with her decision. However, her mother disagreed, the reason being that her family enjoyed a high social status while nurses had a low social standing. However, her mother investigated the background of the JRC nurses, and discovered that they enjoyed a higher social status than ordinary nurses. Her mother also then discovered that the enrolment examination was very difficult, and doubted that her daughter would succeed. She did however grant her permission to sit the examination. Despite her mother's prediction, her daughter was successful and was enrolled in the JRC Nursing School.⁴⁵



Illustration 1. Sixteen year old JRC nursing student in 1944 wearing the JRC nursing uniform

2.3.5. Life at the Nursing School

JRC nursing students had to live in dormitories with the senior students and had to obey the same regulations as the military. Daily life was governed by many rules and the students had to obey them or incur serious punishment.⁴⁶⁻⁴⁷ They had to obey the senior students who disciplined them very strictly. Gsan recalled: 'I believed that the JRC nurses were angels in white'⁴⁸, but in fact I was very afraid of the senior nurses.'⁴⁹

Their classes were also different to what the informants were expecting. The JRC focused their education programme on war relief, so the education program included air raid drills, which meant carrying persons on stretchers, and relief training as well as general medicine and nursing. They had more physical training drills than lectures in order for them to be operational as soon as possible. Rsan recalled:

We were trained intensively in the role of relief nurses and learnt how to cooperate with each other, even if we were under attack and in desperate situations. We learnt the techniques of cooperation and mental strength, through these drills. Our education put a lot of stress on practising to be immediately operational, even under conditions of sudden attack.⁵⁰

Naturally enough, some new students failed. Most of the informants also thought that they wanted to leave the school as soon as they had attained the level of first grade nursing students. Gsan often wrote letters to her family, asking them to come and take her home. However, her family wrote back, saying: 'Enrolment in the school was your decision, and even if we disagreed with you then, you should stand by that decision.'⁵¹ They never took her home and, in fact, persuaded her to continue her studies. When she became a second grade student, after having endured that tough first year, she became used to the strictness

⁴⁵ Dsan, personal interview, 2001.

⁴⁶ Rsan, personal interview, interviewed by Ryoko Ohara, Tokyo, Japan, 20 January 2005. Japan. The name of the interviewee has been changed to protect her privacy.

⁴⁷ Gsan, personal interview, 2001.

⁴⁸ The dark blue uniform was the dress uniform of the JRC Nurses. When they went on a disaster relief or attended official events, they wore this uniform. However, they changed into a white uniform when caring for people in hospital.

⁴⁹ Gsan, personal interview, 2001.

⁵⁰ Rsan, personal interview, 2005.

⁵¹ Gsan, personal interview, 2001.

and rigid mindset and no longer thought of leaving the school.

Rsan also explained that when she became a second grade student, she realised that her mental and physical condition had strengthened and she had become an adult.

I realised that my mind had improved and become stronger and I was no longer worried about trifling things. I became an adult. I believe this mental strength has helped me all of my life, and I can say, from this experience, that if a person trains their body, they also train their soul. Then, when I became a second grade student, I never thought any more about wanting to leave the school.⁵²

At first the basic training period at the JRC Nursing School was three years. However, when the war intensified, the shortage of nurses became serious, and the educational period was shortened provisionally to two and a half years and then finally to two years in 1944.⁵³

After the students received their nursing licenses, they received orders to join the war relief, and then left the school. Most of the licensed nurses were sent to battle zones in overseas countries and the JRC hospitals suffered a nursing shortage.⁵⁴⁻⁵⁵ The problem was solved by the second grade nursing students. They worked at the hospital as clinical replacements under the supervision of the few remaining nurses and also had to work night shifts. In the Hiroshima Army Red Cross Hospital, some wards were in the hands of nursing students only, with, the head nurse occasionally doing her rounds. The hospital did not accept patients in a critical condition however and those persons were accommodated in another military hospital in Hiroshima.⁵⁶ So, even though the second grade students had heavy responsibilities to bear, they were relieved to be in control with no stern seniors giving them orders. Bsan explained: 'the second grade was free and easy, and was such a great change from the first year.'⁵⁷

⁵² Rsan, personal interview, 2005.

⁵³ Japanese schools started their new year in April, and finished the following March.

⁵⁴ Asan, personal interview, interviewed by Ryoko Ohara, Hiroshima Prefecture, Japan, 6 October 2001. The name of the interviewee has been changed to protect her privacy.

⁵⁵ Bsan, personal interview, 2002.

⁵⁶ Bsan, personal interview, 2002.

Even in such a situation, the informants could improve their nursing knowledge and skills. Rsan expressed the fact that she realised that nurses needed to understand the patient's context in order to provide the right kind of care. Through her work, she was able to improve her compassionate thinking.

During my clinical replacements, I realised that those soldier-patients had families, such as parents, brothers, sisters, wives, or children, who were all hoping desperately for their survival, and I strongly believed that knowing that would help those patients to recover faster. When they had recovered, those patients were going to return to the battlefield as soldiers, and I wanted to make them healthy so they could go and work for their country again. That was how I trained my mind to be a good nurse.⁵⁸

The informants were independent women who had great autodidactic abilities which made it possible for them to learn in any place and in any situation.

2.4. Military Nursing School

2.4.1. Background of the Army Hospitals and the Military Nursing School

Until 1918, the army hospital had only employed male medical orderlies as nursing personnel since no women worked for the army because women in such a situation would be considered because of this association to be of lower morals than those of normal women.⁵⁹ However, when the government predicted that the war was going to last longer than they thought, there was also going to be a shortage of nurses. Therefore the government finally decided to hire female nurses for the army hospitals.⁶⁰ In 1919, the government passed 'the Army Act Twenty-one', which stated that only the JRC nurses could work in the army hospitals. Accordingly, the JRC dispatched nurses according to

⁵⁷ Bsan, personal interview, 2001.

⁵⁸ Rsan, personal interview, 2005.

⁵⁹ Kameyama, *Kindai Nihon kangoshi* 2, pp.102-105. 'The moral problems were believed to arise because a female nurse would be seduced or tempted to have a relationship with male soldiers. Separation of the sexes in war and in the military was thought essential to maintain good order and control of the soldiers and the women who worked with them.'

⁶⁰ Kameyama, *Kindai Nihon kangoshi* 2, pp.102-105.

the government's demands.⁶¹ However, the number of military patients increased so much each year that the JRC was not able to keep up with their demands and the army hospitals experienced a shortage of nurses. The JRC nurses went to the military hospitals as external civilian relief nurses and they were not army personnel. However, following the reformation of 'the Army Act in 1923', the government started to advertise publicly⁶² for regular nurses and engaged their services for the army and navy hospitals. They were known as army nurses and did the same work as the JRC nurses, but as soon as they started worked in an army or navy hospital, they were recognised as working for their country. In 1944, the military hospitals started hiring enrolled JRC nurses, because of the increasing number of military patients. Even though there was a serious shortage of nurses, the Junta government did not establish a military or national nursing school until 1944, one year before the end of the war. Accordingly, there were no graduates from the military nursing school until the end of the war. Entry requirements for this school were also as difficult as they were at the JRC Nursing School.

2.4.2. Informants

One of the informants, Nsan, had enrolled at the Hiroshima Army Nursing School in April 1944. Her reasons for enrolling were that there were no tuition fees, the standard of education was high, and she could work for her country. She had three brothers, two of whom had become soldiers. A Japanese family with such a background cultivated militarism and nationalism, and believed that working for one's country was the most important thing in one's life. At that time she thought that 'enrolling at that school was perfect for completely fulfilling my hopes, but I was only a child at the time.'⁶³ She meant that she believed everything she was taught and never criticized her own society.

2.4.3. Family reactions

Nsan's parents were opposed to her enrolling in the Army Nursing School. One reason

⁶¹ Kameyama, *Kindai Nihon kangoshi* 2, pp.102-105.

⁶² Kameyama, *Kindai Nihon kangoshi* 2, pp.102-105.

⁶³ Lsan, Msan, and Nsan, group interview, interviewed by Ryoko Ohara, Shimane Prefecture, Japan, 2

was that her brothers had already become soldiers and their lives were already in danger, so her family did not want to send any other children to war. Her parents said that boys were under an obligation to be soldiers, but girls were not. Girls could select their own occupation even though there was not a wide choice. So, her parents insisted on her not going to war. Another reason was that her parents had negative opinions about nurses. She recalled, 'Here in the countryside, people were prejudiced about nurses because they were the only women who worked professionally.'⁶⁴ At that time, normal women were meant to obey their menfolk and not work outside of their homes. She cited her sister as an example. 'My elder sister did not work outside of the house; she helped in the house as a housekeeper, and that was quite common.'⁶⁵ Her parents never agreed to her becoming a nurse and insisted on her staying a housekeeper when she graduated from school. When she took and passed the Army Nursing School's entrance examination without her parents' agreement, her parents were very angry. However they could not stop her from enrolling since the school belonged to the army.

2.4.4. Military Nurse Education

The style of education at the Hiroshima Army Nursing School was very similar to that of the JRC Nursing School. This was because the school was newly established and since military hospitals were dependent for their workforce on many JRC nurses, they became the model for the school. Dormitory life was the same as at the JRC nursing school, and was very strictly controlled with tough rules.⁶⁶ However, the school did not teach disaster relief activities and focused only on hospital work. The government introduced the regulation that war relief activity, including the relief on the battle field, was the JRC nurses' role, and caring for soldiers in a hospital was the task of the military nurses. Nursing was taught by the head nurses from the army hospitals, but only for very few hours. Most of the educators were physicians or pharmacists from the army hospitals, and

February 2002. The name of the interviewees has been changed to protect their privacy.

⁶⁴ Lsan, Msan, and Nsan, group interview, 2002.

⁶⁵ Lsan, Msan, and Nsan, group interview, 2002.

⁶⁶ Natuko Ochiai, 'Watashi no seisyun, Hibakusya wo mitorite [My Youth, Caring for Hibakusya]' in Shimane-Ken Genbaku Hibakusya Kyougikai Hamada Shibu, eds., *Genbaku kara Hanseiki* [Half a century after the A-Bomb disaster], (Hiroshima: Ruken Sangyou Co, 1997), pp.90-92.

they focused on medical and pharmaceutical knowledge for first grade students.⁶⁷

They were also trained in Judo and Naginata⁶⁸ for self-defence purposes against the enemy as well as having a curriculum of jogging and other methods of physical training.

Nsan laughed and reflected:

It was ridiculous. How could we small Asian girls protect ourselves from such big men as those American soldiers? But we believed that we could anyway, and we trained hard.⁶⁹

When they became second grade students, they spent most of their time in the hospital wards. Her school was located in Hiroshima City, but her education was interrupted. She and her class mates were ordered to return to their own prefectures, and work there in clinical positions. In April of 1945, Hiroshima began the evacuation of its nurses in preparation for the air raids that were to come from the US Air Force strikes into Japan.

2.5. Other nurses

2.5.1. Informants from Non-JRC or Military Nursing Schools

In this section the background of five nurses is presented. Four of them held enrolled nurses' licenses and one was a registered nurse. Three of them belonged to the JRC and took supplementary relief nurse training courses, one was an army nurse, and one worked at the Hiroshima Municipal Hospital (Table 2). These informants were educated to work in the hospitals.

Table 2. Type of License and Organisation

	Lsan	Msan	Jsan	Isan	Fsan
License	Enrolled Nurse	Enrolled Nurse	Enrolled Nurse	Enrolled Nurse	Registered Nurse
Organisation	Army	JRC	JRC	JRC	Hiroshima City

⁶⁷ Lsan, Msan, and Nsan, Group interview, 2002.

⁶⁸ Naginata is a Japanese pole sword and girls commonly learnt to use it for self-defence.

⁶⁹ Lsan, Msan, and Nsan, group interview, 2002.

2.5.2. Background

A high social status was reserved for the JRC nurses only whose work was considered to be for their country rather than other nurses whose work was considered of low status when they provided care in hospitals. Therefore, there was a wide gap accorded in the status between the JRC nurses or nurses who had graduated from a Military Nursing School and those who had only basic, normal training. At that time, education for young women was to prepare them to become good wives and mothers. Society's evaluation of nurses was very low and they were looked down upon because of the stigmatised nature of the work they did in hospitals. Naturally, the national economy suffered because of the war and families who had lost menfolk during the conflicts, found themselves with insufficient financial support. The women who became war widows, therefore had to work to maintain the household economy and often they volunteered to be these nurses of lower status. However, there were only a small number of training facilities. For this reason, there was an increase in the number of student nurses who took prefectural licence examinations without having attended a nursing school. These student nurses were educated by physicians who needed assistants in their work and they taught medical knowledge at the clinic or at a patient's home as a private nurse for the patient. Not only did the physicians provide the classes, but they also organised the prefectural license examinations. This system was organised substantially by the physicians for their own needs and convenience.

Thus, a lot of these nurses were produced, but the overall quality of nursing was diminished. Even those nurses who had received their education at a nursing school, were not given proper recognition by the general public who believed that they were only physician's servants or helpers. Accordingly, the social evaluation of nurses fell to a lower level than ever before. However JRC nurses remained highly regarded and in an entirely different category from the others. There was no question of their status being confused with those who had not been trained by the JRC.

2.5.3. Being a nurse under the National Mobilization Law

The Japanese government enacted 'The National Mobilization Law' in 1937.⁷⁰ Under this law, women between the ages of sixteen to twenty-five years old were pressed into service in military industries to support the country. In 1941, the law was reformed and the maximum age of enlistment for women changed from twenty-five to forty years old. According to the old education system, sixteen was the graduation age from Junior High School. Medical workers, including nurses, were also obliged to register their occupation for enlistment purposes, in case of emergencies.⁷¹

Up until the Junta government set the National Mobilization Law in 1937, it was not common for women to work outside of the home, except as housekeepers. However, housekeeping was a private occupation and according to the law and national priorities, even women, had to work for their country in a public service instead of in the private sector. Lsan states that 'civilians were not allowed to stay at home without having regular employment or attending a school; this applied even to girls. If they did so, then national service was imposed upon them under the mobilization law.'⁷² Inspectors ensured that this law was strictly abided by, and they visited citizens' homes regularly, wrote anonymous reports, and ordered people to work. Civilians were not able to choose their employment, and everything was decided by the officers. Some civilians had no choice but to leave their homes and were even commanded to perform heavy duty tasks. Naturally enough, those parents wanting to avoid the enlistment of their children, sent their daughters to nursing school. They thought that it was better for them to go to school to acquire special skills rather than allowing them to choose their future careers by themselves. Lsan explained that she had only then just graduated from junior high school, and she was not planning to go to the girls' high school because her family was not well off. However her parents decided to send her to enrol in a nursing school,⁷³ when she was

⁷⁰ Kameyama, *Kindai Nihon kangoshi* 2, p.131.

⁷¹ Kameyama, *Kindai Nihon kangoshi* 2, p.131.

⁷² Lsan, Msan, and Nsan, group interview, 2002.

⁷³ Kameyama, *Kindai Nihon kangoshi* 2, pp.109-138. 'The Japanese government planned to improve the level of nursing, so it passed 'the Nursing Act' in Taisyo 4. Under that law, nursing schools were recognized as being high level schools, whose enrolment necessitated students having at least

only fourteen years old.

Similarly, Msan also went to nursing school in obedience of her father's decision.⁷⁴ She had studied at a girls' high school and when she was about to graduate, her father suggested she enrol at Osaka University Medical School's Nursing Training School that offered courses for becoming a registered nurse. Her father was also planning to arrange a marriage for her at the end of her nursing studies. Obviously, her father did not want his daughter to be a nurse of lowly status as he had plans for her to marry a man of high status when she no longer was forced to work under the Law. However, under the National Mobilization Law there were only three choices that a woman could make as her work; to be a nurse, or to be a teacher, or employment in the national services. As this was the case, her father decided to ensure she was a high status nurse who had gone to the most prestigious school to prepare nurses in Japan at the Osaka University Medical School's Nursing Training School. Such a move would negate any stigma arising from her choice of employment.

After passing the nursing school entrance exams, Msan fell ill and had to convalesce for one year, so she was unable to enrol at the school. After she had recovered, her father's friend, who was a physician, came to visit her and asked Msan to work in his clinic. Since she did not have a nursing license, his clinic arranged for her to study at the nursing school while she was working. She explained that her father was happy with the offer.⁷⁵ He knew that she was not well and promised to look after her. Even though Msan was physically weak, she was not supposed to stay home because of the mobilization laws, so naturally her father was worried about her. Later she became an enrolled nurse.

Unlike Lsan and Msan, neither Jsan nor her family had any fixed plans for her future

graduated from high school. However, a law was maintained that allowed having the enrolled nurse system to function for specific rural areas where regular nurses were not available. When there was a shortage of nursing personnel because of the war, then the act was not able to be respected, and at that time many enrolled (Otsusyu) nurse assistants were produced. The JRC had also introduced the enrolled nurse education system in 1937.'

⁷⁴ Lsan, Msan, and Nsan, group interview, 2002.

⁷⁵ Lsan, Msan, and Nsan, group interview, 2002.

career after her high school graduation. After reflecting on the subject she answered.

Ask any junior high school students about their plans for the future. They do not always have an answer. Most teenagers do not have concrete ideas about their future. It was the same then as it is now. I was just like them.⁷⁶

Jsan's relatives put strong pressure on her however and so she enrolled at the nursing school as well as going to work at the clinic. She could not refuse because she was only a teenage girl.

These informants were working at private medical clinics or hospitals as nurses' assistants or aids, and went to an 'Otusyu' nursing training school.⁷⁷ Students at this 'Otusyu' nursing school did not need to pay tuition fees since they were deducted out of their salaries from their clinic or hospital, and since the students were very young and had no licenses, the clinics only paid them low salaries. Private clinics even wanted to hire non-licensed girls as nursing assistants. Even though they were non-licensed nurses, many worked as replacements for licensed nurses. Their wages were not as high as licensed nurses, so this proved to be a very good system for physicians to reduce personnel costs. Also, the physicians became teachers in these nursing schools. Students had to attend the school for half of the day, and then go to work at the hospital, including night shifts. These schools operated with a small number of students and staff. Lsan explained: 'The school had certain flexibility, like a family business, and did not follow a strict program.'⁷⁸ When the air raids became more frequent, her school was unable to organize normal classes, but did so whenever it was possible. They summoned the students together and taught intensively. The main educators were physicians of the public hospital or members of the Physicians' Association. They taught First Aid and medicine, and the duration of the school programme was three years.

⁷⁶ Jsan, Personal interview, interviewed by Ryoko Ohara, Okayama Prefecture, Japan, 29 January 2002. The name of the interviewee has been changed to protect her privacy.

⁷⁷ Otsusyu nursing training schools were mainly established by physicians to solve the problem of shortages of registered nurses. These schools did not require students to be high school graduates and many only had primary level education. These nurses were the equivalent of enrolled nurses.

⁷⁸ Lsan, Msan, and Nsan, group interview, 2002.

2.5.4. The return home from school

When those young women graduated from the school, they had to leave the clinic.⁷⁹ Licensed nurses had to be paid higher salaries than student nurses, so the clinic looked for new nursing students and dismissed their licensed nurses.⁸⁰ All of them returned to their homes, but they could not stay there indefinitely because of the mobilization laws, so, they looked for employment as soon as possible, in order to avoid enlistment.

When Lsan went back to her home, a person from the Human Resources Department at the Ono Army Hospital came to recruit her.⁸¹ Since she was still only seventeen years old, her parents worried about her working at the army hospital. However, after receiving promises from the human resources agent that he would take full responsibility for her well-being, her parents gave their permission for their daughter to work at the Ono Army Hospital as an army nurse. She was allowed to stay at home for just under one month, before moving to the Ono Army Hospital. The recruitment officer occupied a high position in the hospital and he introduced her as his relative. This made things easy for her and she was well-received by the medical staff. She explained: 'I never had any difficult experiences and everybody was really kind to me.'⁸²

When Msan returned home after receiving her nurse's license, she turned twenty-one. She was old enough to get married, so her father tried to arrange a marriage for her. However, there were no men available as they had all been mobilized and sent to the war. Soon a recruitment officer from the JRC came to her house and asked her to enrol for three months on a JRC relief course. He said if she finished the course, she would become a JRC nurse. He talked to her father about this enrolment and said that the JRC was handicapped because of a shortage of nurses. Since the person was her father's friend, he could not refuse this request. After she had completed the course, she returned home again, but

⁷⁹ Lsan, Msan, and Nsan, group interview, 2002.

⁸⁰ Lsan, Msan, and Nsan, group interview, 2002.

⁸¹ Kameyama, *Kindai Nihon kangoshi* 2, pp.151-155, 'The military hospitals started to hire enrolled nurses in 1944, because of the increasing number of wounded soldiers.'

⁸² Lsan, Msan, and Nsan, group interview, 2002.

shortly afterwards she received a draft card to the Ono Army Hospital as a JRC nurse.⁸³

In 1937, when the war intensified and war relief nurses were in great demand, the JRC initiated Extraordinary Relief Nursing Courses. This involved a three month training course and the enrolment requirement was that the examinee must hold a nursing license. This licensed nurses' course, trained them to be relief nurses on the battlefield or in military hospitals in war zones. However, even though the JRC offered these Extraordinary Relief Nursing Courses, the shortage of nurses was still serious, so at the end of 1940 the JRC decided to start Otsusyu nursing courses.⁸⁴⁻⁸⁵

The army or navy nurses worked only in hospitals, and not on the battlefield, as only JRC nurses were recognised as war nurses. But even nurses who were employed in the military hospitals were considered as working for their country, so the JRC nurses also wanted to have that experience. Because of the shortage of relief nurses, the JRC started the Extraordinary Relief Nurse Courses for common nurses in 1943.⁸⁶ The course took only three months, and after graduating, nurses were registered as JRC nurses.

Isan was an enrolled nurse with a year's experience of working at an army hospital, but she yearned to be a JRC nurse. When she heard that the JRC had started the Extraordinary Relief Nurse Courses, she enrolled and became a JRC nurse. 'I wanted to work overseas on the battlefield as a JRC nurse, so I enrolled for the course.'⁸⁷

Fsan was working as a registered nurse in a public hospital, when the A-Bomb was dropped. After graduating from nursing school, she started off working at an army hospital, but was then sent to a military hospital in China where she worked for three years. Unfortunately she fell ill and had to leave her job and convalesce at home. When she

⁸³ Lsan, Msan, and Nsan, group interview, 2002.

⁸⁴ Kameyama, *Kindai Nihon kangoshi 1*, p.240.

⁸⁵ Suzu Ilzuka, *Watashi no kango syouwashi* [My nursing history during Showa Era], (Tokyo: Nihon Kango Kyokai Syuppankai, 1988), p.204.

⁸⁶ Kameyama, *Kindai Nihon kangoshi 2*, p.144.

⁸⁷ Isan, Personal interview, interviewed by Ryoko Ohara, Hiroshima Prefecture, Japan, 23 December 2001. The name of the interviewee has been changed to protect her privacy.

recovered, she had to return to work because of the mobilization law, but because of her weak condition, she decided to work at a public hospital. Hiroshima City was then planning to open a large, general, municipal hospital for civilians, so she was hired in 1941 as part of the personnel preparing for its opening. However, one week before the bomb was dropped, she was ordered to work at an isolation hospital, because group dysentery had broken out among certain patients and they had to be isolated from the civilians. She worked as the head nurse of this temporary hospital until the dysentery patients could be discharged and it was during this period that she experienced the A-Bombing.⁸⁸

2.6. Conclusion

Japan became a modern nation in 1868, opening up her borders to other nations, including Western countries, sending students abroad to learn Western politics, technology, and medicine. Japan wanted to become a modern, industrialized nation and to demonstrate her power by taking part in the war. However it was necessary for the country to protect itself from any possible foreign invasion. Also in order to become a wealthy country, Japan planned to obtain more land and natural resources in Asian countries, through an increase in military power. Wars inevitably meant many wounded soldiers and therefore war nurses would be essential. The military Junta wanted to have women nurses and not men, the latter being reserved for purely military careers. At the same time, the JRC, in its capacity as an NGO, and following the example of Western countries, introduced, relief nursing education for women only. Therefore the military Junta commanded the JRC to provide war nurses who could work for their country in the same capacity as a soldier, so the JRC accordingly provided relief nurses as well as war nurses.

The Junta then used the JRC nurses as a form of war propaganda by elevating their status under the aegis of the Empress, and as a result, many young girls admired them and applied to become JRC nurses. Up until the Junta passed national mobilization in 1938, it was rare for women to work outside of the home, but under these new laws, women were

⁸⁸ Fsan, personal interview, 2005.

able to be part of the national work force. However, there were still limits regarding the work women could do. At that time, being a JRC nurse was the most popular occupation for young girls who were from rich, upper class families. They were too young to understand the reality of working for their county, and, because of their social status they were not aware of the reality of social problems. They only wanted to wear the JRC uniform, because it was so attractive. This immature reaction was really the major reason many of these informants enrolled in the JRC nursing school.

Ordinary women became nurses to avoid being drafted into the national service under the mobilization laws. It was common for private clinics or hospitals to hire active young girls as nursing assistants and to send them to the enrolled nursing schools because they could pay this nursing personnel low salaries. However when the nursing assistants finished school, they had to leave the private clinics. Since everyone had to have employment under the mobilization laws, they went to work at the army hospitals, or enrolled in a JRC part-time course to become a JRC nurse or worked at the municipal hospitals.

CHAPTER THREE

The Historical Day

3.1. Introduction

This chapter describes the nurses' experiences in Hiroshima from the evening of 5 August until the morning of 6 August. Nine informants experienced the A-Bomb explosion. It was the first time that atomic power had been used as a weapon. Since their experiences differed according to the damage done to their hospitals, their experiences are divided into the five categories of their work places, namely the Hiroshima Army Red Cross Hospital and its Nursing School, the Mitaki Branch of the First Hiroshima Army Hospital, the Eba Branch of the First Hiroshima Army Hospital, the Ono Army Hospital, and the Hiroshima Municipal Funairi Infection Hospital. Those hospitals located close to the dropping zone (DZ) incurred the greatest damage. Four of the hospitals belonged to the Army, and one to Hiroshima City. Seven of the informants belonged to the JRC society; one was an army nurse, and one a public hospital nurse. This chapter also explains the unique situation of Hiroshima at that time, in order for the reader to be able to understand the informants' circumstances.

3.2. Background

3.2.1. Hiroshima: The military city

Hiroshima Prefecture is located in the centre of the Chugoku Region in southwest

Honshu, with a total area of approximately 8,477km² and a population of about 2,880,000.¹⁻² It is responsible for most of the administration, economy and culture of the Chugoku and Shikoku regions. To the north of this prefecture is situated the Chugoku Highland range and to the west, the Seto Inland Sea. The Ota and Ashida Rivers flow into the Seto Inland Sea, while the Gono River flows west into the Sea of Japan through Shimane Prefecture.



Figure 1. Map of Japan and the prefecture of Hiroshima

¹ Hiroshima Prefecture. *Map of Hiroshima*, modified 10 January 2006, <http://www.pref.hiroshima.jp/shoukou/ricchi/ricchi/life/nature_e.htm>, viewed 20 February 2007.

² Hiroshima Prefecture Statistics Bureau, *Hiroshima ken no jinkou idou* [Demographic shift of Hiroshima Prefecture], modified 15 October 2008, <http://db1.pref.hiroshima.jp/data/geppou/jinkou/saisin/jinkou_main.htm>, viewed 5 November 2008.



Figure 2. Hiroshima Prefecture

In 1871, Hiroshima City, which is the prefectural capital city, was proclaimed as one of the main military cities of Japan.³ Since Japan is an island country, the main communication and transport routes with other countries were solely maritime.⁴ Hiroshima's port of Ujina was capable of receiving large vessels, and was located close to the Eurasian continent. During the First Sino-Japanese War of 1894-95, and the Russo-Japanese War of 1904-05, soldiers and munitions were transported from this port to the continent and Hiroshima City thus became the main military city of Japan.⁵ In 1945, eighty percent of the buildings in Hiroshima City provided facilities for the military.⁶ Soldiers were not only sent overseas from there, but returned to this city when they became injured or were sick and were accommodated in its military hospitals.⁷

³ Hiroshima Soumubu Ken Rekishi Hensanshitsu [History compilation group at the Administrative Division of Hiroshima Prefecture], eds., *Hiroshima Kenshi* [History of Hiroshima prefecture], (Hiroshima: Hiroshima Prefecture Syuppan, 1969), pp.246-254.

⁴ Hiroshima Soumubu Ken Rekishi Hensanshitsu, *Hiroshima Kenshi*, pp.246-254.

⁵ Hiroshima Soumubu Ken Rekishi Hensanshitsu, *Hiroshima Kenshi*, pp.246-254.

⁶ Hiroshima Soumubu Ken Rekishi Hensanshitsu, *Hiroshima Kenshi*, pp.246-254.

⁷ Masae Yukinaga, *Kinoko gumo, Jyugun kangofu no syuki* [Mushroom clouds, memoirs of the war nurses], (Tokyo: All syuppan, 1984), p.i.

During the WWI, Hiroshima had only one military hospital, namely the Hiroshima Army Hospital.⁸ However, the number of army hospitals increased until 1945, because Japan was losing the war and there were many injured soldiers, to be cared for.⁹ At that period there were three army hospitals, namely the First Hiroshima Army Hospitals; the Second Hiroshima Army Hospitals; and the Ono Army Hospital. The First Hiroshima Army Hospitals consisted of one main hospital and 19 branches which included the Hiroshima Army Red Cross Hospital. The Second Hiroshima Army Hospitals consisted of one main hospital and five branches. The Ono Army Hospital was a tuberculosis sanatorium and consisted of one main hospital. The construction of the Second Hiroshima Army Hospitals could not keep up with the number of injured or sick soldiers, so it remained only a low-standard barracks building.¹⁰

As from 1944, the US air raids were intensified. Japan became a battlefield and the people of Hiroshima were to be evacuated because it was a 'military' city. On 2 July 1945, Kure, to the south-east of Hiroshima City was laid waste by 152 Boeing B-29 Superfortress (B-29) bombers and it was said that two thousand people were killed.¹¹ Following this raid, aeroplanes often flew over Hiroshima, and the air-raid sirens became a common sound in the city. B-29 bombers were to be seen many times prior to 2 and 3 August.¹²

Unlike other Japanese cities at this time, Hiroshima was not attacked. As a result, the citizens of Hiroshima City believed that their city would never be attacked and it is said that one reason for there being such serious damage when the A-Bomb was used, was that the people believed that they were protected by the many Buddhist temples in

⁸ Hiroshima Soumubu Ken Rekishi Hensanshitsu, *Hiroshima Kenshi*, p.329.

⁹ Yukinaga, *Kinoko gumo*, p.i.

¹⁰ Hiroshima Soumubu Ken Rekishi Hensanshitsu, *Hiroshima Kenshi*, p.341.

¹¹ Hiroshima Soumubu Ken Rekishi Hensanshitsu, *Hiroshima Kenshi*, p.246.

¹² Hiroshima Soumubu Ken Rekishi Hensanshitsu, *Hiroshima Kenshi*, p.246.

Hiroshima; an illogical superstition that had no substance. Also on the night of the bombing, sirens had sounded many times with no bombing. However, in truth, on 13 August 1942, the Manhattan Project, which planned to use a nuclear weapon during the WWII, was inaugurated. This project determined the targets for the A-Bomb. The places and the priority order for bombing were Hiroshima, Kokura, Nagasaki, and Niigata. Therefore, these cities avoided the air raidstac in order to remain complete for use of the A-Bomb with the potential for gathering data about the destructive power of the A-Bomb.

3.2.2. The A-Bombing of Hiroshima

At 8:15am on 6 August 1945, the United States Air Force B-29 bomber 'Enola Gay' dropped the Uranium Bomb 'Little Boy'.¹³ This was the first time a nuclear weapon was used.

Monday, 6 August, 1945 was a typically beautiful, sunny day in Japan. When the early warning was cancelled at 7:31am, the B-29 bomber 'Enola Gay' flew in from the northeast of Hiroshima accompanied by two observation planes, and no-one realised that the B-29 fighters were approaching. The observation plane dropped three parachutes which carried the equipment necessary for recording the pressure blast and for transmitting a record of the event.¹⁴ An air-raid warning was not sounded, so people simply watched and wondered and did not take refuge.¹⁵ The uranium bomb 'Little Boy' was dropped from an altitude of 8,500 meters,¹⁶ then the

¹³ Hiroshima Soumubu Ken Rekishi Hensanshitsu, *Hiroshima Kenshi*, p.252.

¹⁴ Shinobu Nagata, Syoji Sawada, and Ikurou Anzai, 'Dai Isyou kakukaihatu kara Genbaku touka made [Chapter 1: From the development of nuclear power to the dropping of the A-Bomb]', in Sawada Shojo, ed., *Kyodo kenkyu Hiroshima Nagasaki Genbaku Higai no Jissou* [Joint research of the reality of the Atomic Bomb damage in Hiroshima and Nagasaki], (Tokyo: Shin Nippon Syuppan Sya, 1999), pp.13-41 (p.36).

¹⁵ Yukinaga, *Kinoko gumo*, p.79 also described this: 'There was a rumour that the military city Hiroshima would never be attacked because the US army wanted it undamaged so that it could be used for a landing place.'

¹⁶ Hiroshima Prefecture, eds., *Genbaku Hibakusya no ayumi* [History of A-Bomb Victims], (Hiroshima: Hiroshima Prefecture Syuppan, 1986), p.1. 'This record was the Japanese army record. The American record was 9600 meters.'

aircraft immediately changed direction and headed away to the north. ‘Little Boy’ was descending and finally exploded at an altitude of 570 meters. At that moment, it became a high temperature fireball which exceeded one million degrees, and the earth’s surface, near the centre of the explosion, was more than four thousand degrees. The blast or shock wave, exceeded 400m/sec, incinerating buildings, houses, trees, humans, and even rocks.¹⁷

3.3. The Hiroshima Army Red Cross Hospital and the Hiroshima JRC Nursing School

3.3.1. Background

The Hiroshima JRC Hospital was 1.6 km away from the DZ and was a modern ferroconcrete building, three floors high.¹⁸ Three of the informants, Asan, Bsan, and Esan worked there. It was renamed the Hiroshima Army Red Cross Hospital during the WWII and was controlled by the Junta, but it did not have a role as an NGO. Therefore it catered only for soldiers, but provided medical treatment for general citizens in its outpatient section.¹⁹ However, the pediatric and gynecology wards accepted small numbers of civilian in-patients.²⁰

The hospital was mainly managed by students under the orders of a few licensed nurses,²¹ because of a shortage of nursing personnel and the inpatients were only

¹⁷ Hiroshima Prefecture, *Genbaku Hibakusya no ayumi*, p.1.

¹⁸ Nihon Sekijyujsya Kangofu Douhoukai Hiroshima-Kenshibu [Japan Red Cross Society Hiroshima Chapter Nurses’ Association], eds., *Hiroshima Sekijyuji Kango Senmongakkou 50 nenshi* [50 year’s history of Hiroshima Red Cross Nursing school], (Hiroshima: Abe Instsu, 1997), p.3. ‘The hospital and the nursing school was established in 1939.’

¹⁹ Nihon Sekijyujsya Hiroshima-Kenshibu [Hiroshima Red Cross Society Hiroshima Prefecture Chapter], eds., *Hiroshima Sekijyuji Hiroshima Kenshibu Hyakunenshi* [100 years’ history of the Red Cross Society in Hiroshima Prefecture Chapter], (Hiroshima: Gyousei, 1991), pp.80-87.

²⁰ Bsan, personal interview, 2002.

²¹ Hiroshima City, eds., *Hiroshima Genbaku Sensai Shi, Dai I kan Sousestu* [History of Hiroshima Atomic Bomb disaster, Vol.1 General Remarks], (Hiroshima: Hiroshima Sougou Insatu Kabushi Kigaisya, 1971), p.347.

slightly wounded soldiers.²²

At the time of the bombing, the outer frame of the building remained miraculously intact because it was made of reinforced concrete. Even though the hospital was in poor condition, the disaster victims thronged to it from various parts of the city. The medical workers, who were not seriously hurt, worked to direct the relief aid. When the A-Bomb was dropped, three of the thirty-four nurses and twenty-two of the 408 nursing students who were at the Hiroshima Army Red Cross Hospital died (Table 3). There is no record of how many disaster victims visited the hospital. The JRC society Hiroshima Cpater also dispatched a relief unit to the hospital immediately.

Table 3. The number of medical personnel and inpatients^{23,24}

	Enrollment	Number killed
Nurses	34	3
Nursing students	408	22
Physicians	27	5
Staff members and others	79	21
In-patients	About 250	5

(Numbers are supposition only)

In 1939, the Hiroshima JRC Nursing School was partly located on the site of the Hiorshima Army Red Cross Hospital. It provided training courses for three types of nurses, namely, registered nurses, enrolled nurses, and the extraordinary relief nurses.²⁵ The hospital and school had a wooden dormitory in the annex for nurses

²² Bsan, personal interview, 2002.
²³ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, p.349.
²⁴ Syukisyu Hensan linkai [commission of compiling memories], eds., *Inochi no Tou* [The tower of life], (Hioroshima: Cyugoku Syuppan sya, 1992), p.5.
²⁵ Nihon Sekijyujsya kangofu douhoukai Hiroshima Kenshibu, *Hiroshima Sekijyuji Kango*

and nursing students, and evacuation began when the air raid became intense. Only first grade students and sick students were accommodated there. In August 1945, because dysentery²⁶ was rife in Hiroshima, some nursing students were in isolation in this dormitory and therefore experienced the bombing and the aftermath.²⁷

3.3.2. The sequence of events: the night before the bomb

During the night of 5 August, alert warnings and air-raid sirens were frequently sounded and cancelled.²⁸ Since June, when Kure had suffered a serious air raid attack, the air-raid alarm had only occasionally been sounded. Whenever the warning was heard, nurses had to move the patients to the safety of the basement.²⁹

Asan was working the nightshift from the evening of the 5 August until the following morning in a surgical ward, which was located on the third floor. Her ward was covered by only two nursing students because of a shortage of nurses.³⁰⁻³¹ During that night, she had to take patients down to the basement shelter and back to the third floor ward twice.³² Her patients in that ward were overweight army officers, many

Senmongakkou 50 nenshi, p.3.

²⁶ Hiroshima City. *Hiroshima Genbaku Sensai Shi*, p.436. 'More than 80 nursing students were suffering from dysentery.'

²⁷ Asan, personal interview, 2001.

²⁸ Hiroshima City. *Hiroshima Genbaku Sensai Shi*, p.309. The night from 5 to 6 August, the alarms were issued as below.

9:20 P.M., 5 August, the precautionary warning was announced.

9:27 P.M., 5 August, the precautionary warning was changed to the air-raid siren.

11:55 P.M., 5 August, the air-raid siren was changed to the precautionary warning.

0:25 A.M., 6 August, the precautionary warning was changed to the air-raid siren.

2:10 A.M., 6 August, the air-raid siren was changed to the precautionary warning.

2:15 A.M., 6 August, the precautionary warning was cancelled.

7:09 A.M., 6 August, the precautionary warning was announced again.

7:31 A.M., 6 August, the precautionary warning was cancelled.

²⁹ Asan, personal interview, 2001.

³⁰ Asan, personal interview, 2001.

³¹ Hiroshima City. *Hiroshima Genbaku Sensai Shi*, p.437.

³² Yukinaga, *Kinoko gumo*, p.78, also expressed the difficulty of the transfer at the time of an air-raid alarm, as: when the air-raid alarm went off, the nurses had to carry seriously ill patients to the shelter. During the night, the alarm was sounded two or three times, and nurses had to carry these patients each time. It was very hard work for the nurses, but also hard for the patients. Therefore, some patients refused to go to the refuge. These patients remained in their beds and nurses stayed beside them in the ward.'

of whom had suffered leg injuries on the battlefield and were unable to walk unassisted. Asan explained that even though civilians were very thin and suffering from malnutrition because of serious food shortages, the privileged military class was far from being deprived. The men were too heavy for two young girls to carry, and the transferring was really hard work for them.³³ All night long she worked hard and did not stop to rest. She explained, 'When the morning of 6 August came, I was so exhausted.'³⁴ But even though she was worn out, she had to work hard to finish the routine night-shift tasks that had not been completed. Asan stated: 'I was upset. It was already eight o'clock and the day shift nurses were about to arrive. I had to hurry to finish before the changeover at 8:30.'³⁵ She went to the pan room to wash bandages for reuse because of the shortages. Then, she experienced the A-Bomb.

A violent blue flash and the blast shot through the room. The pan room was narrow, and the wall was full of shelves for storing pans, hot-water bottles, Balkan frames for fracture treatment and so on. All those things crashed down on top of me. Then I lost consciousness.³⁶

Asan was busy just finishing her nightshift and never realised that fighter planes were overhead, because the alarm had not gone off. So, she experienced the tragedy without any preparation.

Bsan started her work at 8:30 in the morning at the outpatients section. After she had finished the preparation of her section, she moved down to the basement shelter to clear up with her friend. She was walking down the stairs when she experienced the bombing.

I was walking near the windows, and then I was flung downstairs by the blast of the bomb. Intuitively, I thought that my hospital had been bombed, and that I would die. After that, I did not remember anything for a while.³⁷

³³ Asan, personal interview, 2001.

³⁴ Asan, personal interview, 2001.

³⁵ Asan, personal interview, 2001.

³⁶ Asan, personal interview, 2001.

³⁷ Bsan, personal interview, 2002.

Bsan also experienced the A-Bombing without any preparation for it. It was a life-threatening moment for her and she thought she was about to die.

Esan was also working alone in the outpatient's section. She had finished the preparations for the consultations, and was waiting to start work. Then, she realised she could hear the sound of a fighter plane, so she quickly headed for the locker room to get her air defense hood.³⁸ As soon as she got back to her post, she felt the bomb go off. Unfortunately, she was only carrying the air defense hood since she had had no time to put it on.

I experienced the bomb blast and a strong flash at the same time. Then the medicine shelf collapsed and all the medicine bottles fell down on top of me and smashed. My uniform was dyed red with Mercurochrome.³⁹

She was blown off her feet from the room to the corridor, but without losing consciousness and as she had been trained for defense drill, she had learnt to remain still and silent under such conditions.

I didn't move after I was blown off my feet into the corridor. I closed both eyes, held my nose for a while and kept quiet. There were none of my friends with me, so I experienced the bombing alone. A few minutes passed, and then I heard people groaning. I opened my eyes and looked outside, but it was utterly dark,⁴⁰ even though it was daytime. I thought that we must have been bombed.⁴¹

Esan did not express any emotion at the time and said that she kept quiet, just as she had been taught. However, she added that since she had no friends nearby and was alone, she might have felt anxious if she had not forced herself to stay calm.

³⁸ The air defense hood was made of padded cloth, and bound by a tie at the neck. During the war it was commonly used by woman and children, because metal was very expensive and civilians could not afford such a helmet.

³⁹ Esan, personal interview, 2001.

⁴⁰ After the A-Bomb explosion, the trademark mushroom cloud aftermath turned the sky dark.

⁴¹ Esan, personal interview, 2001.

After a while, Esan heard an announcement calling for the medical workers of the hospital to assemble and she stood up. 'Then, I tried to move my arms and legs, and realised my body had not been damaged.'⁴² On the way outside, she saw people who had head injuries, or cuts in the middle of their foreheads, as well as those who couldn't move, and were groaning. When she arrived at the appointed place, some medical workers were already there. They had not been injured and were pleased to see their colleagues were safe. '"Are you all right?"', they asked me, because I was dyed red, and I said I am all right. Everybody was saying, "are you all right ?" or "you are here", and so on.'⁴³ Then, we were divided into teams and we started the relief work for the civilians.⁴⁴

When Bsan gained consciousness, it was dark and black rain⁴⁵ was falling on her. She realised that she was on the lawn in front of the hospital entrance. 'I don't remember why I was there or for how long.'⁴⁶ She wondered why she was there because she had been on a step inside the hospital building before the explosion. When she looked down at herself, she realised that she had lost her watch, her shoes, and her bag. But, she did not register her traumatised condition. 'I did not feel any pain at that time.' She explained, suddenly, it became brighter, so she looked up at the sky and saw that it was bright blue and the clouds had lifted. 'Then, I thought I must go to work.'⁴⁷ The sky would have been blotted out by the mushroom cloud and contaminated black rain must have fallen on her, but when the cloud moved

⁴² Esan, personal interview, 2001.

⁴³ Esan, personal interview, 2001.

⁴⁴ Hiroshima City. *Hiroshima Genbaku Sensai Shi*, p.447. 'Then physicians, nurses, nursing students, and in-patients started relief activities in the entrance of the hospital, since very few of the medical workers were able to work.'

⁴⁵ Hiroshima Prefecture, *Genbaku Hibakusya no ayumi*, pp.4-5. 'Within twenty to thirty minutes of the explosion, a heavy black rain began falling in areas to the northwest. This rain contained large amounts of radioactive soot and dust, thus contaminating areas far from the hypocenter.'

⁴⁶ Bsan, personal interview, 2002. A few years later, Bsan heard that she had been rescued by a university student when she was on the lawn.

⁴⁷ Bsan, personal interview, 2002.

away, the sky turned blue again. Even though she could not understand what was happening, she never forgot her duty because she was a well trained JRC nursing student. 'I tried to get up, but I could not stand and walk. I couldn't even move my legs. Then, I realised that there were many fragments of glass sticking out of them.'⁴⁸ Bsan survived, but she lost the use of her legs.

3.3.3. The after-shock

At first, the informants thought that only their building had been attacked and the damage was not very widespread. However, after seeing the civilian victims, they realised that Hiroshima had received serious, widespread damage. Esan explained:

I was so angry at their cowardly attack. The roof of our hospital had been painted with a huge Red Cross visible from the sky. Then when I saw huge numbers of civilian victims rushing to our hospital, I realised that the target was not just our hospital but the whole of the city.⁴⁹

Many civilians headed towards the hospitals. They rested in the entrance foyer, in corridors, on steps, and in the basement. Many of the victims died, and no sooner were the corpses evacuated then new victims lay down in their place.⁵⁰ It was estimated that seventy percent of the deaths caused by the A-Bomb occurred on the first day, the main causes of death being trauma and burns.⁵¹

The inside of the hospital overflowed with civilian victims and they were also lying outside the building, just like Bsan. Many civilian victims came, one after another, lying down on the lawn. She was shocked when she saw their appearance. She gave the following description:

Their faces were black, and they had lost their hair. Their clothes were either in rags or they were almost naked. Some of them had burnt skin hanging

⁴⁸ Bsan, personal interview, 2002.

⁴⁹ Esan, personal interview, 2001.

⁵⁰ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, p.448.

⁵¹ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, p.448.

from their fingers, some of them had glass fragments embedded in their bodies, some of them had lost one of their eyes, and some of them had their ears torn off. Some people were so badly hurt that we could not see if they were men or women, or if they were old or young. I was so horrified by people's bodies and by the extent of the damage.⁵²

Victims died around her, one after another. They were demanding water or calling for their mother and then they died. Bsan explained: 'It was really hell. I cannot find the right words to express my emotion.' Then, a soldier fell down next to her. His neck had been cut and his pharynx was visible every time he breathed. 'I thought I must save this soldier, but my mind was so confused. It was the first time that I had seen such a seriously wounded patient.'⁵³ She put a towel on his wound, but it was not enough to stop the bleeding. 'It was not the correct treatment, but I didn't know what else to do.' Even though she tried to help him, he soon passed away. 'For the first time I felt afraid.'⁵⁴ Up till then, she could not grasp what was happening, and felt that she was having a nightmare. But when she touched the soldier and saw other people dying, she realised that it was really happening and really felt very frightened. But even though Bsan was horrified by such a situation, she never forgot that she was a JRC student and had to provide care for those people.

Despite the ground floor of the hospital being a scene of horror, upstairs the wards used by the soldier patients were empty and calm. Asan had been unconscious and felt very hot when she woke up. It would have been noon and the sun was beating down. For a while, she could not remember what had happened to her. After seeing the damage done to the hospital, she understood that it had been attacked. She visited other wards, searching for her friend. After she found her they both walked around the hospital. She saw that the nursing students' wooden dormitory had been destroyed and realised that some students must have died instantaneously.⁵⁵ She

⁵² Bsan, personal interview, 2002.

⁵³ Bsan, personal interview, 2002.

⁵⁴ Bsan, personal interview, 2002.

⁵⁵ Nihon Sekijyujsya Hiroshima Kenshibu, *Hiroshima Sekijyuji Hiroshima Kenshibu hyakunenshi*,

was shocked by the sight of the hospital damage and could not think straight about anything. Then, as she participated in rescuing a student, her memory came back and she remembered she had been working. 'I thought, "I am still working. I have not finished my handover to the day duty nurses."' She was frightened and quickly returned to her ward.⁵⁶

When she arrived there, she realised that the number of patients was short. 'I had to assume all the responsibility during my service. I turned pale.'⁵⁷ Then, she ran all over the hospital searching for her patients. The patients were soldiers, so if someone went missing, it was as if they had escaped and that was regarded as an act of betrayal to the country. One of the duties of a nurse at an army hospital was to keep watch over her patients. If the number of patients was not accurate, the duty nurse was punished. Even though she knew that her hospital had been seriously damaged, Asan could not think of anything else except her duty. 'I didn't understand what had happened to us, because I could only think about my duty. When I found my patients, I took them to the basement shelter again.'⁵⁸

She was only a seventeen year old girl, so she could not judge what she should do by herself. She just obeyed her orders because being punished was very frightening for a teenage girl.

3.3.4. The Fire

During the evening, after the bombing, a fire broke out in Hiroshima City and spread to the hospital. The main hospital was made out of concrete, but the nursing students' dormitory which was wooden⁵⁹ and had been smashed by the blast, caught on fire.⁶⁰

p.89. 'It was located beside the hospital building.'

⁵⁶ Asan, personal interview, 2001.

⁵⁷ Asan, personal interview, 2001.

⁵⁸ Asan, personal interview, 2001.

⁵⁹ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, p.437. 'It was located around three hundred meters from the main building of the hospital.'

⁶⁰ Nihon Sekijyujisya Hiroshima Kenshibu, *Hiroshima Sekijyuji Hiroshima Kenshibu Hyakunenshi*, p.89. 'The nursing students' dormitory was a two-story wooden building and was completely smashed by the blast and later completely burnt.'

When it started to burn, many students were still under the ruins.

In the evening, Bsan was still lying on the ground outside the hospital. She could not move from there because her legs were injured. Several times soldiers came looking for medical workers from the hospital. She raised her hand and shouted to them, but, there was a lot of noise and the soldiers did not hear her. It became dark, and she was alone just surrounded by many corpses. Then, she heard the shouts of those who were fighting the fire. She could not see what was happening, and suddenly she felt desperate. 'I felt afraid, really and truly afraid, when I heard those shouting voices.'⁶¹ Then, civilian victims around her started talking about the fire which might spread over towards them and they had better move away. Her uneasiness was increased by their shouting. They were also worried about air raids, since the fire would become a target. 'Then, I started to panic, because I could not move.' It was just when she was in this helpless situation, that her best friend, who had been looking for her since the explosion, came to get her. Then, her friend carried Bsan on her back, and took her to a safe place. Bsan was so relieved and appreciative of her friend's help. She said: 'My friend saved my life. I could not find the words to express my gratitude for what she did.'⁶² Later she learnt that many of her classmates and junior students had been victims of the fire.

Asan participated in the fire fighting. Students were rescued, although some of them had been seriously burnt. She heard the voices of her friends calling for help from under the crushed building and she worked desperately to save them. However, none of the relief from outside of the hospital, neither volunteers, nor fire engines came to their rescue and only the hospital personnel tried to extinguish the fire. They poured on water from buckets, but the fire was too fierce to be extinguished by so few people. 'Many of the students died in that fire. Who could extinguish such a big fire with only

⁶¹ Bsan, personal interview, 2002.

⁶² Bsan, personal interview, 2002.

buckets of water?’⁶³ Her friends died in front of her, calling for help. During the interview she became silent for a while and then, she said, ‘However, we were able to protect our main hospital building from the fire, and that was very lucky.’⁶⁴

That sad event must have been very hard for her to accept, but she tried to think positively about it. She added that there had been no fire engine available, and they had had to rely on buckets of water only. It had been impossible to put out the fire, even though they had worked hard. She seemed persuaded and found consolation in thinking that it was because of their limited fire-fighting capacity that the students had died.

That night the electricity system was destroyed, so the city had a power blackout. All of the informants worked non-stop from the beginning of the relief activities. This was vital as the civilian victims just kept coming to the hospital, even though it was a blackout and the hospitals had no lights or electrical systems. Nurses were frantically busy all of that night.

Esan worked on the civilian relief. She carried victims inside the hospital and then, she wrote their names on a piece of paper which was then attached to their bodies. All night the victims groaned and could not sleep because of their pain, but there was no pain relief available. They asked nurses to stay with them. ‘We talked to them because they were very frightened.’ Victims would realise that they were in extreme pain and were dying and they were afraid. So, Esan stayed beside them and talked to them in the dark. In the morning, she realised that most of them had passed away. Then she carried their bodies out in front of the hospital just in case their families were looking for them.⁶⁵ Esan felt afraid of those victims. She had not had much experience of death,

⁶³ Asan, personal interview, 2001.

⁶⁴ Asan, personal interview, 2001.

⁶⁵ Esan, personal interview, 2001.

because she was only a nursing student and was only seventeen years old, but she was not afraid of taking care of such people in the dark.

The A-Bomb victims had been burnt, so they were extremely thirsty and demanded water. Asan had been working for inpatients since the previous night and took the refuge patients to the basement. The water pipes in the basement had been destroyed, and she had to go to the ground floor to obtain water for the water bottles. She had to walk in the dark, without any light, along the corridor which was overcrowded with many civilian victims. On the way to get the water, suddenly somebody clung to her legs in the dark and said, 'Give me water.' She could not ignore these civilians' demands and gave them water to drink. Even though the hospital was used as a military hospital, she never discriminated between soldiers and civilians and provided water for everyone. 'But I knew that I had to get drinking water for my patients because I was in charge of them.'⁶⁶ So, she gave water to the civilian victims a little at a time, and headed back to the basement. She reflected: 'I couldn't provide satisfactory amounts of drinking water for both the civilians and my patients.'⁶⁷ When her patients required water again, she had to return and fetch more. Despite her painful backache, she worked hard for them.

3.4. The First Hiroshima Army Hospital, Mitaki Branch

The Mitaki Branch of the First Hiroshima Army Hospital was located 1.7 – 2 km⁶⁸ from the DZ and one informant, called Csan, had worked there. It was an improvised, temporary, wooden building whose capacity was 1,100 beds. It contained the internal medicine department, a surgery, officers' wards, and the departments of dermatology, urology, ophthalmology, otorhinolaryngology and tuberculosis. The official number of accommodated patients was 650 and there were 110 nurses present on 6 August 1945.

⁶⁶ Asan, personal interview, 2001.

⁶⁷ Asan, personal interview, 2001.

⁶⁸ Yukinaga, *Kinoko gumo*, p.i.

However it was unclear whether the figure included the JRC relief nurses. After the A-Bomb explosion, the hospital and its inmates were totally destroyed, thus depriving the citizens of a treatment centre.⁶⁹

Csan was a JRC nurse and had been ordered to work there with the head nurses. On the night of 5 August, she was off duty but when the air-raid sirens sounded she had to go to the army hospital and prepare the refuge shelter. So, after working all night, she started her day shift at eight o'clock. She had just begun her shift when the bomb exploded. 'A strong light flashed through the window onto my right shoulder and then, a strong blast hit us.'⁷⁰ Things exploded and people were knocked down by the blast. Most of the nurses in the ward were participating in the shift changeover, and like Csan, they were frightened by what was happening. 'I was, of course, anxious about what was happening, but I was the head nurse and the handover was not yet finished.'⁷¹ So, she pretended to be calm and a model head nurse in order to prevent a panic, and she asked the nurses to continue the handover.

When the handover was finished, an army officer visited her ward to inform her that an American bomb had been dropped and ordered her to stay inside with the patients. All of the nurses, including the night shift nurses, obeyed the order. Then, she visited her wards to ascertain the condition of the patients. She ordered them not to move until she said so. She said, 'I ordered them to do so because I was the head nurse.'⁷² It was unusual at that time for a female nurse to command soldiers, even though they were her patients. However she meant that it was necessary for her to fulfill her responsibilities as part of her management role.

In the wards, many patients had been seriously injured by fragments of glass projected

⁶⁹ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, p.409.

⁷⁰ Csan, personal interview, 2002.

⁷¹ Csan, personal interview, 2002.

⁷² Csan, personal interview, 2002.

by the blast. Each ward had big glass windows, and since it was summer, the patients were not covered by blankets. Patients were either hit in their stomachs or backs by innumerable fragments of flying glass, depending on how they had been lying or crouching in an attempt to protect themselves from the blast. Csan also had cut in her shoulder which was painful and bleeding. 'In that situation, I didn't know what injuries I had and I didn't have time to take care of myself.'⁷³ She assisted her patients, because her trauma was not as serious as theirs. She also had a responsibility towards her patients as a JRC nurse.

Then she asked the patients about their condition. They were completely terrified, hid themselves under their blankets, and said they could not stand up by themselves. Some of them said that they felt weary so Csan fetched the sphygmomanometer, measured their blood pressure and told them they had no problem. Although her action seemed to have no relationship with coping with frightened patients, she was able to persuade them that they had no physical problems and could move about.

Then, she ran to three tuberculosis patients' wards, to ascertain the hospital's damage. 'I ran as fast as I could. The wards accommodated more than one hundred patients in our section.'⁷⁴ Even though I ran, I only could observe all of them as a group, and had no time to see each patient.'⁷⁵ Fortunately, none of her patients had died.'⁷⁶ Then, an army surgeon came to the ward, so she was able to report on her patients. He inspected those who had been seriously wounded and ordered them to be moved to a safer shelter away from further air-raid attacks.

⁷³ Csan, personal interview, 2002.

⁷⁴ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, p.408. 'Tuberculosis patients were isolated. The section consisted of three wards, and was named ward fifteen, ward sixteen, and ward seventeen. She ran these three wards.'

⁷⁵ Csan, personal interview, 2002.

⁷⁶ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, p.408. 'One of the patients was crushed to death when the building collapsed.'

She went outside of the building where she saw many civilian victims heading towards the suburbs of Hiroshima, to take refuge. She was shocked by their atrocious appearance. Their skin was hanging off, and they begged her to give them water. When she saw the civilian victims, she then fully realised the actual severity and huge scale of the damage. Then, she thought about her mother. ‘Suddenly, my mother flashed into my mind.’⁷⁷ She worried about the safety of her mother who lived in a suburb of Hiroshima and her mother was her only family. But when she could not get any information about her, she continued her work as a JRC nurse, taking patients into refuge. Csan spent all day at the inpatients’ refuge, but did not have any work to do for the victims, because none of them came for medical relief. According to the Hiroshima Genbaku Sensai Shi, the reason was that because all the hospital buildings had collapsed, no-one came to ask for help.⁷⁸

During the night, patients and nurses stayed in a shelter. Unfortunately, the shelter was too small and there was no real place for the nurses to rest. Csan ordered the nurses to try to rest anyway because everyone knew that they would have to work hard again the next day even though they would not be able to recuperate their strength under such conditions.⁷⁹

3.5. The First Hiroshima Army hospital, Eba Branch⁸⁰

The Eba Branch of the First Hiroshima Army hospital was located 3.5km away from the DZ, and consisted of improvised wooden buildings, containing more than ten wards. One of the informants, named Dsan, was working there. This branch hospital had eight-hundred beds and provided for patients with internal diseases, tuberculosis and infections. Patients had been evacuated since April and May that year, and by 6

⁷⁷ Csan, personal interview, 2002.

⁷⁸ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, p.408.

⁷⁹ Csan, personal interview, 2002.

⁸⁰ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, pp.374- 377.

August only fifty patients and forty-nine hospital personnel⁸¹ were still there.

Therefore, most of the beds were vacant. The bomb damage was slight and none of the patients or personnel were killed or even seriously injured.

Dsan had been dispatched to this army hospital as a relief nurse since the number of military nurses was in short supply. She was only twenty years old, and had just graduated from the JRC Nursing School in March. On the morning of 6 August, she was outside preparing to participate in the Monday morning assembly. Dsan heard the sound of B-29 fighter planes, as she had been trained to distinguish the sounds of both Japanese and enemy aircraft. She was wondering why no sirens had been sounded and before she could decide what to do, she was blown off her feet by the bomb blast, totally unprepared for the attack.⁸²

She was soon rescued and carried to a shelter by some patients. When she saw the sky, it was a crimson yellow colour, which she had never seen before, so she guessed that something unusual was happening. 'Then I remembered that I had been in charge of the special report patients,⁸³ and I had to go and rescue them.'⁸⁴ Those patients could not take refuge by themselves so she headed towards her ward. The corridor leading to the ward was covered in crushed glass and rubble and the roof had fallen in. She couldn't go through the corridor standing up, so she crawled on her hands and knees along one side of it. When she arrived at her ward, her arms and knees were bleeding from the cut glass.⁸⁵

The Special Report patients were in their room which was filled with rubble and they

⁸¹ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, p.375. 'The number of nurses was eight at that time.' The number would only take into account the army nurses and did not include the JRC nurses, because Dsan explained: 'I belonged to the JRC 303 unit in which there were twenty nurses.'

⁸² Dsan, personal interview, 2001.

⁸³ The patients were in a critical condition, facing death.

⁸⁴ Dsan, personal interview, 2001.

⁸⁵ Dsan, personal interview, 2001.

had been injured by broken glass. Then she thought that they needed first aid treatment, so she crawled back to the nurses' station to get medication for them. Unfortunately however, all the shelves had collapsed, and all the medicine bottles were broken. She searched for some useful supplies, found some bandages and cotton cloths and took them back to the patients. Dsan had a strong sense of duty towards her patients. Then later, other people came and took them to a safe place.⁸⁶

After that, when she went outside to look for other nurses, she saw civilian victims who were rushing to the hospital entrance where medical workers from the hospital had started dispensing first aid. According to Hiroshima Genbaku Sensai Shi, 'Having predicted that many victims would be needing medical relief because of the scale of the fires in the city, the hospital Director had ordered medical workers to prepare a first aid station and meals for civilians at the entrance.'⁸⁷

Since the victims were covered in ash, the nurses cleaned them with water and applied zinc oil to their burns. The civilians formed long queues and asked, 'When can I have treatment?' 'When can I have treatment?' Medical workers worked hard, trying in vain to deal with the never-ending queues of civilian victims who passed away before they could be attended to. Dsan recalled: 'I remember once I said, "next please", but the next person did not come, because he had died while waiting for his turn.'⁸⁸ The number of deaths increased as time passed. Then the zinc oil, bandages and other medical supplies ran out. Even though the medical supplies had been used up, the relief nurses never stopped their work. 'We could not stop because civilians were still waiting in long queues, so we continued caring for them, even though all we could do was just to clean them up with water.' Dsan really wanted to help the victims who had come to be rescued.

⁸⁶ Dsan, personal interview, 2001.

⁸⁷ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, pp.274-275.

⁸⁸ Dsan, personal interview, 2001.

It was said that 10,500 victims came to the hospital between 6 August and 30 September.⁸⁹ Although the hospital had a lot of medicine, medical supplies and food in store, these were quickly used up because of the sheer numbers of burn and trauma patients. Even when the medical supplies were depleted, an informant said she could not stop the treatment or abandon such pitiful people.

Seriously injured civilians were accommodated in the hospital beds and Dsan cared for them during the night. When they asked for water, she served it to them from a pitcher in the dark since there was no light, not even a candle. 'Sometimes, when I said, "Here is some water"', the victim had already died. There were many of those.'⁹⁰ She felt helpless when she was confronted with requests from the seriously injured AVBs who begged for care and comfort from the nurses.

Since the city was having blackouts, it was impossible to see the extent of the patients' wounds. Treatment could not be provided under such conditions and so it was suspended.⁹¹⁻⁹² There was no way, in the dark, to care safely for the patients apart from comforting them and providing water.

3.6. The Ono Army Hospital⁹³

The Ono Army Hospital was built as a sanatorium⁹⁴ for military tuberculosis patients. Three informants, Ksan, Lsan, and Msan, worked there. It was located in a suburb of Hiroshima City, on a hill overlooking the Setonai Sea, about 20-22 km away from the

⁸⁹ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, pp.274-275.

⁹⁰ Dsan, personal interview, 2001.

⁹¹ Csan, personal interview, 2002.

⁹² Dsan, personal interview, 2001.

⁹³ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, pp.417-420.

⁹⁴ Health and Welfare Statistics Association, *Reasons for death, in, Journal of Health and Welfare Statistics*. (Tokyo: Kouseiroudousyou, 2005), p.378. 'The highest mortality illness during 1940 -50 was tuberculosis. The death rate of tuberculosis in 1940 was 212.9 per 100,000 people. In 1947, the ratio was 187.2 and in 1950 it was 146.4 per 100,000.'

A bomb's point of impact.⁹⁵ When the A-Bomb went off, only the windows and part of the roof were destroyed by the blast. It accommodated five hundred patients and was at full capacity on 6 August 1945.⁹⁶ Relief teams from the Ono Army Hospital immediately went to the centre of Hiroshima by truck with the victims.⁹⁷ Then, the Head of the hospital negotiated the use of the Ono West National Primary School as a temporary first aid station to which twenty nurses plus ten other medical personnel were sent. On the day of 6 August, 150 victims were conveyed to that first aid station. From the next day onwards, around five hundred victims were conveyed there or went there each day. However, there were too many victims to be cared for by so few medical workers. Then, thirty women were sent from the women's associations of the region, and they worked as nursing assistants. As a result, the Ono first aid station accommodated and cared for 1,400 victims.⁹⁸

Ksan, Lsan and Msan worked there. Ksan was preparing injections in the nursing station when she saw a blue flash, and then heard a loud explosion which smashed the windows. She thought it was an air raid, so she put on her air defense hood, took a stretcher and ran into one of the patients' rooms. She found the patients were making a lot of noise and seemed confused, but nobody had been injured. Then she looked outside through a window, and saw a huge mushroom cloud blotting out the sky over Hiroshima City.⁹⁹

Lsan was injured by the blast, even though she was 22 km away from the point of impact. She was cleaning a corridor when a fierce flash and blast came through the window, and a fire extinguisher in the corridor, was blown off its fixture and hit her on

⁹⁵ Atsuko Hirata, 'Hiroshima Ono Rikugun Byouin nite [I was in Hiroshima Ono Army Hospital]' Shimane-Ken Genbaku Hibakusya Kyougikai Hamada Shibu, eds., *Genbaku kara hanseiki* [Half a century after the A-Bomb disaster], (Hiroshima: Ruken Sangyou Co, 1997), pp.85-89 (pp.85-86).

⁹⁶ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, pp.417-420.

⁹⁷ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, pp.417-420.

⁹⁸ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, pp.417-420.

⁹⁹ Ksan, personal interview, 2002.

the head, causing her to lose consciousness. Then, she heard someone calling her by her name and her body was shaking. She recovered her senses and looked around to see people running by and taking refuge outside. The head nurse had ordered immediate evacuation. Then she went into the office, took the administration dossier containing the names of the patients in the hospital, and returned with it to the shelter. It seemed that she had been well trained and took the evacuation in her stride, even though she had been unconscious only a few minutes previously. In the shelter, people were silent, straining to hear sounds from outside. After a while, there were no more sounds of fighter planes or bombing, so it seemed that the attacks were over and everyone went outside. Then, Lsan noticed black rain falling and she wondered why, since it was a sunny day. She explained: 'Only a little was falling and for a short time, then the sky became dark, and it seemed like evening. It was strange weather.'¹⁰⁰ She was wondering about this unusual situation, but did not really have time to think seriously about it because she was busy reorganising her work in the middle of all the confusion.

Ksan and others believed that the powder magazine in Hiroshima City had accidentally exploded and the strange situation was not the result of an enemy attack. Around noon, she heard that it was not an accident, but had been caused by a new type of bomb. Then in the afternoon, a lot of victims were conveyed from Hiroshima City by trucks to their hospital. She was so shocked to see them. 'I could not believe that people could be in such a state and still be alive. It was hellish. I thought that we were in hell.'¹⁰¹

The hospital was full of tuberculosis patients and there were no beds to accommodate the ABVs, so, nurses put these new patients in the corridor. However, nurses could not lie those miserable patients directly down on the floor in the corridor. Msan recalled:

¹⁰⁰ Lsan, Msan, and Nsan, group interview, 2002.

¹⁰¹ Ksan, personal interview, 2002.

They must have been in pain. They could not have felt comfortable, because the corridor had wooden floors and they weren't covered by carpet. So, we wanted to cover the corridor with blankets to reduce their pain. Of course, we wanted to accommodate these victims in beds, but, that was impossible. So, we covered the corridor with blankets for them instead.¹⁰²

The nurses were not ordered to put down blankets in the corridor, but they took the initiative to try to provide as much comfort and sympathy as possible for their patients.

Then, the nurses started the burn care. They cleaned the victims' wounds carefully, applied zinc ointment, and then covered them with gauze. Many victims were suffering from widespread burns, sometimes covering their whole body. Since it was a tuberculosis hospital, there were hardly any medical supplies for surgical or burn treatment in store and so they were quickly used up. 'The only thing we could do was to lie them down.'¹⁰³ There were too many victims, for the small number of nurses available, so in-patients helped the victims by giving them water, and fanning them to keep them cool, because it was a hot summer.

Msan reminisced on her role as a nurse at that time and said: 'We were totally unable to provide appropriate nursing care for our patients. It was not nursing, and it was only taking care of their wounds.'¹⁰⁴ She said it was not nursing, but she could not express what nursing really was. She believed that just providing medical treatment was not recognised as being nursing. She was concerned about the patients' comfort and true nursing was when patients obtained comfort from the care provided.

3.7. The Hiroshima Municipal Funairi Infection Hospital

The Hiroshima Municipal Funairi Infection Hospital (Funairi Hospital) was the public

¹⁰² Lsan, Msan, and Nsan, group interview, 2002.

¹⁰³ Lsan, Msan, and Nsan, group interview, 2002.

¹⁰⁴ Lsan, Msan, and Nsan, group interview, 2002.

hospital in Hiroshima for municipal operations. It was around 2 km from the DZ. This hospital was located beside the mouth of the river that flowed into the Setonai Sea,¹⁰⁵ the port of Ujina, played an important role for Japan since their soldiers transited through this port on their way to the war zones.¹⁰⁶ Some of these soldiers brought back various diseases from other countries, which sometimes led to epidemics among the civilians of Hiroshima. Therefore, a hospital was established for isolating infected soldiers.¹⁰⁷ When the war intensified in Japan, the hospital was evacuated and closed, but at this point in time, the hospital had been opened temporarily as an isolation hospital, and dysentery patients were accommodated there.¹⁰⁸

Fsan was the head nurse there and she was eating breakfast with twenty other nurses before starting work. The nurses recognised the sound of the B-29 fighter, but no-one took refuge, because normally the air raid attacks were made by groups of fighter planes, and this time, there were only a few fighters.¹⁰⁹ So, they chatted about the fighter plane that had lost its way, and continued eating their rice gruel.¹¹⁰ They thought that the plane must have been separated from its unit or it was a reconnaissance plane, and they never believed that it was going to attack them. Also the air raid siren had not been sounded and so she thought that it would never attack.

Then, someone said, 'What's that? Some strange object is hanging in the sky and now it's starting to descend.' So the nurses looked out of the window and watched a silver

¹⁰⁵ Fsan, personal interview, 2002.

¹⁰⁶ See 3.2.1. Hiroshima : The military city.

¹⁰⁷ Fsan, personal interview, 2002.

¹⁰⁸ Fsan, personal interview, 2002.

¹⁰⁹ In reality, there were three fighter planes. One transported and dropped the A-Bomb and the other two were observation planes.

¹¹⁰ 'The hospital was an isolation hospital, so nurses could not leave their place of work. They ate their meals together and lived in the hospital. The hospital served meals for the nurses, but there was a serious food shortage, so they received only rice gruel and not normal rice. Fsan explained that the gruel that was more like hot water in which she could see the reflection of her face.' Fsan, personal interview, 2002.

box descending by parachute.¹¹¹ They were looking at one of the three pieces of recording equipment which had been dropped by the observation plane. Then, Fsan felt that the metal bowl she was holding was moving by itself. She saw other metal objects also moving by themselves. The nurses were surprised by the phenomenon. 'What's this?' 'What's happening?' They were wondering. Suddenly, a bright flash came through the window. Fsan wisely ordered the nurses to take refuge, 'It must be an incendiary bomb. Get under the table, and protect yourselves.'¹¹² All of nurses were able to take cover quickly except Fsan, because she was standing up giving the order, and it took her more time to get under the table. By then, she was blown off her feet more than seven or eight metres and was thrown against the wall before she collapsed on the floor where she was then covered with rubble. She explained how she felt at the time: 'I was falling into darkness. I thought that I must be standing at hell's gate.'¹¹³

For a while she did not move and remained silent, listening carefully to what was happening. She realised that the attacks were over and it became bright again. Then she thought that it was safe to move and to start being active. When she came out from under the rubble, she saw many patients taking refuge outside. The entire hospital building had collapsed. Then, she heard someone calling her name. When she saw the person, she was shocked, because the patient's eyes were hanging out of their sockets. The patient had lost his eyesight, so he was calling for Fsan and groping around, searching for her. 'I ran up to that patient, and led him away by his hands.'¹¹⁴ However, it was very dangerous getting a blind person to walk over rubble. So, she took the patient to a safe place and told him to stay there until she returned. Then, she ran all over the hospital shouting to people to come out from the remains of the building. She helped patients to get out from under the rubble. Since it was a contagion hospital, and

¹¹¹ Fsan, personal interview, 2002.

¹¹² Fsan, personal interview, 2002.

¹¹³ Fsan, personal interview, 2002.

¹¹⁴ Fsan, personal interview, 2002.

contained a lot of isolation wards, the length of the corridor of the main ward was about 1 km. She checked the time, and saw it was noon. When she looked towards the city, it was completely on fire, and the flames were coming towards her hospital. Realising that, the hospital would soon be surrounded by fire, she gathered the patients together and prepared to get them under shelter.¹¹⁵

The hospital was located on a peninsula, surrounded by a river and the sea. The fire was coming from the centre of the city so they could not take refuge there. The only way to escape from the fire was by boat and fortunately, a boat was being prepared for launching on the river. She got the patients on board the boat, as well as pots, rice and other essentials. Then she ordered them to head towards the sea. However, the boat started to move upstream which was towards the city and away from the sea. They rowed hard trying to reach the sea, but, their boat was still being drawn into the fire which had become very sizeable. So, the boat was tied up to its mooring again, and they stayed where they were. When evening came, they let go their mooring, floated out to sea on the ebb tide, and were able to escape from the fire.¹¹⁶ Fsan got the boat to head for Itsukaichi which was a suburb of Hiroshima, where she had an acquaintance who owned a large piece of land. She planned to use that as a landing point.

When she arrived there, she borrowed a field, not a house, since there were too many patients to be accommodated in a house. Also, people would not want to rent a house to infection patients. She made a rope boundary round the perimeter of the land for identification purposes and told the nurses and patients to stay inside it. Then she started cooking and serving supper to the patients and the workers.

Although, we were in such a difficult situation, I had to serve meals to the patients and staff. At that time, the food shortage was very serious and we could not expect donations from civilians. We said that we could cook for ourselves because we had brought rice with us. We congratulated ourselves

¹¹⁵ Fsan, personal interview, 2002.

¹¹⁶ Fsan, personal interview, 2002.

on our excellent decision, in the face of such a difficult situation. It was really a mad day.¹¹⁷

Even though Fsan had experienced such a terrible crisis, she carried out her role as head nurse very well. Her role was not only being responsible for her ward, but for the hospital as well. She managed to secure not only a place for the patients to live, but also their food, the important basics for their survival.

3.8. Conclusion

Hiroshima was the military city from where soldiers and JRC nurses were sent to the battle field and to where wounded soldiers returned. For this reason, Hiroshima had army hospitals. After fifteen years of war, not only soldiers, but also nurses, were in short supply, especially, the JRC nurses who were enrolled as war nurses. Therefore, nurses had to work in hospitals as clinical replacements. The Hiroshima Army Red Cross hospital was operated mainly by nursing students but it was also used as an army hospital and accommodated soldiers.

During the night of 5 August, warning alarms were frequently sounded and nurses worked hard transporting their patients to safe places. They were completely exhausted. The next morning, no siren was sounded, even though there were enemy aeroplanes in the sky. Some of the informants recognised the sound of the enemy aeroplanes, but did not protect themselves because they never thought they would be attacked by so few aeroplanes.

Informants were wounded by the bomb and experienced its after effects. However, if they were able to move about, they quickly resumed their nursing tasks. Some informants took their patients to shelters or started to care for the civilian victims when

¹¹⁷ Fsan, personal interview, 2002.

they thought that no further attacks would occur. As there was only one bomb, no one expected a lot of damage. However, it soon became obvious that this one bomb had caused a huge amount of damage. Nurses were shocked by the appearance of civilian victims. Their skin appeared to have melted and was hanging off them, their eyes were out of their sockets, and their sex could not be differentiated. The medical staff started first aid for the patients, yet the treatment level was insufficient for the degree of trauma of the bomb's victims.

Medicine and bandages or other medical supplies were quickly depleted in the face of the magnitude of the suffering. Also civilians stood in long queues waiting to receive medical treatment. So, the nurses went on caring for these people non-stop, even though all they could do was to wipe their bodies. Some victims died waiting for treatment. During the night there was no light, so nurses had to work in the dark. However, their tasks were limited to providing only water, as well as sitting and talking to their patients. When morning came, the nurses realised that many victims had already died during the night.

What is most remarkable about the stories of the day of the dropping of the bomb, these informants were very young women, most of them being teenage nursing students. Even when they were head nurses, they were under twenty-eight years old. They experienced this historical tragedy and although they themselves felt unsafe, they tried to care for the victims or manage the situation as a nurse with little or no resources, sometimes doing what nurses do in other situations of great trauma – comfort and care.

CHAPTER FOUR

Buddhist Avici Hell

4.1. Introduction

This chapter describes the experiences of the informants from 7 August 1945 which is the day after the historical event up to 14 August 1945 which was the day before Japan's capitulation. During this week immediately after the A-Bombing, the seven informants who were dispatched to Hiroshima as part of the medical relief. Two informants were sent to work for the soldiers' relief at the Hiroshima Army Red Cross hospital, plus another two to army hospitals. A fifth one was ordered to work for civilian relief. All of them were dispatched from the JRC regional chapters, including the Hiroshima JRC chapter. Two of the informants were still second year nursing students. Four of them clearly remember events on their arrival in Hiroshima. They related their difficult experiences on the way to their destinations. When they saw Hiroshima City for the first time and when they started their relief activity in Hiroshima, they described Hiroshima City as Buddhist Avici Hell or Avici Kyoukan. Avici Hell is the worst category of hell in the Buddhist faith and is characterised by its size and fieriness. Also, this hell is said to be an interminable hell, because people in there are tormented forever.¹ The informants described seeing the victims as Avici Kyoukan. This phrase means that their suffering was such that the people were unable to scream for help.²⁻³ The informants were shocked and terrified to see the plight of the victims of Hiroshima, but they worked with their all their might to help them.

¹ Katsuhiko Kamimura, 'Avici Kyoukan', in Nakamura Hajime, ed., *Bukkyou gogen sansaku* [Etymology Buddhism], (Tokyo: Tokyo Syoseki, 1974), pp.71-72 (p.71).

² Kamimura, 'Avici Kyoukan', p.72.

³ Nowadays, this Avici Kyoukan is used to describe a situation where people are struck by a disaster such as an earthquake or tsunami – a natural disaster rather than a man-made one.

Also, informants, who had been in Hiroshima City since 6 August 1945, continued to work at Hiroshima since the bomb's explosion, despite their levels of injury. Their experiences include these personal events, such as: the loss of their friends; the appearance of their symptoms from the bombing; and visits from their families who were checking on the health of their daughters.

4.2. The Effects of the Atomic Bomb

Most ABVs died within the first five months of the A-Bomb explosion, ninety percent of them in the first two weeks.⁴ The official United Nations report of the ABVs' deaths up until December 1945 is $140,000 \pm 10,000$.⁵ It was reported that there were 350,000~360,000 people in Hiroshima City at the time of the explosion, and 40,000 soldiers were among them, with the remaining 310,000~320,000 civilians.⁶ This means that the number of people who survived, yet were partially affected by the nuclear weapon, was quite large. Moreover, most of these victims were civilians. The latest official numbers of deaths identified as caused by the bomb up until the end of 1945 is 89,833.⁷ It can be seen from the disparity of these estimates, that there is still considerable confusion surrounding this event and its after-effects.

Unlike conventional arms, nuclear weapons have a vastly destructive power. They do not only wound and kill people, but they also affect the survivors who suffer the consequences of multiple chronic diseases.⁸ The characteristics of the damage from the A-Bomb were classified from the time of contamination. The first phase was within two weeks, the second phase was from the third to the eighth week, the third phase from the third to the fourth month, and the last phase was after the fifth month

⁴ Hiroshima Prefecture, *Gennbaku Hibakusya no ayumi*, p.152.

⁵ Direct ABV means victims who experienced the A-Bomb explosion in Hiroshima City.

⁶ Hiroshima City, eds., *Genbaku Hibakusya doutsu jishijokan* [Report of the dynamic statistics of the Atomic Bomb Victims], (Hiroshima: Rujiyou Insatsu, 1995), p.37.

⁷ Hiroshima City, *Hibakusya doutsu jishijokan*, p.37.

⁸ Minoru Yuzaki, and Sigeru Yamate, eds., *Sociology of health and medicine in Japan 1978 Community and health problems*, (Tokyo: Kakiuchi syuppan, 1978), p.159.

of contamination.⁹

During the first phase, the main cause of death was burns from the heat and the blast, both of which were generated at the time of the explosion. Most of these cases resulted in instantaneous death. It is said that ninety percent of the ABVs died during this phase, and the main reason for their deaths was burns and various forms of trauma including blast injuries.¹⁰ It was also said that seventy percent of the ABVs were killed on 6 August 1945. During the second phase, many of the ABVs suffered multiple organ failures caused by blood dyscrasia because of radioactivity and infection. During the third phase, keloid scarring¹¹ occurred on their burnt skin. Their skin was burnt by heat and radiation, and the symptoms were peculiar to ABVs.¹²

The radiation damage caused in the tragic events of Hiroshima and Nagasaki remains unparalleled. The radioactivity and fission products of the neutron remained in the city and the radiation continued to contaminate many people who had not directly experienced the A-Bomb explosion. These people lived in the city suburbs and came into Hiroshima City for disaster relief. They suffered serious health and life threatening problems, as well as being socially handicapped. They were known as A-Bomb victims or survivors. Furthermore, their future caused great concern to the authorities.¹³

In 1944, because Hiroshima City was a military city, the ordinary citizens of Hiroshima were ordered to evacuate the city as a precaution against air raids. The

⁹ Nobuo Kusano, *Atomic Bomb Injuries*, revised edn, (Tokyo: Tsukiji Syoten, 1995), p.70.

¹⁰ Kusano, *Atomic Bomb Injuries*, p.70.

¹¹ Keloid scarring is one of the characteristic symptoms of the A-Bomb injury. According medical dictionary, keloid scarring is 'An area of reddened irregular raised fibrous tissue formed at the site of a scar or injury.' Stedman's English-Japanese Medical Dictionary Editors Commission, *Stedman's English-Japanese Medical dictionary*, [CD ROM], (Tokyo: Medical View Sya. 2002).

¹² Nori Saito, 'Genbaku Higaisya no syougen [Testimony of the A-Bomb victims]' in Sawada Shojo, ed., *Kyodo kenkyu Hiroshima Nagasaki Genbaku higai no jissou* [Joint research of reality of the Atomic Bomb damage Hiroshima and Nagasaki], (Tokyo: Shin Nippon Syuppan Sya, 1999), pp.155-175 (p.159).

¹³ Yuzaki, et al., *Sociology of health and medicine in Japan 1978 Community and health problems*, pp.165-166.

Prefecture issued 'The Act for Air Defence Measurement Guidelines for Medical Professions' in 1944. This act forbade the evacuation of the medical professions, including nurses¹⁴ to the outskirts of Hiroshima City. It was said that ninety-three percent of the medical professionals, who belonged to public or private medical organisations in Hiroshima City, became ABVs,¹⁵ and were unable to carry out relief work during the tragedy. Medical relief aid had to be brought in from regions far from Hiroshima City.

4.3. Relief units sent to Hiroshima

4.3.1. Their arrival in Hiroshima on 7 August

On the afternoon of 6 August, volunteer groups mainly consisting of policemen, administration officials, firemen and civilians, arrived and started organising relief activities in Hiroshima. Most of them transported the ABVs or any kind of supplies, disposed of corpses, and worked on road maintenance. On 7 August, the medical relief groups arrived, having been sent by the Medical Association, and hospitals having a branch in Hiroshima City, such as the JRC, the Communications Hospitals, and universities.¹⁶

The JRC chapters also dispatched nurses immediately after the explosion, and they were ordered to work at the JRC hospitals and the military hospitals. They came from Yamaguchi Chapters, Tottori Chapters, and Okayama Chapters. These relief units were dispatched to the Hiroshima Army Red Cross Hospital or to army hospitals for ABV relief, except for the Tottori Chapter that provided general relief for four days at the Hiroshima prefectural office.¹⁷

¹⁴ Hiroshima City. *Hiroshima Genbaku Sensai Shi*, p.320.

¹⁵ Hiroshima Genbaku Iryoushi Hensyuiinkai [Hiroshima A-Bomb Medical History Editorial Committee], eds., *Hiroshima Genbaku iryoushi* [A-Bomb Medical History of Hiroshima], (Hiroshima: Gousei, 1961), p.111.

¹⁶ Hiroshima Genbaku Iryoushi Hensyuiinkai, *Hiroshima Genbaku iryoushi*, p.111.

¹⁷ 'Hiroshima sekijyuji gennbaku byouin hibakushita honkan nado sugata kesu' [Hiroshima Red Cross Hospital and the Atomic Bomb Survivor Hospital contaminated buildings were destroyed], *The Red Cross Journal*, (1 September 1989), pp.4-5.

The Yamaguchi JRC Nursing School was located at the Iwakuni Navy Red Cross Hospital. Yamaguchi is the prefecture adjacent to Hiroshima Prefecture. Gsan, Rsan, and Psan¹⁸ were second grade nursing students at this school. In the evening of 6 August, not only the nursing students, but all the medical workers in the hospital were ordered to assemble.¹⁹ Then, a Head nurse requested them to listen to the announcement. They were told that Hiroshima had been hit by a large-sized bomb, and an emergency had been declared.²⁰ The Red Cross Hospital had therefore decided to send war relief to the Hiroshima Army Red Cross Hospital.²¹ Psan explained that the JRC relief unit usually obeyed orders from the Prefectural Governor, but after this emergency, the JRC was granted the autonomy to dispatch relief according to their own decisions in order to speed up proceedings.

Then, the representative of the hospital explained that even though they would like to take all the nurses to Hiroshima, the patients in their own hospital also needed nurses to take care of them. Therefore, only those students with the highest marks were selected to go to Hiroshima and he called out their names. Rsan explained: 'I wanted him to call my name so that I would be selected.'²² Then, the President called Rsan's name and she recalled, 'I was so proud that I could work for our country. How happy I was at that time.'²³ So, she accepted her selection with delight, and did not feel any fear at that moment.

It was war time, and Rsan had become a JRC nurse because she wanted to work for

¹⁸ Psan, Personal interview, interviewed by Ryoko Ohara, Hiroshima Prefecture, Japan, 13 September, 2002. The name of the interviewee has been changed to protect her privacy.

¹⁹ Rsan, personal interview, 2005.

²⁰ Rsan, personal interview, 2005.

²¹ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, pp.552-553. 'It was after 4 p.m. on 6 August 1945, that the JRC Yamaguchi chapter received an order to dispatch the mayor of Yamaguchi prefecture to Hiroshima. The chapter immediately contacted the Iwakuni Naval Red Cross Hospital. The hospital set up three relief units which consisted of physicians, nurses, and nursing students, and sent two units on 7 August, and another on 9 August.' However, Gsan and Psan explained that this first dispatch was not according to the mayor's orders, but was the JRC Yamaguchi Chapter's own decision to send relief for the JRC to rescue the Hiroshima Hospital and its JRC medical personnel. When Gsan arrived in Hiroshima, her unit started relief activities for the nursing students first, then for the medical personnel. It was evident that they had been dispatched to the Hiroshima JRC hospital.

²² Rsan, personal interview, 2005.

²³ Rsan, personal interview, 2005.

her country. Rsan was only seventeen years old. She did not have any idea of the reality of the cruelty of war. Even though it was known that Hiroshima had been hit by a large-sized bomb, it was only one bomb, and who could imagine that one bomb could destroy a whole city. Despite her immediate joy, she was going to experience unforgettable difficulties and sadness from her experience in Hiroshima.

The hospital sent three units, each unit made up of ten persons. Rsan and Gsan were sent off on 6 August and arrived in Hiroshima on 7 August.²⁴ On the way to Hiroshima, their train was attacked, so they only arrived on the following morning.²⁵ Fortunately there were no injuries incurred. At first, their unit had planned to get off the train at Yokogawa Station in the centre of Hiroshima City. Unfortunately, the train line had been destroyed and the station was still very far, so they got off at Koi Station and walked back to Yokogawa Station.²⁶

On their arrival at Koi Station, they saw many civilians walking in the opposite direction out of Hiroshima City to take refuge in the suburbs.²⁷ When they saw the huge number of victims, they were shocked by the scale of the damage. It was obviously going to require a huge number of relief personnel to take care of the situation. Then, the unit leader ordered a clerk to return and report the situation in Hiroshima and request more help to be sent for the civilian relief.

The relief nurses were wearing their JRC uniforms so civilians kept asking them for help, but they could do nothing for them because they had not received any orders to do so. They had to obey their unit leader and were not allowed to take any personal decisions. Rsan recalled:

Civilians called out to us 'Nurses! Please help us. Please give us water.' They grabbed hold of our clothes. They were seriously injured. 'How pitiful they were, I wanted to give them water from my bottle' Then I was in tears.

²⁴ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, pp.552-553. 'The first dispatch was on 7 August but the JRC Journal did not mention the day of the dispatch. However, Gsan, Rsan and Psan explained that the first relief unit left Yamaguchi on 6 August.

²⁵ Gsan, personal interview, 2001.

²⁶ Gsan, personal interview, 2001.

²⁷ Rsan, personal interview, 2005.

They were dying, so I wanted to provide them with ‘matsugo no mizu.’²⁸ However, we had been educated in a strict, military manner, and we were not allowed to act on our own decisions, or even speak to each other without permission. At that time, we could not act without an order from our unit leader. I gritted my teeth and walked on, mortified, because I could not provide care for these people who had asked for our help. I felt really sorry for them but I had to keep on walking to Hiroshima.²⁹

The train line also was littered with the corpses of people who had died as they ran to take shelter. The relief nurses were educated to not pass bodies so they tried to carry the bodies to the side of the train line. Rsan recalled that incident:

When I took hold of the arms of a corpse to move it, its skin peeled off like a boiled tomato, and it stuck to my hands. I was shocked and nearly screamed, but we had been drilled to control our emotions, so I didn’t. I sympathised in my mind with those corpses and went on walking. It was hell, the Avici Hell.³⁰

She was horrified, but she never screamed, thanks to her military education which taught her to control her emotions and actions. Rsan felt sympathy for the dead and the dying who had no family in attendance and whose bodies were shunned by the panicking refugees and she wanted to offer them ‘matsugo no mizu, i.e., water for the victims which would bring them a peaceful death and good luck in Heaven.’ Since Rsan felt sympathy and pity for their loss of dignity in the face of such sudden death, she could not just stride over those bodies and leave them, so she moved them away from the train line. There was a great crush of refugees beside the tracks but even though the group had not received orders from their unit leader, they did it and their leader did not stop them.

When they arrived at Yokogawa Station, an army truck was waiting for them and

²⁸ Teruo Maruyama, ‘Rinju deno sahou’ [Funeral Rites], in Maruyama Teruo, ed., *Wagaya no Bukkyou* [A Layman’s Buddhism], (Tokyo: Jitsugyou no Nihon Sha, 2001), pp.228-229. ‘In the Buddhist faith, “Matugo no Mizu” means “the last drop of water”. When a person is near to death or has just passed away, they are given water, or their lips are moistened with water. It is believed that pure water is able to purify a person’s soul. Water flushes the person’s evil deeds from their life, and this allows them to go to Heaven. Water also, it is said, has the power to revive, because water is one of the important resources of life. Normally, the family provides this last water. The family wishes to ensure that the person goes to heaven and will not be troubled by thirst in the world after death. This ceremony is still held in Japan, and nurses give support to the family during this moment after death.’

²⁹ Rsan, personal interview, 2005.

³⁰ Rsan, personal interview, 2005.

they rode in the truck towards the Hiroshima Army Red Cross Hospital.³¹ However, the truck driver could not find it because the landscape had changed so dramatically. As their truck drove through the destroyed city, civilians victims realised that it was carrying a relief unit and called out for their help, Gsan recalled:

We apologised to them and said we had orders to go to the JRC Hospital. We bowed our heads down and said, 'sorry, sorry.' The situation was Avici Kyoukan.³²

The nurses apologised because they were coming to take part in the relief, but they had to ignore the victims who needed relief treatment. It must have been such a hard experience for them not to be allowed to perform their role according to their beliefs.

Asan was working at the Hiroshima Army Red Cross Hospital at that time. She explained that the JRC relief units arrived, one after the other, on the day after the bombing.

I didn't know exactly how many physicians had survived and without them the patients could not be treated. At that time, the in-patients were not being treated by the physicians, and so we applied edible oil or Mercurochrome to the patients' burns. Then, help arrived from various places. I was so relieved, because serious medical treatment had not yet been given to the patients. The first relief unit was from the Yamaguchi Chapter followed by various chapters of the JRC relief. The Hiroshima chapter also mobilised nurses, and sent them to our hospital, but that was a few days later.³³

4.3.2. Arrival in Hiroshima on 8 August

Hsan was a JRC licensed nurse and belonged to Tottori Chapter, she arrived in Hiroshima by Army truck on 8 August.³⁴ On the road, she saw the corpses of many people who had died whilst begging for help. Then she saw a river with a lot of driftwood floating in it, but when her truck came closer to the river, she realised that it was not driftwood but corpses. Hsan expressed her shock. 'I could not look at such cruel scenes. I hid my face in my hands. Probably they had jumped into the river to

³¹ Gsan, personal interview, 2001.

³² Gsan, personal interview, 2001.

³³ Asan, personal interview, 2001.

³⁴ Hsan, Personal interview, interviewed by Ryoko Ohara, Tottori Prefecture, Japan, 12 March 2002. The name of the interviewee has been changed to protect her privacy.

cool their bodies from the heat of their burns.’³⁵ Then, she was ordered off the truck at the town hall. The building had been destroyed and only the basement was left. Hsan and her relief units worked for the civilian victims outside of the building.³⁶⁻³⁷

4.3.3. Arrival in Hiroshima on 10 August

Isan had just finished a three month relief nursing training course for RN and EN at the Hiroshima JRC Nursing School on 31 July and had returned home where she was awaiting orders.³⁸ Her house was located about 40 km away from Hiroshima City. On the morning of 6 August, she was in her house, and she experienced an unusually strong gust of wind on that calm, hot day. In the evening, many victims arrived from Hiroshima to take refuge in her village. She did not see them but heard about their appearance and she was shocked. Then she heard a rumour that the entire area of Hiroshima City had become a burnt field, and there were tremendous numbers of dead people. So, she assumed that she would receive her draft card for Hiroshima. On 9 August, it came as she had predicted.³⁹

Isan received orders to go to the Hiroshima Army Red Cross Hospital on 10 August and on the following day she received her draft card. She and her mother set off on foot to the station which was more than 8 km distant. Her mother carried Isan’s heavy baggage on her back. ‘We walked such a long way with my heavy baggage. We didn’t talk much as we walked along, even though it might have been the last time we could be together.’⁴⁰ Civilians were not provided with any official

³⁵ Hsan, personal interview, 2002.

³⁶ Hiroshima Sekijyuji Hiroshima-Ken shibu, *Hiroshima Sekijyuji Hiroshima-Ken Shibu Hyakunenshi*, p.91. ‘The JRC Tottori Chapter dispatched a disaster relief unit. They worked at the City Hall of Hiroshima City for four days. The total number of working days for the disaster relief was twenty-six, and the total number of treated victims was 1,029.’

³⁷ Tuyoshi Nakagawa, ‘Shisei no genten [The starting point of municipal government]’, in Masao Tsuzuki, ed., *Hiroshima Shinshi Gyouseihen* [A Recent History of Hiroshima, Edition of City Administration], (Hiroshima: Nakamoto Syoten, 1983), p.12. ‘The morning of 8 August, a physician and around twenty nurses from Tottori arrived at Hiroshima City Hall and started the relief. They used up all the medical supplies in only two days.’

³⁸ Tsuyuko Umemoto, ‘Nisseki no Kyugo Katsudou no Nakade [A JRC nurse’s experience of the relief activities], Miyagawa Tetsuo, ed., *Hibaku 40 Syuunen Kamodaichi no koe* [Voices from Kamodaichi, a 40 year commemoration after the contamination], (Hiroshima: Imatani Insastu Co. 1986), pp. 101-102.

³⁹ Isan, personal interview, 2001.

⁴⁰ Isan, personal interview, 2001.

information about the bombing,⁴¹ but from the number of victims and their traumatic condition, people could guess that Hiroshima had undergone an unusual attack and was in an incredibly difficult situation. Her mother worried about the difficulties her daughter would encounter as a relief worker, but she knew she could not stop her from going. The baggage must have been very heavy for her mother who was a little woman of fifty years old. She probably wanted to carry her daughter's baggage because it was the only help she could offer her, and she just wanted to spend as much time as possible together with her daughter. She had never given her words of encouragement or expressed her feelings and now she just walked in silence. She could not speak to her daughter. If she started to speak, she knew she would cry, so she said never a single word, not even of encouragement, but Isan could feel her mother's emotions.

When Isan saw Hiroshima City from the train, she could not believe the changes which had taken place. She had just returned from Hiroshima on 31 July, so she knew the city well.

Hiroshima was a busy, military city but it had been ruined in an instant. There was nothing remaining anymore that showed it had once been a modern city. Bad smells floated in the air everywhere. I was very shocked. I was so stunned that I could not do anything but stand in the station for a while.⁴²

Even though she had heard that Hiroshima had been completely destroyed, the scale of the damage exceeded her anticipation of the destructive power of the bombing. Then she felt afraid of what had happened.

4.3.4. Arrival in Hiroshima on 12 August

Osan, who had just graduated from nursing school in March, belonged to the

⁴¹ Hideo Ishii, *Kakusareta hibakuno jittai* [The hidden disaster of the actual conditions] in Masao Tsuzuki, ed., *Hiroshima Shinshi Gyouseihen* [Recent History of Hiroshima Edition of City Administration], (Hiroshima: Nakamoto Syoten, 1983), pp. 240-245. 'The Japanese Junta received the information that Hiroshima had been destroyed and was in ruins, at noon on 6 August, 1945. Truman's comments were broadcast by radio at midnight, just sixteen hours after the A-Bombing. However, the Junta ordered that this fact be kept secret. The next morning, on 7 August 1945, the Asahi newspaper, headlines reported that B-29 fighters had attacked Nishinomiya and Hiroshima but that Hiroshima had received only light damage.'

⁴² Isan, personal interview, 2001.

Yamaguchi Chapter of the JRC and had received her draft card on 12 August. Until 1 August, she had been in Tokyo where she had been sent by the chapter to study nursing management education.⁴³ When she came back home, she was shocked to find that her house had been completely destroyed in an air raid. Fortunately, her family was safe. She was busy rebuilding her house when she heard rumours that Hiroshima City had been destroyed by Pika-Don.⁴⁴ However, she had no time to think about Hiroshima City as she was very worried about her family home. Then, her JRC friend's sister came to visit her. The sister said that the JRC was having trouble contacting Osan because she no longer had a house and therefore no mail address. So, the sister had been asked to find Osan and to give her the draft card.

Even though I had lost my house and all our family property I was ordered to go to Hiroshima. When you received a draft card, you had to obey its instructions. I could not help my family any longer, and so I sadly took leave of them.⁴⁵

The sister said that the friend had also received the same draft card and she knew that whatever the situation, a JRC nurse had to obey orders.

The draft card came five days after the bombing, and rumours about Hiroshima City had already spread to Osan's community. The Americans had also dropped leaflets from planes that said the same bomb would be used again, if Japan did not surrender. Osan's mother knew about the rumours and the leaflets, so she was very upset when she learnt that her daughter had received her draft card for Hiroshima.

When my mother realised that I received my draft card to go to Hiroshima, her face turned pale. She had heard that the Pika-Don would be dropped on Hiroshima again, so she thought that going to Hiroshima meant certain death. I also thought that this dispatch would mean a final separation from my family.⁴⁶ (She believed that she would die in Hiroshima.)

Osan checked in at the Iwakuni Navy Red Cross Hospital where a farewell ceremony

⁴³ Osan, personal interview, interviewed by Ryoko Ohara, Yamaguchi Prefecture, Japan, 18 December 2001. The name of the interviewee has been changed to protect privacy.

⁴⁴ Pika-Don is onomatopoeic. Pika means flashing, Don means big sound. People did not know it was an A-Bomb, but they realised it was a special kind of bomb. Civilians called the A-Bomb the Pika Don.

⁴⁵ Osan, personal interview, 2001.

⁴⁶ Osan, personal interview, 2001.

was to be held. Her house was far from the hospital, so her family could not attend this ceremony. When she was boarding the train to Hiroshima City, she realised that someone was calling her name. She wondered who it could be and then she saw her mother running towards her, carrying a parcel on her back. It was the earliest train of the day, so, her mother must have come the night before and slept in the station so she could give the parcel to her daughter.⁴⁷ When she opened it, she found rice balls. During the war, rice was very expensive, and civilians could not afford to eat it. When Osan saw the rice balls, she could not stop crying.

I could not hold back my tears when I thought of my mother's hardship and of her love for me, and how she had managed to obtain such expensive food despite my family's difficult situation.⁴⁸

Even though her family had lost all its property and had no money to buy expensive rice, Osan's mother wanted to give it to her because it would be her daughter's last opportunity to eat home-cooked rice. Osan realised also how painful it was for her mother to see her being sent into such an appalling place as Hiroshima.

Psan was not in Hiroshima, but in Yamaguchi, on 7 August. She remembered that the clerk had come back from Hiroshima. She heard that Hiroshima City had been damaged beyond all imagination. Large numbers of civilian victims needed relief, and the existing small number of relief units was quite insufficient. Then, a meeting of the heads of the Yamaguchi JRC Chapter was organised, and it was decided to send a unit of forty members to Hiroshima, most of them being nursing students.⁴⁹ Psan was selected as part of this relief team, and was ordered to depart on 12 August.

Psan believed that she would be sent to work as a clerk, but when she arrived in Hiroshima, her unit was ordered to work for the Army and was not sent to the Hiroshima Army Red Cross Hospital.⁵⁰ It may have been the prefectural Governor who ordered them to be sent to the army, and this order carried higher priority than the JRC's decision.

⁴⁷ Osan, personal interview, 2001.

⁴⁸ Osan, personal interview, 2001.

⁴⁹ Psan, personal interview, 2002.

⁵⁰ Psan, personal interview, 2002.

Psan was dispatched to the same unit as Osan. Most people had heard rumours about Hiroshima and these rumours created fear. Acquaintances also felt sympathy for these nurses or nursing students who were ordered to go to Hiroshima. Psan lived in the nursing school dormitory. When, she went to the dormitory kitchen to prepare for her departure, she was terrified at the idea of going to Hiroshima and listened carefully to the advice of the cooks.

Three women cooks advised us to fill our water bottles with tea, 'This strong tea has been prepared for you. It is a very hot summer, so you will be thirsty. There is no clean water in Hiroshima, so you will only have this tea to drink. Even if somebody asks you for it, never give it away. If the bottle becomes empty, it will mean your death. Don't act only in sympathy. Harden your heart. We have prepared it for you, not for others'. We were wondering why they gave us such unusual advice, especially us. We were going to rescue people.⁵¹

Most of Psan's unit consisted of second grade nursing students and they were only seventeen year old teenage girls. The cooks felt sorry for those very young girls who were going to experience such fearful tragedies in Hiroshima. Later, Psan realised that the cooks had given them advice because they worried about them going to Hiroshima.

Unlike the informants who were sent to Hiroshima immediately after the bombing, this informant probably, felt more afraid because she heard so many more negative rumours, even though no-one could really describe the situation in Hiroshima City. Psan did not know what had happened in Hiroshima, but she thought that Hiroshima had been victim to an unusual air raid disaster, and that she could not return to her school. She recalled the morning of her departure. 'I went out through the school gate, and then I turned back, and thought that this would be my last opportunity to see it. So, I bowed to our school in gratitude.'⁵² She thought that she would die during the relief in Hiroshima and would not return to the school, even though she did not have any real idea about her death or her role in Hiroshima. She bowed to her school to express her thanks for having been educated there as a JRC nurse.

⁵¹ Psan, personal interview, 2002.

⁵² Psan, personal interview, 2002.

Psan arrived at Yokogawa Station⁵³ at noon. She was shocked when she got off the train and saw Hiroshima City for the first time. 'When I stood on the platform, I could see very far in all directions. There was nothing to interrupt my field of vision.'⁵⁴ There was a strong stench, because it was 12 August and nearly one week had passed since the bombing. However Hiroshima had already started to be rebuilt and aid workers had been sent from other cities and prefectures. She saw firemen in uniform with Miyoshi⁵⁵ written on their backs. She described them: 'Those members of the fire brigades seemed very old, probably because, all the young men had been sent to the war and only old men remained. They seemed very tired.'⁵⁶ They were burning rubble, so there was smoke rising everywhere. They were also rescuing victims out from under collapsed houses. Some of them were carrying a victim on a straw mat, and she expressed her horror upon seeing his appearance.

The victim on the straw mat was burned all over his whole body and had turned crimson, like a monkey's bottom. The person was groaning in agony and I felt his pain all through my own body just looking at him, and an overwhelming fear paralysed my mind. We were only seventeen or eighteen year old girls, so we were really frightened. We realised that we had come to an unbelievably dangerous place. It seemed that many victims were still under the collapsed houses.⁵⁷

Then, they started to march to their headquarters and Psan described how civilian victims asked them for help on the way to their destination.

When we were crossing a bridge, victims asked us, 'Please help. Please give me water'. So, we closed our eyes, and continued walking at a brisk pace. Our guide was a secretary of about forty years old and as he walked quickly, we walked as fast as possible to keep up with him. Along the way, we neither spoke, nor asked questions, nor greeted anybody. We became as heartless as demons, and hurried on by. I stared at the ground, gritted my teeth and kept walking. On the way to our destination, I understood the reason why our cooks had given us what seemed to be such strange advice at the time. Then, I appreciated the fact that they had felt such sympathy for us. I decided I would keep my promise to follow their advice, even if it

⁵³ It was one of the main stations in Hiroshima City and was about 5 km away from the point of impact.

⁵⁴ Psan, personal interview, 2002.

⁵⁵ One of the suburbs of the city in Hiroshima prefecture. See map in Chapter three.

⁵⁶ Psan, personal interview, 2002.

⁵⁷ Psan, personal interview, 2002.

seemed heartless.⁵⁸

Psan remembered that she had been told never to give away the water that the cooks had given her. If she and the other students had not been advised by those cooks, they would blame themselves for not caring for the victims or they would give their water to those in need. But if they gave away their water, they really would not survive. It was a really serious decision for young seventeen year old girls.

They came to the relief, and even though they felt sorry for the victims, they had to ignore them. However, even though there were too many victims to be helped with such a small number of relief personnel, they did their best to care for them, even though they felt that it was a mere drop in the ocean. Psan explained that it was a Buddhist Avici Hell and Avici Kyoukan, not only visually, but because those who came to the relief had no way of rescuing such seriously injured victims.

August is a very hot and humid month in Japan. On the way to her destination, Psan explained that she never felt the heat or humidity, even though she was wearing a woollen uniform.⁵⁹ Osan said that she felt the distance was very long.⁶⁰ They both felt afraid and were very distressed when they saw the aftermath of the bombing of Hiroshima City and the damage caused to its victims.

4.3.5. Staffing Emergency Military Units

After Psan and Osan's unit arrived at the headquarters, they were ordered to work at the army branch in the suburb, so they set off again to march towards the central station of Hiroshima.⁶¹ The station was crowded with ABVs, and they became as black as soot as they listlessly sat or stood around, their minds absent and cheerless. All they wanted to do was to leave Hiroshima City.

Psan's unit was able to travel on a special train which was carrying military victims.

⁵⁸ Psan, personal interview, 2002.

⁵⁹ Psan, personal interview, 2002.

⁶⁰ Osan, personal interview, 2001.

⁶¹ Psan, personal interview, 2002.

She was shocked by the gravity of their condition, but she realised that she had come to the relief and that she had to take care of them.

The soldiers were lying on the floor. They could not speak, or could only move their eyes. At first, we just stood there, but then we thought that we should take care of them, because that was why we had come. So, we loosened their clothes, checked their pulses and papillary reflexes, and encouraged them by saying 'hold on, we are arriving soon.' On the way to our destination, we stopped at a station where ladies from a women's society were serving hot tea to the soldiers. However, they could not drink the tea by themselves, so we took the tea from the ladies and tried to give it to them, saying 'this will cheer you up'. But, those poor soldiers did not react to anything. We could not make them feel better. We felt useless, because we could not provide any effective help for them.⁶²

She could see that the relief that had to be provided was not just common first aid relief. Their large numbers and the needs of these victims were very different to those who had suffered a normal disaster. Even though she had heard rumours about the Hiroshima bombing, she was worried about her nursing abilities and felt anxious about playing a capable role in the relief activities.

Osan and Psan were dispatched to different branches, but both of their work places were schools that were being used as temporary military units. The school buildings had no facilities for health care, but they were able to accommodate many victims. The patients were lying on futon⁶³ on the floor and there was no space between each patient. On a blackboard in the front of the class room were written the names and the army units of the patients.⁶⁴ Both branches were already working with other JRC and military hospital nurses. Their unit did not include other nurses, and they worked only with their own unit.⁶⁵

Osan felt anxious about her unit's ability in the relief because she was a new nurse and most of the other members were only nursing students. Furthermore, she was worried about the management skills of her head nurse because the latter had left

⁶² Psan, personal interview, 2002.

⁶³ Japanese mattress.

⁶⁴ Osan, personal interview, 2001.

⁶⁵ Psan, personal interview, 2002.

nursing for the several years to stay home and bring up her children. Therefore, Osan had much more experience of current practices than the others, even though she was a new nurse, and felt that she should bear the most responsibility. The patients were in too serious a condition to be cared for by young junior nurses.

I was a registered nurse, but had graduated only six months before, and the other members were almost only students. Also, our head nurse had been staying at home, on special leave,⁶⁶ and had been away from the nursing profession for a while. Therefore, responsibility naturally weighed heavily upon me because, I was the second executive for the nurses and was named the chief. I was bewildered about, how to manage in such a serious situation with such a small staff.⁶⁷

She did not have much experience as a nurse, and was still only a nineteen year old teenage girl. She could not imagine how she was going to care for patients in such serious conditions with only lively teenage girls to help her. It made her very anxious.

4.3.6. Recall of married JRC nurses in the emergency

Osan said that her head nurse had left nursing, but had been ordered to take part in the relief. Asan and Isan also explained that they were shocked at that because they believed nurses who had families were not drafted to the relief. Asan felt sympathy for relief nurses who came back to work and had to leave their small children.

One nurse told me that she had left her baby to come back to work. At that time, it was an unavoidable situation, because of the shortage of nurses. Even though she had a baby, if she received the call up order, she had to obey it and leave her baby at home. [...] Our seniors had a shortened education period, and had already been sent to the war zone. The JRC required a twelve year term of duty and all of us accepted it, when we enrolled at the school.⁶⁸

Traditionally, the Japanese people respected the concept that ‘a male was to work outside and a woman’s place was in the home.’⁶⁹ During the war, national slogans

⁶⁶ She resigned from nursing and worked for her family.

⁶⁷ Osan, personal interview, 2001.

⁶⁸ Asan, personal interview, 2001.

⁶⁹ Yuji Taketani, Masami Ohinata, and Sumiko Maehara, eds., *Bosei no shinri to syakaigaku* [Psychology and sociology of motherhood], (Tokyo: Igaku Syoin, 2004), p.2.

read: 'Bear children, and increase the population'. A woman's main role was to have many children. Therefore, even those who were supposed to work for twelve years as JRC nurses, were allowed to leave to get married and have children. So if a nurse got married, she was allowed to resign as a JRC nurse. Moreover, young women were educated that their priority was to take up the women's role to not only have many children, but also to raise these children to be strong in order to keep the country strong.⁷⁰ So, the young women in Hiroshima never thought that a mother who had small children would be called up to be part of the emergency relief. The informants were very shocked when they saw this happening. With the changes and the emergency, it was not uncommon for them to be drafted into the relief as there was really a serious shortage of nurses. Asan was disappointed that she could receive a call-up order, despite the fact she had children and that her nursing studies had not been completed. She understood however that Hiroshima required many nurses to meet the needs of the disaster victims and that if you were a JRC nurse there was a possibility you could be called-up any time within twelve years of having left the profession.

4.4. The relief activity during the first week

The relief nurses started work on their arrival at the Hiroshima Army Red Cross Hospital. Rsan and Gsan arrived on 7 August at noon. Rsan was ordered to transfer in-patients from the third floor to the ground floor and the relief nurses were asked to select transfer patients who seemed likely to survive. The nurses carried each patient on their backs and did not use stretchers. In-patients were soldiers, so they were very heavy for seventeen year old nursing students. Rsan remembered how hard the work was for the nurses because the hospital was crowded with civilian victims, and they could not move about very easily.

I gritted my teeth as I worked desperately to do the transfers. I had no time to have a conversation or to ask a patient on my back, 'Are you all right?' or 'How are you feeling?'⁷¹

⁷⁰ Wakaguwa, *Sensou ga tsukuru jyoseizou*, pp.64-77.

⁷¹ Rsan personal interview, 2005.

Some patients died on Rsan's back during the transfer and it was her first experience of seeing such seriously wounded patients. She recalled: 'Suddenly a patient became heavier than a while before. He lost the strength in his arms and legs and drooped. Then I realised what had happened to him.'⁷²

So she unloaded the patient from her back, checked his pulse and pupil reflex to confirm his death, and then she blew her whistle. Medical orderlies came and took the patient away. Then, she quickly returned to the third floor to carry another patient.

When she saw her back, her uniform had been dyed brown by the blood of the wounded patients, so she covered her shoulders with a triangular bandage to hide the stains. It soon became the same colour again and unfortunately she could not wash her uniform or take a shower during the relief.⁷³

As well as the nurses, there were also male medical orderlies. Two of them were carrying a single patient, who was slightly injured and could walk by himself. Rsan realised why and gave the following reason:

We had been trained in excellent transfer techniques so that we could carry heavy patients alone, but the orderlies would not have known about such techniques and could not carry seriously ill patients alone.⁷⁴

However, from their experience during the war, the orderlies must have been able to carefully select those transfer patients who would survive. Rsan was not able to select patients who would survive, and she took the first one available. As a result she experienced, patients dying during their transfer. This was because she was still a nursing student and this was her first time as a relief worker.

Gsan's group looked around the hospital where there were only dead or dying patients who could not move by themselves. Rsan's group had already transferred

⁷² Rsan personal interview, 2005.

⁷³ Rsan, personal interview, 2005.

⁷⁴ Rsan, personal interview, 2005.

patients who might possibly survive. When a death was confirmed by the physician the medical orderlies took the corpse away for cremation. Her group could only check if these patients were dead or alive and they walked ceaselessly from the second floor to the third floor for the first three days. She explained how they checked to see if a patient was alive. This was something that she had not revealed to the others till now.

There were so many patients and most of them seemed dead. So our chief, who was a physician, kicked the patients' bodies gently, saying 'Sorry, sorry, forgive me'. I have never related the fact that he kicked the patients to know their reaction, but I believe that now it is allowed and we understand this action that was necessary at the time, and cannot be blamed as being impolite. It was the best way at that time to establish the patient's condition.⁷⁵

Gsan revealed that she had never told anyone that her unit leader checked the patients' condition by kicking them, until her interview for this project. Hiroshima was an unusual situation, but she knew if she spoke about this fact too soon after the relief, the leader would be criticised by the public, even though he had done excellent work in Hiroshima. That gesture would show him up as a rude person, disrespectful of others, especially as courtesy and manners for those of a high social standing were very strict at the time. The dead inpatients were soldiers and enjoyed the highest standing at the time because they were working for the country. However, what Gsan reveals is that under these terrible conditions, the relief worked out triage systems that may not be considered appropriate in this day and age. In this situation, a quick kick established whether a victim could be helped or not, but social culture and standing meant an apology and silence about how a person was provided with treatment or not.

Rsan was ordered to go to the West Parade Ground on 9 August.⁷⁶ There were many corpses and dying victims to be seen and huge numbers of flies and mosquitoes were breeding on the corpses which were being burnt to maintain a certain level of hygiene. So, a victim certified as dead, was quickly disposed of. There was no time

⁷⁵ Gsan, personal interview, 2001.

⁷⁶ *The Red Cross Journal*, (1 September 1989), pp.4-5.

for mourning or lamenting a person's death.

When the death was pronounced, the orderlies took the body away for cremation. Usually, cremation had to wait twenty-four hours but this was not allowed. How sad that just few hours before I had been talking with and caring for someone, and then he passed away. Soon, he was cremated in front of me. How sad and cruel it was.⁷⁷

Rsan felt sad that their deaths were not able to be taken care of in a humane and seemly fashion. She believed that people ought to have the right to die in dignified circumstances, lamented forever with dignity by their family, relatives or others.

Most of the medical facilities in the city had been demolished. The Hiroshima Army Red Cross Hospital had been severely damaged, but since it was one of the only hospitals remaining, it was overcrowded with bomb victims, including civilians who went there independently. Even though the roads had been destroyed, Gsan saw them crawling towards the hospital because many of them could not walk.

I was surprised to see that the most of the buildings had disappeared, but people remembered where the hospital was and crawled towards it. However, we could not help such large numbers of people with so few relief members and the medical supplies we had brought were quickly used up. When the hospital was tidy enough to allow people to lie down on the floor, we accommodated them inside the building and fed them.⁷⁸⁻⁷⁹

The civilian victims believed that if they came to the hospital, they would be rescued. However, the relief teams could not help such an overwhelming number of patients.

Bsan explained that the nurses wanted to help them and whenever they were able to find any medication, they used it on them.

Disaster victims died without receiving any treatment, even if they had come to the hospital. We could not do anything for them because of the shortage of medicine and supplies. So, we searched for medical supplies under the rubble. We found Mercurochrome and zinc ointment as well as scalpels, scissors and other instruments, so we washed them and used them.

⁷⁷ Rsan, personal interview, 2005.

⁷⁸ Gsan, personal interview, 2001.

⁷⁹ T Nakagawa, 8gatsu 15nichi Madeno Oukyu Syochi [Emergency measures until 15 August 1945], in Masao Tsuzuki, ed., *Hiroshima Shinshi Gyouseihen* [A Recent History of Hiroshima City Administration Editions], (Hiroshima: Nakamoto Syoten, 1983), pp.14-18 (p.14). 'As from the next morning (7 August 1945), the personnel at the distribution division of Hiroshima City Hall distributed rice balls by truck.' Therefore, the meal services were started on the day following the A-Bombing.

We made every effort we could to take care of them.⁸⁰

Most of the civilian patients were lying on the floor or in beds. Isan related how helpless she felt about the situation.

I could not do anything about the patients' requests. They were just lying around without any treatment. During the night, I went on my rounds and observed them by the light of a candle. If I was asked for any care, I could only apologize for not being able to help them.⁸¹

When patients passed away, new ones were brought in to replace them, so Bsan could not keep track of them. Nurses were so busy disposing of the dead they could not take care of the living.

We worked very hard without any sleep. Although I could guess how many patients were accommodated in my sickroom, I could not remember all their names. Many patients who were brought into the room soon passed away and were taken out again. We had to check their names and keep a record of them. Those who died were transferred outside, and we had to cremate them. The number of deaths was so high, that we had to repeat the work over and over again.⁸²

The relief activities were not only carried out by medical workers, but by other relief units who came to help rebuild the hospital as quickly as possible. This allowed the medical workers to concentrate on caring for the victims. The Hiroshima Army Red Cross Hospital wards were cleaned up and organised by the soldiers.⁸³⁻⁸⁴ Hiroshima City was a military city and, every day, many of the soldiers who had been injured were conveyed by trucks to the loading platform of the hospital. Most of them could not move by themselves, so the nurses took them down from the platform and found a place for them to lie down. Then, the medical staff applied zinc ointment or mercurochrome and removed glass fragments from their wounds. Most of these patients died during the night of their arrival.

Everyday, full loads of victims were conveyed to the hospital by army trucks, one after another. They were seriously burnt on their backs but we could only apply zinc ointment and Mercurochrome to their wounds.⁸⁵

⁸⁰ Bsan, personal interview, 2002.

⁸¹ Isan, personal interview, 2001.

⁸² Bsan, personal interview, 2002.

⁸³ Asan, personal interview, 2001.

⁸⁴ Bsan, personal interview, 2001.

⁸⁵ Isan, personal interview, 2001.

However hard the medical staff tried to care for the injured, it was an impossible task since the number of victims was too high, their condition too serious, and the facilities totally lacking.

Many patients demanded water, because they had been burnt and the summer weather was hot. Providing water was the only support which could respond to a patient's needs. However, many of these victims died soon after they had drunk the water. The link between the provision of water to a patient and their death was not identified, but physicians prohibited this practice and Gsan obeyed the order, although later, she regretted doing so.

Victims said 'water, water' in such weak voices, that we gave it to them, but in many cases, they vomited blood and died immediately after they had drunk it. So, we were ordered not to give them water any more. Later I thought I should have given them water, because they could not have any other treatment, and most of them were about to die. Later I realised that providing water had been better than not giving it.⁸⁶

Ignoring the requests of dying patients would have been a very hard experience. She believed that removing the uncomfortable feeling of thirst and providing a little comfort was better than prolonging their lives with a feeling of thirst and without any treatment.

Esan could not follow that order and ultimately provided them with water. She explained a conflict she had concerning a teenage soldier's demand and her orders.

He was a teenage student in the army preparatory course and was a lovely person. He was bleeding from the nose and mouth, and was swollen in the lips and around the eyes. 'Sister, give me water,' he said. It was so pitiful. We had been ordered not to give water to the patients because they died after drinking it. But since he asked for water, we could not refuse and so I gave him a little. After that, I was ordered to other place, so I do not know what happened to him.⁸⁷

Esan had felt sympathy for him, because he was bleeding and was in pain. She could not ignore the thirst and pain of that dying soldier who was younger than she was, so

⁸⁶ Gsan, personal interview, 2001.

⁸⁷ Esan, personal interview, 2001.

she disobeyed the order.

Rsan washed the medical supplies for re-utilisation during the night because of their shortage. While she washed, she had time to feel sympathy for the patients, and thought how desperately she wanted to support and help them.

The gauze was filthy with pus, blood and zinc ointment. I cried because I felt so sad for those who had experienced such awful bombing without any protection. I realised what the ghastly reality of war really was and tried hard to keep my spirits up. Then, I made up my mind that I must work hard for these patients who had suffered so much for their country.⁸⁸

Even though the medical conditions were far from ideal, the medical workers tried to provide effective care for the victims. Surgical operations and alternative treatments were carried out as well as possible, given the conditions. Since there was no disinfectant, the nurses sterilised the surgical instruments by boiling them. The operations did not use analgesia and Gsan felt unhappy about the patients and the miserable operating environment.

A patient had a surgical operation in a stone corridor, and had his arm amputated. There were no clean medical utensils, so they had to be boiled to be disinfected in a washing bowl on a portable cooking stove in the corridor. We felt very sorry for him, but we could not worry about our feelings. Many people required surgical treatment, so we could not complain, although the conditions were far from being ideal.⁸⁹⁻⁹⁰

Three or four more days passed. Then a new problem occurred because of the lack of cleanliness.⁹¹ All of the informants explained that they were troubled by the large quantities of flies and maggots. The patients' bandages and some of the nurses' uniforms became black with fly dirt. Their numbers were even increased by the hot, humid, summer conditions. Maggots covered the victims' wounds, and bred even in their eyes and ears. Nurses were shocked, when they saw the maggots on their patients' wounds. Victims needed many antibacterial products for cleaning their

⁸⁸ Rsan, personal interview, 2005.

⁸⁹ Gsan, personal interview, 2001.

⁹⁰ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, p.317. Testimony of a round-table talk begins 'The day after the bombing, the Yamaguchi chapter came to the hospital for the relief, and they also did surgical operations'. 'The patients were suffering from gas gangrene and operations were carried out at night.'

⁹¹ Lsan, Msan and Lsan, Msan and Nsan, Group Interview, 2002. Lsan said.

wounds but they had already been used up. Nurses carefully removed the maggots and washed the wounds with a salt solution which caused the patients great pain.

Fsan used sea water to clean wound of the victims.

We asked patients to endure great pain when we treated them. We knew it was painful, but we kept going with the treatment, because the patients had to be kept clean.⁹²

The procedure was hard not only for the victims, but also for the nurses, who wanted to provide comfort for such seriously suffering people, but instead caused great pain.

However, removing maggots became one of the nurses' main tasks. Lsan could no longer eat rice as it looked like maggots to her.

I could not eat rice. It was so similar to maggots. Sometimes they fell onto our rice off our hair or uniforms. Then the rice really looked like maggots and even seemed to be wriggling.⁹³

Some physicians ordered them not to remove them, because maggots fed on the pus of a wound and helped the healing process.

Dsan's hospital was close to the sea, so her hospital used boiled seawater instead of Ringer's solution for burn patients. 'Whale oil, normally used as fuel, was filtered through gauze, and was applied to burns on patients' backs. This protected the burns when it dried.'⁹⁴ Medical workers used anything available as treatment and made desperate efforts to help their patients with any possible devices in those poor conditions.

The first aid stations were also set up all over the city, and nurses were dispatched to them. Csan was sent to a station which had only one physician and six nurses, but the station was accommodating more than three thousand patients whose wounds were too serious to be treated only by first aid. However, there was no place to send them to receive better treatment and only volunteers were available to look after them. Nurses removed glass splinters, disinfected wounds, and helped physicians with

⁹² Fsan, personal interview, 2002.

⁹³ Lsan, Msan and Lsan, Msan and Nsan, Group Interview, 2002. Lsan said.

⁹⁴ Dsan, personal interview, 2001.

surgical operations, even if it was only suturing a wound. When night fell and there was no light to work by, the physicians told the nurses to return to their hospital. Csan and the nurses worked during the day at the first aid station and for their hospital patients during the night.⁹⁵

4.5. Night duty after the bombing

At night, the people in Hiroshima only used candle light. Medical procedures could not continue because any lights or fires might attract enemy air raid attacks. Therefore, medical workers were allowed to take it in turns to rest during the night. Even though they were allowed to rest, they found it impossible to sleep. Rsan recalled that they were ordered to rest fully dressed with their shoes on and seated back to back on the floor, because that made it 'possible to get back to their relief activities quickly, when ordered to do so.'⁹⁶ It was still wartime so they had to be ready to move quickly. The experience was very gruelling and, Gsan explained that she was tense and could not sleep. She also wanted to keep on working even though she was allowed to rest. 'I thought I should go on working and helping those people in distress.'⁹⁷ Isan said that they had to rest upstairs on the ward floor and from there they could hear their patients' cries of agony.

When we were lying down, we heard the voices of the patients calling, 'give me water, give me water', from the floor below. Their voices became fainter and fainter and then stopped. Then a nurse who was resting said 'they have passed away.'⁹⁸

Nurses could not rescue patients. They only could wait for them to die. They felt very sad listening to the patients' voices as well as knowing the helplessness of the patients' situation. Conditions were also unsanitary, with many mosquitoes and flies disturbing the nurses' sleep.⁹⁹ Even though they were allowed to sleep to keep up their energy, sleeping in such conditions only contributed to their fatigue.

⁹⁵ Csan, personal interview, 2002.

⁹⁶ Rsan, personal interview, 2005.

⁹⁷ Gsan, personal interview, 2001.

⁹⁸ Isan, personal interview, 2001.

⁹⁹ Psan explained, 'we were disturbed in our sleep by mosquitoes and flies.'

4.6. Medical treatment for injured nurses

Gsan's unit arrived at the Hiroshima Army Red Cross Hospital on 7 August, and started their relief work as nursing students. Her unit leader was a physician and also the principal of Gsan's nursing school. He worried about those nurses, especially the first grade nursing students who had been forgotten during the emergency and had not yet received any medical treatment.¹⁰⁰ They had been seriously injured both during the bombing and the fire. Gsan felt pity for a young student and although she pretended to be cheerful, she seemed in great pain.

A student had a protruding eye ball, so, the doctor said, 'How terrible for you. Are you in great pain?' But the student answered, 'No, I do not feel any pain.' We were educated like soldiers and were not allowed to complain to important or senior persons. We had to endure our own pain in silence. Even though the student answered like that, she was obviously suffering greatly. I was so upset as she was in a very sorrowful situation. I heard that she passed away soon after.¹⁰¹

After working for the relief of the nursing students, Gsan's unit started relief activity for the hospital staff which concerned mainly the nurses in the hospital. The nurses had not yet received any medical treatment and had been working for the victims even though they themselves had also been injured. Gsan explained that the reason for the nurses' attitude came from the moral education of the JRC.

JRC nurses were educated to carry out specific missions and that was their highest priority, even more important than their own lives. We were the same as soldiers. I grew up during the war and Japan had been at war since I was in the Fourth grade at primary school. It was the China-Japan War. We had been educated to sacrifice ourselves for our country since I was a primary school pupil. I really and truly wanted to work for my country.¹⁰²

Being a JRC nurse was the only creditable and honourable woman's occupation.¹⁰³

Nurses were educated like soldiers and they were not allowed to complain. So, the student said she did not feel any pain because she believed that if she said she was in

¹⁰⁰ Second grade students had already worked in the wards as clinical placements, and third grade students had already graduated and were working as RN because of the shortage of nursing personnel.

¹⁰¹ Gsan, personal interview, 2001.

¹⁰² Gsan, personal interview, 2001.

¹⁰³ Wakaguwa, *Sensou ga tsukuru jyoseizou*, p.160.

pain, she was complaining that she had become a war victim. Even though the JRC nurses were wounded seriously and did not receive any medical treatment, they continued to work for the victims. They considered that this met with the policy of the JRC with its belief in 'selfless devotion to others'.

Bsan, who could neither stand up nor walk because of her leg injuries, received treatment on 7 August. Even though she received some medical treatment, it was very basic and temporary, such as the removal of glass fragments, some stitches and a tightly fastened bandage. Even though she wanted to work for the victims, she was ordered not to walk for three days.

I worried about those people and my duty towards them, so I started the relief activity three days after the operation. Although I was ordered not to walk for three days after the operation, I fastened my bandage tightly so the wound wouldn't bleed. I could also not move my right leg very well. But other injured nurses were working, so I wanted to work as well.¹⁰⁴

The JRC nurses were extremely loyal in their role as relief nurses.

4.7. Lost friends

At the Hiroshima Army Red Cross Hospital, out of the thirty-four nurses and four hundred and eight nursing students, three nurses and twenty-two nursing students died.¹⁰⁵ Asan remembered her friends who had suffered and died without any treatment. To see suffering friends and death was very painful and sad.

My friend had cut her face and it was split down the centre, but we could not do anything. I could only get her to sleep. We did many operations, but we could not help her at the time. I felt afraid, and it was really dreadful to see her. My friend passed away after a while. Another classmate lost her mind. She kept repeating, 'painful, painful' and wore herself out with the agony. She was only seventeen or eighteen. She died struggling with the pain. We just cried seeing her. When I think about her, I still cry.¹⁰⁶

She had learnt about surgical operations at the nursing school, but, she was unable to

¹⁰⁴ Bsan, personal interview, 2002.

¹⁰⁵ Hiroshima City, *Hiroshima Genbaku Sensai Shi*, p.368.

¹⁰⁶ Asan, personal interview, 2001.

use that knowledge and experience to help her friend. How upset she was that she could only watch her friend suffer and not help her. It is still painful for her to remember.

Csan lost her acquaintances as well as her accommodation which was located close to the Aioi Bridge, which was the bomb's target.¹⁰⁷⁻¹⁰⁸ Csan did not know that it was a target, but she guessed that the accommodation would have received huge damage. When she went to see it, she was shocked and speechless, because there was nothing left, only some unidentifiable bones.

My relief staff members were all right, because they were on duty at the Mitaki Branch.¹⁰⁹ But I was anxious about our lodgings, so we went to check on them with two or three nurses. The building had disappeared and we found two or three pieces of bone. They must have belonged to the couple of owners and some relief members who were staying there. We could not guess who they were. We were very shocked by the fact that our acquaintances had passed away so quickly without leaving any clues as to who they were.¹¹⁰

Many people died, some of them unidentified. Csan and the others understood the fearful reality of the power of the bomb to kill many people who would remain unknown, unmourned and without a funeral.

Gsan said that the nurses also had to transport many corpses to a morgue or a crematorium, 'I only disposed of corpses and I did not nurse any living person.'¹¹¹

Esan and Bsan said the same as Gsan. It seemed to be the main work of the informants at this period. They saw many corpses, during that time and Bsan explained that she was still horrified when she recalled the scenes to mind.

¹⁰⁷ 'Paul Warfield Tibbets Jr, who was the pilot of Enola Gay, Aioi Bridge was the target of dropping the A-Bomb.' *Hiroshima no kioku: Tenma-Bashi to Motoyasu-Bashi* [Memory of Hiroshima: Tenma and Motoyasu Bridges], Video recording, RCC Broadcasting Company, (Hiroshima, 2004). Television documentary series, (Hiroshima: RCC Broadcasting Company, 2004).

¹⁰⁸ 'The Aioi Bridge was T-shaped and a conspicuous landmark in the centre of Hiroshima City from the sky, so it was used as the target for the A-Bomb.' Hiroshima Peace Museum, *Naze Hiroshima ni genbaku ga touka sareta noka* [Why was the A-Bomb dropped on Hiroshima?] modified 15 October 2007, <http://www.hiroshima-spirit.jp/ja/hiroshima/shiryokan/morgue_e12.html> viewed 10 September 2007.

¹⁰⁹ Around 3 km from the DZ.

¹¹⁰ Csan, personal interview, 2002.

¹¹¹ Gsan, personal interview, 2001.

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We recorded the person's name, and if we did not know their name, we wrote down the person's distinguishing characteristics, and then we transferred and cremated the bodies. This miserable process was mainly done by us who were only teenage girls. We ordered scrap wood, and sprinkled oil on it, and then we arranged four or five bodies on the pile and cremated them in the yard of the JRC hospital. All the corpses were named. They did not burn completely and the hands and heads remained. It was very pitiful to see and it still remains in my mind's eye. They were covered in maggots and were really gruesome. After cremation, the bones were placed in a named paper bag, and kept in the general-affairs room.¹¹²

It was still wartime, and the enemy reconnaissance planes were flying during the day to gather data on the aftermath of the A-Bomb. The people in Hiroshima took cover to avoid any further attacks. Cremations were mainly organised at night, because any sign of smoke or a strong fire would betray their presence to the enemy.¹¹³

Accordingly the corpses were not able to burn properly and they smelt strong, their stench hovering over the city during the night. The weak flames looked so sad and Esan recalled: 'Cremations were held here and there in the grounds of the hospital, and the flames looked so forlorn.'¹¹⁴ At the same time Esan appreciated being alive, after having experienced the A-Bomb with all those who had died in Hiroshima.

I prayed sadly with my hands joined and I was in tears. But I appreciated the fact that I had survived even though I had been in Hiroshima together with all those who had been killed.¹¹⁵

4.8. The Epidemic

The informants started to experience fever, vomiting, diarrhoea, and blood in their faeces a few days after the bombing. Dysentery had been spreading through Hiroshima City since early August 1945, and physicians believed that those symptoms were responsible for the dysentery because dysentery had been spread in Hiroshima City in 1945 and dysentery patients had same symptoms. Asan had the symptoms but did not realise she was sick until the patients pointed out that she might have a high temperature.

¹¹² Bsan, personal interview, 2001.

¹¹³ Rsan, personal interview, 2005.

¹¹⁴ Esan, personal interview, 2001.

¹¹⁵ Esan, personal interview, 2001.

While I was checking the patients' condition, one of them said to me, 'It might be better if you checked your own temperature as well as ours.' He could feel my fever when I touched him. So I checked, and found it was 38.5 degrees. But I thought, 'I have to work, even if I do have a fever.'¹¹⁶

Even though she realised she was sick, she could not rest or ask for any medical treatment and continued to devote herself to her work. Most of the informants were teenagers, so they were physically tough and could go on working. However, the older nurses did have difficulties. One of the head nurses, as well as other staff, became sick and could not work.¹¹⁷ It was not only nurses, also medical orderlies became sick and could not work. Psan explained that the number of medical orderlies decreased to such a point that the transferring of corpses had to be managed by the nurses.¹¹⁸

The informants who came to Hiroshima after the A-Bomb explosion also began to show symptoms of diarrhoea and other illnesses. Since they were thought to have symptoms of dysentery,¹¹⁹ Gsan's and Rsan's units were ordered to return to their chapter on 14 August. Following that, other JRC chapters sent in relief units since Gsan's medicines and supplies had been depleted.¹²⁰

It was still war time, and propaganda leaflets were dropped from Allied reconnaissance planes which said that the enemy would use even bigger bombs than the last one on Hiroshima if Japan did not surrender. Dsan explained that nurses were frightened and asked to be allowed to go back to their JRC chapter to take refuge. However they were persuaded by the Director of the hospital that their responsibility

¹¹⁶ Asan, personal interview, 2001.

¹¹⁷ Asan, personal interview, 2001.

¹¹⁸ Psan, personal interview, 2002.

¹¹⁹ Hiroshima Genbaku Syougai Taisaku Kyougikai [Atomic Bomb Victims measurement section of Hiroshima prefecture] ed., *Hibakusya to tomoni, zoku Hiroshima Gennbaku iryoushi* [With Hibakusya, the sequel edition to Hiroshima A-Bomb Medical History], (Hiroshima: Hiroshima Prefecture Syuppan, 1969), pp. 42-43. 'Given the state of the damage, some Japanese suspected that an A-Bomb had been used. Then, undamaged bodies were dissected in secret by medical specialists on 8 August. Subsequently it was admitted publicly that it was an A-Bomb. However the Junta, who feared that national confusion and a defeatist mood would develop, kept this information secret from the general public. There was also a move to solve the cause of the victims' strange symptoms.'

¹²⁰ Gsan, personal interview, 2001.

was to save people, so they could not leave. Dsan tried to accept the possibility of her death and to focus on her responsibility for providing care for the victims, so that these threats did not frighten her into leaving. Instead, each day, when she woke up, she appreciated that she was still alive and had a new day in front of her. 'Everyday I thought that today would be the last day of my life. When I woke up, I thanked God that I was alive and that I had been able to survive up till then.'¹²¹

4.9. Investigations of the aftermath of the bombing

American President Harry S. Truman announced to his citizens on 6 August that the USA had dropped an A-Bomb on Hiroshima, and the Japanese Junta recorded this information.¹²² Firstly, an initial investigation was made by the Junta with the purpose of investigating and gathering data on the effects of the new weapon, the actual extent of the damage caused, protection against the new weapon, a revision of the war strategy, etc, and this investigation was very important for the eventual continuation of the war.¹²³ On 8 August, the investigating commission was sent to Hiroshima, and it consisted mainly of technical army officers and university researchers. On 10 August they reported that the bomb was an A-Bomb and those victims who had symptoms of radiation sickness but not serious trauma had died one or two days after the bombing. Some of the victims, who were close to the DZ of the bomb had died because of the effects of radiation on the numbers of their white blood cells.¹²⁴ At the same time, the Junta ordered the Army Medical Surgeon's School to set up the Hiroshima Disaster Investigation Unit within the Army Department and send this unit to Hiroshima. This group was made up of army surgeons and its purpose was to identify the effects and damage of the A-Bomb on the human body, to research its effects on humans, and to establish effective medical

¹²¹ Dsan, personal interview, 2001.

¹²² Yukuo Sasamoto, *Beigun Senryouka no Genbaku Cyousa* [The A-bomb research under the American occupation], (Tokyo: Shinkansya, 1995), pp.16-17. 'President Truman announced the declaration about the A-Bomb to the world sixteen hours after the bomb had been dropped on Hiroshima. He demanded an unconditional surrender by Japan. The Japanese caught the announcement of this San Francisco broadcast, translated it into Japanese and submitted it to the Army and Navy headquarters on the day after the bombing.'

¹²³ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.18.

¹²⁴ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.18.

treatment for the victims.¹²⁵ However, the Junta hid the facts from civilians and pretended that the damage was minor. They never announced the real facts about the damage until the end of the hostilities, because they wanted the war to continue,¹²⁶ and also wanted to avoid having to surrender to Truman. Therefore, the establishing of effective treatment was delayed. Asan recalled that the radiation contamination was detected by X-ray films. 'Somebody came and checked an unused X-ray film, and it was all exposed, so I thought it must have been an unusual bomb.'¹²⁷ She said 'somebody' but did not know who it was exactly. It was, in fact, Hattori, a member of the team of A-Bomb investigators who was a surgical officer at the Army Medical Surgeon's School. He wrote in his testimony.

The bomb used on Hiroshima was identified as an A-Bomb by a Professor of Kyoto University and other researchers, and part of the evidence was the fact that all of the RC Hospital's X-Ray films were exposed.¹²⁸

Asan only understood that it was a special kind of bomb, but could not guess at the time that it was the A-Bomb, even though she had been shown the exposed X-ray films, because not only Asan, but also civilians did not know about the A-Bomb.

It was reported that the army surgeons conducted autopsies on twenty-five corpses within two weeks of the bombing. This took place before the investigation commission's dissections, and it was not identified who had ordered those autopsies.¹²⁹⁻¹³⁰ On 15 August, Psan attended an autopsy as assistant to the army surgeon. She was told that the liver of the corpse was bigger than average. However, she had nothing further to say and she did not ask because she realised that it would be secret information.

An army surgeon asked me during the dissection, 'This is a liver, have you

¹²⁵ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.19.

¹²⁶ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.19.

¹²⁷ Asan, personal interview, 2001.

¹²⁸ Tetsuo Hattori, 'Gekai no sorega kanashii hibiga [Sergion's Experience of sadness]', in Syukisyu Hensan linkai [commission of compiling memories], eds., *Inochi no Tou* [The tower of life], (Hioroshima: Cyugoku Syuppan sya, 1992), pp.32-42 (p.33).

¹²⁹ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.52.

¹³⁰ Hiroshima-Shi Nagasaki-Shi Genbaku Saigaishi Hensan linkai [Hiroshima City and Nagasaki City A-Bomb disaster compiler's commission], eds., *Hiroshima Nagasaki no genbaku saigai* [The A-bomb disaster in Hiroshima and Nagasaki], (Tokyo: Iwanami Syuppan, 1979), p.388.

ever seen one?’ I answered, ‘I had dissection inspection class three times last year, but I did not look because I was afraid.’ Then, the doctor told me, ‘Look carefully, this liver is more swollen than an ordinary liver.’ Only one body was dissected. The liver was taken away as a specimen. Although instructions had probably been issued for the dissection, the doctor never explained why he had to do it, so I thought that it must have been a secret mission, and never asked about it.¹³¹

Although the general public, including the informants, realised that it was not a usual kind of bomb, they were not provided with any information about it by the Junta or the physicians. People came up with various theories and given the symptoms of the victims, they said it was a new style of bomb, or was toxic gas.

However, the use of an A-Bomb had been predicted before one was dropped on Hiroshima. Rsan had already heard from a physician that a new style of bomb would be used in the near future, and it would be based on radiation with one of its effects being the demolition of the normal functioning of bone marrow. However she did not remember if the new kind of bomb used on Hiroshima was the one she had heard about from the physician. She related: ‘Later, I realised that the new bomb was in fact the A-Bomb, but I realised it much later.’¹³²

4.10. Effects of family visits

Four of the informants’ families who had experienced the bombing went to Hiroshima to see the informants on 9 August. The train service to Hiroshima Station had been reinstated on 9 August so many relatives of the victims took the train and went looking for their kin.¹³³⁻¹³⁴ Even though it was not easy to get there, families had been desperately worried about the tragedy in Hiroshima and really wanted to know about their daughters’ situation. The families were extremely relieved to see their daughters, but they were not allowed to take them back home since they were still working for their country. It must have been very hard for families to leave their

¹³¹ Psan, personal interview, 2002.

¹³² Rsan, personal interview, 2005.

¹³³ Bsan, personal interview, 2002.

¹³⁴ Fsan, personal interview, 2002.

teenage daughters in such an appalling place.

Asan had three siblings and all of them had been in Hiroshima during the bombing, so her mother had nearly gone mad. She prepared food and clothes and went to see her daughter. Asan remembered that her mother had anticipated that there would be no food in Hiroshima and that it would not be possible to have a decent wash.

When she heard about the tragedy in Hiroshima, she was beside herself with fear and came to the city. She was afraid for my life and was out of her mind with fright. She seemed quite relieved to see me. My mother had planned to take me home, whatever happened, but she realised that I could not return, given the situation. So, she gave up the idea and went back home by herself. I had three siblings and all of them were in Hiroshima City. Two of my brothers were in the army school, and an elder sister was also working in Hiroshima City. Fortunately, my sister had been allowed to return home the day before the bombing and both of my brothers were also all right at the time. But she was very shocked when she heard of the disaster in Hiroshima City and rushed to see her children.¹³⁵

Esan's mother was informed by a well-known physician that her daughter was on nursing duty and said he would take care of her. Bsan's father gave up the idea of bringing his daughter back home because she had injured her leg and could not walk. Since most of the transportation system was not operational, she would have to walk from Hiroshima City to her house and her father realised that it would be impossible for her to cover such a distance with her injury.¹³⁶

Not all of the informants were able to see their families who came looking for them. When Fsan found out that her mother was worried about her and had been to Hiroshima looking for her, she wanted to let her know that she had survived. However, since she had been enrolled as an administrator of the hospital, she could not leave her post. Fsan worried about her mother but could not contact her.

My mother had left a message, 'I came but I could not see you. I am waiting for you at home.' She left the message both at my accommodation and my hospital. She must have been worried for my safety. But I could not leave my job at the time. I was worried about her, but I did not know how to contact her. The last time I saw her, we had argued about some money

¹³⁵ Asan, personal interview, 2001.

¹³⁶ Esan, personal interview, 2001.

matters. She would have been left with a very bad memory, if it had been our last meeting. She would have been sorry that I also would have regretted making her suffer so much. So, I really wanted to let her know that I was still alive.¹³⁷

The informants worried about their families, but they could not abandon their duties. Those families who lived in the suburbs of Hiroshima could see their daughters fairly easily under normal circumstances but because the transportation system had been destroyed it was a difficult situation.

4.11. Hospital management by women only

Fsan had a different experience from the other informants because she was working at a Municipal Hospital and was not a JRC nurse. Not only had the city been destroyed, but ordering systems and all official networks did not work either, so she did not have any idea how to contact the city personnel. She had left Hiroshima City and taken refuge in a suburb with her patients and other medical staff. When she arrived in the suburb, she took over as the head nurse and main administrator. First of all, she found a secure area and after borrowing a field from an acquaintance, she turned it into a temporary outdoor hospital. There were no buildings in the field, so Fsan laid out a boundary around its perimeter with ropes. Fsan and nurses had brought food to this temporary refuge so everyone could be fed. Fsan was proud of their work, 'Even though we were faced with such a difficult situation, we congratulated ourselves on having made the excellent decision to bring rice with us. That really had been a wonderful idea.'¹³⁸

When Fsan woke up the next morning, which was 7 August, she discovered that all of the male workers, including the physicians, had disappeared. Thinking that the patients and medical personnel were now safe, they had gone to see their families who lived in Hiroshima City or the suburbs because they were worried about them. The only hospital staff remaining was the nurses. Therefore, all the responsibility of

¹³⁷ Fsan, personal interview, 2002.

¹³⁸ Fsan, personal interview, 2002.

the hospital had to be shouldered by Fsan because she was the head nurse. However the patients were never angry and supported Fsan with good humour, even though they were in quite a serious situation.

Only the female nursing staff remained and I felt disappointed and depressed. Most of the patients were men. They had been put into isolation because of dysentery, and they laughed and said that if there were no doctors, it was probably because they were too busy with their own problems.¹³⁹

Despite the disappearance of the male staff, the patients could not leave because under the National Law of Infectious Illnesses, any suspected dysentery patient had to be isolated. If they took the decision to leave, they would be punished. But these patients had no symptoms of the disease and seemed to present no risks. The reason was that these patients were workers from the Mitsubishi Factory in Hiroshima City. Some workers from the factory appeared to have symptoms similar to dysentery. So, all of the workers of the factory, including workers who did not appear to have symptoms and were believed to be healthy, were also isolated. Also, there was no physician to provide treatment for them, so Fsan allowed them to depart. They must have been as worried about their families as the male medical staff was.

By 8 August, the patients had not developed any special symptoms of infection since they had been isolated on 4 August, so I gave them discharge permission. I said, if you want to return home, you may go. So, all of the patients left.¹⁴⁰

Her patients were discharged and only the staff nurses remained, but she could not allow them to leave because under the military defence act, medical workers were obligated to work for the people in Hiroshima City which was classified as a military city. Fortunately, nurses at the hospital came from the suburbs or region of Hiroshima, and the nurses guessed that their families were not seriously affected by this event. Therefore, Fsan followed this act and ordered nurses who broke the law or act to continue work. She worried that each nurse committed a crime, if they left their place of work while the military cities were in this critical situation. The Junta government gave priority to the situation of the country over the individual situation. So Fsan and the nurses went to work at the civilian first aid station. Many victims

¹³⁹ Fsan, personal interview, 2002.

¹⁴⁰ Fsan, personal interview, 2002.

had died on their way there or were too seriously wounded to be helped at a first aid station, dying on their arrival.¹⁴¹

Fsan recounted how a nurse had been seriously injured, but she had not received any treatment before all of physicians disappeared. Her wounds required a surgical operation, so Fsan decided that she should suture the nurse's wounds. Fsan remembered that during the suturing, the nurse screamed because there were no anaesthesia or pain killers available for her. Also, this nurse was in pain, suffering from cuts and burns on her face, as well as having a fever. Fsan thought that she also needed treatment for her face. However, since there was no medicine, Fsan covered the victims' wounds with sliced cucumber. She had found the cucumbers in a nearby farm and decided to use them as an alternative medical treatment, knowing that they 'contained vitamins which could help the healing process and lower the patient's fever.'¹⁴² This treatment caused the nurse great pain as well.

She shouted that she would bear a grudge against me forever. I answered that I would endure her grudge, and covered her wounded face with cucumber slices. Finally, she calmed down and then was able to sleep.¹⁴³

Fsan felt sorry for the nurse who was suffering such intense pain, but the treatment worked as the nurse was able to sleep at night for the first time. A few years later, Fsan took the nurse to a surgeon to have further reconstructive cosmetic surgery, because she was young and single. After the nurse married, she and Fsan continued to meet once a year. Fsan said: 'Now, her face only has some scars.'¹⁴⁴ When Fsan took the nurse to the surgeon, she had already she resigned from her public hospital position, but she had continued to be worried about the other nurse's injured face. She bore a strong sense of responsibility for the nurses who had worked under her, not only during that time but for the rest of her life.

After Fsan had arranged discharges for all patients and provided treatment for the nurses, she started to search for the personnel that had fled from her hospital. On 10

¹⁴¹ Fsan, personal interview, 2002.

¹⁴² Fsan, personal interview, 2002.

¹⁴³ Fsan, personal interview, 2002.

¹⁴⁴ Fsan, personal interview, 2002.

August, the fires in Hiroshima City seemed under control, so she returned to the original hospital which had been burnt down and left a message there. 'If you are a staff member of the hospital and are fit and able, please help us', and she wrote in charcoal on the gate where the hospital had been relocated. She hoped that somebody might come back to the hospital. 'I waited and waited, but nobody came back to the hospital. They must have been lost or were still hunting for members of their family.'¹⁴⁵

Despite her expectations, none of the male staff came back and she was so disappointed. She supposed that their families were facing very serious situations and they could not come back to their work. She realised however that she could not go on waiting forever or remain dependant on the male staff. She would have to try to control the situation by herself.

On 13 August, her hospital staff was ordered by the city¹⁴⁶ to work at a temporary hospital¹⁴⁷⁻¹⁴⁸ located in the centre of the city. Since it was made of concrete, it was still standing. It was on the fifth floor of the building and accommodated nearly five-hundred patients, both soldiers and civilians. These patients who had symptoms of diarrhoea and vomiting, and had been diagnosed as having dysentery, had been grouped together there. Fsan's hospital had been the municipal infection hospital. This order made her nervous 'I had never been in charge of such a large number of patients. We were also an all-female staff.'¹⁴⁹ Even though the order was for all staff of her hospital, but none of male staff came back. It was only eight days after the bombing, so the city was in chaos, so the city authorities did not understand the

¹⁴⁵ Fsan, personal interview, 2002.

¹⁴⁶ Michihiko Hachiya, *Hiroshima Nikki* [Hiroshima diary], (Tokyo: Housei Daigaku Syuppan, 1975), p.51. 'It was reported that the basement of Fukuya Department Store had been tidied up and was being used as the municipal infection hospital. So, we went to the Fukuya entrance. Inside it was pitch-black and seemed very miserable, although it had been the most gorgeous department store in Hiroshima.'

¹⁴⁷ 'The department store was 760 meters from the DZ and since it was a modern, concrete building, it remained intact, even though it had been damaged.' *Hiroshima no kioku: Fukuya* [memory of Hiroshima: Fukuya Department], Video recording, RCC Broadcasting Company, (Hiroshima, 2004).

¹⁴⁸ 'Fukuya department store was used as an infection hospital from 17 August 1945 for about one month because the A-Bomb Radiation sickness was mistaken as dysentery.' *Hiroshima no kioku: Fukuya*, RCC Broadcasting Company.

¹⁴⁹ Fsan, personal interview, 2002.

difficulties of meeting the situation with a reduced hospital personnel. She had to endure heavy duties again from the pressure of an enormous work load, and it was the hardest part of her nursing career. A few days later, however the male personnel came back to work.

I had been angrily waiting for our male staff to return. We were managing such a difficult situation with only women, and it was really hard work. Then, one day a man, who was a head clerk in our hospital, came kowtowing back. As soon as I found him, I burst into tears and screamed at him. 'What have you been doing all this time?' I grabbed him round the neck and kept on shouting, tears just running down my face. Then, he started making lots of excuses which didn't make me any less furious because I had been shouldering all the responsibilities for both patients and staff members.¹⁵⁰

Fsan was angry and upset, but she was relieved. She occasionally used the word 'only women', because women did not yet have the right of suffrage.¹⁵¹ It must have been very unusual for a woman to be in charge at that time and Fsan must have found the work more difficult than just caring for patients.

4.12. Conclusion

Most informants dispatched to Hiroshima were second grade students of the JRC Nursing School. These students accepted their dispatch as an honour to work for their country and were prepared to die knowing that the situation in Hiroshima City was in a crisis. However what they saw in Hiroshima was far beyond what they had imagined, despite their rigorous training they were shocked and horrified. The relief nurses were required to provide more than first aid, but more a level of care like critical care nursing for disaster victims, therefore the student nurses found it difficult to respond appropriately. However, as student nurses they worked well under orders of physicians or a clerk of the relief unit. Even though student nurses had little experience, they could work with confidence in the nursing art of transfer and lifting

¹⁵⁰ Fsan, personal interview, 2002.

¹⁵¹ Masayoshi Hayashi, *Fujin no sanseiken no koushi* [Women's voting rights], in Yasuko Ichibangase, ed., *Kyoudou tougi sengo fujin mondaishi* [Joint debate: A history of postwar women's issues], (Tokyo: Domesu Syuppan, 1971), pp.40-56(p.40). 'Before the surrender, Japanese women did not have full adult suffrage. They were granted the right to vote after the war and this was made obligatory by the Potsdam Proclamation capitulation. Japanese women voted for the first time on 10 April 1946.'

techniques, as these they had done at their school. However, their inexperience with assessment and triage meant that they often transferred people who were beyond medical assistance and were unlikely to survive.

Moreover, as this was a time of crisis they had to learn quickly to make decisions without the benefit of medical or more experienced assistance. For example, even in the train, an informant told of how she worked to ensure comfort and assistance to all victims of the bombing. Furthermore, although nurses were prohibited from providing water for dying patients unless they were members of the military they felt obliged to give these patients their last drinks before dying. There was no effective treatment and such an action sprang from religious rather than any attempt to prolong their lives. In such a situation informants chose to provide water for comfort, because they believed that comfort was important when death was imminent.

JRC nurses, perhaps more than other nurses were instilled with a strong sense of responsibility because they were nurses who worked with honour for their country, while they believed that one of the most important elements was sympathy for the A-bomb victims. Although JRC nurses were educated in emotional control and strict obedience to orders (like military soldiers), they had a heightened emotional response to the victims. They were mortified because they could not provide appropriate care for victims, were pained and saddened, as well as in fear of their own death.

However, this sense of responsibility was not evident in JRC nurses only. Fsan was an experienced public hospital nurse, but she never left her role as head nurse, although all her male staff disappeared. In her case, she had a good relationship with her subordinate nurses and believed she had to look after these nurses who remained in Hiroshima with her. Fsan worried about her ability to administer the temporary hospital because she was woman. At the time of this disaster it was strongly believed that in Japanese culture, woman should obey men and live under their protection. Because of such beliefs, although she had excellent leadership and crisis management skills, she did not have confidence in her abilities.

Most of informants were very young girls, and their families were frightened and concerned for them as the news and rumours spread about the depth of the disaster in Hiroshima City. Families were very worried about their daughter and many visited Hiroshima City to check on them. They were relieved to see that their daughters were alive. Many wanted to bring their daughters back from Hiroshima. However, families knew their daughters' important role in Hiroshima, so they left them to continue their work once they knew they were safe. They were not to know what other traumatic events would occur, such as the typhoon, nor that their daughters now carried within them the contamination that would perhaps re-surface.

CHAPTER FIVE

Disaster upon disaster: surrender, typhoon and dismissal from Hiroshima

5.1. Introduction

This chapter describes the informants' experiences from the time of the surrender to the end of the relief. Three of the informants had already been dismissed and fourteen others continued working for the A-Bomb victims. After the capitulation on 15 August 1945, Japan was governed by General Headquarters (GHQ)/the Supreme Commander of the Allied Powers (SCAP). The informants described their experiences when the Americans landed in Hiroshima as well as the period of their occupation. On 17 September 1945, the Makurazaki Typhoon swept through Hiroshima and the army unit stationed in Ono was caught in the land slide caused by this typhoon. Three of the informants experienced this typhoon disaster and described their experiences.

5.2. The Surrender

At noon on 15 August 1945, His Majesty the Syowa Emperor Hirohito announced Japan's capitulation over the radio. The Junta did not agree with this decision, but the Emperor had accepted and he ordered the Junta to surrender. As Sasamoto highlights:

This surrender was the decision of Syowa Emperor, and he ordered the Junta to stop fighting. 'His Majesty the Emperor announced an unconditional surrender'. Until this surrender, the Emperor had less power than the Junta. In order to obtain the surrender, the Emperor had to reassert his power and control over the people.¹

The Junta wanted the war to continue because they had previously announced that Japan was winning and hiding the facts about the destruction that Hiroshima and Nagasaki had incurred from the A-Bomb.

Even though the people of Hiroshima had experienced a devastatingly tragic event and knew that the Junta was in a crisis, the informants could not accept their country's submission. Asan had been told about the possibility of the surrender by an officer-patient before the A-Bombing, but she disputed his word. 'I shouted at him and said, "You are telling lies. There is no evidence Japan is going to lose. I'll never believe you." I could not accept his word.'² It was unusual for her to shout at an officer, especially since he held a high position in the Junta. She must have lost her temper when she heard about the defeat. Psan had not heard the imperial edict on 15 August either and she learnt about the surrender from an army surgeon. When she was outside of the building with him she realised an enemy air plane was flying over, so, she suggested that they should take cover. When the officer answered that it was not necessary, she asked the reason why and he answered that Japan had surrendered, so the plane was not going to attack. She was very shocked: 'I couldn't believe him. I thought that he must have been mistaken, so I did not talk about it to my friends.'³

Csan heard the imperial edict and expressed her confusion and shock. 'I was totally confused, and I could not understand anything any more. What were we going to do? Then, my tears started to flow.'⁴ Rsan also heard the imperial edict at her JRC school because she had already returned from the relief in Hiroshima. All of the

¹ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p. 22.

² Asan, personal interview, 2001.

³ Psan, personal interview, 2002.

⁴ Csan, personal interview, 2002.

students were gathered in the grounds of the school and were listening to the radio announcement. When she understood that his Majesty the Emperor was saying that Japan had accepted the surrender, she started to tremble and nearly lost consciousness.

I was as stiff as if I had been struck by lightening, and I began to tremble all over. It made my head spin and I nearly fainted. I clenched my fists tightly so I wouldn't faint. The nail marks remained in my palms for three days.⁵

The informants had never imagined their country would surrender and they were very shocked as they knew that Hiroshima was an important military headquarters in Japan. Asan expressed the reason why they found it hard to accept the situation:

I grew up in war time and was brainwashed by the militarized education system that taught us that Japan had never lost a war. When I was in the fourth grade at primary school, the Japan-China war broke out. Since that war, Japan had continued to win all its wars. People were excited by wars. I also wanted to offer my life for my country. Because I am a woman I wanted to work for my country as a JRC nurse.⁶

All information was controlled by the Junta. Even when Japan was inferior in its fighting strength, the average Japanese believed they were winning. The informants had never doubted the information announced by the Junta, because they were only seventeen year old girls who had been educated to obey.

The capitulation not only shocked the young JRC nurses, but also the ordinary people and most of soldiers, who had been working to win the war. Isan was working at the Hiroshima Army Red Cross Hospital and had not heard any information about the imperial edict. However, the military patients knew that there would be an announcement at noon on 15 August. In the morning of that day, Isan heard the patients chatting together. 'Where can we listen?' 'Let me see, how about Hiroshima University. It has a Faculty of Engineering Science.' 'Exactly, let's go there.'⁷ Then, they went to Hiroshima University, which was on the opposite side of the hospital.

⁵ Rsan, personal interview, 2005.

⁶ Asan, personal interview, 2001.

⁷ Isan, personal interview, 2001.

They were expecting that some science researcher would find a way of being able to listen to the broadcast, even if the electronic system had been damaged. Their guess was correct and they were able to listen to the announcement. When they came back from the university, they were crying. She wondered what had happened, but she left them alone.

I had no idea why they were crying, but I did not ask the reason and left them alone. I was wondering why and I thought that something terrible must have happened. I did not know about the surrender at the time.⁸

Despite their calm reaction, some of the soldier patients were frustrated. Ksan was in the Ono Army hospital and heard the announcement together with the patients. Then, Ksan's patients lost control and refused to accept the surrender. A young officer shouted, 'Japan has never lost a battle. I am going to fight. Listen, everyone, let's get up and go and fight! Let's counterattack!' He made such a great uproar that some young soldier patients decided to oppose the capitulation and go on fighting.⁹

Msan was able to accept the announcement calmly, and she explained the reason why: 'Because the announcement was made by His Majesty the Emperor and he had accepted the fact that we had lost the war.'¹⁰ She was loyal to the emperor.

Fortunately, the patients did not riot, but their hospital was located very close to the Otake and Iwakuni Military Camps, and the soldiers at both those camps started rioting. They left their barracks and were wandering around on the beach which was in front of the hospital. The nurses had to prevent their soldier patients from being involved in any riots, so after the surrender, there was a tense atmosphere within the sanatorium. Lsan recalled those anxious days:

Everyday, I thought that my life would soon be over. Every morning, when I woke up, I was relieved to still be alive. Especially at night, we were very scared that if those soldiers broke into the hospital, we would not be able to manage. Every day, we lived in a tense atmosphere.¹¹

Even though the war was over, the nurses had to face life threatening events.

⁸ Isan, personal interview, 2001.

⁹ Ksan, personal interview, 2002.

¹⁰ Lsan, Msan, and Nsan, group interview, 2002.

¹¹ Lsan, Msan, and Nsan, group interview, 2002.

The other problem that concerned the military patients was suicide. Soldiers were allowed to carry a knife, even when they were patients. So, nurses had to gather up their knives to prevent any suicide attempts. However, the soldiers denied owning any knives and it was not easy for the nurses to confiscate them. Dsan recalled: ‘One of them said, “If American soldiers land, our men will be massacred. That will be much worse than killing myself.”’¹² The nurses were influenced by the soldiers predicting that Japanese men might be tortured and persecuted by the victorious soldiers. Their worry was that if a man received such shameful treatment, he would lose his dignity as a man. Also, the soldiers believed that to win you had to make a great effort and even sacrifice your life. Surrendering meant that you had lost hope and direction. Therefore, they chose to commit suicide. Dsan recalled that she tried to persuade the soldiers to go on living:

‘Even if you, as a soldier, have been facing many difficulties, you have survived so far, which means that you are a special person. Please value your life highly and go on surviving.’ I especially tried to persuade the young soldiers to go on living.¹³

Nurses had to strive to prevent suicide, especially the young soldiers. It might be that those same young soldiers would become important personnel for running the country.

Some of the patients became insane. Esan explained that a first-lieutenant went mad and she felt sad to see this soldier in such a state, especially as she had admired him for his humane qualities. He had never been arrogant and was always kind to the nurses, even though he held a high position in the army. The man ordered Esan never to let herself be violated by American soldiers.

He said to me, ‘When the American soldiers come and try to violate you, you must consider suicide! You must never allow them to violate your body, whatever happens. If that does actually happen, you must choose death.’ Then, I swore to him, ‘Yes, I shall die!’¹⁴

¹² Dsan, personal interview, 2001.

¹³ Dsan, personal interview, 2001.

¹⁴ Esan, personal interview, 2001.

From a Japanese man's perspective, it would be most dishonourable for a Japanese woman to go on living after having been violated. After that, the man started to injure himself because of his feelings of strong, uncontrollable anger and sadness. It was the beginning of his personality change. He shouted, 'His Majesty the Emperor, banzai', and then kept jumping into the reservoir which was under a window on the second floor.¹⁵ It was pitiful and Esan was shocked by the change in the man. The surrender was such a dramatic event for him, because he had sacrificed his life for the war. She understood his suffering and loss of self-control when the surrender was announced and swore to herself that she would keep the promise she had made to him.

I was determined that if I was arrested by an American soldier, I would follow his instructions and kill myself by biting off my tongue. People were extremely disappointed or bewildered by the surrender and some of them completely lost control. They had worked for their country, and believed they had won. I felt great sympathy for them.¹⁶

It seemed to be the general assumption that women of a defeated nation were raped by the men of the winning nation. Winning or losing the war had been a very important issue for the JRC nurses because they had become JRC nurses for their country. However, business and daily life did not change for the time being. The surrender did not bring any special changes to the daily reality of life, so it was not important for the nurses. They were very busy caring for the victims and did not have any time to think about anything except that. Asan recalled: 'Anyway, I had to work hard for the patients, and that was my mission as a nurse.'¹⁷

During the war, the Junta controlled the JRC and had especially strong connections with those nurses who had enrolled as war nurses. At the end of the war, the Junta was disbanded, and the JRC released the war nurses from their functions. The role of the JRC changed dramatically after the war. Nurses had been educated to deal with

¹⁵ Esan, personal interview, 2001.

¹⁶ Esan, personal interview, 2001.

¹⁷ Asan, personal interview, 2001.

natural disaster relief as well as wartime relief, but now the JRC had to change the style and purpose of their training. Rsan's school was a branch of the JRC, but they had no control over any future changes which were discussed exclusively by the JRC. Rsan had however the opportunity to talk with the principle in private, because she was the representative of her class, and visited his office to give her class report. One day, he explained to her his ideas for the JRC after the war. 'The JRC must work not only to help with the recovery of sick or wounded soldiers, but to improve the nation's health and welfare.'¹⁸ He meant that the JRC should dissociate itself from the Junta and should function in a way true to the spirit of the Red Cross Society. The JRC should not simply work for patients in hospitals, but should have an approach towards improving the health and welfare of a large number of people, such as communities, society or the nation. Rsan explained 'I was really impressed with this idea.'¹⁹

The JRC society quickly tried to deal with the upcoming changes, and the role of Red Cross nurses. The plan was a very novel idea for her, and Rsan thought that the surrender was not only the end, but also the beginning of a new generation. Civilians were in very poor health because of the food shortages, the low level of the health care system and the inherent poverty. Improving the nation's health was a very important item on the agenda for nurses after the war.

5.3. Background of the American occupation

Japan had all its basic policy determined and exercised by the occupation of America until the end of the occupation period.²⁰ This was different from Germany, which was an axis partner of Japan. Germany was divided and occupied by many countries, such as America, England, France and the Soviet Union.²¹ The American Army

¹⁸ Rsan, personal interview, 2005.

¹⁹ Rsan, personal interview, 2005.

²⁰ John W Dower, *Embracing defeat, Japan in the wake of World War II*, (NY: W.W. Norton & Company, 1999), p.73.

²¹ Dower, *Embracing defeat*, p.23.

General, Douglas MacArthur was designated as the Supreme Commander of the Allied Powers (SCAP),²² and his General Headquarters (GHQ, GHQ/SCAP), which consisted entirely of Americans, governed Japan from August 1945 to April 1952. Although British Commonwealth countries, such as the UK, Australia, British India, and New Zealand military forces occupied Japan from February 1946 to April 1951, they were only responsible for supervising the demilitarisation and the dismantling of Japan's war industries.²³

5.4. Fears about the future under the occupation

Up until the surrender, the Junta was in command of the A-Bomb disaster research and relief. Then the army commander, Marshal Hata took over the supreme command of the relief of Hiroshima, and ordered the army, the navy, the prefectural personnel, and non-governmental organizations to continue the war because Hiroshima was a military city²⁴. However, on 15 August, in spite of the Junta's plan, His Majesty the Emperor accepted the capitulation. Marshal Hata then announced that he would resign as commander of the relief which signified that the relief became the responsibility of Hiroshima City and Hiroshima Prefecture.²⁵ It meant also that there was no responsible person in charge of the relief because both Hiroshima city and prefecture were in chaos. Accordingly no orders or information for the direction of the relief personnel were given. The JRC was not able to decide rapidly on the subsequent organisation of the relief and informants described their state of desperation and lack of control over the situation.

Psan was a nursing student and she had been sent to a temporary army camp in the suburbs of Hiroshima on 12 August. She and her unit members, who were mainly nursing students, began to panic and tried to persuade the head nurse to let them

²² Dower, *Embracing defeat*, p.45.

²³ Grey Jeffry, *A Military history of Australia, The Post-war Challenge, 1945-1955*, (Cambridge: University Press, 1990), pp.199-204.

²⁴ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.16.

²⁵ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.16.

return home. Then, her head nurse told them to remember the code of discipline of the JRC nurses and made them realise that they were special persons who should be honoured to work for their country.

We were conscious of our duty and our patients, but we started to panic and were unable to think about the others. We were only eighteen year old girls and we felt very uneasy about staying there any longer. We thought we might never return home ever again. Then, the nurse in charge asked us to recite the ten golden rules of a JRC nurse²⁶. Suddenly, we realised that we really were relief nurses of the JRC and we had to take care of our patients.²⁷

Reciting the ten rules of a JRC nurse made the girls think about themselves objectively as well as about their role of caring for people with the notion of self-sacrifice.

Osan was the principal nurse in charge of her relief unit and she had not received any further orders for Osan's unit. Normally, a relief unit was ordered to work for a short period and in one place. Her unit had been sent out to Hiroshima, but had not received any information about their return. After the surrender, she could not foresee what would happen in Japan, so while she was working, she felt uneasy about the uncertainty of the future. However, she had to hide her own feelings and encourage the nurses to work. She was avoiding talking about the topic to stop the nurses from beginning to panic.

A while later (after the imperial edict), the nurses were worried and talked about when they would be able to return home. So, I said to them that we had come here to help people, and that was our mission and we ought to be proud of being JRC nurses. Of course, my real intention was to hide my uneasiness, but I never said so because I was the person in charge. I had to keep the situation under control.²⁸

After the surrender, the security of the nurses on duty was not guaranteed by their employer. Also their present and future working conditions were not announced to

²⁶ These were the same as the 'Ten commandments for the disaster relief staff' I reported in chapter 2.

²⁷ Psan, personal interview, 2002.

²⁸ Osan, personal interview, 2001.

the JRC personnel, a situation similar to a bankruptcy. Therefore, nurses were not provided with any official orders or information, and only gleaned information or suggestions from their patients. The main topic was the security of the Japanese women. The military patients told them that they would be assaulted by the occupation forces' soldiers and recommended them to escape. The occupation forces were very worried about eventual assaults on young women and that was exaggerated by the military patients. Asan gave the following explanation:

Because we were young women, we were afraid of the forces who presented a fearful image for us. Our military patients said to us 'Americans are going to come to Hiroshima, so you must hide. It will be dangerous for you girls.' We were only seventeen or eighteen year olds, so if adults advised us like that, why should we doubt them? We became uneasy and some of the soldiers offered to help the nurses to escape. 'Tomorrow, I am being discharged from here, so I can take you secretly to the station'. It was true that the soldiers worried about us and advised us. Who could refuse their kindness? Why should we have stayed there at the hospital?²⁹

There was no strong authority that could prevent the nurses from leaving their job, so the administrator of the Hiroshima Army Red Cross hospital prevented them from escaping by talking to them about Florence Nightingale's activities as a model nurse on the battle field and made the nurses aware of their professional responsibilities. They were also given barley sugar and were glad to have it during a time of such serious food shortages. Barley sugar was very expensive and rare so the average person never had any during the war. Asan recalled:

I also wanted to escape because of the uneasy situation and really intended to do so. Our director probably guessed what we wanted to do and realised that he should stop us from leaving. So, he made us assemble together and he talked about the activities of Florence Nightingale during the Crimean War. He gave us barley sugar and made us recite Florence Nightingale's pledge³⁰. He ordered us to repeat it every day for three days to make us concentrate on caring for our patients. So we stayed and got on with our

²⁹ Asan, personal interview, 2001.

³⁰ Country Joe Macdonald's website explains: 'The Florence Nightingale Pledge was composed by Lystra Gretter, a nursing instructor at the old Harper Hospital in Detroit, Michigan, and was first used by its graduating class in the spring of 1893. It is an adaptation of the Hippocratic Oath taken by physicians.' 'The last line of the poem is 'With loyalty will I endeavour to aid the physician in his work and devote myself to the welfare of those committed to my care.' (Country Joe McDonald, *The Nightingale Pledge*, <<http://www.countryjoe.com/nightingale/pledge.htm>>, viewed 30 March 2007.) It is clear that Florence Nightingale herself was not concerned by this pledge and it does not reflect her own ideas. JRC nurses were obliged by the physicians to recite the pledge for self-control.

work.³¹

Asan added that she envied the relief units who were able to go away from Hiroshima. Even though she had been working in Hiroshima, she was not allowed to leave the city.

The relief nurses, who came here as part of the relief units, were able to leave because they were temporary relief workers, but this was our hospital, so we had to work there all the time.³²

In Fsan's hospital, the number of nurses continued to reduce, they failed to inform Fsan of their departure, even though she was the head nurse. Maintaining her work force became one of her main tasks. Nurses left the hospital during the night, so she went to the train station before the first train departed to look for those who were trying to escape. Whenever Fsan found them, she persuaded them to come back to work. She offered them goods as presents and even remuneration, if they would return to work. She enticed them by saying, 'If you come back, I will give you new blankets and new clothes. If you see your father, tell him about my offer and ask him to help you carry these goods home.'³³ People were in difficulties with the serious shortage of supplies, so her offer must have been attractive for the nurses and their families. Some of the nurses came back with their fathers and she loaded them up with white flannel sheets and blankets, which she had obtained from the Kure Navy hospital. She also gave them beautiful tableware. Her temporary hospital used the building that was originally the Fukuya Department store,³⁴ which had been the most modern department store in Hiroshima. The basement of the building acted as a store for many high quality goods. Fsan gave this high quality tableware as a salary to the nurses. When a nurse came with her father, Fsan spoke well of his daughter to him, 'These goods are payment for your daughter's work.'³⁵ Hiroshima City was a prosperous military city with its population of high-ranking military executives and

³¹ Asan, personal interview, 2001.

³² Asan, personal interview, 2001.

³³ Fsan, personal interview, 2002.

³⁴ Hachiya, *Hiroshima Nikki*, p.52. 'Fukuya Department Store had been the most glamorous place in Hiroshima. However, it became a ruin, like a cave. Voices of groaning of patients could be heard from inside the building.'

³⁵ Fsan, personal interview, 2002.

the department store had high quality goods for their consumption. These goods were out of the reach of ordinary civilians, especially the nurses' families living in rural areas where it was not easy to make a living. Fsan wanted to express her appreciation to the father and tell him that without the nurses' help the hospital would not work.

She also said she felt sorry for them.

Of course, I knew very well that the nurses were overworked, and I felt very sorry for them. Some of them were suffering from infectious diseases and two of them died. But if there were no nurses, the patients would not receive any care. I was sorry for them in my mind, but I really needed them.³⁶

Even though the nurses were frightened about the unstable situation and uncertain about what the future had in store for them, there were still many patients who needed their support. So, Fsan tried to keep the nurses working at the hospital even though they were not paid a salary. The administrators also could not oblige them to work there. Fsan was conscious of the fact that the nurses were working very hard in a difficult environment, but she could not let them go because there were still many patients who needed their help. If the nurses disappeared, the patients would die because of the lack of medical care. She explained her dilemma concerning her need for nursing care and her overworked and unpaid nurses.

5.5. The different phases of radiation sickness

It was said that acute radiation sickness started about two weeks after the explosion, and was the second phase of the A-Bomb Radiation sickness. During this phase, a lot of the ABVs suffered multiple organ failure caused by blood dyscrasia because of radioactivity and infection.³⁷ Radiation sickness had never existed in any other tragedy like Hiroshima, except for Nagasaki. The chain reaction provoked by radioactive action and fission products of the neutrons remained in the city and to contaminate many people who had not directly experienced the A-Bomb explosion. These people who came into Hiroshima City as a part of the relief, lived in the

³⁶ Fsan, personal interview, 2002.

³⁷ Saito, 'Genbaku Higaisya no syougen', pp.150-176. 'After the second term, keloid occurred in the burnt skin, and it was called the 3rd term and was around a few months after the explosion. Their skin was burnt by heat and radiation, and the symptoms were a peculiar condition specific to the ABVs.'

suburbs of Hiroshima city, and as a result suffered serious health and life threatening problems as well as being socially excluded. They too were A-Bomb victims or survivors. Furthermore, there was serious uneasiness not only about the persons concerned but also about their descendants.^{38,39} Following the surrender, the main medical problems changed from trauma and burns to A-Bomb radiation sickness.

Psan explained the main radiation sickness symptoms:

The most common symptom was a feeling of fatigue and patients said they felt weary throughout their bodies or as if they had no legs. Most of them gazed vacantly at the ceiling or groaned with pain. Many patients also suffered from delirium and some of them called for their parents.⁴⁰

Such patients suddenly bled to death. It was the first time that nurses and also physicians had seen such symptoms and it was a new experience for Bsan who said, 'I suddenly realised how very fragile life was.'⁴¹ Moreover, such patients were not recognised as being in a serious condition and when they died, the medical workers were horrified by the effects of the new style of bomb and their uncertainty about what might happen. Psan recalled: 'One of the horrific effects of this bomb was that the appearance of the patient didn't change, but then, suddenly, they felt tired and then died.'⁴²

JRC nurses were mainly trained as relief nurses, so their relatively short training was focused on treatment for injuries due to external causes. Psan related how confused and helpless the nurses felt 'We had no way of helping them. We just watched over them.'⁴³ Both physicians and nurses could not help these patients to recover.

None of the medical profession knew how to treat them. Isan explained how confusing it was for the physicians: 'One doctor said he had never seen anything like those patients whose bodies had a speckled appearance and he could not diagnose

³⁸ Yuzaki, et al., *Sociology of health and medicine in Japan 1978 Community and health problems*, pp.157-185.

³⁹ Yuzaki, et al., *Sociology of health and medicine in Japan 1978 Community and health problems*, pp.165-166.

⁴⁰ Psan, personal interview, 2002.

⁴¹ Bsan, personal interview, 2002.

⁴² Psan, personal interview, 2002.

⁴³ Psan, personal interview, 2002.

their sickness.⁴⁴ As soon as such symptoms appeared, the patients soon died. Isan explained, 'When I went to my ward the next day, patients with these symptoms had passed away overnight.'⁴⁵ These types of patients increased in number causing the physicians at the Hiroshima Army Red Cross hospital to investigate the symptoms. According to the Hiroshima Genbaku Syougai Taisaku Kyougikai, which means the Association of A-Bomb Victims in Hiroshima, a physician used a microscope to check the patients' blood and he realised that the numbers of white blood cells were very reduced, but there was no way to care for these patients because of the shortage of medicines.⁴⁶⁻⁴⁷ Patients felt afraid because there was no effective treatment available and many were just waiting to die. Isan explained the patients' reactions.

I cannot explain very well how the patients were feeling, but they were grief-stricken because they could do nothing except wait to die. They wondered why they were having such a horrible experience. We could not save them.⁴⁸

A few days passed, and some of the patients' bodies swelled up and their skin turned a purplish colour. These symptoms, including the bleeding from the alimentary canal, were those of acute radiation sickness which caused an impediment to the haematological functions. The nurses had been trained in surgical treatment for the war relief, and they had never seen such symptoms. It was hard for the nurses to see their patients suffering and asking them for help. Esan added that when she was called, her job was to run to see the patients and give them a camphor injection, but the patients died the same day or the next morning.⁴⁹ Then, the nurses transferred the body to a mortuary. Esan recalled her emotions during the transfer: 'I thought how pitiful it was. I could not hold back my tears. Not only I, but all of the nurses felt the same way about the patients.'⁵⁰

⁴⁴ Isan, personal interview, 2001.

⁴⁵ Isan, personal interview, 2001.

⁴⁶ Hiroshima Genbaku Syougai Taisaku Kyougikai, *Hibakusya to tomoni, zoku Hiroshima Genbaku iryoushi*, p.323.

⁴⁷ Hiroshima Genbaku Syougai Taisaku Kyougikai, *Hibakusya to Tomoni, zoku Hiroshima Genbaku iryoushi* p.324. 'The medical record of the blood examination was taken from a GHQ soldier, who visited the hospital from 17 August to 13 September and the soldier was an African American.'

⁴⁸ Isan, personal interview, 2001.

⁴⁹ Esan, personal interview, 2001.

⁵⁰ Esan, personal interview, 2001.

Medical workers thought about the strange symptoms of bleeding that the bomb victims had and wondered if the bomb released violent toxic gas which had damaged their respiratory system. More days passed and patients were not only bleeding from their respiratory system but from orifices of their bodies. Psan described the symptoms:

Not only did the whole body of the patient swell up, but the skin turned dark, and there was bleeding from the alimentary canal. They passed away faster than the other injured patients.⁵¹

According to Sasamoto:

Kenji Ibuka, who was the President of the Army Surgeons' School, commented on the medical treatment of the Hibakusya for the *Cyugoku newspaper*⁵² in a survey report by the Army on 19 September 1945, 'The effect of the A-Bomb needs further research, but the effects can be divided into two types, one that causes the sickness to develop rapidly and a second sort that develops less rapidly. If a patient appears to have contracted the second sort, then he or she will need rest from an early stage and good nutrition, as well as being encouraged to have a strong will to live. They should also receive a stimulus treatment⁵³ to promote the proper functioning of the marrow.'⁵⁴

Until 19 September, the Japanese newspapers had freely reported the effects of the A-Bomb and like the comments above. However, the same day, the SCAP imposed a Press Code on the Japanese government, and this press code was published in the newspapers on 21 September throughout Japan.⁵⁵ The publishing of the effects of the A-Bomb was never prohibited, but the information was controlled. It was forbidden to publish the reality of the later onset diseases and significant after-effects. Articles were changed to read that not only were Hibakusya going to recover without any sequelae from the radiation sickness, but that the danger of radiation contamination in Hiroshima had already disappeared. Sasamoto explained the reasons for these setting the press code:

On 10 August, the Japanese Junta protested to the American government

⁵¹ Psan, personal interview, 2002.

⁵² *Cyugoku Newspaper* was a local newspaper in Hiroshima.

⁵³ The main stimulatory treatment was auto-transfusion.

⁵⁴ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, pp.62-62.

⁵⁵ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.241.

that the use of their new type of bomb (they did not use the term A-Bomb, only 'new type' of bomb) was contrary to international law and sent the same protest letter to the International Red Cross Society.⁵⁶ [...] At that time, the American government had been arguing that the use of toxic gas was illegal. Nevertheless, America used the A-Bomb which was more cruel than toxic gas because it killed many people indiscriminately and also caused radiation sickness.⁵⁷

America wanted to hide the effects of the bomb from other countries to maintain their reputation.⁵⁸ But on the other hand, the American government wanted to gather data on the effects of the bomb for the future. Therefore, the data of the A-Bomb effects had to be collected in Hiroshima, and it was essential that American GHQ soldiers be sent there. The American government could not report the fact that Hiroshima would remain radioactive and that those exposed to the radioactivity would possibly later be affected by it and their lives threatened by it, since they wanted to send their own soldiers there.⁵⁹

America did not want to disclose information about the A-Bomb for political purposes, but at the same time America wanted all potential enemies to know about the existence of such a powerful weapon as a deterrent for any future, belligerent intentions. American soldiers arrived in Hiroshima and gathered data from medical investigations concerning the effects of the A-Bomb which were kept as state secrets.⁶⁰ The following year, America set up the Atomic Bomb Causal Centre (ABCC) in Hiroshima and continued to gather data about the effects of the bomb.

Another problem also was how to heal skin without suitable treatment. The skin of the young soldiers healed within one week of the bombing, but glass fragments were still embedded under their skin, and they felt great pain when they were touched. Psan described their condition: 'they screamed in pain if they inadvertently touched the scars on their back or neck.'⁶¹ Most of them had fragments of glass in the back of their heads, so they could not sleep on their backs.

⁵⁶ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.225.

⁵⁷ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.255.

⁵⁸ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.22.

⁵⁹ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.241.

⁶⁰ Yuzaki, et al., *Sociology of health and medicine in Japan 1978 Community and health problems*, p.160.

⁶¹ Psan, personal interview, 2002.

5.6. Fear during the night

The night shifts were frightening for the nurses because many patients died during that period. Nurses had to check the identity of the deceased patients and have them transferred elsewhere. The light of a candle or a flashlight was not enough to reveal the patients' condition and it was only by listening to their agonised voices that their needs could be assessed. There was no pain relief for them, and the nurses could only hold their patients' hand and give them encouragement. Psan described an episode during her night shift:

One night, I came upon a strange shadow moving along the dark corridor. I was frightened out of my wits, but soon I realised that it was a young soldier who had come out from his room, writhing in agony and groaning in pain. I quickly ran up to him and tried to check his pulse, but I couldn't, so I put my hand on his chest to check his heart beat, but it had already stopped. Then I whispered, 'Can somebody help me?' Two or three patients came out of the dark and put the body on the futon in the patients' room. I quickly contacted an army surgeon, but the young man had already passed away.⁶²

The nurses repeatedly worked night shifts but they could not get accustomed to them. Physicians were not present and there were only a few nurses working at night which was often when emergencies took place and the darkness only increased their feeling of melancholy. At such moments, the nurses thought about Florence Nightingale in the Crimean War to raise their spirits.

When I was on night duty I sometimes felt sad, lonely, afraid, and not myself. When I felt like that, I thought about Florence Nightingale in the Crimean War. She used to work with only a candle in the dark so I thought of myself as another Florence Nightingale.⁶³

Osan and Gsan also had the same feelings as Psan and compared themselves also to Florence Nightingale. The JRC physicians used Florence Nightingale's story as a model for the nurses who were taking care of the soldiers during the relief.

5.7. Medical workers also became victims

Medical workers also became sick and died one after another. Some of them had

⁶² Psan, personal interview, 2002.

⁶³ Psan, personal interview, 2002.

experienced the explosion in Hiroshima City and had been sent to the suburban camps to care for the patients. At first, they were able to work without any difficulties, but a few days later they developed similar symptoms and their condition deteriorated. 'Nurses from Hiroshima City were cheerful at first, but then they went down one after another, and we never saw them again.'⁶⁴ In Psan's camp, all the medical orderlies had died before 15 August. The camp officer asked for volunteers from the community but they had already sent residents to Hiroshima City, and so no-one was available to help.⁶⁵

Psan and the members of her unit were students and they were longing to be real nurses. They had only one idol and she was an army nurse dressed in a white, well pressed uniform, always humming a tune. Even though the nurses had to work in very difficult situations, she was always bright. The student nurses often talked about her and admired her, but they had no opportunity to talk with her. However, one day, she suddenly disappeared and the student nurses wondered what had happened to her. A few days later, they heard the rumour that the nurse had died. Psan explained: 'I felt very afraid when I learnt that the nurse I most admired had suddenly died. It was such a shock for us and we were lost for words.'⁶⁶ Their idol had provided hope and a future dream for the nursing students, so her death was a very sad occasion and dashed their hopes. The nurse had worked at an army hospital in Hiroshima City and experienced the bombing, but she had no major injury or burns and had continued to work for her patients. Psan recalled how a nursing student had described the nurse's condition: 'She probably felt very fatigued but did not take any notice of her condition and went on working.'⁶⁷ Although the nurse felt very tired, she pretended to be cheerful and made herself bright to maintain the patients' morale. Such medical workers must have been contaminated by the powerful A-Bomb radiation. They only appeared to have felt a great fatigue, but had no apparent injuries. They did not rest until their condition was too serious for them to recover. At that stage, the shortage of medical personnel became serious and nurses had to do the

⁶⁴ Osan, personal interview, 2001.

⁶⁵ Osan, personal interview, 2001.

⁶⁶ Psan, personal interview, 2002.

⁶⁷ Psan, personal interview, 2002.

tasks of several nurses.

Even in such a situation, nurses never stopped working hard for their patients, and most of them were only teenagers. Their attitude made Osan, the Manager of the unit, very appreciative of them. 'Even though we had to work in such difficult situations, our unit members worked very hard without any complaints. I appreciated them immensely.'⁶⁸

Even if the reason for the bleeding had not been discovered, blood transfusion, the treatment for anaemia, was started as a new medical experiment. The testimony of Shigeto, who was the president of the Hiroshima Army Red Cross Hospital, reads:

When October came, the symptoms of the radiation sickness became clear and the main aftermath of the bomb was a blood disease. Therefore, blood transfusion was recognised as the best treatment. However, there were no blood donors, so we started auto-transfusions. 20 cc of blood was taken from each patient.⁶⁹

Twenty cubic centilitres of blood were taken from the vein of the patient's arm and injected into their subcutaneous tissue and muscle. Therefore, the patients had to turn from lying on their backs to lying on their stomachs and that was a slow and difficult movement for them to perform. The blood did not mix with the anti-coagulant during the transfusion and as it took time for the patient to change position, not all of the blood could be transfused into the patient. The treatment entailed some pain, but the patients endured it, motivated by their will to recover. Sometimes, if the blood coagulated, a patient would turn his anger upon the nurses.

A young officer, who had just graduated from the military academy, became very angry with me. 'What are you doing, you are wasting my precious blood. How stupid you are.' He always shouted at us, even though he was virtually our age. Such incidents occasionally happened.⁷⁰

Relationships between ranks in the army were strict, and since nurses occupied the lowest position, they were shouted at by the patients when the latter were annoyed.

⁶⁸ Osan, personal interview, 2001.

⁶⁹ Hiroshima Genbaku Syougai Taisaku Kyougikai, *Hibakusya to tomoni, zoku Hiroshima Genbaku iryoushi* p.325.

⁷⁰ Asan, personal interview, 2001.

Therefore nurses did not want to be bothered with them. They went to ask the surgeon, if such treatment was really necessary and if it was only an experiment, they would like to stop it. The surgeon answered: 'Although it was only a little transfusion, it was better than nothing. Even if patients complain you must do it, because we have no other option for saving them.'⁷¹ Although that kind of 'auto- transfusion' did not seem to be effective for Asan, the surgeon wanted to explore all possibilities for rescuing the patients.⁷² The nurses were able to understand the surgeon's feelings, and continued giving auto-transfusions, but they also realised that they had to work for their patients' recovery, even when the latter complained. Some patients would explain their fear of dying, or they would be upset or angry and they would vent their negative feelings on the nurses, who, in turn, would often shout back at them.

5.8. Nursing the victims

The relief activities were prolonged and the informants not only treated wounds, but they started giving daily life support to the patients, their main work being hygiene care. Patients were dirty, because they could not take a bath or a shower by themselves. Psan's temporary first aid station was in a high school building, so it was not equipped with a bath or a shower. One day, the nurses informed their officer that they would like to have hot water for the patients.

Water was not provided for dying patients, but we negotiated with the officer, even though we were only teenage girls. Expressing our opinion to an officer was not allowed at the time, because he held a high rank and was only expected to obey his senior officers.⁷³

Even if it was an unusual request, the officer was not angry at the nurses and granted their wishes. From then on, the nurses could use hot water for the hygiene care of terminal patients. 'It was the only thing that we could do to improve their passing

⁷¹ Asan, personal interview, 2001.

⁷² Hiroshima Genbaku Syougai Taisaku Kyougikai, *Hibakusya to tomoni, zoku Hiroshima Genbaku iryoushi* p.415. Minutes of a round-table talk of members of the Nursing Association of Hiroshima City and Midwives' Association of Hiroshima City. Enomura, who was a midwife, testifies, 'Autotransfusions were most effective from my experience; three of the patients recovered thanks to this treatment.'

⁷³ Psan, personal interview, 2002.

away and ensure a peaceful death for them.’⁷⁴ Psan was happy that she could improve the situation of the dying patients, who were not able to receive any effective care and just seemed to be waiting to die. She wanted the nurses to provide good care for the patients and even though supplying hot water seems only natural to us in today’s world, obtaining such facilities was very difficult for Psan and the nurses.

Psan also explained how they nursed a terminally ill soldier who was younger than themselves. He was almost unconscious, and kept calling for his mother. She and her friends pretended to be his mother and sat with him, holding his hands. A clerk sent a telegram to his parents explaining his critical state of illness. The parents replied to the telegram as quickly as possible, but they took two days to arrive, and their son had already been cremated. The parents were very tired and disappointed, but they appreciated what the nurses had done: ‘Thank you for everything you did for our son. Please accept this gift’. They gave us white rice balls. They wanted to give them to their son before he died and also to the nurses who had taken care of him. When Psan and nurses thought about the difficulties the parents had had to find such expensive food and to bring it, on foot, from such a long distance without even seeing their son before he died, they were very upset and moved to tears. The nurses tried to help the grieving parents and talked together about their son. The mother said that her son had been lucky to have been cared for by such people and explained that the family accepted his death because he was a soldier. She said that she prayed everyday for their son, for one thing, that he had not died alone on the battle field without his death recognised or acknowledged by anyone. They had anticipated their son’s death and returned home with their son’s remains.’⁷⁵

‘Although we were only seventeen and eighteen year old girls, our goal was to try to provide the best possible care for our patients.’⁷⁶ Even though they were young, they had the autonomy to provide pragmatic care for the patients. Even though there was

⁷⁴ Psan, personal interview, 2002.

⁷⁵ Psan, personal interview, 2002.

⁷⁶ Psan, personal interview, 2002.

neither effective medicine nor medical supplies, the nurses did not give up caring for the patients. They could only sit beside the dying patient, hold their hand and pretend to be their mother to help ease their fear of dying. They did not have much experience of clinical work or knowledge about dying patients, because most of them were still students and educated as relief nurses, not clinical nurses. However, they had great empathy as regards to the patients' pain and suffering and their families' mourning. This encouraged nurses to help patients who were suffering or dying as well as grieving families. Their natural actions stemmed from their sympathy and not from their academic learning. They must have possessed great sensitivity and affection for others, and that encouraged them to provide compassionate care for their patients.

As the period of the relief activities lengthened, nurses established good rapport with their patients. Psan realised that patients became more cheerful when they came to the sickroom and greeted them. 'In the morning, we only said "How are you? Let's do our best today!", or "It's a lovely day, isn't it?", but the patients seemed to brighten up right away.'⁷⁷ The nurses were also heartened by the patients and Psan described how the former were encouraged by them, and found it interesting to talk with them about nursing.

When they knew our background, they felt grateful to us, saying, 'you are so brave to come here for the relief when you are only a student' or 'thank you for coming such a long distance', and 'thank you for looking after us today.' They felt we were like their daughters and gave us kind encouragement, even though they were in a critical condition.⁷⁸

Since the patients were unshaved, the nurses could not see their face very well. They also did not have medical charts, so, the nurses did not have any background knowledge of their patients. Also, the patients never talked about their family nor asked about the nurses' families. Psan guessed the reason:

They felt sorry for us because we were young and had left our families to come to work in such a difficult situation. If they asked about our families, we would think about them and start to miss them. So they were careful not to ask

⁷⁷ Psan, personal interview, 2002.

⁷⁸ Psan, personal interview, 2002.

about them.⁷⁹

Psan knew that nursing was not only about taking care of the patients, but also about the patients who cared for the nurses, so it was interesting.

Nurses felt sympathy for the patients who died alone without friends or relatives. 'they must have wanted to leave a message or had a special person they wanted to see. However, they died alone.'⁸⁰ If the patients were young or close to their age or to their parents' age, they felt especially sympathetic towards them. 'After a while, a certain patient's face often came into my mind's eye and I could not help crying thinking about his last moments. It made me so upset.'⁸¹ 'When I used to close my eyes, the faces of those young soldiers who had passed away came back to me. I still can see them.'⁸²

5.9. Nurses affected by illness

All of the informants' health deteriorated because of the radiation contamination. At the beginning they appeared to have digestive problems such as diarrhoea and blood in their stool. These symptoms appeared in those nurses who did not work in Hiroshima City, only those who worked on the outskirts of the city. They would have been contaminated by their patients. The main symptoms were diarrhoea, bleeding stool, a high fever, loss of hair, and appetite. Bsan, who had experienced the bombing and had been exposed to the flash in Hiroshima City, started to experience radiation sickness ten days after the bombing. Her friend developed purpura on her skin, and the nursing students were wondering about it and asked, 'Why are you getting that? Anyway you must rest.' The next day, she passed away.⁸³ It was such a shock for them. It happened not only to one of them, as other girls appeared to have the same unusual symptoms and died soon after. They did not know it was the A-Bomb, but realised that it was an especially powerful bomb and those who died

⁷⁹ Psan, personal interview, 2002.

⁸⁰ Dsan, personal interview, 2001.

⁸¹ Psan, personal interview, 2002.

⁸² Dsan, personal interview, 2001.

⁸³ Bsan, personal interview, 2002.

with strange symptoms were those who had experienced the flash. Bsan had also experienced the explosion, and she started to wonder if she would develop those specific symptoms and die. She explained that she and her friends avoided talking about the bombing, because they were afraid they might die.

We felt afraid and wondered if we would be the next ones to die. We avoided talking about our own experience of the bombing because we were really too scared. Some nursing students or nurses, who had been directly exposed to the flash had purpura, hematemesis, and diarrhoea, then passed away. We stopped thinking about it as we were really scared to death. Whenever we heard that a friend had died, we were terrified that it would be our turn next.⁸⁴

Bsan also tried to find reasons for believing that she would survive. 'I think that I was not directly exposed to the flash because I was standing on a step in the basement and only saw it reflected on the wall.'⁸⁵ After the surrender, since there was some doubt about the A-Bomb radiation sickness, those working in the JRC hospital were given blood tests. Bsan was told that her leukocyte count was two thousand⁸⁶, and if they increased, then she would be seriously ill. Fortunately, that did not happen. She still believed that she had not been directly contaminated by the explosion, even though it had been very bright, and she believed that was the reason for her survival.

Psan started working for the relief activities on 12 August in the suburbs of Hiroshima City. She went to the toilet ten to twelve times per day and still had blood in her faeces in the middle of September.⁸⁷ Isan started work on 9 August in the Hiroshima Army Red Cross Hospital, and experienced diarrhoea for about ten days after starting work. Her condition deteriorated and she often fainted because of serious anaemia, as well as bouts of giddiness, fatigue, lack of appetite and tiredness. She was then ordered to return home, but since the hospital had not informed her family of her return, she was obliged to travel alone in the back of a truck and then to walk for half an hour to her sister's home. She said it was a very hard experience:

⁸⁴ Bsan, personal interview, 2002.

⁸⁵ Bsan, personal interview, 2002.

⁸⁶ The Normal count of white blood cells ranges from three thousand to nine thousand.

⁸⁷ Psan, personal interview, 2002.

'I thought that I would not survive and would die on the road.'⁸⁸

Asan explained that medicine was expensive, so it was not often available for nurses. They had also been educated to devote themselves to others' well-being, and could not bring themselves to ask for medical treatment for themselves. There was also no effective medical treatment, so returning home and resting was the best way to recover at that time. Nurses who came to Hiroshima City for the relief suffered from dysentery that had spread throughout the city before the bombing.⁸⁹ They were not aware that they could have radiation sickness even though they had not been there for the bombing.

On the other hand, the informants who had experienced the bombing realised that their symptoms were the same as those of the patients who died suddenly. They were terrified that they were going to die.

When patients started bleeding, they died quickly. So, I felt very afraid when I started to have the same symptoms as the dying patients. I was so frightened that I could not sleep. Each time I saw a patient die, I felt very concerned, because I thought I might be the next person to go. I knew my life was in great danger.⁹⁰

Not only the medical workers, but the patients also, knew that if certain strange symptoms appeared, a person was unlikely to survive. Fsan suddenly had purple spots appear all over her body, and a patient warned her she would die: 'A patient said to me, "you are dying; you have only three days to live." Actually, many patients did die three days after those symptoms appeared.'⁹¹

Even though the informants had some symptoms of radiation sickness and felt tired, they still had to work. Psan said that she lost 5 kg in one month. She wondered about her strange symptoms which never changed and she thought that she would die. On the other hand, she encouraged herself by thinking, 'I cannot die because there are

⁸⁸ Isan, personal interview, 2001.

⁸⁹ Asan, personal interview, 2001.

⁹⁰ Dsan, personal interview, 2001.

⁹¹ Fsan, personal interview, 2002.

my patients to be cared for, but if I die, I would prefer to die from a sickness related to the war and die for my country'.⁹² Even so, she felt afraid of dying.

Rsan also realised that she had lost 7 kg in one month. She returned to her hospital and had treatment, but her condition never improved.

I had always been very healthy and in good physical condition, so I had had perfect attendance and had never missed classes since I was eleven years old at primary school. But since I had participated in the relief of Hiroshima, I often became sick and felt tired, even to this day.⁹³

All of the people in Hiroshima experienced life-threatening illnesses, and they must have been in great fear for their lives. Even if they survived, their experience of being involved in the relief efforts was obviously going to have long term effects on their health.

5.10. Care given to the nurses

Normally, the relief was a temporary occupation, but the scale of the bomb damage was so huge that the nurses could not predict when they were going to be released. Their families did not know either and could not even contact their daughters because they did not know where they were working. They had no news about their daughters but they presumed that they were working very hard in extremely difficult conditions. So, families and daughters worried reciprocally about each other. The girls wanted to reassure their families but all communication systems had been destroyed, so contacting their homes was not easy. Isan asked a patient who was about to be discharged, to take a letter to her family. She wanted to put her mother's mind at rest because her mother would be very worried about her. When Isan had left for Hiroshima City, her mother had walked with her daughter to the station without saying how she felt. However, Isan realised that her mother was very worried about her going to work in the hell of wartime conditions, and she really wanted to write and reassure her. She never once thought that her mother would come and visit her, so she was really surprised when her mother arrived. Her mother brought her sweets.

⁹² Psan, personal interview, 2002.

⁹³ Rsan, personal interview, 2005.

‘I was wondering how my mother was able to find such expensive food for me.’⁹⁴

Her mother wanted Isan to have something sweet to eat, even though sugar was not easy to obtain for civilians. When she knew that her mother had walked all the way to visit her because civilians were not allowed to use the trains which were reserved exclusively for the army, and other vehicles were not common at that time, tears welled up in her eyes as she recalled that situation. She appreciated what her mother had done for her at that time and in such an extremely difficult situation. She understood how much her mother loved her.

She came on foot and the distance was more than 10 km. At that time, my mother was fifty-three years old, but she seemed even older than that. Nowadays, fifty year old women seem very young, but at that time, my mother seemed ten years older than her real age. I still cry when I think about her then.⁹⁵

Psan explained that when the relief nurses started to suffer from strange symptoms, her head nurse worried about them and prepared and cooked special meals for them. The reason for their strange symptoms was not discovered, so the head nurse thought that they had just eaten something that was not fresh. She thought that the foundation of health was eating healthy food, but the nurses had not been able to eat healthy food since they started the relief. Psan related how deeply moved she was when the head nurse took care of the nurses, including herself. She never thought that nurses did that. Psan also realised that obtaining fresh vegetables was very difficult because of the serious food shortage.

We worked for the military, so we never had any trouble with food rationing. However, the food was canned and there was only meat, so we could not eat fresh vegetables. We thought that our strange symptoms were caused by a shortage of vitamins, so my head nurse prepared fresh vegetables for us. Later, I heard that she had asked farmers for vegetables and she had cooked them herself, especially for us. When I heard the story, I could not stop crying. She looked after us like a mother.⁹⁶

5.11. Maintenance of the hospitals

Fsan was the head nurse of the Hiroshima Municipal Infection Hospital which did

⁹⁴ Isan, personal interview, 2001.

⁹⁵ Isan, personal interview, 2001.

⁹⁶ Psan, personal interview, 2002.

not belong to the military. The JRC nurses worked for the JRC organisations and for the military, and even after the surrender, they were still supported by them. On the other hand, Fsan's hospital belonged to Hiroshima City which had been destroyed and was still in chaos. The city was very short of official workers and was unable to maintain the upkeep of the hospital. Some of the male workers returned to the hospital, but they died and only female nurses remained. So Fsan had to manage the hospital by herself with the help of her nurses. She explained: 'We made up our minds that we had to tide ourselves over this crisis with the remaining nurses, even though we were quite a small number.'⁹⁷ All the responsibilities of the hospital fell on her shoulders. As head nurse, not only did she have to manage all the nurses, but her main job involved managing the supply of medical necessities and persuading the nurses to stay on at their posts.

Since the nurses cooked all the meals, Fsan visited the local farmers and asked for donations of food for the patients. Then, she brought them back to the hospital for the nurses to cook and serve to the patients. The medical supplies came from the military hospitals, but she also obtained some others from a navy hospital on the outskirts of Hiroshima City. In early September, she went there by a truck and successfully negotiated some medicine and medical supplies. She returned with the truck laden with various supplies, delighted to have been provided with such a variety of goods.

I was so proud that I was able to obtain not only medical supplies, but also spare clothing. I was able to give new clothes to the patients. It was really a heartening experience during such a difficult period.⁹⁸

Since Fsan was a woman, she worried about her abilities to negotiate with a very high-ranking military officer. However despite her anxiety, she obtained army supplies more often than she expected. She also visited the Army hospital where she received goods for her patients.

By the middle of September, Fsan and her nurses had established a system for running the hospital as well as possible, given the circumstances. Even though it was

⁹⁷ Fsan, personal interview, 2002.

⁹⁸ Fsan, personal interview, 2002.

not perfect, the nurses could carry out their work. However, the hospital building in Hiroshima City had received a lot of damage, and no longer provided protection from the bad weather. When the Makurazaki Typhoon struck Hiroshima, patients and nurses were at the mercy of the rain and wind. Patients also had to lie on concrete floors which were covered with a few blankets instead of mattresses as there were no beds. Fsan tried hard to move the patients to better conditions. She explained the reasons for moving them:

Not only did we have problems protecting patients from the rain and the wind, but we also were struggling to provide proper ‘nursing’ care. So, I decided to move our patients to a better place. I wished to accommodate them somewhere where they could rest comfortably. Lying on concrete was so pitiful. I thought that at least they should be on wooden floors with futon mats.⁹⁹

Moving the patients to another place needed energy and power. However, she wanted to provide more comfort for her patients and her strong compassion for the patients was her main motivation. Fsan then, negotiated with a public official and a suburban primary school was transformed into a temporary hospital.

In the new hospitals, patients were accommodated in beds, as in western countries, even though it was war time. Most Japanese slept on tatami mats with futons. Fsan was relieved and happy that her patients were at last off the concrete and back on wooden floors.¹⁰⁰ Of course, she would have liked her patients to have had beds, but that was unrealistic for such a huge number of patients and there was also a shortage of such equipment.

Fortunately, the military had sent her a lot of hospital bedding supplies. Apparently an officer was touched by her request and negotiated with the military for acquiring the equipment she needed ‘Our patients could rest more comfortably than before.’¹⁰¹ Fsan explained and she was relieved that the patients were more comfortable on their futons. It was approximately two months since the explosion, and most of the

⁹⁹ Fsan, personal interview, 2002.

¹⁰⁰ Fsan, personal interview, 2002.

¹⁰¹ Fsan, personal interview, 2002.

patients had died. Although the remaining patients were in a stable condition, they had a strong smell because they had not been able to receive any hygiene care.

Fsan had been thinking about how to provide hygiene care for the patients as she wanted them to take a bath. Taking a bath is also an important part of Japanese culture as well as being good for relaxation. The school had only one bath, but it was narrow and deep, so it was not safe for the patients. However, she asked a male worker to boil some water and prepare the bath. ‘We only wiped the patients down using the hot water, but even though we could not give them a proper bath, they were delighted to receive this special treatment.’¹⁰²

Fsan also tried to brighten up her patients’ lives by providing better food for them. Hospital meals were often the same and simple because of the serious food shortage. Normally a meal is one of the patient’s main pleasures, therefore Fsan wanted to give them more interesting food. The local area was famous for its fruit production, so she went visiting neighbouring farmers to ask for donations. She took a basket and picked enough fruit to fill it.

Our patients were really delighted with that gift and their smiles were a real satisfaction to me. Soon, everyone gradually recovered and most of the patients could be discharged.¹⁰³

She explained her successful management experience with joy. When the number of ABV patients decreased, she was ordered to return to her usual duties, such as caring for infectious disease patients. After the surrender, soldiers returned from overseas to Hiroshima City and they had smallpox and other infectious diseases, so she became busy working for them. Her hospital was rebuilt at the place it had occupied before the bombing, because it was a municipal hospital needed by the local citizens. She returned to the new hospital in summer, about one year after the bombing.¹⁰⁴

¹⁰² Fsan, personal interview, 2002.

¹⁰³ Fsan, personal interview, 2002.

¹⁰⁴ Fsan, personal interview, 2002.

5.12. The Makurazaki Typhoon and the landslide

On 17 September 1945, the Makurazaki Typhoon struck Hiroshima and caused a landslide which seriously damaged the Ono Army Hospital. The official rainfall at 8:00 p.m. was recorded as 53.5mm, and the total rainfall the following morning was 218.7mm. The atmospheric pressure was 961mval, and the maximum wind velocity rose to 36m/sec.¹⁰⁵ The land slide was a result of the typhoon, and it destroyed the main building of the hospital. The rain caused a land slide, and the mountain at the back of the hospital collapsed and pushed the building into the sea.¹⁰⁶

The Ono Army Hospital had been built between a mountain and the Inland Sea, a very beautiful situation for this tuberculosis sanatorium. After suffering the calamity of the A-Bomb, certain patients had been transported there, but on the night of 17 September¹⁰⁷ the aftermath of a typhoon left 156 people dead or missing. The dead or missing consisted of 132 Hibakusya patients, thirteen hospital personnel and eleven researchers from Kyoto University, who went to the hospital as part of their investigations, supposedly for medical treatment for ABVs and research into the A-Bomb.¹⁰⁸ The Asahi Newspaper which was a nation-wide paper had planned to report the Ono disaster all over the country on 19 and 20 September 1945.¹⁰⁹ However, this newspaper also wrote articles blaming GHQ/SCAP on the same day, and that article did not pass the press censorship which meant that the news of the typhoon was not published either.¹¹⁰ Therefore, the calamity happening at Ono was not widely known.¹¹¹

On the mountain behind the nurses' dormitory, the water level of the reservoir rose, broke its banks and caused a landslide. An avalanche of earth and rocks crushed the

¹⁰⁵ Misa Moriya, *Jyuugun kangofu ga mita byouinsen Hiroshima [A war nurse's experience of the hospital ship and Hiroshima]*, (Tokyo: Nouseon Gyoson Bunka Kyokai, 1998), p.192.

¹⁰⁶ Moriya, *Jyuugun kangofu ga mita byouinsen Hiroshima*, p.192.

¹⁰⁷ Moriya, *Jyuugun kangofu ga mitabyouinsen Hiroshima*, p.198.

¹⁰⁸ Moriya, *Jyuugun kangofu ga mita byouinsen Hiroshima*, p.198.

¹⁰⁹ Moriya, *Jyuugun kangofu ga mita byouinsen Hiroshima*, p.200.

¹¹⁰ Moriya, *Jyuugun kangofu ga mita byouinsen Hiroshima*, p.200.

¹¹¹ Moriya, *Jyuugun kangofu ga mita byouinsen Hiroshima*, p.200.

hospital, and pushed it out into the Miyajima Bay. Nurses who were in the dormitory survived, but those on night-shift in the hospital died. The next morning, after the typhoon, the rubble of the building and many bodies littered the seashore in front of the hospital.¹¹²

Lsan and Msan experienced the landslide, but Ksan had been relieved from her hospital duties just three days before the disaster, so she was not present. The three of them described the landslide and their emotions.

Ten days before the disaster it had rained incessantly. Lsan recalled: ‘We kept saying, “Everyday it is raining. It is so depressing.”’¹¹³ On the night of 17 September, there was a heavy storm because of the typhoon. Lsan was off duty and was resting in the dormitory. Suddenly, she heard a rumbling sound outside of the dormitory, everything went dark and she realised that there had been an avalanche of earth and rocks. She went to the common room, where the nurses had gathered to find out about what was happening. A few hours later, Lsan and the others noticed a light outside, so she opened the window and realised it was a signal from another nurses’ dormitory explaining that they were all right and asking if they were fine as well. Then, a nurse from her dormitory returned an affirmative signal. Other nursing dormitories also started to send similar signals and they exchanged information with each other. During the night, the landslide never ceased, and Lsan’s dormitory was filled with mud and debris, so the nurses could not stay there. Other nurses stayed in their dormitories, waiting for dawn and exchanging information with each other by signalling with flags. It was so dark that the nurses could not judge the severity of the landslide, and as it was still typhoon conditions, it was dangerous to move about in the dark.¹¹⁴

By morning, the typhoon had passed through and then they could take stock of the extent of the disaster. The craggy mountain behind the dormitory had disappeared

¹¹² Ksan, personal interview, 2002. She had heard it from a former patient of the Ono Army Hospital twenty years after the disaster.

¹¹³ Lsan, Msan, and Nsan, group interview, 2002.

¹¹⁴ Lsan, Msan, and Nsan, group interview, 2002.

and the scenery had completely changed. The nurses, including Lsan, went to inspect their wards. The hospital had been hit directly by the landslide and was buried under rocks and mud which extended as far as the seashore, but the nurses' dormitories were intact. The road to the hospital had been destroyed and was obstructed by big rocks and mud, so it was difficult for the nurses to get through. Lsan explained that normally she took only about five minutes, but that morning it took her two and a half hours.¹¹⁵

The nurses started rescuing landslide victims as from that morning. Msan recalled: 'The A-Bomb had been a serious experience, but the landslide was also a difficult experience for me.'¹¹⁶ There were so many big rocks everywhere that the landslide victims could not be rescued by the nurses. Even though they tried to rescue them, the nurses were women and powerless to move those heavy rocks. Then, equipment arrived and work progressed at a better pace. Nurses listened carefully for any sound coming from under the rocks. When they heard voices or any other sound which might be a signal, they asked the rescuers for aid to move the rocks and dig the ground until they found someone.¹¹⁷

As the days passed, it became more and more difficult to find disaster victims. They were lead by maggots to a body, because maggots bred in corpses. If there were maggots, under the rocks, then there was also a corpse. Bodies were also found when they moved rocks and dug in the mud. Then the nurses cleaned the corpses with water. The avalanche had filled the hospital with earth and rocks, so most of the patients died. Therefore, the nurses' main work was taking care of the dead more than the living.¹¹⁸

Ksan had just been ordered to return to her JRC chapter from the Ono Army Hospital three days before the typhoon, so she did not experience the disaster. However, many of her acquaintances, including patients, nurses, and nursing students were victims of

¹¹⁵ Lsan, Msan, and Nsan, group interview, 2002.

¹¹⁶ Lsan, Msan, and Nsan, group interview, 2002.

¹¹⁷ Lsan, Msan, and Nsan, group interview, 2002.

¹¹⁸ Lsan, Msan, and Nsan, group interview, 2002.

the typhoon and Ksan felt especially sorry for young students who had been dispatched there to replace her unit.

The day Ksan's unit was dismissed from the Ono Army Hospital and she returned to her JRC Chapter, it was raining. The young student nurses cried, as they wanted to return to their chapter with them. They were worried about their future, as it was just after the surrender. Ksan had encouraged the students, saying: 'We have worked here for one year and now we have been released. You have just arrived here, so it is up to you to do your best.' Then the students cried and said: 'It is too hard.' Ksan and the nurses compared their feelings to the weather: 'We said that the sadness of our separation made the rain fall.'¹¹⁹

When Ksan was at home, her cousin came and told her that the Ono Army Hospital had been destroyed. Ksan was puzzled and asked: 'What are you talking about? What has happened?' Her cousin showed her the headlines in the local newspaper which read: 'Ono Army Hospital totally destroyed by land slide.' Then, she understood and felt very afraid. 'I had been there only three days before, so I was stunned and shook like a leaf.'¹²⁰ Ksan felt very concerned about the terrible disaster.

Then, she realised that her acquaintances at the hospital must have been involved in the disaster, but she could not obtain any further information about them and was very worried. Twenty years later, a man, who had been a patient at the Ono Army Hospital, visited Ksan and told her the details of the disaster at the hospital. 'When I heard the facts, I could not stop myself from crying.'¹²¹ She knew many of those who had died and could not forget the nursing students who had been in her unit. She said 'I still visit their graves every year.'¹²² Not only the students but many JRC nurses, who had worked closely with Ksan at the hospital and had come from such far away places such as the Tohoku Region and Hokkaido lost their lives in that

¹¹⁹ Ksan, personal interview, 2002.

¹²⁰ Ksan, personal interview, 2002.

¹²¹ Ksan, personal interview, 2002.

¹²² Ksan, personal interview, 2002.

landslide.

She still feels pain, when she recalls the fact that the people of Hiroshima had experienced two tragedies. 'I really felt that the double calamity of August and September was almost too pitiful and miserable to bear.'¹²³

In the landslide, Csan also lost acquaintances who had been patients in her hospital. In the middle of September, the First Hiroshima Army Hospital, Mitaki Branch, which was Csan's hospital, started to send patients to other hospitals. This hospital had been annihilated by the blast, so they had been using a damaged house which only had a floor but no doors or windows. Autumn had arrived so it was cold and patients could no longer remain in the makeshift house. Some of them were sent to the Ono Army Hospital and Csan remembered them leaving: 'I prayed and said to them, please recover quickly.'¹²⁴

None of the patients from Csan's hospital survived. 'We took them in so they could recover, but the result was just the opposite.'¹²⁵ In recounting this she was not emotional, but she clearly felt sad that her patients had died and she would not see them again.

5.13. The Gratitude of the Survivors

The informants who experienced the bombing in Hiroshima and continued caring for the victims expressed their appreciation of being alive. They had experienced the A-Bomb and many people had died in Hiroshima, but they had survived without suffering from any disabilities. Dsan explained that she appreciated being alive when she saw the bones of victims being burnt. Then, she swore that her life would be spent helping the victims.

I wondered why I had been able to survive without any major injuries even

¹²³ Ksan, personal interview, 2002.

¹²⁴ Csan, personal interview, 2002.

¹²⁵ Csan, personal interview, 2002.

though I also had experienced the bombing in Hiroshima City. Around my hospital, there were many piles of bleached bones giving off a pale flame because of the phosphorus. As I worked I appreciated what life had provided for me. I was pleased with my situation, and worked as hard as I could for my patients.¹²⁶

The informants were able to guess that the bomb had been very powerful and had injured many people. However, most of them did not know what had happened outside their work place and they were very shocked when they saw the city for the first time. At the same time, they appreciated their good fortune to be alive, despite the huge amount of damage. Csan was a JRC nurse working as the head nurse in a branch of an army hospital. After the Makurazaki Typhoon, she sent patients to another hospital by an army truck and returned to Hiroshima City by herself. When she arrived at the Hiroshima Station she saw that the city had been completely destroyed.

I was so shocked to see the city. It was wide open in front of me and was so silent. I could see the horizon all around me. Then, I wondered how I was going to survive, but I was grateful for everything that had protected me and was happy to be alive.¹²⁷

Informants saw many people die and felt anger, sadness and other strong emotions, but they also felt grateful for being alive and understood the value of life.

5.14. The Arrival of the GHQ/SCAP soldiers

On 8 September, the first group from GHQ/SCAP came to Hiroshima with Japanese scientists and Dr Marcel Junod.¹²⁸ Then, soldiers from GHQ/SCAP visited the hospitals in Hiroshima. Although Japan had surrendered, many Japanese could not tolerate soldiers of the occupation forces, especially the military patients. Lsan recalled a trainee officer who would have had a high position in the army, who was a former university student and usually a very calm, intellectual person as well as an ideal patient for the young nurses because he followed nurses' order without

¹²⁶ Dsan, personal interview, 2001.

¹²⁷ Csan, personal interview, 2002.

¹²⁸ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.54.

complaint and was never angry at the young nurses who were not skilful, changed completely when GHQ/SCAP inspectors visited her hospital in mid-September to investigate the effects of the A-Bomb.

During the war, soldier patients had been allowed to keep their knives with them to protect themselves, but these knives were confiscated to prevent trouble during inspections. The officer refused, so Lsan asked him to look after his sword carefully until his discharge, and he entrusted his sword to her. During GHQ/SCAP inspectors' round, together with the hospital director, he suddenly stood up and shouted in a loud voice at the GHQ/SCAP inspectors, 'Go away. Don't come back', and he sang a children's song as though he had gone mad. All of the medical workers present during the round of the American inspectors held him down and tried to calm him. Lsan was confused at seeing his changed personality: 'We were really shocked, because we had always admired him.'¹²⁹ After this event, the officer went mad. He removed all his bandages and refused all treatment, even meals. He died a few days later. Lsan was shocked by his change of behaviour and his death.

He died on a very hot evening. Even though it was already September, the evening was very warm. I returned to my room and took his sword, which I had been allowed to keep in my drawer, and I cried. I was so confused. I could not understand what had happened to him. I should have felt sad, but in fact, I wasn't. I was so confused that I could not think straight any more.¹³⁰

This event was such a shock and so confusing for her that she could not feel any emotion for him. The confusion was hard to accept, as was the idea of having lost the war. It was especially difficult for the soldiers who had fought hard during the war.

It was suggested that women and children leave Hiroshima City. Everyone had been taught that the Americans were a barbarous people and would do cruel things to women and children.¹³¹ However, nurses had to stay on and work and they worried that they would be assaulted by the American soldiers. Dsan explained how

¹²⁹ Lsan, Msan, and Nsan, group interview, 2002.

¹³⁰ Lsan, Msan, and Nsan, group interview, 2002.

¹³¹ Esan, personal interview, 2001.

frightened she was the first time American soldiers visited her hospital. 'I was so tense and afraid when I saw an American soldier for the first time that I was trembling.'¹³² At first, the nurses were afraid of the GHQ/SCAP soldiers, but as time went by they accepted them because their attitude was very friendly, and they were never cruel. Esan gave her impression of the GHQ/SCAP soldiers:

They were quite different to all the rumours we had heard. They brought us chewing gum and said 'hello, hello'. They never ordered us about or set any rules to follow. They approached us with a smile. We could not understand their language, but we understood they were more friendly than dangerous. I did not feel as afraid of them as I had before. They never misbehaved towards us.¹³³

The American soldiers also brought various medical supplies and food for the JRC hospitals and life was better than before their arrival. Esan had been angry with the GHQ/SCAP, because they had attacked the JRC hospitals. However, these donations made her forget her anger, and she began to accept them. Although on principle, the JRC was an NGO, substantially it had the same role as a governmental organization. However, she believed that the JRC hospitals should be treated as NGOs and must never undergo any kind of attack.

Of course, I had feelings of anger against the USA, because they had attacked our hospital, especially as it was a Red Cross Hospital. However it was large scale bombing and it would have been impossible to avoid destroying just our JRC hospital. Despite our apprehensions about the GHQ, we had no major trouble with them. In fact, our lives were improved by the goods they brought. Sometimes we were provided with food for meals. During the time we had serious shortages of supplies, we welcomed the US Forces because they brought many things for the hospital.¹³⁴

Esan never doubted that the supplies were not donations from the GHQ/SCAP soldiers. However, they were not provided by the U.S. Forces, but by Dr Marcel Junod¹³⁵, who was Swiss and the chief representative for the Japanese support of the

¹³² Dsan, personal interview, 2001.

¹³³ Esan, personal interview, 2001.

¹³⁴ Esan, personal interview, 2001.

¹³⁵ Frederic Burunan, and Akeno Yayamano, Hiroshima no Onjin Dr. Marcel Junod. [A benefactor of Hiroshima Citizens]. 2005, <http://www.swissinfo.org/jpn/index.html?siteSect=105&sid=5975342> 1, Swissinfo.ch, viewed 30 August 2007. 'Dr. Marcel Junod arranged to send medical supplies on a 15 ton truck (Hiroshima Museum). He visited Hiroshima as the chief delegate representative in Japan of the International

Red Cross International Committee. The American forces only transported these supplies for the JRC hospitals. The GHQ/SCAP worked for improving Japanese health and welfare during their occupation of Japan, but this did not ever include improving the ABVs' health and welfare and never provided any medical treatment for ABVs.¹³⁶

Just after the imperial edict, Esan was determined that she would commit suicide by biting off her tongue if she was arrested by an American soldier, but later she changed her mind quite quickly.

On the other hand, Nsan explained the problems they had with the Australian Army Allied Forces who sent military policeman to Shimane Prefecture. These soldiers assaulted nurses and Nsan expressed her anger. 'They were really rude. They followed nurses about to the extent that they had to run away to protect themselves. They were really the worst problem for the nurses.'¹³⁷

The GHQ/SCAP seemed to represent something very fearful for Japanese women. When Psan returned to her home, her mother was preparing to meet all forms of assault by the GHQ/SCAP. When Psan arrived, her mother was not at home because she was in the mountains preparing a hiding place from the GHQ/SCAP soldiers. Her father explained, 'Here we are close to the port, so American soldiers will land here. They will treat woman and children as playthings, so your mother is preparing a hiding place.' Psan thought that her father was joking, but he was serious, 'It is true, you are in the most dangerous position, even more than your mother. You must learn about it from the head nurse.'¹³⁸ Later, her mother came back and she was so glad her daughter had returned safely.

Committee of the Red Cross Society on 9 August, 1945. As soon as he heard about the tragedy of Hiroshima, he visited the GHQ and strongly demanded the relief of Hiroshima. On 8 September, he visited Hiroshima, researched the tragedy of the city and started dispensing medical treatment.'

¹³⁶ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.46.

¹³⁷ Lsan, Msan, and Nsan, group interview, 2002.

¹³⁸ Psan, personal interview, 2002.

5.15. Discharge of the Patients

Within one month, most of the ABVs had passed away and the number of victims declined. Under the Law for 'Protection from War Calamities', the emergency relief period was set for two months, so relief stations had to be closed by 5 October.¹³⁹ The temporary hospitals were then closed and patients were transferred or allowed to be discharged.¹⁴⁰ There were fifty-three first-aid stations immediately after contamination by the A-Bomb, and eleven stations on 5 October.¹⁴¹

Patients were so glad when they were allowed to leave the hospital. Ksan explained how happy they were on the day of their departure.

'Thank you for taking care of me. I am allowed to return to the army,' a young soldier said to me. He was so glad to be discharged from the hospital. I said to him. 'I am also happy for your discharge.' Like that, about ten to twenty young soldiers left the hospital.¹⁴²

Since most of the victims died, the survivors provided the nurses with hope and joy. These were mostly soldiers, so they returned first of all to the army and then were allowed to return home. In the military, most of them suffered from recurring bleeding and died. Ksan heard that most of these discharged soldiers died at home. She was very shocked and horrified by the effects of the bomb.

I was so shocked. Their happy faces when they were discharged stayed in my mind. It was so shocking and I felt a new fear about the bomb. What a frightening bomb it was. At that time, the bomb was not known as the atomic bomb. We called it the 'new style bomb' and it was wrapped in mystery.¹⁴³

The effects of the bomb were still shrouded in mystery, so the patients could not feel any joy, even though they had recovered. They were afraid of the recurrence of some

¹³⁹ Hiroshima Genbaku Syougai Taisaku Kyougikai, *Hibakusya to tomoni, Zoku Hiroshima Genbaku iryoushi* p.427.

¹⁴⁰ Hiroshima Genbaku Syougai Taisaku Kyougikai, *Hibakusya to tomoni, zoku Hiroshima Genbaku iryoushi* p.330. Minutes of a Round-Table talk of workers at Hiroshima Red Cross Hospital. Testimony of Shigetou, who was the president of Hiroshima JRC hospital during the war; 'The army was disbanded on 15 August, but the military patients were allowed to be discharged around October.'

¹⁴¹ Hiroshima Genbaku Syougai Taisaku Kyougikai, *Hibakusya to tomoni, zoku Hiroshima Genbaku iryoushi* p.427.

¹⁴² Ksan, personal interview, 2002.

unpredicted symptoms and had to live with an uncertain future.

Even those patients whose conditions did not improve were discharged by force. Such patients were discharged with the assistance of the physicians or medical orderlies. The surrender had caused great confusion for Japanese society, and it was considered dangerous for women to walk outside with the sick. So, patients were accompanied by men, not nurses. However, medical workers could not take all the patients home, since there was a shortage of medical orderlies, and some of the patients were in a bad state. Patients who could not walk, asked relatives, friends or acquaintances who lived near the hospital to help them. However, if the patients lived a long distance from the hospital, then medical workers contacted the patients' family and asked them to take the patients home. Ksan expressed her feelings when she sent patients off: 'I just worried how many discharged patients would survive.' Some patients seemed to be in a bad condition but the medical workers could not provide effective care for them even though they were in hospital. Therefore, the hospital manager decided to discharge the patients, even though they were not fully recovered and still in need of medical treatment.

The victims who became disabled persons were discharged directly to their homes and were not required to return to military service. If patients could return to the military, they were provided with military uniforms. Disabled patients were not provided with any clothes and they had to return home wearing pyjamas because of the shortage of clothes. Isan sympathised with those patients who had a handicap and had to make a living.

During the war, people kindly corresponded with those who had been disabled by the war. However, they did not have any support from society, so how could they survive with such a handicap. I was in tears when I thought about their future. It must have been very hard for disabled people to survive in modern society.¹⁴⁴

The law for supporting ABVs was only passed in 1957, twelve years after the war.

¹⁴³ Ksan, personal interview, 2002.

¹⁴⁴ Isan, personal interview, 2001.

Until then, the ABVs did not receive any support from the government. After the war, the country was in confusion and people were poor. In such a situation, the victims' lives must have been even more difficult, since they could not work satisfactorily because of their physical disabilities.

It was same situation at the Hiroshima Army Red Cross Hospital. When the number of ABVs declined, the sickrooms became vacant so extra beds were added. Asan explained: 'The hospital became more hospital-like.' Then they even started accepting civilian patients and nurses started to do shift-work as before. Maintenance work was carried out and the hospital started to operate as it had done before the bombing.

5.16. The nurses' return home

The informants' discharge dates were varied, the shortest one being within four days and the longest one in January. Head nurses had to terminate unfinished work, so accordingly their dismissal came later.

As the number of ABVs decreased, the relief nurses were dismissed from their duties. Psan received her orders on 16 September after working for thirty-six days in a row. Since starting work for the ABVs, she had not been outside the hospital. When she took the train to return to her chapter, she was amazed by the sight of the trees full of fruit, and realised that summer had turned to autumn. She then realised how much time had passed. On the train, she met a student from the military school, and he showed her a photograph of the mushroom cloud from the A-Bomb. He explained to her. 'It had such destructive power.' It was the first time that she had seen the mushroom cloud and she was shocked. However, she was able to be positive about the future of Hiroshima City.

I was surprised because a willow beside the road was in bud, and there were yellow flowers on the pumpkins. We had been told that Hiroshima would never be able to grow plants for seventy years,¹⁴⁵ but I couldn't believe that

¹⁴⁵ Akira Ubuki, 'Gebgaku taiken to heiwa undou'[Experiences of the A-Bomb disaster and the peace movement]' in Fujiwara Akira and Imai Seiichi, eds., *Jyugonen Sensoushi 4 [The history of fifteen years of war, 4vols.]*, (Tokyo: Aoki Syoten, 1989), pp.130-131. 'The Yomiuri Houch The

rumour. Although Hiroshima was in a state of destruction, I believed in Hiroshima's renewal when I saw those buds.¹⁴⁶

She felt joy and hope at the sight of that budding plant and many people experienced the same emotion. After Psan arrived at her JRC branch, she was sent on holiday and returned to her home.

Nurses who were working in the Hiroshima Army Red Cross Hospital, dismissed many of their disaster relief nurses. After they sent them off, they felt not only lonely and sad but also disappointed because of the uncertainty of their future. They felt that they were in a tunnel without an exit.

The relief nurses had limited working periods, so they could return home. But we did not work according to the same limited rules and we had no place to return to because this hospital was our home. I was envious of them when they were sent away.¹⁴⁷

Fortunately, nursing students of the Hiroshima JRC Nursing School were allowed to return home in mid-September. 'When the GHQ landing took place, we were ordered to return to our homes.'¹⁴⁸ This applied not only to the Hiroshima JRC Nursing School, but also to the Yamaguchi JRC Nursing School. Since the JRC society was close to the Junta, they heard from them that Japan would be divided into two countries. One would belong to America, and the other to the Soviet Union. Therefore, the JRC students were sent home to avoid being separated from their families.

The military hospitals were closed until the end of 1945. Hiroshima had many army

The newspaper reported, 'On 8 August, US forces announced over the radio that Hiroshima had become an area where neither humans nor animals will be able to survive for seventy-five years. Therefore, sending scientists to investigate would mean suicide.' On 22 August, the Asahi newspaper reported on the comments of a scientist: 'the after-effects will not remain for seventy-five years, but for seventy-five days.' However, the same newspaper reported the next day: 'The injured are writhing in agony and dying. None of them can live for seventy years. The ruins of both cities (Hiroshima and Nagasaki) will be a memorial city of the war.' It was the first time that the view on seventy years of infertility was reported. Then, other major newspapers such as Asahi, Mainichi, and Yomiuri, reported the view of seventy years infertility on 25 August.'

¹⁴⁶ Psan, personal interview, 2002.

¹⁴⁷ Asan, personal interview, 2001.

¹⁴⁸ Bsan, personal interview, 2002.

hospitals, but since some of them had received serious damage, they did not reopen. The remaining hospitals accepted sick soldiers returning from overseas. For a few months, these military hospitals were used as repatriation hospitals. Dsan was ordered to take care of the repatriated soldiers on 15 October. In early December they became national hospitals and the army physicians and medical orderlies started to be released from them. However, her units were ordered to remain at work in the national hospital for miscellaneous business. When they had finished, her unit was dismissed on 25 December 1945. She had been working in Hiroshima since before the bombing, so she was nervous that her family had been worrying about her. She had not been able to contact them while she was working and about five months had passed since the tragedy. She did not have any simple way of contacting her family. She explained: 'I really wanted to contact my family so they wouldn't worry about me.'¹⁴⁹ So she cut up some old paper into postcard size, and wrote that she was fine. Then she asked an unknown soldier to post it somewhere close to her family home. She did not have a stamp, so she sent it without one.

I didn't think that the postcard would arrive, but it did. It was a miracle. My family received it and they were able to breathe again. I was really grateful to that soldier, and I regret that I did not ask him his name.¹⁵⁰

Dsan's JRC chapter also sent newsletters from the emergency to the nurses' families to reassure them that their daughters in Hiroshima were fine. However, that correspondence arrived two months after hers.

Csan also had been working as head nurse in an army hospital before the bombing. Most of the nurses had been released in October, but as she was the head nurse, she had been ordered to write a report recording the events from before the bomb attack until all the patients had been discharged prior to the closing of the army hospital.

Csan continued working until January and she explained the situation:

Our memories were rather hazy, especially, concerning events and dates. We worked hard during the day and had no time to rest during the night and so I couldn't think very clearly. I often had to rewrite reports, and that took

¹⁴⁹ Dsan, personal interview, 2001.

¹⁵⁰ Dsan, personal interview, 2001.

time.¹⁵¹

Csan's family lived in the country in Hiroshima Prefecture, so they knew about the tragic attack on the city. They believed that their daughter had been killed because already 6 months had passed since the disaster and she had not returned home. The Hiroshima chapter could not provide the family with any information, their organization having been completely destroyed. Csan also had no opportunity to contact her family. So, her family had given her up for dead and were preparing for her funeral. They were so astonished when she returned home alive.

My mother was so surprised to see me. Then my relatives came to see me and they were really glad I had survived. While I was working, I thought that my family must have been worrying about me, but I wasn't able to tell them I was alive. My mother could not stop her tears.¹⁵²

She had been worried about her family, knowing that they would be wondering about the possibility of her survival. In fact, her family had gone through a very difficult period and she regretted that she had not contacted them earlier. On the other hand however, she thought that she did not need to have done that because JRC nurses had to sacrifice themselves for their country.

5.17. Conclusion

In the aftermath of the destruction of Hiroshima City, and the after effects of the A Bomb, the nurses who were a part of its disaster relief or who had survived the destruction had even more horrors to experience. In the turmoil after surrender, the catastrophe of the typhoon and the increasing affects from their exposure to radiation, these young nurses were confronted with many issues common to nurses in such an event.

Their disbelief at the surrender of Japan to the allied forces was made more apparent because of the state of this once proud premier military and naval base, Hiroshima City in a state of unthinkable destruction. They found it difficult to accept the fact of

¹⁵¹ Csan, personal interview, 2002.

the defeat, losing their sense of direction and motivation about their lives as working for the good of their country and its triumph.

The informants stories of this time present a picture of rumour and chaos, where many were very afraid for their lives and safety. In the midst of deaths from a mysterious illness that even nurses displayed, and destruction from a typhoon, these nurses were as frightened about the arrival of the enemy soldiers. The Japanese soldiers who were their patients recommended that nurses leave Hiroshima City or kill themselves to protect themselves from assault. Indeed, many nurses were so frightened that they ran away making the staffing of hospitals more difficult. Administrators tried to keep nurses by reciting Nightingale's pledge to impress them with the importance of their role, or they were promised them high quality goods as payment for their staying to attend to the needs of patients. Eventually, on 8 September, the first group from GHQ/SCAP soldiers came to Hiroshima. They visited the hospitals, and understandably many of the nurses were very nervous. Despite of informants' dread about American soldiers, the soldiers disarmed them with small gifts and their friendly attitudes. They were easier to work for because they did not get angry and had improved the medical resources so that nurses could do their work more easily.

It was much more difficult for the patients in Hiroshima, most of whom were soldiers, to accept capitulation. They rioted and plotted mass suicides. Nurses were too busy protecting their patients to be involved in any demonstrations. Some patients went mad with the shock of the defeat. Seeing such misery caused sadness for the informants. It was a chaotic, dangerous and frightening situation. Nurses also faced danger too because of their involvement or being killed in the riots. They spent their days fearing for their lives, and such was the chaos that they did not receive orders to stand down from the disaster relief. They were in an unpredictable situation, where chaos and uncertainty, rumour and destruction were rife. Although informants were encouraged to be self-sacrificing, and to control their emotions, informants relate

¹⁵² Csan, personal interview, 2002.

how they seemed to spend much of the time upset, and many lost their hard won control.

Simultaneously with the surrender, the second phase of radiation sickness appeared in them and their patients. Many of the patients suffered multiple organ failure caused by blood dyscrasia due to radioactivity and infections. They had diarrhoea, fatigue and bleeding, dying seemingly without cause. Medical workers could only hypothesize about their condition, unable to cure them because of the dangerously high levels of contamination for most ABVs. There was little knowledge about effective treatment for the ABVs, with the result that many awaited what they thought was a sure death. The informants felt they were useless. They described their sadness for the ABVs. Physicians tried to find some form of medical treatment for them, with blood auto-transfusion becoming one of the main treatments for bleeding patients. With the prolonging of the relief activity, informants once again established nursing protocols for activities of daily living, the main one being hygiene care. Through these nursing activities, the informants were able to establish rapport with their patients.

At this time, some of the informants started showing the same symptoms as their patients, who had passed away. Informants were terrified becoming aware of the possibility of their own death. Despite this, informants describe how they worked on in desperation using all sorts of strategies to ensure good care. However, even though many had not died in Hiroshima, another disaster awaited them. On 17 September, the Makurazaki Typhoon swept through Hiroshima and the Ono Army hospital was caught in the resulting land slides, killing many patients and medical workers. Once more the nurses had to rescue survivors from the mud, despite their exhaustion and sickness from the A-Bomb. It was one misfortune after another.

CHAPTER SIX

The silencing of living as an ABV

6.1. Introduction

This chapter deals with the experiences of those informants who undertook the A-Bomb relief from just after the war up to the present, roughly a sixty year period. This time frame is divided into four parts, namely immediately after the surrender, during the American occupation, after the occupation, and the informants' elderly years. When the ABVs began to relate their experiences, most Japanese had no knowledge about what they had been through either during or since the war. I wondered why most Japanese, including myself, did not know anything about ABVs, since the bombing of Hiroshima was a globally renowned event. Actually, Japanese people do not talk about the WWII and I believe that expressing one's concerns about the war is still a taboo topic. During my interviewing for this project, one informant said that she always noted the response of her listeners and would stop or censor her words depending on their reaction. Another informant was angry with me until she understood that I was not just another university researcher with no finer feelings. Why were they so cautious and angry? Because of their ABV status they had experienced difficulties after the war and they chose to remain silent.

6.2. After the surrender

6.2.1 Radiation sickness after Hiroshima

During the time informants worked as nurses in Hiroshima, they saw many ABVs who died from strange symptoms, now known as the acute second phase of A-Bomb radiation sickness. This phase occurred around the third to eighth week and many severe cases of the A-Bomb Radiation Sickness occurred at this stage.¹ Some informants experienced these symptoms during the above-mentioned time phase while others had them after this the period. These differences were caused by the level of the effects of the radiation, because some experienced the explosion of the A-Bomb and others did not since some of them worked in Hiroshima city itself, while others worked in the suburbs of Hiroshima.

Dsan worked at the Eba Branch of the Hiroshima Army Hospital. Physicians at this hospital suspected that the victims were suffering from sepsis, so they carried out blood tests on their patients. They found that their number of leukocyte cells was abnormally low and a physician who was a radiologist, realised it was caused by radiation and that the bomb must have been a kind of A-Bomb.²⁻³ Then, in September 1945, for reasons unknown to Dsan and the other nurses, her hospital started to check the leukocyte cell counts of all the medical workers. Then, Dsan was found to have a count of 2,800, and although she thought that it was abnormally low,⁴ she had had no other symptoms during that month. She continued working

¹ Kusano, *Atomic Bomb injuries*, pp.70-97.

² Hiroshima City, *Hiroshima Genbaku Sensai Shi*, pp.376-377.

³ 'The Medical Department of the Army Ministry set up a special relief team in Ujina Army hospital and sent them to Hiroshima for the purpose of providing medical treatment and investigation. The physicians in the team were mainly internal medicine physicians and not surgical physicians. They visited Ujina branch from 12 September to 10 October 1945, which was nearly one month.' Hiroshima Genbaku Syougai Taisaku Kyougikai, *Hibakusya to tomoni, zoku Hiroshima gennbaku iryoushi*, pp.44-45.

⁴ Masanobu Eguchi, ed, *Kensachi, guide book* [Laboratory data guide book], (Tokyo: Igaku geijyutusa, 2004), pp.58-59. 'Normal level of white blood cell count is from 3500 to nine thousand per $\mu\ell$.'

after the check without any subsequent medical treatment or rest because of the serious shortage of medicine and health care workers.⁵

However, at the start of October, Dsan experienced symptoms of radiation sickness. Her temperature went up to more than forty degrees and stayed high for a period of time. The membrane of her oral cavity peeled off, purpura appeared over the whole of her body, as well as bleeding from a needle injury. It was two months after the A-Bombing, but the nurses had neither been informed that the bomb was an A-Bomb, nor that they were suffering from radiation sickness. Dsan was shocked when she developed serious symptoms which were the same as those who had died since the bombing and she feared for her life.⁶

Similarly to Dsan, most of the informants had bodily damage because they were working for the emergency relief in Hiroshima but the symptoms did not appear until October. Only Dsan and Isan had symptoms during the ABVs relief activity. Isan started having diarrhoea ten days after starting her relief activity but she had not experienced the A-Bomb explosion in Hiroshima City.⁷ However, on her arrival in Hiroshima City on 9 August 1945, she had walked from the Hiroshima Station to the Hiroshima Army Red Cross Hospital, a distance of more than 5 km which was heavily contaminated by radiation. With the onset of radiation sickness, she sometimes fainted, so she was ordered to return home to rest and did not have any medical treatment during the relief activity. Other informants' symptoms appeared after they were dismissed from the relief and had returned to their homes or dormitories from Hiroshima. The characteristics of the second phase of A-Bomb radiation sickness are namely; high fever, bleeding from the gingival and digestive tract, a feeling of fatigue, loss of appetite, vomiting, diarrhoea, dizziness, purpura, and alopecia, all of which were experienced by the informants. The length of time

⁵ Dsan, personal interview, 2001.

⁶ Dsan, personal interview, 2001.

⁷ Isan, personal interview, 2001.

between the contamination and the appearance of these above symptoms was not clear for the informants and their families.

Asan, Csan, and Isan belonged to JRC Hiroshima Chapter, so they were ordered to return directly to their homes and not to nursing school after they were released because all medical facilities had been destroyed. The families of these three informants lived in the suburbs of Hiroshima City, so neighbours in their area who had experienced the A-Bombing in Hiroshima City died one after another. The families had no hope for their daughters' recovery, and they cried. Even though informants were not aware of their fearful predicament, they should have become aware of it from their families' reactions. Asan developed a high temperature and could neither stand, walk nor eat, so she had to rest every day.

Asan: I rested in bed all day and this seemed very serious for my family. They thought that I would not live very long because many neighbours who had been in Hiroshima City had died at home. So, my family cried and worried that I could not survive either, because I had been there, too.⁸

Csan: My family and relatives were told that I was dying. I could hear them talking about me, and I could not pretend to be cheerful. I rested all day. I felt very fatigued and could not do anything by myself except go to the toilet and eat.⁹

Csan's family believed that she had been killed. Therefore, they were really glad she had survived. However, after she arrived home her condition worsened, and she could not walk unsupported. So her family were thrown into despair again because they could not hope for her survival. She tried to be cheerful in order to reassure her family, but she did not have the strength to do so.

When Isan arrived home, her face was ashen, she felt nauseous, and sometimes had sudden bouts of high temperatures as well as diarrhoea, bleeding gums and fainting

⁸ Asan, personal interview, 2001.

⁹ Csan, personal interview, 2002.

spells when she stood up. This situation continued for a year, despite regular medical examinations and treatment of a family physician. In September, her hair fell out almost all at once and did not grow back immediately. She, too, feared for her life. 'I was wondering if I would ever recover from this condition' she explained.¹⁰ She must have felt afraid of dying because of her strange symptoms which lasted for so long.

Psan had returned gone back to the Yamaguchi JRC Nursing School. She experienced alopecia and loss of appetite but no bleeding. A JRC hospital physician explained that alopecia was one of the main symptoms of radiation sickness and was unavoidable for the relief nurses. The physician even knew there was no effective treatment for it and that relief nurses just had to wait to recover by themselves. He advised that they eat three meals per day regularly. However, the relief nurses lost their appetites and as Japan was facing serious food shortages, nurses were served poor, uninteresting meals that did not help them to regain their appetites. Psan explained: 'Eating was just a painful duty for us.'¹¹

Her mother worried about Psan's condition and brought a lot of cooked meals to her by bicycle, even though the distance from her house to the dormitory was 12 km. The food was brought expressly for her, but she never ate it alone, preferring to share it with other nursing students who were in the same situation as herself. Fortunately, she recovered three months later, thanks to her mother's support.

When it was New Year, my hair stopped falling out. The same thing happened not only to me, but also to my friends who went to the relief. My new, black hair grew back and I was so glad.¹²

¹⁰ Isan, personal interview, 2001.

¹¹ Psan, personal interview, 2002.

¹² Psan, personal interview, 2002.

Most of informants suffered from acute radiation sickness and were in serious condition, but they miraculously recovered. During the illness, they and their families feared for their lives, and believed that there was no way to cure them. Because this happened just after the defeat when the country was in a state of confusion and poverty, the only treatment available for the victims was to rest and wait for recovery. Naturally informants and their families believed that they were dying and had to live with this fear.

6.2.2 Survivor guilt: Why did my only daughter die?

The informants survived, despite their life threatening experiences during the war and the A-Bomb at the end of it. However, Osan experienced how her survival was not always accepted with delight. One of Osan's ex-classmates had been sent to Hiroshima City and was killed in the A-Bomb explosion. When Osan and her surviving classmates heard about this, they were upset because they understood the calamity of ABVs, and they visited her family to commiserate with them on their loss and to comfort them. However, the friend's mother was grieving over her daughter's death and felt resentment towards the JRC nurses who had survived.

When one of us visited our friend's house, her mother was very accusing. 'She was our favourite daughter, and I had to lose her in the war. Why did you survive? You were working in Hiroshima like my daughter. Why was only my daughter killed? Why her?' It was not our fault but we felt very sorry for the mother. It was our friend's destiny. We were like soldiers, and we could not refuse being called up by our country. We were bound by our duty and had to work for our country and be prepared to give our lives at any time.¹³

The mother's anger was a typical reaction to bereavement. Osan was downhearted by this event, but also she understood the mother's sorrow. Osan believed that all of the JRC nurses faced life-threatening dangers and the possibility of death and had to be ready to die for their country. Both the nurses and their families had to accept death as their destiny. However, Osan realised that no mothers could accept their child's

¹³ Osan, personal interview, 2001.

death without mourning. After the war, she understood its horrors, and realised that no family can happily accept sending their daughter to a war zone or allowing her to die for the country.

Following the surrender, the Japanese people wanted to grieve publicly, to mourn and speak well of their dead. Although the American occupation censored all Japanese publications, Yoshida, who was a survivor of the super-battleship 'Yamato' which sank with three thousand men and had only around two hundred survivors, was allowed to publish his elegiac poem in which he grieves and wonders why death did not choose him since it took so many of his comrades.¹⁴ Many survivors suffered mentally because they had survived and they were unable to obtain pleasure or relief from life after the war.

However, these feelings did not just relate to the surrender. Survivor guilt was also a problem of ABVs and was a part of their life-long trauma. A contemporary survey, which gathered data from 1,612 Hiroshima and Nagasaki survivors, reports; 782 (48.5 percent) answered that they felt guilty for not having done anything for the victims who had asked for water or help; and 238 (14.8 percent) felt guilty about their own survival.¹⁵ Another study also reports that survivors suffered because; 'I ignored the suffering people and did not help' or 'I did not give water to the dying so I was the one who survived.'¹⁶

¹⁴ Dower, *Embracing defeat*, pp.415-416.

¹⁵ Hidankyo, ed., *The interim analysing report, -imadakara tsutaetai- Hibakusya kara anatae; Hibaku 60nen watashi no utae* [-I can tell you now- from Hibakusya to you: It was sixty years in my opinion], (Tokyo; Hidankyo, 2004) p.6.

¹⁶ NHK Hiroshima Kyuku. Genbaku Project Team, ed., *Hiroshima bakushinchi-sei to shi no 40nen* [Hiroshima Ground Zero – Forty years of survival and deaths], (Tokyo: Nippon Housou Syuppan Kyoukai, 1984), p.41.

6.3. Under the American Occupation

6.3.1. Censorship and ABVs

Japan's postwar difficulties in maintaining order emerged from its daily control by the Allied Powers. The Supreme Commander of the Allied Powers' (SCAP) first formal directive concerning 'freedom of speech and press' was issued on 10 September 1945. It explicitly declared that 'there shall be an absolute minimum of restrictions on freedom of speech' so long as such expression adhered 'to the truth' and did not disturb 'public tranquillity'.¹⁷ Then the SCAP established the Civil Censorship Department (CCD) which was under the Civil Intelligence Section so as to control public information. Despite that announcement, the SCAP's censorship strictly controlled the information for the Japanese, not only the press but all other media, as well as censoring mail, and also monitoring private phones.¹⁸ The Japanese people did not have any freedom of speech. At its peak, six thousand English-speaking Japanese were employed by the CCD for censoring.¹⁹ The fact was that CCD censors operated on the basis of secret 'key logs' matters that were prohibited from disclosure.²⁰

¹⁷ Dower, *Embracing defeat*, pp.406-407.

¹⁸ Dower, *Embracing defeat*, pp.406-407.

¹⁹ Monica Braw. *American censorship in Japan 1945-1949: the atomic bomb suppressed*, Japanese edn, translated into Japanese S Tachibana, (Tokyo: Jijitsuushinsya, 1988), p.407.

²⁰ 'CCD's secret key logs of 'categories of deletions and suppression' were: criticism of SCAP; criticism of Military Tribunal; criticism of SCAP writing the Constitution, references to censorship; criticism of the United States; criticism of Russia; criticism of Great Britain; criticism of Koreans; criticism of China; criticism of other Allies; general criticism Allies; criticism of Japanese treatment on Manchuria; criticism of Allies' pre-war policies; Third World war comments; Russia vs. Western Powers Comments; Defence of War propaganda; Divine descent nation propaganda; Militaristic propaganda; nationalistic propaganda; Glorification of Feudal Ideals; Greater East Asia propaganda; General [Japanese] propaganda; justification or defence of war criminals; fraternization[referring in particular to fraternization of Allied personnel with Japanese women]; black market activities; criticism of Occupation forces; overplaying starvation; incitement to violence or unrest [on actual censored material this often was phrased as "disturbing public tranquillity"]; untrue statements; inappropriate reference to SCAP; and premature disclosure.' Dower, *Embracing defeat*, p.410-411.

Then, the press code was established and announced on 19 September 1945.²¹ It was very abstract with statements such as not criticizing the Allied powers, or not disturbing the peace in public. The written press and radio broadcasts were strictly censored by SCAP,²² but it was not exactly prohibited to broadcast or publish²³ public concern about the A-Bomb and neither was it secreted as secret key logs. However, Nagai, an ABV who was a physician, famous writer and diligent Christian, and who had experienced the A-Bomb in Nagasaki, as well as other survivors, found that their A-Bomb related writings were harshly censored.²⁴ However an English language publication on the same subject, such as Jon Hersey's 'Hiroshima' was published in the 'New Yorker' on August 1946.²⁵

It was a fact that the information about the A-Bomb in Japan was controlled rigidly, however not all publication was prohibited. For instance, the medical researchers who were members of the special committee for the investigation of the A-Bomb were allowed to publish their results from medical investigations.²⁶ It was said that gathering data from ABVs by Japanese researchers was easier than by American researchers, and if these Japanese researchers were prohibited from publishing, their motivation for the investigation diminished and they were inclined to collecting less

²¹ Hiroshima Heiwa Tosyo Kankoukai, ed., *Hiroshima no Syougen* [Testimony of Hiroshima], (Hiroshima:Nippon Hyouronsya, 1969), pp.322 -323.

²² Dower, *Embracing defeat*, p.405.

²³ Dower, *Embracing defeat*, p.414.

²⁴ Dower, *Embracing defeat*, p.414.

²⁵ Dower, *Embracing defeat*, P.414.

²⁶ Masao Tsuzuki, Appendix NO. 4, Japanese plans for publication of their official reports of the medical section, the special committee for the investigation of the atomic bomb, the national research council of Japan, (2 January 1947), in P. S.Henshaw, and A.M.Brues, eds., *Atomic Bomb Casualty Commission General Report 1947*, (Washington DC: National Research Council, 1947), pp.46-48.

important data.²⁷ They also used to give positive results to Japanese people, such as Hibakusya would fully recover, which was hard to accept as being the whole truth.²⁸ So ABVs realised that GHQ/SCAP controlled the flow of information and they began to understand that the A-Bomb was a very sensitive and taboo topic.²⁹ Their silence was thus ensured.

Dower writes:

The Japanese were policed by a censorship bureaucracy in every aspect of the public media, so the Japanese protected themselves by self-censorship, keeping within the suspected taboos, because they knew that they could not win against the ultimate authorities.³⁰

And

In these circumstances, survivors of the bomb found it exceedingly difficult to reach out to one another for comfort, or to tell others what nuclear war meant at the human level.³¹

The press code was lifted on 31 October 1949,³² but many reports concerning the effects of the A-Bomb could not be published until the end of the occupation in April 1952,³³ seven years after the A-Bombing. Bsan, who was a Hiroshima JRC Nursing School's student at the time of the bombing and had continued to work at the Hiroshima JRC Hospital after graduation, said; 'we used the term of "the new type of bomb", and only quite later on I found out that it had been the A-Bomb.' I do not exactly remember when.³⁴ Moreover, the existence of the CCD must have been threatening for the Japanese, so censorship never openly acknowledged its existence

²⁷ Dower, *Embracing defeat*, p.414.

²⁸ Sasamoto, *Beigun senryouka no Genbaku Cyousa*, p.252.

²⁹ Dower, *Embracing defeat*, p.414.

³⁰ Dower, *Embracing defeat*, p.405.

³¹ Dower, *Embracing defeat*, p.414.

³² Hiroshima Heiwa Tosyo Kankoukai, *Hiroshima no Syougen*, Hiroshima, Nippon Hyouronsya, 1969, pp.322 -323.

³³ Dower, *Embracing defeat*, p.414.

³⁴ Bsan, personal interview, 2002.

of the GHQ/SCAP.³⁵ In addition, although Japan was released from the occupation, the initial basis for Japan's security relations with America was only established in 1951 in San Francisco and GHQ/SCAP soldiers remained stationed in Japan. Japanese statutes did not apply to these soldiers, and extraterritoriality and certain privileges were guaranteed for these soldiers. Therefore, even when Japan was released from the GHQ/SCAP, ABVs were still wondering if they should openly reveal their experiences of the A-Bomb, and were silenced and still censored at the end of the occupation.³⁶ Therefore, it is common for Japanese people not to know about Hiroshima and Nagasaki, and it is still not openly discussed.

6.3.2. Marriage discrimination

The fact that they had experienced the A-Bombing in Hiroshima created a problem for their matrimonial arrangements just as it was for other female ABVs. The A-Bomb effects on reproductive function was the most strictly controlled information. Braw reports that a research paper was prohibited from publication by censorship, the reason being that it contained a speculation about the possibility of having a deformed child, infertility, or mutation for ABV's for posterity, even though the author was an American researcher at the Atomic Bomb Causal Centre (ABCC).³⁷ Moreover, Dr. Tsuzuki, who was the Japanese leading physician on the effects of the A-Bomb, came to Hiroshima in May 1946 with twenty physicians, and opened a temporary clinic for counselling on burn scars, haemodyscrasia and concerns about pregnancy.³⁸ Then, he announced that contamination did not affect pregnancy, infertility was only a temporary symptom and infant deformity was not

³⁵ Braw, *American censorship in Japan 1945-1949: the atomic bomb suppressed*, p.408.

³⁶ Braw, *American censorship in Japan 1945-1949: the atomic bomb suppressed*, p.408.

³⁷ Braw, *American censorship in Japan 1945-1949: the atomic bomb suppressed*, p.147.

³⁸ Sasamoto, *Beigun senryouka no Genbaku Cyousa*, p.252.

caused by contamination.³⁹ There was no official information of occurrences of such problems in Hiroshima because of censorship, but one could guess from the newly set up clinics, that contamination and its affects on pregnancy had become a big social problem in Hiroshima. It was eight months on from the disaster. However, microcephaly with mental retardation and prenatal A-Bomb exposure has been identified as having a relationship between its occurrence and exposure by the investigations of the populations of Hiroshima and Nagasaki since 1950s.^{40 41 42 43} Microcephalic disabilities happened when foetuses were exposed to radiation particularly during the gestational age of eight to fifteen weeks because at this stage, the foetal cells are particularly sensitive to radiation. For babies who were born up until 31 May 1946, and whose mothers experienced exposure to the A-Bomb within 2 km from the Dropping Zone (DZ), there was a likelihood they would suffer this handicap, and numbers of such sufferers were estimated to be 1,100.⁴⁴ Also a high ratio of spontaneous abortion, stillbirths and neonatal deaths when the mother experienced A-Bomb exposure was also reported by an American researcher at Nagasaki ABCC.⁴⁵

³⁹ Sasamoto, *Beigun senryouka no Genbaku Cyousa*, p.252.

⁴⁰ James N Yamazaki, Stanley W. Wright, and Phyllis M. Wright, 'A study of the outcome of pregnancy in women exposed to the atomic bomb blast in Nagasaki', *Journal of Cellular and Comparative Physiology*, 43, no 1 (1954), 319-328.

⁴¹ M Otake, and W.J. Schull, 'Radiation-related Small Head Sizes among Prenatally Exposed A-bomb Survivors', *International Journal of Radiation Biology*, 63, no.2 (1993), 255- 270.

⁴² M Otake, H Yoshimaru, and W.J Schull, 'Prenatal exposure to atomic radiation and brain damage', *Congenital Anomalies*, 29, (1989), 309-320.

⁴³ Radiation Effects Research Foundation. *Tainai Hibakusya noshintaiteli, seishinteki, hatuiku/seicyou* [Physical and mental growth of an A-bomb victim in utero], modified 2007, <<http://www.rerf.or.jp/radefx/uteroexp/physment.html>>, viewed 20 October 2008.

⁴⁴ The Chugoku Shimbun. *A letter to you from Hiroshima 6. Invisible effects of A-Bomb, prenatal exposure*, created 1997, <<http://www.chugoku-np.co.jp/abom/97abom/peace/e/06/bakugeki.htm>>, viewed 20 October 2008.

⁴⁵ Yamazaki, et.al, 'A study of the outcome of pregnancy in women exposed to the atomic bomb blast in Nagasaki', 319-328.

Even though people were policed by the censorship bureaucracy, people received unofficial information, which included guesses and rumours, and people believed these sources more than official information. People knew that official information was biased and that it would not be reliable. Thus, rumour was rife and it had the effect of terrifying the ABVs. Despite strict censorship and Tsuzuki's action, female ABVs were stigmatised because it was believed that they would have deformed infants or were infertile, and as a result many experienced marriage discrimination. Hibakusya were burdened with this handicap and the women Hibakusya were denied marriage because it was thought that their contamination would be inherited by their children.⁴⁶⁻⁴⁷

When Rsan was twenty four years old, her father introduced her to a man as a possible future husband. She revealed to him that she had been in Hiroshima as part of the JRC relief and consequently the man refused to marry her. He said: 'You have been contaminated by a big bomb. That will not be good for our future children.' Information about the A-Bomb was not disclosed and people from her region only called it, 'the big bomb', which meant that its effects were more deadly than other bombs. After Rsan had two marriage refusals, her mother advised her not to talk about her experience of the relief. However, her father did not agree.

No, you must disclose that information to your future partner, because you have obviously been affected by the bomb. It is evident from your dry, rough skin and the great change to your face. You have had certain symptoms and you cannot deny the uncertainty of the bomb's influence and the anxiety about your future. You must marry a person who will accept your experience and your uncertainty. I cannot agree to your hiding these facts from a future marriage partner.⁴⁸

⁴⁶ NHK Hiroshima Kyuku, *Hiroshima bakushinchi-sei to shi no 40nen*, p.41.

⁴⁷ Ryoko Ohara, 'Interminable hell': Hiroshima's nurses remember the atomic bomb, *Nursing Inquiry*, Vol 12 (4), (2005), 3030-3035.(journal do not write p or pp)

⁴⁸ Rsan, personal interview, 2005.

Rsan recalled that her father was really a naturally virtuous person. He wished her life-long happiness, and although he did not think that marriage should be her only goal, he believed that she needed to be accompanied by a good, understanding partner, especially since she belonged to the local nobility. She was also their only remaining child, her two other siblings having been killed in the war. It was a very distressing situation because she had already been rejected in two marriage proposals which was very upsetting for her. She explained: 'My father's order dumbfounded me. I was not allowed to give up the idea of marriage.'⁴⁹ Then, her father introduced her to over ten different suitors. She continued explaining that she had been in Hiroshima for the relief and continued to be refused by marriage suitors. Rumours spread among the servants in her house as well as among the neighbours. They said; 'Rsan was once very beautiful, but her face changed after her stay in Hiroshima, and since then she has never got married.' 'Why did she become a nurse?'⁵⁰ Her family is the richest in this area and her father has a high position.⁵¹ Her mother felt that she was to blame for allowing her daughter to become a nurse and she became angry with Rsan for disobeying her parents who strongly disagreed with allowing Rsan to become a JRC nurse, and in bringing such a social tragedy upon the family.

My mother was upset and blamed me for enrolling in the JRC Nursing School against my parents' wishes. It had been all my own idea. After that I covered my face with talcum powder to hide my skin.⁵²

⁴⁹ Rsan, personal interview, 2005.

⁵⁰ Kameyama, *Kindai nihon kangoshi* 2, p.182., 'gave the impression of the war nurses from the JRC as experienced women: At that time; the attributes of honour and pride were necessary for the country. However, common nurses were recognized as being only working women, looked down upon by society, and that image affected the war nurses. As a result, the impressions of the war nurses did not correspond to subjective impressions such as those of the JRC nurses and objective impressions of society. Even JRC nurses were looked down on because nurses were working women.'

⁵¹ Rsan, personal interview, 2005.

⁵² Rsan, personal interview, 2005.

It was really ironic since Rsan had worked night and day to help the victims and if it had been war time, she would have been a heroine. However, her nursing role was not valued as far as her future marriage suitors were concerned and, in fact, it became a reason for refusing proposals. She was seventeen years old when she went to Hiroshima for the relief. Her facial skin was damaged by the radiation, altering her appearance. Seven years later, she still had skin problems and everybody was aware of the changes. When she was rejected for her marriage, her mother cried because her daughter had been a JRC nurse and experienced the bombing. Even though Rsan found it hard to bear her mother's accusations, she felt sorry for her, and she tried to keep her face hidden.

Similar marriage discrimination was also experienced by Bsan's friends. She explained that they had wanted to work for their country, so they had become JRC nurses, and worked in Hiroshima for the relief. However, after the war, they lied to hide the fact that they had worked there. Bsan expressed her anger at society's attitude, like the relief nurse quoted below.

My friends experienced cancellations of their marriage proposals when their partners found out that they had been contaminated. Some of them even moved to Osaka or Tokyo to hide their past. Some classmates are still hiding the fact from their families that they are ABVs. Others were divorced in their 30's or 40's, when families found out they were ABVs. I get so angry and lose my temper when I think of them. Why are ABVs so discriminated against without any evidence? Not only did the bomb kill huge numbers of people, it also brought trouble for the survivors.⁵³

⁵³ Bsan, personal interview, 2002.

Even though people did not know exactly what kind of bomb had been used, they guessed that it was a new type of bomb and those who experienced the bombing had been contaminated by an unaccountable disease. This serious discrimination was also encouraged because of the Japanese people's negative opinion of handicapped people.

Dower expresses this as:

Japan was a harsh, inhospitable place for anyone who did not fall into a 'proper' social category. There existed no strong tradition of responsibility toward strangers or of unrequited philanthropy, or of tolerance or even genuine sympathy (as opposed to occasional sentimentality) toward those who suffered misfortune. This is no doubt true to some degree of all cultures and societies, but it was an especially conspicuous phenomenon in Japan at the end of the war, when whole new categories of 'improper' people felt the sting of stigmatisation. These included the survivors of Hiroshima and Nagasaki, with their taint of – really, their pollution by – radiation.⁵⁴

From this explanation, it is easily understood how ABVs suffered from normal Japanese people's discrimination. This experience of marriage discrimination was traumatic for Rsan and also for other female ABVs.

6.3.3. Return of symptoms of radiation sickness

The effects of the A-Bomb were so severe that they lingered on, even though victims were well on the way to recovery and had got over the worst difficulties. Japan's post-war rehabilitation was remarkable during the occupation, but ABVs' medicine was not improved and ABVs would suffer many sequelae. Dower writes;

Many reports concerning effects of the blast and ensuing radiation could not be made public until the closing months of the occupation. For over six years, the Japanese, including doctors – and even some American scientists in Hiroshima and Nagasaki who were conducting research on radiation effects – were denied access to data that might have assisted them in communicating with and helping atomic-bomb victims.⁵⁵

⁵⁴ Dower, *Embracing defeat*, p.61.

⁵⁵ Dower, *Embracing defeat*, p.414.

Therefore, this delayed the medical treatment of the ABVs⁵⁶ and the average physician could neither interpret the symptoms nor know how to treat these victims until the end of the occupation. They were not able to diagnose the cause of their sickness and also were not provided with suitable medical treatment.

Dsan had a reoccurrence of the disease for the second time in 1952 which was seven years after the bombing. She was working at a JRC hospital in Kyoto and suddenly developed a high fever and was in agony with a painful stomach-ache. Her number of leukocytes decreased every time they were measured. Her symptoms were very rare at that time in Japan except in Hiroshima and Nagasaki, so, a physician examined her but could not diagnose her disease. He said it was the first time he had seen such a condition. When Dsan explained that she had experienced a bomb in Hiroshima, the physician understood her strange symptoms and gave up trying to cure her.

The doctor diagnosed my life expectancy to be only one year, which meant that I would not live to be more than thirty years old. Even if I could not live any longer, I wanted to work as a nurse until the end of my life. Fortunately I improved after that.⁵⁷

When she accepted the idea of her own death, she tried to think what would give meaning to the rest of her life and existence. Then she realised that all she wanted to do was to keep caring for her patients for the rest of her life and this was the most worthy role for her in society. If her death was unavoidable, then she would work as a nurse and not just wait to die and do nothing.

Isan also had a repetition of medical problems for a second time, three years after her recovery in 1949. At that time, she was married with one child. Suddenly she appeared to have jaundice and could not stand up herself for three months. Her

⁵⁶ Sasamoto, *Beigun senryouka no Genbaku Cyousa*, p.243.

⁵⁷ Dsan, personal interview, 2001.

general practitioner was unable to diagnose her disease, and had no effective treatment to give her, even though Isan lived in a suburb of Hiroshima City. Her son was only two years old and looking after him was a difficult experience for her as a mother.⁵⁸

Fortunately, both Dsan and Isan recovered from their second bouts of illness without any disastrous repercussions on their daily lives. They never knew why they had such problems, only that they had been overcome by an alien sickness as a result of contamination from the bomb.

6.4. Release from the Occupation

6.4.1. ABV Health handbook (*Hibakusya Tecyo*)

The Japanese Confederation of Atomic and Hydrogen Bomb Sufferers Organisation (JCAHBSO) was established in 1956. However, this organisation was not set up by ABVs in Hiroshima or Nagasaki, but by victims, who had been contaminated by the Hydrogen bomb (H-Bomb) test by America in the ocean around the Bikini Atoll in 1954.⁵⁹ At that time, there were around 840 Japanese fishing boats working there, and it was the fishermen on these boats who became H-Bomb victims, some of them dying from leukemia.⁶⁰ It was a media sensation in Japan whose citizens were the world's greatest fish consumers and the tuna in those waters must have been contaminated by radiation. Japanese consumers immediately started petitioning for the cessation of H-Bomb tests in the name of food safety.⁶¹ This movement was supported in order to establish this organisation. ABVs in Hiroshima and Nagasaki had maintained silence to avoid social difficulties with the occupying forces. Then, this organisation invited ABVs to participate with them since both were victims of

⁵⁸ Isan, personal interview, 2001.

⁵⁹ Nihon Hidankyo, ed., *Nihon Hidankyouno 40nen no ayumi* [Forty years history of JCAHBSO], no date of creation and modification, <http://www.ne.jp/asahi/hidankyo/nihon/rn_page/menu_page/top_menu_page/rekisi/shoukai.htm l>, viewed 20 September 2008.

⁶⁰ Nihon Hidankyo, *Nihon Hidankyouno 40nen no ayumi*.

⁶¹ Nihon Hidankyo, *Nihon Hidankyouno 40nen no ayumi*.

the nuclear bomb⁶² and the organisation put forward five principles or demands at the first convention, namely the prohibition against using nuclear bombs; the establishment of law supporting ABVs and national reparations; the independence and lifetime rehabilitation support for ABV's; compensation for the bereaved families and protection and enduring guarantee from nuclear bombs.⁶³ Then, the term Hibakusya, which is Japanese for a nuclear bomb victim, became a common word in the language. Many of the ABVs had lost their property and their health, and no longer had any security, so were destitute.⁶⁴ The organisation protested to the government on behalf of the Hibakusya and worked to obtain support for them.

Japan introduced a medical law for the Hibakusya⁶⁵⁻⁶⁶ in 1957, which was twelve years after the defeat, five years after the end of the occupation, and one year after the establishment of the JCAHBSO. According to this law, Hibakusya were allowed to have the right to social support. Application required the proof of a witness to identify that the person had experienced the A-Bomb or had come into Hiroshima within two weeks after the bombing. After the application was accepted, he/she was provided with the Hibakusya Health Handbook, which certified them as Hibakusya; they could then receive free health check ups twice a year; and if the handbook holder was designated as suffering from 'A-Bomb injuries'⁶⁷ by the Minister of Health, this person could receive payment for all medical expenses. However, this designation of 'A-Bomb injuries' was very difficult for the handbook holders to obtain and nearly all of them had their application to receive aid for all medical expenses rejected. The ministry said that their disease onset was not identified as caused by the A-Bomb, and could possibly have been caused by other reasons. It seemed that this law was brought into force to gather physical data from Hibakusya in order to know more about the effects of the A-Bomb from their health check ups.

⁶² Nihon Hidankyo, *Nihon Hidankyouno 40nen no ayumi*.

⁶³ Nihon Hidankyo, *Nihon Hidankyouno 40nen no ayumi*.

⁶⁴ Nihon Hidankyo, *Nihon Hidankyouno 40nen no ayumi*.

⁶⁵ Hiroshima Prefecture, *Gennbaku hibakusya no ayumi*, pp.41-43.

⁶⁶ The Japanese name of this law is; 'the Genbaku Iryou Hou'.

⁶⁷ A-Bomb Injury is called Genbakusyou by Japanese term.

These check ups did not include medical treatment, only assessments and records of the results.

Jsan, worked as a public health nurse from the late 50's at a public health centre where the health checks for the handbook holders were carried out. She was aware of the reality of the system, and had never applied for the handbook.

If I applied and was accepted, I should have to participate in the regular health checks. I did not want to. There were only a few physical examinations and it took just a few minutes, so it could not detect a new health problem. Actually, most of Hibakusya were quite healthy and seemed not to have any sequelae remaining. As for me, I had not had any health problems and I was very healthy. Even if I had a problem, it wouldn't have been caused by radiation, but by aging. So, I thought that I was not affected by the A-Bomb anymore, and did not need any official aid.⁶⁸

Rsan also did not apply for this handbook because she did not want to be officially identified as a Hibakusya. Rsan had already suffered from marriage discrimination, so she did not want her children to experience the same difficulties. She had faced financial difficulties after her husband died, but she was more afraid of discrimination than of her money problems. She wanted to stop the suffering caused for her generation and did not want to pass that discrimination on to her children and to posterity.

The exemption system of medical expenses for the Hibakusya was set up, but I never applied for support, although I was often in hospital. If I applied for aid, it was admitting that I was a Hibakusya.⁶⁹

Jsan knew that Hibakusya did not always experience sequelae, as was her case, so she did not need to apply for the Hibakusya Health Handbook. Jsan lived in another province, so her belief that 'most Hibakusya were healthy' was not always the situation for everyone, because many of the Hibakusya were still hiding in order to

⁶⁸ Jsan, personal interview, 2002.

⁶⁹ Rsan, personal interview, 2005.

avoid discrimination. As there was no supportive reparation for the Hibakusya, there was nothing to gain from the monitoring.

Then, the law was revised four times up to 1975 which was due to the efforts of the JCAHBSO, and the handbook holders, who needed medical treatment for diseases and had to be provided with some medical expense support. However, this support was limited to diseases that were proven to be related to A-Bomb radiation.

The occurrence of leukaemia, thyroid cancer, breast cancer, lung cancer, stomach cancer, colon cancer, ovarian cancer and multiple myeloma was significantly higher for the Hibakusya than for the non-Hibakusya. Malignant lymphoma, skin cancer, oesophageal cancer, salivary-gland cancer, urinary organ cancer were higher but not significantly so for the Hibakusya, so this suggests that the relationship between the A-Bomb radiation and their occurrence is not clear.⁷⁰ The reason is:

The typical later onset disorders from the A-Bomb radiation are cancer, cataracts and foetal disorders, but it cannot simply be said that only these illnesses are caused by the contamination because they could also be caused by other events. So, identification of these later onset disorders and contamination is not easy.⁷¹

Therefore, even Hibakusya who were suffering from the above diseases might not have been designated as having 'A-Bomb injuries', and would not receive full support to alleviate their suffering from sequelae.

⁷⁰ Housyasen Hibakusya iryu kokusei kyouryoku suishin kyougikai, ed., *Genbaku housyanouj no jinai heno eikyou* [The effects of the A-Bomb, effect at the moment of exposure], (Tokyo: Bunkoudou, 1992), p.13.

⁷¹ Kunikazu Noguchi, and Osamu Saito, 'Housyasen no ningen ni taisuru eikyou [effects of radiation on human beings]' in Syoji Sawada, ed., *Kyoudo Kenkyu Hiroshima Nagasaki Genbaku higai no jisou* [Joint research of reality at the A-Bomb damage Hiroshima and Nagasaki], (Tokyo: Shin Nippon Syuppan Sya, 1999), p.202.

On 11 December 1980, thirty-five years after the bombing, the Ministry of Health and Welfare established the basic principles for the definition of the Hibakusya's status.⁷² Part of the text reads:

The war was a disastrous situation which developed into a national crisis, so the citizens of this country had to accept and admit the need for a general sacrifice. They were obliged to undertake all the sacrifices of their lives, bodies, property and so on.⁷³

This Government's attitude to the fact of being obliged to accept the war as a disaster, and in particular the A-Bomb disaster, is shown in their reluctance to support national compensation.⁷⁴ The Ministry of Health and Welfare said that cancer, cataracts and other diseases contracted by the Hibakusya were part of the normal aging process and that support for the Hibakusya would be included in the existing aging dispositions.⁷⁵ But the announcement also indicated that the government accepted the use of the A-Bomb.⁷⁶ The JCAHBSO were angered by this statement and accordingly conducted a survey in 1985 known as the reality of the Hibakusya's lives in order to demonstrate that the usage of A-Bombs should be forbidden.⁷⁷ The purpose of the survey was 1) to give evidence of the relationship between the A-Bomb contamination and the still existent disasters affecting the Hibakusya and

⁷² Genbaku Higaisya Taisaku Kihon mondai Konshinkai [The Round-Table Conference for A-Bomb Hibakusya Measure Basic Problem], *Genbakuhibakusyataisaku no Kihonrinen oyobi kihonteki arikatanituite* [The basic principle and the fundamental state of the measurement for the A-Bomb Hibakusya], (Tokyo: Kouseisyou [Ministry of Health], 1980), p.1.

⁷³ Genbaku Higaisya Taisaku Kihon mondai Konshinkai, *Genbakuhibakusyataisaku no Kihonrinen oyobi kihonteki arikatanituite*, p.1.

⁷⁴ Masami Tanaka, and Ken Takahashi, 'Genbaku higai no jittai cyousa [The investigation of the actual conditions of the A-Bomb Hibakusya]' in Syoji Sawada, ed., *Kyoudo Kenkyu Hiroshima Nagasaki Genbaku higai no jisou* [Joint research of reality at the A-Bomb damage Hiroshima and Nagasaki], (Tokyo: Shin Nippon Syuppan Sya, 1999), p.233.

⁷⁵ Masaharu Hamada, *Genbakutaiken* [Experiences of the A-Bomb], (Tokyo: Iwanami Syoten, 2005), p.xv.

⁷⁶ Nihon Gensuibaku Higaisya Dantai Kyougikai [JCAHBSO], ed., *Hiroshima Nagasaki shi to sei no syougen* [Testimony of death and survival in Hiroshima and Nagasaki], (Tokyo: Shin Nihon Syuppansya, 1994), p.18.

⁷⁷ Nihon Gensuibaku Higaisya Dantai Kyougikai [JCAHBSO], *Hiroshima Nagasaki shi to sei no syougen*, p.18.

their families 2) to list all the damages caused by the A-Bomb, and 3) to give evidences that its usage was a crime against humanity.⁷⁸

This survey consisted of twenty-eight questions and data was gathered from 13,179 Hibakusya and approximately 12,000 people who also lost family members because of the A-Bomb and who agreed with the strategy of the survey. Since the number of Hibakusya is declining, it is an opportune moment to conduct this survey to identify the reality of the Hibakusya and their experiences.

Six thousand, four hundred and forty four answered that they had experienced acute A-Bomb radiation sickness, 2,959 had none, and 2,878 did not know. Eighty-five percent of the Hibakusya who experienced acute A-Bomb radiation sickness symptoms feared for their lives and 62 percent of the Hibakusya who did not experience any illness were also afraid of dying. This survey reports how many Hibakusya think that their current bodily conditions are related to the A-Bomb radiation contamination. Fifty-seven percent of the Hibakusya who had acute A-Bomb radiation sickness answered positively; 14 percent said they did not want to think that it had any relationship; 21 percent said they did not know; and 3 percent said there was no relation between the two.⁷⁹

According to this result, half of the Hibakusya who experienced acute A-Bomb radiation sickness believed that all their physical problems were related to it and if they had not experienced the A-Bomb, they would not have had any physical health problems. They felt sad and angry about their ill-fated lives. Other results are: 80 percent of 9346 Hibakusya answered that they experienced hardships because they

⁷⁸ Nihon Gensuibaku Higaisya Dantai Kyougikai, *Hiroshima Nagasaki shi to sei no syougen*, p.18.

⁷⁹ Nihon Gensuibaku Higaisya Dantai Kyougikai, *Hiroshima Nagasaki shi to sei no syougen*, p.28.

were Hibakusya, and their hardships were numerous,⁸⁰ answers to specific questions are shown below:

- Always feeling worried about their health: 65%.
- Worried about becoming a sickly person: 43%.
- Worried about having a baby, and a child's health and future: 30%.
- Deeply hurt and traumatised by the events of that day: 29%,
- Lost family: 28%.
- Lost the basic essentials of life, such as a house, savings, and so on: 25%.

Regarding the feeling of uneasiness as a Hibakusya,⁸¹ 9346 people answered (multiple answers)

- If my condition became worse, I am worried that it was because of the A-Bomb Radiation: 5818 (62%)
- I am afraid when I am taken ill that I have radiation sickness: 4911 (53%)
- I am afraid for my old age: 3116 (33%)
- I am worried about the health of my child who was born after the war: 2573 (28%)
- I am worried that I cannot work if I become sick: 2300 (25%)
- I am worried that my illness will never be cured: 1850 (20%)
- I am worried about how my family will survive if I die: 1396 (15%)
- I am worried about the future of my child who born after the war: 1208 (13%)

⁸⁰ Nihon Gensuibaku Higaisya Dantai Kyougikai, *Hiroshima Nagasaki shi to sei no syougen*, p.37-38.

⁸¹ Mikizo Iwasa, 'Nihon hidankyou genbaku higaisya cyousa kekka kara yomitotta koto [From the result of survey of Hibakusya]', in JCAHBSO, ed., *Hiroshima Nagasaki shi to sei no syougen* [Testimony of death and survival in Hiroshima and Nagasaki], (Tokyo: Shin Nihon Syuppansya, 1994), pp40-42.

- I am worried about my relatives who were also Hibakusya: 922 (10%)
- Other: 135 (1%)

The worst hardships concerned their physical health, but they also suffered psychologically and this brought adversity into their lives. Health problems also created many social and other difficulties for the Hibakusya.

A. Job / employment problems (3166 answers)

- Those whose body condition deteriorated from overwork: 1197 (37.8%)
- Those who could not get appropriate work: 994 (31.4%)
- Those who could not work as much as healthy people: 790 (25.0%)
- Those who hid the fact that they were an A-bomb survivor and got jobs:
757 (23.9%)
- Those who could not continue the same job any longer: 606 (19.1%)
- Those who resigned from their jobs and were unemployed: 335 (10.6%)
- Those who experienced discrimination: 331 (10.5%)

B. Marriage problems (3090 answers)

- Those who worried about marriage because of the uncertainty of
childbearing: 1306 (42.3%)
- Those who worried about getting married: 1221 (39.5%)
- Those who hid the fact they were an A-bomb survivor and got married:
891 (28.8%)
- Those opposed to getting married: 631(20.4%)
- Those who could not get married: 251(8.1%)
- Those who abandoned the notion of getting married: 151(4.9%)

C. Family problems (3805 answers);

- Those who were sick and had to be looked after by their family:
2280 (60.0%)
- Those who could not have children: 1246 (32.7%)
- Those who could not do domestic work or take care of themselves:
768 (20.2%)
- Those whose divorce caused health problems including the uncertainty of
having children: 442 (11.6%)
- Those whose divorce was caused by hiding the fact that they were A-bomb
survivors: 230 (6.4%)

D. Problems concerning children (4894 answers)

- Those who were worried about having children (or who might have
child-bearing problems): 3372 (68.9%)
- Those who experienced premature delivery/ infertility/ irregular
menstruation: 1246 (20.9%)
- Those who thought that their children might be sickly: 738 (15.1%)
- Those who thought their children might have health problems or die:
638 (13.9%)
- Those who thought their children might have some problem with marriage:
626(12.8%)
- Those who were afraid to have children: 83 (1.7%)

The above data shows that the Hibakusya suffered many difficulties or discrimination concerning having children. Since the informants for this study were woman, their concern about children was a big issue. Marriage discrimination was expressed by Rsan, and maternity problems also were described by two of the informants. Although A-Bomb radiation sickness is not hereditary, if a child or a grandchild does develop some medical problem, there is always the awkward question that it may be related to it. Rsan explained:

My eldest and second daughters had been experiencing sarcoidosis and were in a life threatening condition. They were really sickly and suffered from many problems. Not only I, but also my daughter and my grandchild are suffering from alopecia. The three of us must go to the hospital to have regular blood examinations.⁸²

Isan lost her child. She appeared to have serious sequelae for up to two years after the birth and so she gave up the idea of having a second child. Fortunately, her child grew up free from health problems, and during high school became a field athlete with a good physique. However, he suddenly passed away at the age of 18 due to kidney failure that was said to be caused by too much training. There seemed to be no relationship between his illness and the A-Bomb radiation sickness. She had never thought about it until she lost her husband, but then she started to wonder about such a possible relationship and even a curse on her destiny. She thought that if her son had lived, it would have alleviated her present loneliness.

My son suddenly had an acute kidney failure, and died. It is thirty years since he passed away. My husband passed away last year and now I think about my son and I cannot sleep. I wonder if his death was my fault because I was an A-Bomb victim. I did not consider such a possibility while my husband was alive.⁸³

If anything happens to their children, the Hibakusya worry about the effects of the A-Bomb and cannot block out their dreadful experiences. The relationship between

⁸² Rsan, personal interview, 2005.

⁸³ Isan, personal interview, 2001.

the A-Bomb and its possible genetic effect on later generations has not yet been identified.⁸⁴ Even if the implications have not been identified, the relationship cannot simply be rejected. For instance, Rsan has never been involved in a research project. Not only Rsan, but other Hibakusya also, are remaining anonymous to avoid discrimination and therefore data cannot be gathered.

In March 2006, the number of handbook holders was 259,556, but the number of persons designated as having an 'A-Bomb Injury' and who could receive all medical expense aid was a mere 2,280, only 0.87 percent of the handbook holders.⁸⁵ Many applications for the "A-Bomb Injury" category had been rejected as it had not been identified exactly that their symptoms had been caused by the A-Bomb. The handbook holder was entitled to receive 33,800 Japanese Yen per month as health aid but he or she had to have symptoms which were related to radiation. A person who claimed to have 'an A-Bomb Injury' was entitled to 137,430 Japanese Yen per month as medical expenses special aid in 2008. In 1994, the name of the law was changed to 'the A-Bomb Hibakusya Support Law',⁸⁶ and a new official service was started whereby the government provided up to 199,000 Japanese Yen for funeral expenses when the handbook holder passed away.

There were also many other reasons why a person did not apply for the handbook and its associated aid. Fsan filled in many application forms, as a witness, to apply for support for nurses and patients from her hospital just after the medical support law for Hibakusya was passed. Then, a long period ensued when she did not write any more. However, recently she was asked to write on behalf of a nurse from Fsan's

⁸⁴ JV Neel, WJ Schull, AA Awa, C Satoh, H Kato, M Otake, and Y Yoshimoto, 'The children of parents exposed to atomic bombs: estimates of the genetic doubling dose of radiation for humans', *Journal of Radiation Research*, 32,(1991), 347-374.

⁸⁵ Naoko Ito, Chieko Tabe, and Shigetoku Nakagawa, *Hibakusya ha naze genbakusyo nintei wo motomerunoka* [Why Hibakusya demand a designated A-Bomb Injury], (Tokyo: Iwanami Syoten, 2006), p.26.

⁸⁶ Usually, the term of Hibakusya means an A-Bomb victim or victims. However, the official meaning of Hibakusya included all nuclear bomb victims, so it includes the H-Bomb victims. This law was specific for the A-Bomb victims.

hospital. Fsan explained her feelings when she met her. 'I felt both nostalgic and surprised when we met because I hadn't seen her since she worked with me.'⁸⁷ Fsan wondered why the nurse hadn't asked her to write a testimonial on her behalf as soon as the law had been passed, but she learnt that the nurse had escaped from the hospital two or three days after the surrender without her knowing. Fsan then understood why the nurse had come to see her at this point in time.

She (the nurse) must have had certain symptoms, but she could not ask me to write a letter for her, because she had escaped from her workplace and felt guilty towards me, the nurses, and the patients. Even though she had some physical problems, she was able to live by herself because she was young, and had not applied for any support. But when she was over seventy, it became difficult to live by herself with her medical problems. So, she came here eventually and I learnt about her problems for the first time. She must have been suffering both physically and psychologically about her escape. I felt sorry for her and accepted to be her witness and provide the proof she needed. All the people who experienced the disaster are still suffering now, just like her.⁸⁸

Fsan had never blamed the nurses who escaped from the hospital, because she knew very well that they had worked hard in unhealthy conditions. In fact, she felt sorry for them, and understood also that people had panicked because of the surrender and the uncertainty about their future. Therefore, Fsan never thought that escaping from work made them guilty or that they had made a wrong choice and many nurses were in that same situation. The nurses who had experienced the bombing were suffering sequelae, but they could not apply for aid because they felt guilty for having slipped away from their hospitals. When Hibakusya became of an advanced age and retired from their work, their condition must have deteriorated and their medical expenses must have increased. So, they could no longer survive on their income. All of those who experienced the A-Bomb suffered from diverse difficulties.

⁸⁷ Fsan, personal interview, 2002.

⁸⁸ Fsan, personal interview, 2002.

JCAHBSO are still fighting with the Government for the Hibakusya so that they might receive better social support. They are also continuing to promote a better understanding about Hibakusya among ordinary citizens. Its advocacy activities should provide the Hibakusya with hope for improving their social status.

6.4.2. Ambivalence about radiation sickness

When Japan was released from the occupation in 1952, there was no information about the effects of the bomb on people's health. Rsan explained that official information about the bomb started being published in the mid 1960s. Therefore, in 1965 she visited the Central Bureau of the Ministry of Health and Welfare to find out how the contamination was considered to be affecting people's health. The executive answered, 'We have not been provided with accurate data from the USA, so we are still only at the prediction stage. An official announcement from this Ministry cannot be made without consulting the Diet.'⁸⁹ Even though the war had ended, the Japanese Government did not wish to discuss such a delicate issue with America. Rsan was angry and disappointed that she could not be provided with any more details. 'So information about the effects of the A-Bomb contamination on people's health was not officially provided.' She did not believe rumours or information that had no proof behind them, but she was also afraid of hearing bad news. Rsan said that some of the official workers from the government and the Communist Party had received information about the health effects, and they supported the victims in their applications for social or other support. However, she did not contact the official workers of the Communist Party for information about that. She suddenly felt afraid of knowing the facts.

I avoided receiving such support, and did not want to know about the details of the relationship between the contamination and people's health. It made me afraid. So I stopped searching for information, but I did decide to quickly go to a hospital if abnormal symptoms appeared on my body.⁹⁰

⁸⁹ The Diet is the Japanese legislative assembly. A member of the Diet is elected by the nation, but the Prime Minister is elected by the members of the Diet and not by the nation.

⁹⁰ Rsan, personal interview, 2005.

Her mind wavered between wanting to know and not wanting to know about the after effects. However, she knew the bomb had badly affected her, so, she went to a hospital when an abnormal symptom appeared.

6.4.3. Hidden facts concerning the Hibakusya

Marriage difficulties were not the only problems that Hibakusya had to cope with. Their children also were discriminated against. In the 1970s, television came into the average Japanese home, and sometimes programmes on the A-Bomb were broadcast. Facts about it became known not only in Hiroshima and Nagasaki, but throughout the nation. Rsan explained that the media started to report on the A-Bomb around 1975, and accordingly public knowledge of it increased. Rsan had married a man who accepted the fact that she was a Hibakusya, but she was worried about her children. It made Rsan nervous.

Despite those reports, I avoided information about it even more than before. Then, my husband said, 'I can understand your pain which must be shared by all Japanese. However, not everyone is the same and some of them discriminate against the victims. It is true, even if it is very senseless. I am also a parent of the second generation of survivors, so I must protect our children from that discrimination. I agree that you should avoid asserting yourself as a survivor.' He was a really sympathetic husband. After that, I never talked about it to others, even my children. I locked everything in a cabinet where I stored information concerning the A-Bomb, so it would not be seen by my children.⁹¹

In her experience, not all of the Japanese felt sympathy for Hibakusyas, and even discriminated against them. If media reports were suspicious of the effects of the A-Bomb radiation on human genes, her children might become victims of some kind of marriage discrimination. Rsan knew about that very well because she had already experienced serious marriage discrimination and hoped her children would be able to

⁹¹ Rsan, personal interview, 2005.

avoid it. However, her father had not allowed her to hide the fact she was a Hibakusya from her partner, so, she struggled with the dilemma of either telling the truth or hiding the facts. Then, her husband agreed it was best to hide the facts from their children, so she never disclosed that she had been in the Hiroshima relief and had become a Hibakusya herself.

Osan, who lived near Hiroshima Prefecture, did not mention that she had been in Hiroshima as part of the relief, because her daughter forbade her to talk about her experiences there. ‘Mother, please do not talk about your Hibakusya relief story. If people find out that I am a second generation Hibakusya, I shall be discriminated against when I want to get married.’⁹² That was the main reason for her not relating her experiences and she hid the fact that she was a Hibakusya for a long time to avoid being an obstacle to her daughter’s future happiness.

Rsan hid the fact she was a Hibakusya until her son became engaged to be married. She struggled with the question of revealing the truth about her condition and then she finally decided to tell the truth to her son’s partner and her family.

I started to be tortured by my conscience because I was hiding such important facts from my son and his partner. Eventually, I visited his partner’s parents without telling either my husband or my son and revealed the truth to them. Although my son did not have any abnormalities, it was not sure if a grandchild would not be affected by the contamination. So, I had to tell the truth.⁹³

She explained that she was a Hibakusya, but that up till then her son had not had any health problems. She showed them her son’s birth certificate and all the records of his health checks from school as proof of his having had no effects from the A-Bomb and said that her son had been normal during his youth. Then she added ‘Please be the judge of whether my son is putting their marriage at risk.’ A few days later, she

⁹² Osan, personal interview, 2001.

⁹³ Rsan, personal interview, 2005.

received a joyful answer from his partner; 'Your son is a most sincere person, so I would like to marry him.'⁹⁴

She did not discuss this episode with her husband or her son as she was afraid they would have disapproved of her decision which was influenced by her father's instructions for her own marriage. Her father had never allowed her to hide the fact of being a Hibakusya from her partner. He insisted on her marrying a man who accepted that she was a Hibakusya and could live with the uncertainty of the eventual effects. She believed that the father's advice was correct and spent a good life with her husband. She thought it was her duty to relate the fact that she was a Hibakusya to her son's partner and family.

Unlike Rsan, Lsan had disclosed that she was a Hibakusya and had cared for the Hibakusya as a nurse. However, Lsan experienced social discrimination and felt very angry. She explained why people adopted the slogan of 'No More Hiroshimas' and her anger against those who supported America on economic development issues and oppressed the freedom of expression of the Hibakusya's emotions.

We did not only want to demonstrate about 'No More Hiroshimas' or 'No More War', but we were not allowed to demonstrate about anything else. We were forced to remain silent about Japanese development. Just after the war, Japan was a really poor country, but it would become a big economic success because of its relationship with America. We could not reconstruct Japan by ourselves. To tell you the truth, we hated the country that had used such a bomb. Alternatively, I would have liked to have been politically involved for the people who were in pain or had been killed by the bomb. However, we could not do that. If we did, all of the Hibakusya would receive more punishment than before from the Japanese. Most of the Japanese were afraid to criticise America because then Americans would get angry and would not support Japan economically. So, we only could have demonstrations stating 'No More Hiroshimas'. We were not allowed to blame America and its use

⁹⁴ Rsan, personal interview, 2005.

of the A-Bomb. The beautiful idea of being both never angry about the A-Bomb and yet concerned by the importance of peace never existed.⁹⁵

The Jiji Press opposed the CCD and distributed a report about the peace movement in Hiroshima with its slogan 'No more Hiroshimas' internationally in 1948 while still under occupation.⁹⁶ However, SCAP (General MacArthur), could not suppress this report once it was published overseas. If he did so, American citizens would have realised that he was controlling the information about Japan. He did not want to have a bad reputation with the American people,⁹⁷ because he planned to run for the American presidential election as the Republican candidate in 1948 and also 1952.⁹⁸⁻⁹⁹ Therefore he could not censor this report. When the Hibakusya knew of this publication, they realised that 'No more Hiroshimas' were the only words permitted as an appeal about the ordeal of their existence.

The press code and censorship were one of main reasons why Hibakusya did not have freedom of speech. Discrimination also caused them to be silent and not remain in the background. Moreover, Japanese society became wealthy and economically strong, which had been the aim of the Japanese Junta during the WWII. Japan's standard of living increased even though it had lost the war. Not only did the Japanese people not wish to return to a life of poverty again, they wanted to be trusted and to maintain good relations with the USA, believing that the USA had made their return to prosperity possible. Japan's rapid post war economic growth was often called miracle. However, this miracle was not achieved by Japanese alone, and was strongly influenced by their relationship with the USA. So, Lsan pointed that Japanese were obsequiously sensitive to the American mood toward to Japan. This relationship between the Japanese revived economy and the USA is expressed below.

⁹⁵ Lsan, Msan, and Nsan, group interview, 2002.

⁹⁶ Braw, *American censorship in Japan 1945-1949: the atomic bomb suppressed*, pp.143-144.

⁹⁷ Braw, *American censorship in Japan 1945-1949: the atomic bomb suppressed*, pp.143-144.

⁹⁸ William Manchester, *American Caesar, Douglas MacArthur, 1880-1964*, (Boston: Little Brown, 1978), pp.520-525.

⁹⁹ Manchester, *American Caesar, Douglas MacArthur, 1880-1964*, pp.684-689.

On the outbreak of the Korean War, which was from 1950 to 1951, the U.S. Forces supplied munitions' were from special procurements from Japan, then Japanese companies could breathe again even though they were nearly bankrupt. The textile and metal industries had higher levels of activity, because of these special procurements. Because of this, Japan's international balance of payment went into the black for the first time since its defeat, and Japan's industrial production rapidly revived. The Japanese economy broke through the level at prewar days in 1950.¹⁰⁰ These munitions' special procurements were paid in American dollars by the US government. Without this payment method, rationalization of Japanese industries would not have occurred on the brittle basis in the former Japanese economy.¹⁰¹

The single exchange rate was set at 360 Japanese yen per American dollar in 1948, which was called the Dodge's Line, and the effect of this had been to send Japan into a serious economic depression. This situation was redeemed and the economy brought into the black figures from 1950 through the export of products paid with this high exchange rate with the US dollar.¹⁰²

The war special procurements for the US Forces was not only during the Korean War, but also again during the Vietnam War, with this benefitting the Japanese economy again in the mid-1960s, overcoming a reduction in growth after the Korean War.¹⁰³ During the cold war, Japan again sided with the USA and with capitalism, receiving further support from the USA. The inter-dependencies, through exports and special war procurements for the USA at war with Asian countries, ensured that Japan would become a major world economy (second after the USA until recently) and a symbol of abundance afforded by capitalism.

¹⁰⁰ Akira, Hara, 'Sengo 50nen to Nihon keizai' [Postwar 50 years and Japanese economy], in Kurihara Kentaro, Yoshida Narahiko, Mori Takemaro, Yoshida Hiroshi, eds., *Sengo 50nen no shiteki kennsyō* [Historical analysis at postwar 50 years], (Tokyo: Higashi Syuppan, 1995) pp.79-111, (p.94).

¹⁰¹ Laura E Hein, 'Growth and success: Japan's economic policy in historical perspective', in Gordon Andrew, ed., *Postwar Japan as history*, Japanese edn, (Tokyo: Misuzu Syoten, 2001), pp.204-239, (pp.218-219).

¹⁰² Yozo Yabe, Yoshihiro Koga, Hiroaki Watanabe, Masayoshi Iijima, Tooru Kaizuka, eds., *Gendai Nihon keizaishi nenpyō 1868-2006*, [Present age Japan's economic history chronology: 1868-2006], (Tokyo:Nihon keizai Hyoronsya, 2006), p.53.

¹⁰³ Hein, 'Growth and success: Japan's economic policy in historical perspective', p.219.

Hibakusya were therefore even more restrained from speaking freely about their emotions by those Japanese who had not experienced the A-Bomb, and it was not merely the press that silenced them in order to obtain economic gain and status in the world.

6.4.4. It was like living with a bomb inside my body

Some of the informants had suffered or were still suffering sequelae which concerned the A-Bomb radiation sickness and its symptoms appeared suddenly. Their sequelae must have been getting worse, even though they did not have any symptoms. Even though their condition returned to normal, these symptoms would repeatedly flare up again. Their condition was worsened by overwork and fatigue, so the whole of their lives was continually threatened by disease.

Most informants reported that they did not suffer sequelae at the time of interviewing, but Rsan is now suffering from cancer whose relevance with radiation contamination cannot be refuted. She had had repeating alopecia from 1971, and a flat epithelium malignant melanoma was swelling in her centriciput, so she had a surgical operation. In 1974 her eyesight was also failing, she was unable to walk, and her leukocyte went up to 20,000. After that she was often hospitalised. Also in 2003, she was found to have colon cancer and had an operation. She said: 'Fortunately I did not need to have a stoma.'¹⁰⁴ Even though she was suffering because of the A-Bomb contamination, she thought positively about not needing to have a colon stoma. She was working in Hiroshima from 7 August to 20 August outside the building of the west parade ground. According to the report of the investigating commission,¹⁰⁵ 'On 15 August, the west parade ground, which was almost at the dropping zone, received radiation which was identified as being five times stronger than the air.'¹⁰⁶ It was

¹⁰⁴ Rsan, personal interview, 2005.

¹⁰⁵ See chapter four, Investigation of the effects of the bomb.

¹⁰⁶ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.21.

recorded that the radiation must have been equally as strong during the period that Rsan worked there.

Nsan also suffered from breast cancer and had two operations before a double breast removal. She had not been in Hiroshima but had worked in an Army hospital in another province, caring for ABVs who had been conveyed there. She expressed her anger about what happened to her.

I did not know they were ABVs. I lost both of my breasts because breast cancer and radiation are related. If we had known that, we could have protected ourselves while on duty, but we didn't do that. Give me back my breast, both breasts. In the meanwhile my life is threatened by cancer.¹⁰⁷

Hsan worked for one week from 8 August to 14 August at the Hiroshima City Hall caring for the civilian victims as part of the JRC relief. When I interviewed her, she said that she did not want to talk about her experiences because she was depressed by her health problems. Therefore I could not ask her any questions and had only a ten minute interview listening to her lamentations. She never told me exactly what she was suffering from, but she did say that she was sick. She did explain however, that she was going to be hospitalised the week after our meeting so I did not continue the interview. She had worked as a school nurse after the war and during that time she often related stories about the ABVs to teach the school children about the importance of peace.

I have to be hospitalised. I often have to go to the hospital. When I became sick, I often thought it was because I am an ABV. I do not want to talk about my experience, even though I believe that telling you about it is my duty as a survivor. But, now I do not feel like it. I am very sorry. I often feel depressed because of my bad health and I blame it on my life. I lose my courage when I feel sick. (She cried)¹⁰⁸

¹⁰⁷ Lsan, Msan, and Nsan, group interview, 2002.

¹⁰⁸ Hsan, personal interview, 2002.

Dsan pointed out that her liver and spleen were swollen and she was told to take care of herself and to protect herself from any other sicknesses. She said, 'It was like living with a bomb inside my body.'¹⁰⁹ Constantly she worried about it exploding. However, she thought positively all the time and never complained that she had been sent to the relief. She said: 'I think that I shall donate my body to science to help improve the treatment for the Hibakusyas.' She felt sympathy for those suffering from symptoms of the A-Bomb radiation sickness and cared for them as well as a nurse possibly could.

6.5. Living to an advanced age

It is sixty years since the A-Bomb victims' relief or nursing in Hiroshima, so many of the informants were nearly eighty years old. However, the memory of it or what they saw at Hiroshima has not gone from their minds. Gsan explained her experience. 'Although nearly sixty years has passed, even now, the people who burned like a barbecue rise up in front of me with their swollen faces when I close my eyes.'¹¹⁰

Csan also often thinks about her experiences in Hiroshima and wanted to talk with other Hibakusya and share their feelings, since they had had the same serious experiences as her. She thought it would soothe her mind and she might also be able to discuss problems that happened to them later. However, since she had suffered a stroke and was over eighty years old, she could not attend the Hiroshima Peace Memorial Ceremony,¹¹¹ which held 6 August every year by Hiroshima City, and was not able to talk about her experiences with the others. She can now only watch the ceremony on television.

I cannot participate in the memorial ceremony because of my age and disabilities. So, I can only watch it on television and cry. I want to talk to

¹⁰⁹ Dsan, personal interview, 2001.

¹¹⁰ Gsan, personal interview, 2001.

¹¹¹ Although this ceremony is organised by Hiroshima City, the Japanese Prime Minister attends the ceremony with around fifty thousand people attending each the ceremony.

the survivors. Maybe even when I am dying, I will still be thinking about those days.¹¹²

She believes that the experience was so powerful that she will never forget it. Even when she is about to die, she believes that she will never forget the bombing, and its aftermath and ruin.

Fsan also explained that she used to participate in the memorial ceremony, and share the experience of the bombing. Meeting her acquaintances and chatting about their experiences was one of her greatest enjoyments, and was conducted at Fsan's house. However, she and her acquaintances were getting old and could no longer participate in the ceremony.

Many of my acquaintances used to participate in the A-Bomb memorial ceremony. However, recently, the number of participants has declined remarkably. We used to gather together once a year and we told each other that we would like to see them the next year and then we went back home. Before, we used to eat lunch at my house after the ceremony, and chat with each other, but we can't do that anymore because we are old and unwell.¹¹³

All of the informants co-operated with this study, because they wanted to evoke the importance of long-lasting peace. They had not been able to provide the ideal care for the suffering victims during the relief. Their patients had not been able to see their families, or to talk about their real feelings, and they had passed away alone. Dsan still feels great anger and despair when she thinks about them during the bombing. She believes that it was their duty to appeal for peace and to demonstrate against war and the A-Bomb. She is strongly of the opinion that the A-Bomb should never be allowed to be used again in the world.

More than ten thousand degrees of heat and strong blasts killed people, or caused them to have to struggle with pain, and all the grass and trees in Hiroshima were burnt. Many people became only a pile of bones without

¹¹² Csan, personal interview, 2002.

¹¹³ Fsan, personal interview, 2002.

any identity and were not even given a proper burial in a grave. I was so upset that I wondered if either God or Buddha truly did exist. It was merciless and seemed like nothing on earth. Innocent and defenceless people fell victim to war, not the people that started them. Many people passed away because of only one bomb. I totally disagree with war. We saw and lived in a tragic world which cannot be fully described by words. It is wonderful that I am still alive. I honestly want to appeal for peace from the bottom of my heart.¹¹⁴

On the other hand, many Hibakusya are still suffering from its aftermath. The informants felt sympathy and anger about the incident. Fortunately, Dsan does not have any visible symptoms now, but she is worried about the other Hibakusya who are still suffering sequelae even now.

There are many people who are suffering sequelae even now. I would like to help them, but I am powerless. I feel mortification, regret, and impatience, and cannot express my feelings very well. The memory of our experiences and feelings has not healed or dimmed, and it is still deeply engraved in our minds.¹¹⁵

Rsan is suffering from depilation alopecia and uses a wig. Moreover, two of Rsan's daughters and her granddaughter have been suffering from the same problem and her granddaughter was once in such a serious condition that she could not go to school for some time. Even now, her granddaughter will not take off her hat. She suspected that the depilation had been caused by the A-Bomb radiation sickness and she was afraid of knowing the truth.

The after-effects for the second and third generations have not yet been elucidated scientifically, but if some research is done, the results may make us nervous. I want to know, but knowing is frightening, because I do not want my daughter to experience the same discrimination that I have known.¹¹⁶

¹¹⁴ Dsan, personal interview, 2001.

¹¹⁵ Dsan, personal interview, 2001.

¹¹⁶ Rsan, personal interview, 2005.

The reason for her fear of knowing the truth was that she wanted to avoid her children and grandchildren from being discriminated against and to protect them. She had proved that she did not apply for any support for the Hibakusya, despite the fact that she often had to have medical treatment and spent large sums of money on her A-Bomb radiation sickness. If she had applied and had been granted financial support, then she would have been identified as a Hibakusya. Her children also could have applied for support, as second generation Hibakusya. She also worried about having a deformed baby. She said sadly: 'The sad reality is that the general public's recognition of the Hibakusya is still low, and some of them discriminate blindly.'¹¹⁷ However, she is trying to change her attitude as a Hibakusya. She had kept her distance from the facts about Hibakusya, but she has tried to change the social prejudice and to improve their medical treatment. She is going to spend the rest of her life making conditions better for the next generation of Hibakusya.

I want to spend the remaining years of my life changing public thinking for the better. I would like to work to change the victims' lives and their posterity so they can live without discrimination.¹¹⁸

Rsan wants to make an appeal for a better understanding of Hibakusya and their acceptance in society, without any discrimination.

6.6. Speaking out for peace

The informants also had a strong sense of mission towards the victims who had remained silent, suffered and then passed away, and it was they who had been the closest to them. At the fortieth anniversary of the bombing, a movement to listen to the narratives of the A-Bomb became popular, because most Hibakusya were elderly people.

¹¹⁷ Rsan, personal interview, 2005.

¹¹⁸ Rsan, personal interview, 2005.

Osan had never revealed her story of the relief to others before and she had forbidden her daughter to do so as well. Her daughter was afraid of marriage discrimination, so, she did not talk about it either. Fifty years after the war, the next generation instigated a movement for openly discussing people's experiences of the A-Bomb. The survivors started talking about their experiences and Osan was invited to do so by the pupils from her school. At that time, she confirmed that not only her child, but also her grandchild, had suffered no health sequels because she did not want her family to be affected by her revelations. Then, she spoke to the pupils who listened tearfully to her story. Their teacher appreciated her narration and said that Osan's experience was very impressive and valuable for the class. She felt that people's attitudes towards the Hibakusya were changing. She explained:

I was surprised by their response, and I realised that I had done a good job. I realised then that I should relate my story to the next generation, even though people do not always listen in good faith. I especially wanted to relate my experiences to nurses and nursing students, so, I am really happy to tell my story to you.¹¹⁹

Osan's story was accepted as honourable. Not only Osan, but also Csan and Hsan were asked to tell their story to primary school pupils. She wanted to relate her story of the relief to nurses and deepen their compassion towards the injured and the sick.

Rsan had kept her story a secret. One day, she asked her grandchild suddenly if he wanted to hear her story. Her grandchild was interested in her experiences, and her story was instantly acclaimed.

My youngest grandchild was interested in my experiences, and studied about the A-Bomb in the library. 'What terrible things you experienced! How dramatic your life was. I really respect you, Grandma. You are different from the other grandmothers. I am often impressed by your opinions.' He accepted my experience, and that was such a delight for me. My grandchild is a special person for me and he has given me courage. He asked me, 'If my friends want to know about the A-Bomb, can I tell them

¹¹⁹ Osan, personal interview, 2001.

that my grandmother is an A-Bomb survivor?’ After that, I started to talk about my experiences.¹²⁰

Rsan’s grandchild may encounter some problems regarding the Hibakusya’s inheritance, but Rsan’s story must have given him confidence. He knew he was the grandchild of a person who had helped many people during a life-threatening situation. I think he is proud of his grandmother and her undertakings have provided him with power to act against any discrimination or trouble he might meet during his life.

These nurses had all suffered discrimination, illness or sequelae, and the uncertainty of what would happen to them, but they never complained that they had been sent to Hiroshima to work as relief nurses. For a long time, they were not able to reveal their personal experiences to others. However, now their experiences have been accepted as having power to move others and as being valuable for everyone.

Also social change supports Hibakusya to tell of their experiences. Democracy, which was promoted by America, is now established in Japan. The initial basis for Japan's security relations with the United States was revised in the Treaty of mutual cooperation and security between the United States and Japan, in 1960, but American soldiers were still guaranteed extraterritoriality and privileges. That year, citizens, students and others demonstrated to ask for the abolition of this statute. It was a nation-wide event. The Japanese were free to protest against the Japanese government and America and could state their opinions without being arrested or treated as law-breakers. In addition, Japanese society has been changing its attitude to socially handicapped people, and expresses more compassion towards their circumstances. It could be that Japan has become an affluent society with established social security and has participated in international cooperation for developing

¹²⁰ Rsan, personal interview, 2005.

countries as with other affluent countries. Such action may have improved their sense of sharing their lives with all handicapped people, especially younger generations.

6.7. Conclusion

Nurses who cared for Hibakusya in Hiroshima just after the bombing suffered symptoms of radioactive contamination from relief activities, and were released from their work to return home. Although their condition worsened rapidly, there were no methods available to cure them, and they were aware that they had come close to death. Even when they recovered from such a critical situation, they were troubled again and again by health issues caused by the A-Bomb radiation and its contamination. It was like living with a bomb inside their bodies. However, they not only suffered health problems, but the very fact that they were Hibakusya was not acknowledged.

One main reason for the silencing was the dependent relationship between the USA and Japan that occurred after the war. During the American occupation, the Japanese had restrictions placed on their freedom of speech so that there were no dissenting voices about what had happened in places such as Hiroshima City. Therefore Hibakusya could not talk freely about their health concerns. Also with Occupation, GHQ/SCAP established a press code that prohibited the dissemination of information about the A-Bomb and its effects. From this situation, the Hibakusya realised that the A-Bomb was a very sensitive and taboo topic, so they self censored (not just for political reasons, but because to declare themselves may have brought them into disrepute and its associated stigma). Long after the occupation Hibakusya were silenced to prevent any trouble with USA because, rightly or wrongly, the Japanese believed that USA was integral to the growth and support of the Japanese economy. Indeed, the USA provided manufacturing opportunities for Japan in the export of special war procurements during both the Korean and Vietnam Wars. The exports were central in bringing about the much vaunted Japanese economic miracle. The

Japanese people, policies and interdependencies are implicated in keeping the silence around the Hibakusya in order to maintain their good relationship with USA.

Another reason of this silencing could be laid at the entrenched attitudes of the Japanese to disabled persons, such as the discrimination and stigmatization experienced by Hibakusya. Female Hibakusya suffered marriage discrimination because they it was thought that there was a strong possibility of problems with child-bearing. The informants of this study were all women, because nursing was a female occupation, with the result that many experienced this discrimination. The Hibakusya who were the informants for this study remained silent for at least forty years after the bombing. Some of them bottled up their experiences and revealed them to no-one, despite their heroic and praiseworthy roles during the war. Moreover, they did not do that for themselves, but for their children whom they knew would receive the same discrimination as themselves. On the other side, informants were afraid of the uncertainty about how radioactive contamination would affect their children and their posterity. If anything happened to their children, they would feel guilty that the cause of the problem was 'because I am a Hibakusya'.

However, when they became advanced in age, they started to relate their experiences to future generations and understood the need to ensure peace in the future as a role for survivor or witnesses to the use of such weapons. Moreover, the following two generations after the informants had changed their attitude about Hibakusya, and the experiences as relief nurses was accepted and honoured. During the last sixty years, Japanese society had changed and people can speak their opinion more freely as well as express compassion for handicapped persons.

CHAPTER SEVEN

Nursing as a life

7.1. Introduction

This chapter focuses on the informants' experiences as a nurse after they were released from the Hibakusya, the A-Bomb victims or survivors, relief and up until the present day. Most of the informants were student nurses during the relief, so the experiences of their pre-graduation days at nursing school are also included. One informant resigned soon after the defeat, but others continued nursing. They reflected on their lives as nurses and how the experience of the Hibakusya relief affected their lives as nurses. The informants also related how the experience of nursing the Hibakusya improved their own perspectives on nursing or affected their personal characters. In conclusion, this chapter discusses the implications of the experience of nursing Hibakusya. These unique experiences of the Hibakusya relief could possibly provide some suggestions for future generations of nurses.

7.2. Becoming a nurse

At the conclusion of the relief, Esan, Bsan and Asan, who were students at the Hiroshima JRC Nursing School, were ordered to return to their homes. After their arrival home, their conditions deteriorated and they were forced to rest in bed every day. Their bodies had been undermined by hard work and the radiation effects. They were granted only one week's holiday, but they were not able to recover in such a short time. So, they could not go back to the school and had to stay at home and rest.

One month later, at the end of October, they each received a telegram from the nursing school requesting their presence at the school. Bsan explained ‘It said if we did not return to school, we would be expelled.’¹ Some girls became JRC nurses in order to work for their country, and since the war was over, they had less ambition to continue their nursing careers. Of course, there were some nurses who did not want to leave the school. The JRC society did not force the students to come back to the school, but since all the students had contracted to work ten years after their schooling was finished, they had to decide whether they would continue their studies or leave school. These three informants did not think of leaving school and prepared to go back after they received the telegram. However their families did not want them to return to school, because they were still sick. Japan had been defeated, and Hiroshima was in ruins and the occupation armies were everywhere.² But in spite of their families’ opposition, they nevertheless decided to return to school and to nursing. It is easy to understand that they would experience many hardships if they returned to the school because their hospital had been destroyed, many of the Hibakusya had life threatening illnesses, there was not enough medication or enough food, and with the destruction of the nursing home, no accommodation for the nurses. Despite these conditions, they decided to return to the school and expressed their reasons below.

Esan explained, ‘I wanted to go back to school because I thought that I should obey the terms of the contract, and it was important to be accepted as a reliable person.’³ Esan believed that she should show that she could be trusted by others, and this belief made her return. Asan explained that even if her friends decided to leave school, she had never changed her mind about returning.

¹ Bsan, personal interview, 2001.

² Jeffry, *A Military history of Australia, The postwar Challenge, 1945-1955*, pp.199-204.

‘Hiroshima and its surrounding prefectures were supervised by British Commonwealth Occupation Forces (BCOF) for demilitarisation and the disposal of Japan’s war industries as from February 1946. Its main force was from Australia, and the Australian 34th Infantry Brigade was stationed at Hiroshima. Therefore, there were not only GHQ/SCAP soldiers.’

³ Esan, personal interview, 2001.

I visited my friend at her house and said, 'Let's go back to school'. Then, her father said that he would never allow his daughter to go back to the JRC and she never returned again. My mother also did not want me to go back, but I had a strong will and even though I couldn't justify my decision, I really and truly thought that I should go back to the JRC. It was my duty.⁴

Bsan also did not give any reason for returning to school, but she never thought that she had the choice.⁵ They each had a strong sense of responsibility and kept their promises to be JRC nurses. They could not abandon their careers halfway through their studies. Once they had decided to be nurses, they believed that they should fulfil their responsibilities. The fact that the war was over and that there were social changes taking place was not important for them. What was important was that they could be relied on as human beings and as nurses. They also realised their true interest in caring for people.

Until the graduation at nursing school, the Hiroshima JRC Hospital was in a state of confusion and informants who were Hiroshima JRC Nursing Students, worked to solve the nursing shortage. When they returned to the school, they mainly spent time working at the hospital in clinical training practice, and had very little time for lectures. They had also to work night shifts as most of the work force was dependent on the use of nursing students. However without any warning they would be sent to a class and given a lecture. Bsan explained; 'The curricula was not planned, so suddenly we were told there was going to be a lecture and we had to attend.'⁶ Maybe the school really wanted to organise a curricula for its students, but there were many Hibakusya patients and still a serious shortage of nurses and physicians so the nursing students had to work at the hospital. Even though they did not have time to study at the school, they were able to graduate and become registered nurses (RN) in March, 1946. Bsan was worried about her graduation. 'I thought I would not have enough units but, I was finally able to graduate at the end of March, 1946.'⁷ Asan

⁴ Asan, personal interview, 2001.

⁵ Bsan, personal interview, 2002.

⁶ Bsan, personal interview, 2002.

⁷ Bsan, personal interview, 2002.

also was in the same situation;

I was worried about my graduation, because I was not able to study in class and only worked in the wards. Maybe, we were evaluated as having learnt enough nursing knowledge from our clinical placements.⁸

Even Asan, Esan and Bsan had not enough time to study in class, but all informants could graduate and got their nursing licenses. Like them, other informants who were nursing students in 1945, graduated from their nursing schools, obtained their licenses as Registered Nurses and continued their nursing careers.

7.3. The changes in nursing education and its influence on the informants

On 2 October 1945, the General Headquarters/ Supreme Commander of the Allied Powers (GHQ/SCAP) set up a Public Health and Welfare Section (PHW) which consisted of thirteen divisions and included a Nursing Affairs Division in order to improve the Japanese health care system.⁹ The educational reconstruction of nursing was required to secure the quality of nursing as a profession and to secure the nursing personnel that corresponded to the population needs of Japan.¹⁰ GHQ/SCAP established a Demonstration School of Nursing as a model of nursing education in June, 1946 in Tokyo for the unification of the nursing education system and improvement of nursing skills according to the new nursing regulation bill.¹¹ Students of St. Luke's College of Nursing and JRC Central Hospital Training Nursing School were taught at this school. The education of this model school was conducted by nurses, not physicians. Based on the policy of Florence Nightingale, 'nurses had to be educated by nurses themselves'. American nurses promoted nursing as an art, and not only a philanthropic service.¹² The Demonstration School of Nursing used

⁸ Asan, personal interview, 2001.

⁹ Kidou Sugita, Youji Nagatoya, Machiko Hirano, and Akira Ishihara, *Kangoshi* [Nursing History], (Tokyo: Igakusyoin, 2000), pp.183-186.

¹⁰ Japanese name was 'Tokyo Kango Kyouiku Mohangakko.'

¹¹ Masu Yumaki, ed., *Kango no Rekishi Series 8 Sengo no Kaikaku -GHQ Jidai-* [History of nursing 8, post war revolution], Video Pack Nippon, DVD, Tokyo, Japan, 1982.

¹² Michiko Kameyama, *kangoshi* [Nursing history], (Tokyo: Medical friend Sha, 2001), p.166.

the buildings of the Tokyo JRC Nursing School, educating nurses for eight years until it was closed in 1956.¹³⁻¹⁴ Hence, JRC was influenced by this new form of nursing education.

The re-education of licensed nurses by American nurses started in September 1946 under the auspices of the Japanese Ministry of Health and Welfare with the cooperation of the Nursing Affairs Division at GHQ/SCAP.¹⁵ The head nurses or trainee administrative nurses of the national hospitals were brought together with the idea of improving nursing philosophy and management skills, and as a way of bringing new nursing knowledge to be introduced throughout Japan.¹⁶ The JRC society also invited lecturers from the GHQ/SCAP nursing division to re-train licensed head nurses or administrative trainees.

Gsan was selected as a cadet administrator of her JRC chapter and sent to Tokyo to study. She learnt nursing theory from Ms. Virginia M. Ohlson, the second Head of the Nursing Affairs Division at GHQ/SCAP who took office in 1947.¹⁷ Gsan recalled:

Ms Ohlson's teaching was so impressive. I was young and I drank in her every word, so that they might enter into my inner self, and make me feel really strong. I felt just like grass which had been watered.¹⁸

After she finished her re-education course, she returned to her chapter before being ordered to work at the Atomic Bomb Casualty Centre (ABCC). She felt happy about accepting this task and had high expectations of working there with American nurses. 'I really hoped to work at the ABCC, so that I could see the American style of

¹³ Machiko Hirao, 'Dai 4 syou: dai 2 ji sekai taisengo no kango kyouiku' [Chapter 4 Nursing Education after World War II], in Hirono Michiko, ed., *Shiryou ni miru Nihon kango kyouiku shi* [Archives of Japanese nursing education history], (Tokyo: Kango no Kagaku Sya, 1999), pp. 96-105 (p.100).

¹⁴ Sugita, et al., *Kangoshi*, pp.184-185.

¹⁵ Yumaki, *Kango no Rekishi Series 8 Sengo no Kaikaku -GHQ Jidai-*.

¹⁶ Hirao, 'Dai 4 syou: dai 2 ji sekai taisengo no kango kyouiku', p.101.

¹⁷ Sugita, et al., *Kangoshi*, p.183.

¹⁸ Gsan, personal interview, 2001.

nursing. I believed that I would learn advanced nursing knowledge from the American nurses.’ Despite her expectations, American nurses were a far cry from the model of nursing which she had learnt from Ms Ohlson and Gsan was disappointed.

The nurses did not take care of the Hibakusya, and only gathered data about them. They just helped the physicians to examine them, because the ABCC had been established for research purposes and not for treating the victims, I was so disappointed. I really wished that I could learn nursing theory in America.¹⁹

She learned that not all of the American nurses tried to provide good care as put forward in the theory. However, she believed that there were nurses who tried to improve and practice nursing theory in America. The ABCC was only established for gathering data from the Hibakusya to investigate the effect of the A-Bomb and it never provided medical treatment or cared for them.²⁰ They were only treated like guinea pigs at the research centre.²¹ In chapter one I introduced Lsan’s story in the ‘ethical consideration’ section and explained how angry she had been to be treated like a guinea pig. Gsan, like Lsan, expressed her disappointment in the nurses at the ABCC who merely recorded their data, and did not nurse them.

The new style of education in nursing changed not only nursing skills, but also the attitude of the nurses. These new nurses were educated to be professionals and to have their own opinions and discuss nursing care improvements with other nurses. Nurses were on the same level as other professionals, including physicians, and they could argue their rights as employees which was important for improving the nursing profession. However, this attitude was totally different to that of the nurses who had been educated before the surrender. Traditionally, such manners were not common and elders should have been respected and not disagreed with. Therefore, Osan could

¹⁹ Gsan, personal interview, 2001.

²⁰ Sasamoto, *Beigun senryouka no genbaku cyousa*, p189 -194, appendix, pp.310-319. ‘ABCC was established by the Japanese Government’s invitation to GHQ, ‘the research about the effect of the A-Bomb on the human body will be useful for the peaceful use of atomic power in electricity generation. This idea was accepted and it was established that the effects of the bomb should be known, but finding an effective medical treatment for the Hibakusya, even though many sequelae had been identified, was not included. Therefore, the Japanese government also treated the Hibakusya as guinea pigs.’

²¹ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p189 -194.

not accept the new nurses' attitudes which seemed to be disrespectful of their seniors. Osan expressed her shock, as below.

We were educated during the war, and we had been strictly educated in the manner of executing our tasks rather than learning the theory involved. Our senior nurses required a strict fifteen degree salute, for example. After the war, newly-educated nurses started working. They did not respect the senior nurses, and complained about our strictness during their first year of nursing practice. I could not accept such an attitude. After only two years, nursing education changed dramatically. We were not pleased that these newly educated nurses found us too strict. The labour unions were also organised. We did not participate in them, of course. I really felt that there was no longer any place for us, so, I resigned.²²

Osan and others informants who were JRC nurses had been categorised as special women, and they had been respected for their role as women. However, post war, the respect accorded to JRC nurses disappeared and they lost their special status. The nurses who were educated after the war learnt that nursing was a profession. JRC nurses were educated like these nurses and no deference was given to them over other nurses. Also many women had to work for their living unlike before the war when they would be working in the domestic realm or married, so although the war had ended and the mobilization law was abolished, many of these women became nurses.

Following the surrender, Japan experienced serious economic inflation, which was caused by the defeat process and reparation paid to occupation forces. There was also the poorest harvest in over forty years, so the government announced that ten million people were likely to starve to death in the spring of 1946.²³ The unemployment rate was also high, so the government instigated a law in October 1945 that female workers were to be expelled from the workplace and replaced by men.²⁴ The government tried to solve the unemployment situation by sacrificing women whom, they believed would accept the situation silently as was the tradition. In addition, in February 1946, the government set the minimum wages for women as one-third or

²² Osan, personal interview, 2001.

²³ Yasuko Ito, *Nihon no Jyoseishi* [Japanese Women's History], (Tokyo: Gakusyu no Tomosya, 1977), P.119.

²⁴ Ito, *Jyoseishi*, p.119.

less of a male worker.²⁵ The government's attitude shows how entrenched the idea was that woman did not need to continue their work in society, despite previous laws that obliged all women to work for the nation. However these were different times. There were many women whose husbands had died in the war, and they had little choice but to work for living. It is thought that as a result of this governmental action, women were forced on to the streets and while the numbers of prostitutes on the streets were approximately eighteen thousand in 1946, these numbers increased to thirty-eight thousand by 1948, nearly double the previous count.²⁶

Contrary to the governmental expectation of women's silence and acceptance, women formed social movements with the aim of resisting those acts that limited a woman's ability to be a breadwinner for her family. These movements were supported by the communists who were suppressed during the war and, as a result, a co-operative formed between the two groups which became nation-wide movements.²⁷

Nursing was a woman's occupation²⁸ and their role was not able to be replaced by men. Many citizens of Hiroshima lost their family and property in the A-Bomb causing impoverishment. In such a situation, being a nurse was an ideal occupation for girls where they could not be replaced by a man. Some of such newly educated nurses were the main wage earners in their families (although this wage was set at one third that of men).

So desperate was their situation, the first strike for improvement of labour conditions by woman was by these nurses. The strike was organised by thirty nurses at the Tokyo Police Hospital on 26 August 1945, only eleven days after the end of the

²⁵ Ito, *Jyoseishi*, p.120.

²⁶ Ito, *Jyoseishi*, p.120.

²⁷ Ito, *Jyoseishi*, p.123.

²⁸ The laws about Public Health Nurses, Midwives and Nurses were issued in 1948. Under the new law being a nurse was not limited to women. However, public health nurses and midwives were limited to women. In 1996, the law was changed and men were allowed to work as public health nurses. However, midwives were still limited to women.

war.²⁹ The strike continued until 19 November, bringing the plight of nurses to the attention of society.

Then, the JRC Tokyo Hospital, which was the head office hospital of the JRC, established a labour union on 30 December 1945 to protest against militaristic management and low wages.³⁰ This JRC nurses' action was accorded different meaning to the strike at the Tokyo Police Hospital.

The JRC nurses, who had had high social status and authority, started the dispute. They had been called 'angels in white', had remained silenced and endured oppression, and had lived under rules of sacrifice and service. Such women started demanding justifiable human rights and their action indicated a new era for the working woman.³¹

In April 1947, the Japanese Midwives, Nurses and Public Health Nurses Association was established and worked to improve the social status of working women.³²

Following this, nurses at Tokyo Jyuntendo Hospital and Tokyo Woman's Medical School Hospital also started a democratic working movement.³³ The actual working conditions for nurses was widely known and accepted. Nursing was considered a vocation, and because of this nurses were expected to be satisfied with extraordinarily low wages, heavy labour and strict hierarchical relations.³⁴ On 5 November 1948, the Female Labour Sectional Meeting Council was organised and the un-democratic nature of nurses' working environment was established as the labour issue for women. With this movement there came more social awareness of nurses' poor working conditions.³⁵

In Japan, the number of union members in 1946 was 3,936,815 persons, with one quarter of the members being women. From this union activity, wage discrimination laws were abolished and new laws governing equal wages between men and women

²⁹ Shigetaka Fukuchi, *Kindai Nihon Jyoseishi*, [Modern women's history], (Tokyo: Sekkasya, 1963), p.180.

³⁰ Ito, *Jyoseishi*, p.123.

³¹ Fukuchi, *Kindai Nihon Jyoseishi*, pp.180-181.

³² Fukuchi, *Kindai Nihon Jyoseishi*, p.181.

³³ Fukuchi, *Kindai Nihon Jyoseishi*, p.181.

³⁴ Fukuchi, *Kindai Nihon Jyoseishi*, p.181.

³⁵ Fukuchi, *Kindai Nihon Jyoseishi*, pp.181-182.

passed December 1947.³⁶

Ito says:

Many Japanese believed that the women's liberation was promoted by GHQ/SCAP. However, MacArthur only gave the suffrage for women and this law was not enacted during the time of GHQ/SCAP. Equal pay laws were as a result of women improving society by themselves through participating in a liberation movement that needed to happen so they could provide food for their families.³⁷

On the other hand, Osan still believed in the war-time role of the JRC nurse. She had been strictly educated, and found she could not change her beliefs. However, the first strike at the Tokyo Police Hospital was organised when Osan and most other informants were still working for the Hibakusya relief, and far removed from the influence of this women's movement. She still worked under the beliefs that she should devote herself selflessly by providing good nursing following the JRC's philosophy of philanthropy and hence was not caught up in the social change. She remained ignorant and isolated from the ferment associated with this social change.

When the occupation finished in 1951, the nursing division was closed and nursing administration was moved to the Japanese Ministry of Health and Welfare. During the occupation, the new Japanese nursing system was maintained by GHQ/SCAP nurses, but when the Japanese government took over the control of the nursing system, it returned to the same methods as before the surrender where most of the nursing schools used physicians to educate their nurses. However despite this reversal to old ways, Yumaki says 'the GHQ/SCAP education system had dramatically changed Japanese nursing.'³⁸ As with other aspects of the occupation, the intent of GHQ/SCAP was to Americanise nursing education and administration through suppression of Japanese culture and practices as these related to nursing. It is this approach which Osan rejected, while others welcomed the ideas such as Gsan.

³⁶ Ito, *Jyoseishi*, p.120.

³⁷ Ito, *Jyoseishi*, p.123.

³⁸ Yumaki, *Kango no Rekishi Series 8 Sengo no Kaikaku -GHQ Jidai-*.

Much of the acceptance of the nurse education from GHQ/SCAP could be argued as accepted due to old rather than new practices where following orders was continued rather than critiqued. It is accepted that some of the education brought greater technical knowledge, but there was resistance in JRC nurses to the loss of the focus on philanthropy and vocation that had supported their nursing practices previously. Such a loss meant that some of the informants left nursing, while others tried to change where they worked so their practices were not changed. Many could not overcome their entrenched JRC beliefs, but at the same time the Tokyo JRC Hospital was one of the first groups of unionised nurses who overcame the militaristic traditions and hierarchical administration. This suggests that the simplistic up-take of ideas asserted by Yumaki was a much more complex and layered event.

7.4. Working as a nurse

After the war, only Fsan, who was a head nurse in the Municipal Hospital, resigned and got married. Three of the informants resigned from their jobs after getting married, fourteen informants, worked occasionally until retirement, or continued working. They worked as school nurses, public health nurses, teachers at the nurses' training school, hospital nurses, and in nursing homes. According to the statistics reported in 1950, the employment rate³⁹ of women over fifteen years old was 48.7 percent. During the period 1950 -2000, the lowest rate is 46.1 percent in 1975 and the highest rate is 50.9 percent in 1970, and rates did not change much until 1950. Therefore, the employment rate of the informants was higher than the average rate for Japanese women. They had found an interest in working in society during the war, so they continued to work as nurses.

³⁹ The Statistics Bureau of the Ministry of Internal Affairs and Communications, *Hyou I RoudouryokuJoutai* [Figure 1, the actual condition of the labour force], created 31 January 2007, <<http://www.stat.go.jp/data/kokusei/2000/kako/roudou/zuhyou/ro01.xls>>, viewed 20 January 2008. This survey started in 1946 by the Statistics Bureau of the Ministry of Internal Affairs and Communications after the war, so there was no data available before the surrender. The 1950 data was the oldest data.

Osan resigned from the new JRC hospital because she felt that there was no place for her there where newly educated nurses were working. Then, she started to learn specific Japanese cultural skills in preparation for her marriage because she was the daughter of an upper class family. However she did not enjoy that as much as she had enjoyed nursing. When she was asked to work as a school nurse, she accepted their offer willingly.

After I resigned from the JRC, I told my mother that I wanted to be an ordinary person, but although I did various kinds of domestic activities, like flower arrangement and so on, I did not enjoy them. Then a friend asked me to be a school nurse and I was so glad that I had the right qualifications. I worked as a school nurse till retirement age. I even received a letter of thanks from the Minister of Education at my retirement. That was such an honour and that honour was brought to me through nursing.⁴⁰

Although she never experienced the joys of being a wife and a mother, she was able to continue her career until her retirement and it can be said that she really put her heart into nursing.

Esan worked for one year at the JRC hospital, and then resigned to prepare for her marriage. One year after her resignation, she was asked to work as a school nurse and she accepted the offer. Since there were no Japanese manuals or guidelines for school nurses, she consulted her Principal and was permitted to buy American textbooks about school nursing. She followed these books and instigated regular physical checkups for the pupils, taught various subjects such as hygiene, anatomy, venereal diseases, and health care methods. Sometimes she was invited into other communities where she taught and promoted health care. She was also asked to supervise forty-four girl students in the school dormitory, so she calculated calories, planned menus and prepared meals for all of them. She also enforced strict discipline in the dormitory by setting the same time schedule she had been brought up with when she was a JRC nursing student. She reflected:

I felt it was very funny. I was only a young twenty-four year old but I played the role of a mother for them. When I think about those days, I remember

⁴⁰ Osan, personal interview, 2001.

how much I really appreciated those students. They followed their tight schedule so well and never complained.⁴¹

After working for two years as a school nurse, she got married and then left her job. It was only a short working experience for her, but it created good relationships with those students which have lasted up to the present day.

The students still ask me to participate in their class reunions. They still admire me, and each time I go, I enjoy myself. That was my life as a nurse, even though it was a short experience. I was educated and cultivated by the JRC.⁴²

In the dormitory, she educated her students in the same way she had been educated in the JRC nursing school dormitory. Every day she worked hard, not only for her students, but to fulfill her ideal of nursing. Even though she had not had enough time to complete her studies while she was a nursing student, she knew how to acquire knowledge and she continued learning. Her efforts were certainly appreciated by the students, even though she only worked at the school for a short period. Although she was only twenty-four years old, she had the right attitude for caring for people, and carrying out her responsibilities as a nurse.

A school nurse was under the jurisdiction of the Ministry of Education, and not the Ministry of Health. In 1947, The Ministry of Education passed a law stating that each school must hire a full time school nurse.⁴³ So many JRC nurses turned to being school nurses because the JRC had trained school nurses since 1943.⁴⁴

Gsan was competent, so she was a headhunted by a public hospital as a director to improve nursing and she moved from the JRC society to that hospital. However, there was already a Director of Nursing and Gsan's position was Vice-Director of

⁴¹ Esan, personal interview, 2001.

⁴² Osan, personal interview, 2001.

⁴³ Monbusyou [Ministry of Education], *Gakkou Kyouiku Hou* [School Education Law] 28 May 1947. 'Primary school to hire principal, vice principal, teachers, school nurse, and office worker.'

⁴⁴ Kameyama, *Kindai Nihon Kangoshi* 2, p.250.

Nursing. The Director was protected from a forced resignation as she had worked at this hospital for a long time, was unmarried, and if she lost her position she would not get another job. Since Gsan could not force the Director to resign, she lost her motivation and was displeased. While she felt thwarted in her mission, she decided she could still improve this hospital's nursing. Since the hospital did not have nursing manuals, Gsan started to develop them.

Having been placed in such a situation, Gsan decided she needed a bigger challenge and moved to Canada to improve her nursing. She was thirty-six years old. She explained her reason for going abroad.

I had not been able to complete my nursing studies when I was a student. I had spent a lot of time digging shelters and so on. So, I really wanted to do more nursing.⁴⁵

She was extremely impressed by Ms Ohlson's teaching, and thought that she would prefer to spend her life fulfilling her dream rather than staying in an unpleasant place. She wanted to go to USA to learn nursing, but since Japan had been at war with USA, she thought that working there might be difficult for her, so she decided to move to Canada instead. She worked in Canada for around twenty years and returned to Japan, where she re-commenced nursing. Now, she was over seventy years old, yet she worked still as director of nursing at a nursing home and tried to improve the standard of nursing there. She expressed that she had conflicts with the physician who was an executive of the nursing home. She insisted that nurses did not need to wear traditional nursing caps.

I insisted on their taking off the nursing caps, because they were cumbersome when caring for the patients. However, doctors disagreed and said that patients could not recognise the nurses without them. I suggested that we wrote our occupation beside our name on a badge, but, it was not accepted either at our meeting in the nursing home.⁴⁶ To tell you the truth, I disliked working as a supervisor, but I liked caring for the patients.⁴⁷

⁴⁵ Gsan, personal interview, 2001.

⁴⁶ Now, most Japanese hospital nurses do not wear caps. However, there are some conservative hospital nurses who still wear them.

⁴⁷ Gsan, personal interview, 2001.

Although she was over seventy years old, she tried to solve day-to-day problems. Changing something is still hard work in Japan. However, she never gave up trying to change Japanese nursing methods and improving conditions for the patients.

Ksan worked as a nurse at a regional JRC branch hospital for a long time. She thought that she would not adapt to different kinds of work, because she was not a multi-talented person. 'I had my nursing licence as I had trained to be a nurse, so I was able to work for a long time for the JRC. I believed that being a nurse was a good choice.'⁴⁸ If it had not been war time, she would never have applied to be a nurse. JRC nurses were different from the other common nurses and they were honoured and respected by the Japanese. However, the role of the JRC nurses changed and after the war they were treated like any other ordinary nurses. She felt the conflict in the change of people's attitude towards her, but continued working. She said however, 'The social position of nurses did improve year by year and nurses did not suffer the same discrimination as before.'⁴⁹ When she reflected on her life as a nurse, she thought that it had improved her life.

Moreover, her daughter became a nurse and worked at the same hospital for two years which was a good experience for her. 'I was happy that she studied at the same school as I did and that we worked in the same JRC hospital.' Her enjoyment of nursing must have inspired her daughter to be a nurse also.

Esan and Fsan worked for short periods as nurses, but they used their nursing knowledge and skills primarily for their families.

I am still a nurse. That means taking into consideration the nutritional balance of our meals, managing the family's attitude to daily life, watching over them, and talking to them. Like that, I can keep an eye on my family's health. It brings me satisfaction and that is the advantage that my nursing training has brought to me. I am quite old, but I can still look after the health

⁴⁸ Ksan, personal interview, 2002.

⁴⁹ Ksan, personal interview, 2002.

of my husband and myself.⁵⁰

Fsan also explained that her husband, who is eighty years old, has always weighed 53 kg, since his youth because she has calculated the calories in his meals. However, she explained how sad she felt about her son. He and his wife have not looked after their health and her son has become sick, even though they are old enough to look after themselves.

My son is not well at all. He has had serious illnesses which were related to his eating habits. He needs to limit his food intake, but he can't. I wanted to advise him, but I don't like to because that is his wife's role and not my business. I don't blame his wife, but she does not realise that she should control her family's health. I have tried to ignore their attitude to health, but sometimes it is hard to endure and then I get angry at both my son and his wife.⁵¹

Even though Japan was defeated, it became a wealthy nation. It is ironic that this wealth has brought them other problems, such as life style-related diseases which are creating great health difficulties.

Esan's sick husband needed medical treatment, but he was allowed to stay home to recuperate because Esan was a registered nurse. Even so, she had to study to catch up with the current medical procedures and medication. 'Medicine has changed dramatically since my nursing studies, so sometimes I read medical books all night to be able to nurse my husband.'⁵²

7.5. Lessons learned from the relief and experience as

Hibakusya

Informants who worked as nurses did so not for a living but because they loved nursing. All of the informants continued to live as nurses and follow the ethics of their profession, even though they did not all work as nurses in their society.

All the informants agreed that the A-Bomb relief had been a precious experience or a

⁵⁰ Esan, personal interview, 2001.

⁵¹ Fsan, personal interview, 2001.

⁵² Esan, personal interview, 2001.

good experience, even if they had suffered because they were Hibakusya. None of the informants blamed those who had dispatched them to Hiroshima or made them continue to work with the Hibakusya. They explained that they had learnt so much through their various, difficult experiences which finally proved useful for living richer lives.

7.5.1. A better understanding of the pain and suffering of others

During the war, the nurses had various experiences over a short period of time. They witnessed many people's lives, even suffering and death. During the relief, their experiences improved their own humanity, their own beliefs about nursing, and their compassion for the weak.

Gsan explained that her nursing beliefs were not only affected by the Hibakusya relief itself, but also by various experiences during the war.⁵³ It had been a very precious experience to have witnessed many people's lives and deaths and it strongly influenced her nursing values.

Rsan also explained that she had many stressful experiences during the war and not only during the Hibakusya relief. The relief experience, however, had been the most significant and she had taken the Hibakusyas' emotions to heart. They not only made her conscious of her own emotions and increased her sense of humanity, but also enriched her life.

My sense of humanity was heightened during the relief. During that time, I desperately worked for the patients to recover because they had families who were praying for their survival. I was in hell. Humanity is not simply improved by mercy, but also by feelings of agony, pity, mortification, pain and so on. Those emotions were intensified during the relief, and I have been told that my nursing care was different to that of the others. I improved my knowledge, my humanity, and my will power.⁵⁴

⁵³ Gsan, personal interview, 2001.

⁵⁴ Rsan, personal interview, 2005.

Csan explained that the Japanese were able to improve their sense of humanity through the experience of being defeated. 'Care for others but not for your own benefit' is the motto which she abided by, during her experience of the Hibakusya relief.

The Japanese became more humane after experiencing such tragic pain. It was a very hard and serious experience, but it was good for me. I adopted the belief that human beings must live to be thoughtful towards others. It is very bad to act only for the benefit of oneself, or an organization, or a country. International movements and politics are both very important, but the most important thing is that all people can live happily.⁵⁵

Ksan and Esan also felt sympathy for the war victims. They were very much against war and stressed that everyone's life has the same value, no matter what their social position might be. They really hoped that all the people in the world could live peacefully.

Firstly, there must be no more wars and no nuclear weapons. All lives are equal. It is important that the one hundred million people in the world can live happily and in harmony. I have seen war victims on TV living in cold places with nothing to eat. They are really pitiful and I feel sorry for them. Here I am in a warm place with no problems for getting a meal. I think that I am really fortunate and I appreciate everything, and say a prayer before every meal. I am very lucky to be allowed to live so peacefully.⁵⁶

Anyway, there are still wars in the world. Why do they still happen and why can they not be avoided by peaceful negotiation? There are many children in the war zones, and they are involved in the fighting. They are living in ruined towns and are covered in dust. In my opinion, even in such a serious situation as a war, we are all the same human beings. Why do they kill people? Why do they not spend more effort on creating peaceful situations? We, the A-Bomb survivors, cannot live longer because of our age, but I truly hope that young people will make efforts to maintain real peace.⁵⁷

Csan felt compassion for the Hibakusya who had suffered from the A-Bomb. For the Hibakusya, the disaster is not problem of the past, but of the present and the future. Therefore, Csan cannot accept the fact that the A-Bomb was used to kill humans.

⁵⁵ Csan, personal interview, 2002.

⁵⁶ Ksan, personal interview, 2002.

⁵⁷ Esan, personal interview, 2001.

There are still a lot of people who lost relatives, and who still have to keep going to hospital because of the atomic bomb in Hiroshima. There are also a lot of second generation survivors, and some of them have no hope in their lives. Therefore, I cannot be friends with Americans, even though the individuals are not bad. It is the country that is to blame.⁵⁸

Experiencing the Hibakusya relief not only greatly increased their compassion for its victims, but made them totally abhor war and the use of nuclear weapons.

Rsan had both experiences, that of a nurse and also a Hibakusya. She had often been hospitalised because of her sequelae. Through these experiences, she has her own nursing values, such as how nurses should understand the meaning of the Hibakusya's experiences.

When a patient was hospitalised, nurses were given his or her medical history. If a nurse knows that a patient has experienced the A-Bombing, she has to think about the effects of the experience and must share the experience with the patient in order to care for him and not only his medical problem. She has to think about the meaning of the experience and how it will affect the patient's current condition. For instance, when a patient is hospitalised with cancer and has experienced the A-Bombing, the nurse will think that the cancer was caused by the bombing. However, it is not always as simple as that. The Hibakusya suffered many difficulties. So, the nurses should know about those other difficulties also. Of course, the number of survivors is diminishing, and the younger generation will not have the same opportunity of learning about our experience. I hope many of the younger generation will read or hear about the experiences of the A-Bomb survivors.⁵⁹

She stressed the importance of understanding the experience of the patient when caring for them as nurse. Even if patients were given the same treatment, an understanding nurse could make a difference in their return to better health. To understand a patient who is a Hibakusya does not simply mean knowing what kind of sequelae the person has, but how the person accepts the fact of being a Hibakusya physically, psychologically, and socially.

⁵⁸ Csan, personal interview, 2002.

⁵⁹ Rsan, personal interview, 2001.

7.5.2. Gratitude at learning from others

All the informants affirmed that they had learnt a lot about the value of life. They have realised that their lives are not only the result of one's own efforts, but are closely linked to the actions of others. They are conscious and appreciative of everything and everyone around them.

It was a hard experience, and I am fortunate to have survived until now. I must be grateful for everything. We witnessed the true misery of the A-Bomb victims who were really to be pitied. I also experienced the loss of many friends which was extremely difficult to bear. But in spite of having been in such a situation, I was able to survive and I really think that I have been lucky. Every year on 6 August, I visit the cenotaph of the JRC nurses which is at the Shrine of the War Victims. I touch the names of my classmates on the cenotaph and I say to them in gratitude, 'Thank you, I am alive, thanks to you.' I believe that my life is protected by these classmates. They gave their lives for me. The young people of today do not know about that hell, so they are often selfish and demanding. When I witnessed certain atrocious sights while I was nursing under those extreme conditions, I learnt to appreciate others. So having seen the hell created by the A-Bomb has strongly influenced my life.⁶⁰

7.5.3. Resourcefulness of survival

Although many victims died, the informants were able to survive, even though they had faced death or had suffered terrible experiences. The strength of life or destiny provided confidence for them to survive anything.

Each person has a different character, so I think that the nurses who cared for the Hibakusya, did not always learn the same things. However, I can say that we lived through desperate situations, scaring ourselves to death, and those experiences improved our confidence and strength, and helped us subsequently in our lives. Since then we have experienced various serious events, but we have managed to stand on our own two feet, and have brought up our children as well as we could. I think that the relief activity improved our own strength and made us lead humane lives. My youth was totally different to that of other young people. Many nurses passed away, some of them had children, and I survived that hell.⁶¹

I learnt not only patience, but also that human beings can survive

⁶⁰ Asan, personal interview, 2001.

⁶¹ Osan, personal interview, 2001.

anywhere.⁶²

7.5.4. Improving one's confidence as a nurse

Psan, who was a nursing student at the time, explained that she had learnt that nurses increased their knowledge through caring for people and not only by studying from books. She felt that she was being useful just by being present. She said that as a nurse in the relief period, she had obtained a certain satisfaction.

Even from my first clinical position, I had no confidence because I could not talk to people that I met for the first time and I was not tough physically. But huge numbers of injured soldiers needed our nursing. Although we only provided comfort, massages, and hygiene care for their faces, hands and legs, those people felt that they would have been less comfortable if we had not been there.⁶³

I also had been taught the importance of one's role as a member of society by people of the same generation as my father. So, I realised that our relationship with the patients was most important. Patients require nurses, and nurses also need patients. That means that the patients taught us to care. I discovered my interest in nursing through the relief and I decided that I would work as a JRC nurse all my life. I felt a sense of satisfaction from my nursing during the relief. We did not provide advanced nursing techniques and we did not have enough equipment, but it was the most valuable thirty six days⁶⁴ of my life. The experience gave me the willpower to improve my skills for caring for people in any situation. For me, it was the most important period in my life, and the experience shaped my character as a nurse and improved my self-esteem.⁶⁵

Rsan was unsure that nursing was really important, but the relief showed her that nursing was able to solve the conditions of some patients and this belief was strengthened by how they had been useful even though there were no physicians, medicines or medical equipment. All they had was their nursing ability. She believes that the belief in nurses' abilities improves the confidence of nurses. She criticized present-day nursing from the perspective of her beliefs.

When a patient asks for help, they need to assess if it is a symptom caused by the mind or the body. They [present-day nurses] cannot heal the patient just by nursing them. They do not improve their skills for healing the

⁶² Asan, personal interview, 2001.

⁶³ Psan, personal interview, 2002.

⁶⁴ Psan worked in Hiroshima for thirty six days.

⁶⁵ Psan, personal interview, 2001.

patients' minds. They do not spend time with their patients or talk to them, they just give them medicine. They believe that illnesses can only be cured by medicine and providing comfort is of no use... For example, if the patient says he cannot sleep, you can help him to have a good sleep by comforting him, waiting until he is tired and staying beside him. Then he will not require any medicine. Caring includes not only medical knowledge but also sympathy, and a nurse must be able to choose a suitable method for the patient, followed up by a suitable action. I want to say that nurses must realise that nursing is not only a career, but a vocation, and only you can heal the suffering client. Nurses must have confidence and must tell themselves 'I can do it', and 'My skills can heal this patient.'⁶⁶

She believed she had improved her assessment and communication skills during the Hibakusya relief. She pointed out that the skill of healing the mind is a most important role for a nurse and that this improves nurses' confidence.

7.5.5. Nursing provided a good life

Before the war, nurses were discriminated against because, 'nurses touched the bodies of men that they do not know', and, 'nurses talked to strangers'.⁶⁷ However, during the war, thanks to the JRC nurses, their status in society improved. The JRC nurses were also the only women who could work for the nation, like soldiers. Even, young women from the upper class became JRC nurses. After the war, some of them, including some of the informants, realised the value of nursing and continued working. They explained that they had become nurses to serve their country, but in fact, their career also provided a good life for them.

Probably, if it had not been war time, I would not have chosen to be a JRC nurse. I enrolled at the JRC Nursing School as a volunteer to work for my country. At that time I was only sixteen years old with the pure mind of a teenage girl. But even though I became a nurse for that reason, I went on to work as a nurse for thirty-five years and I appreciated it, without even thinking about whether I was helpful to others. I have appreciated being able to spend my life like that.⁶⁸

Esan, who had also been born into an upper class family, worked as a nurse and also

⁶⁶ Rsan, personal interview, 2001.

⁶⁷ Kameyama, *Kindai Nihon Kangoshi* 2, pp.81-86.

⁶⁸ Asan, personal interview, 2001.

a school nurse, until she got married. She had become a JRC nurse in order to work for her country, which had a different connotation to working as an ordinary nurse. When the war was over, she did not need to work anymore and left her job to return to her family. Working as a nurse during the war and caring for the Hibakusya improved her mental strength. However, she did not enjoy nursing and feeling that her future was strongly linked to her family background, she decided to get married and to be a dutiful wife and mother.

My nursing experience improved my strength. I do not shy away from difficulties and I am never perturbed, whatever may occur. I can even enjoy managing difficulties because I have such a challenging spirit. It depends whether I have confidence or not. I had many serious experiences and I was able to survive many situations thanks to my strength of mind. I am also a survivor of the A-Bomb, and I improved my mental strength so that I have never been defeated by any difficulties caused by the fact of being a Hibakusya. To tell the truth, I did not like working as a nurse. I am really sorry to be so impolite, but it is the truth. However, that was how it was then, and I decided to become a JRC nurse. We did not have any other choice. I really thought that I should work for my country, and be a JRC nurse, so I rode on the wave of that period, and worked as a JRC nurse. When the wave was gone, I calmly reflected on my life as a woman, and got married and took care of my home and my family.⁶⁹

Bsan also expressed the fact that she became a mentally stronger person. Even though she faced certain difficulties, she was able to manage them. She believes that the serious events she experienced as a teenager, as well as her training, affected her personality. Therefore, her experiences had a positive affect on her.

When I studied with the JRC, it improved my spirituality and gave me the so-called JRC spirit. The JRC education of manners with one's elders was really strict and could not compare with any other experiences. In the dormitory, we were educated how to come into a room, how to salute when we passed in front of senior students, and how we had to wait till the senior students finished their daily tasks, such as taking a bath, eating or washing their faces. We were also educated to be punctual to the minute and to keep to the rules. Living such a strict life improved our strength of mind. It has improved my strength when I have to face difficulties and still supports me now. I improved my strength of mind during the air raid relief. I experienced the A-Bombing, and carried out my duties and did not leave my post. After that, I realised that I should always keep calm when I have to face a crisis. Also, I am uncompromising, always on time, and I always finish what I

⁶⁹ Esan, personal interview, 2001.

have started. All my life, I have experienced many difficulties. I looked after my mother in law and I lost my husband, but, I always managed to stay cheerful during those crises. So, I have realised that I am psychologically strong and I must have improved after being a JRC student. I am not afraid of scary things, and I may even have improved with age. Also I seem to be very cool and to have no emotions. Maybe, I was taught to be like that when I was seventeen or eighteen years old, and that education strongly affected the shaping of my personality.⁷⁰

Rsan had also been born into an upper class family, and had an arranged marriage to a man who also had the same social status. However, she experienced discrimination from her husband's family because she had worked as a nurse. Nurses were treated as being working class and Rsan was mortified. However, she managed to bring up her children on her income after she lost her husband. She was evaluated as being an excellent nurse by her patients and other nursing students. Now although she is seventy-seven years old, she is still working and sometimes teaching home care nursing to people in her community. She has found her place in the community, and is satisfied with the life which her occupation has provided her with. The only thing, she regrets during her life as a nurse is that she could not spend enough time taking care of her children.

I believe that my life as a nurse was really good. I made the right choice even though I was discriminated against by my husband's relatives. I believed that nursing was my vocation. Today's nurses think that nursing is just another livelihood, but my sense of mission was strong. My younger daughter was weak, but I could not take care of her because I was busy on night shifts. She remembered that during her childhood she did not explain to me how upset she felt, because I seemed so exhausted all the time. She felt lonely. When I learnt about that later I apologised to her.⁷¹

Ksan also had felt that she had been discriminated against because she was a nurse. However, social status has changed and today she is envied because she has been a nurse and also because she has a daughter who is a nurse.

When I started working as a nurse in a hospital, most people looked down on nurses. When I introduced myself as a nurse, I felt that I was disapproved of. Some people accepted me when they knew that I had graduated from the

⁷⁰ Bsan, personal interview, 2002.

⁷¹ Rsan, personal interview, 2005.

JRC Nursing School. However, nurses had varied educational backgrounds, and mostly people only knew about the enrolled nurses⁷² who were part of their daily lives in the countryside, like here. However, now, people admit that a nurse occupies an important position in society. Some people envied me if I said that my daughter and I were nurses and they said it was a good choice of career.⁷³

When Osan felt a dramatic change in the JRC and realised that she no longer fitted into the system, she retired from nursing. Although she experienced that change, she explained that she had been satisfied with her life as a nurse. The change was not negative for nurses who had been educated during the war time, but the role of the JRC nurses changed. According to Yukinaga,⁷⁴ during the war, even the position of a head nurse of a JRC relief squad was treated as being lower than a non-commissioned officer, simply because nurses were women. However, now, nurses can become directors of hospitals and many of Osan's senior nurses have gone on to obtain higher social status.

Many students had enrolled at the JRC because JRC nurses were the idols of teenage girls. However even if that was their only reason for enrolling at the nursing school, they went on to become directors or head nurses of hospitals after the war. So I think becoming a nurse was a good choice. None of us were able to predict the current situation when we enrolled at the JRC school.⁷⁵

Gsan also added that she had enjoyed a good life as a nurse. She had met the challenge of working in Canada, and then had returned to Japan where she is still working. She has a strong spirit and is a really positive thinker. Even though she faced many difficulties she was able to overcome them, like Esan.

I have been working as a nurse for fifty years and I have had many unique experiences. My life was made richer because I was a nurse.⁷⁶

⁷² The enrolled nurses and the registered nurses have no occupational differences, even though both of them have been through a different education system. However the enrolled nurses have lower salaries than the registered nurses and so the former mainly work in private clinics because of this problem.

⁷³ Ksan, personal interview, 2002.

⁷⁴ Yukinaga, *Kinokogumo*, pp.34-37.

⁷⁵ Osan, personal interview, 2001.

⁷⁶ Gsan, personal interview, 2001.

Dsan did not express the reason, but she had had a good life working as a nurse. 'I think that it was really a good choice to have become a nurse.'⁷⁷

During the relief activity, Asan expressed her shock when she knew that a nurse who had left nursing had been ordered to take part in the relief. She believed that a JRC nurse could resign and would never be forced to work again, particularly when she got married.⁷⁸ However, Asan worked around thirty five years as a nurse, although she had children. Osan stated that one of her JRC classmates became a director or a head nurse of a hospital after the war and said, 'none of us were able to predict the current situation when we enrolled at the JRC School.' Many of the informants believed that being a JRC nurse was only temporary, and once married they must resign their job and work for their family. It was their understanding that the JRC nurse would receive recognition only for their work as war nurses. Despite their beliefs during the war, most of them continued to work after the war, because they had developed an intense interest in nursing and working for society through relief activity. However, Asan often said that she would never have become a nurse if it was not for the war. This was not simply because she was from the upper class, but she would have chosen a more suitable occupation in line with her social status. She never mentioned this, but she must have experienced discrimination because she was a nurse. Ksan had felt this but nevertheless she continued her work as a nurse. They did not need to work for a living, because they were not poor and could have stayed home, but working in society was more interesting than staying at home. This interest transferred itself to Ksan's daughter, who, when she grew up, also became a nurse. The daughter learnt the value of nursing from her mother and her experiences. The meaning of working in society for a woman is not always just to earn a living but also for the purpose of living a useful life.

However, nurses' working conditions hardly improved, despite laws passed to protect them against gender discrimination. Evidence is provided when Rsan's daughter said

⁷⁷ Dsan, personal interview, 2001.

⁷⁸ See chapter four, 4.3.6 'Recall of married JRC nurses in the emergency'.

that Rsan always had seemed exhausted because of working hard as a nurse and so her daughter could not ask her mother for any help because her daughter did not want to bother her with her troubles. She wanted her to have rest during her leisure times.

In 1967, the labour union at Niigata Prefectural Hospital required its prefectural governor to improve nurses' nightshift working conditions to protect them from medical malpractice.⁷⁹ It requested that two nurses be posted in each ward and each nurse must not be made to work more than eight nights per month. The requirement was supported by hospitalised patients who had to nurse each other, as well as patients' families who provided care in the hospital because the nurses were too busy. The following year, the requirement was accepted and the labour union was able to claim it had improved their nurses' working conditions. When women think their work is their career, then the conditions of that work begin to matter more. However, many of the informants in this study were not of the mind to improve working condition of nurses many having changed hospitals or the sort of work they did after their marriage and the birth of their children.

JRC nurses were released from their relief work usually when they married or became mothers, even though it was war time and Japan was suffering a shortage of man power. It became a customary obstacle against which women who wanted to remain in the workforce had to overcome. Some companies also set a so-called, 'agreement of early retirement for women' and obliged women to resign from their jobs when they had a baby, got married or became old enough to be married, usually around thirty years old.⁸⁰ The problem was also reported by nurses. In 1959, Tokushima University Hospital dismissed five married nurses and obliged them to work part time. This caused a social sensation and the hospital was forced to abolish

⁷⁹ Yasuko Ito, p.284. *Gendai Syakai to Jyosei* [Modern ,women's history] in Haruko Wakita, Reiko Hayashi, and Kazuko Nagahara, eds., *Nihon Jyoseishi*, (Tokyo: Yoshikawa Koubunkan, 1987), pp.274-292. (p.284)

⁸⁰ Yasuko Ito, 'Sengo kaikaku to fujinkaihou [the post war revolution and women's liberation],' in Josei sougou henkyukai, ed., *Nihon Jyoseishi* [History of Japanese women], (Tokyo: Tokyo University Press, 1982), pp.295-326 (pp.304-308).

this order.⁸¹ However, in 1955 the government decided that such an agreement system did not break the Labour Standard Law.⁸² This agreement system remained common during the 1960s, and some of its female victims fought against it at a trial.⁸³ Unfortunately, most women accepted this ruling and resigned. This agreement still exists in Japan where it is not illegal. In addition, although companies do not set this agreement, some of them believe it is the custom of the company and apply pressure to force women to follow tradition and resign from their jobs. This agreement covers only female employees. Tradition is cited as the reason by companies and is often used to hide economising on the payment of senior women. Even when a woman is highly competent, she is not evaluated the same as a man in Japanese society. There is great resistance to women obtaining senior executive positions where they will manage men in subordinate positions. Shimada also suggests, 'The substance of this agreement system is a burden on young female workers who are overworked during a period where they are likely to be most productive without them being a burden on the workforce.'⁸⁴ Female workers are considered as easily dispensable in such a workforce.

Despite this, work in schools is much better than other places, because female teachers assertively changed their working condition for the better. Female teachers have the same long history as nurses. It is evident that Bsan and Gsan had planned to be teachers.⁸⁵ The female teachers association of Shinagawa in Tokyo was established in April 1946, and organised a conference in Tokyo on 17 May 1946.⁸⁶ At the conference, they decided on their requirements and sent them to the governor of Tokyo: withdrawal of discrimination; maternity leave and menstrual leave; installation of child care centres at the place of work and so on. It is reported that this action led to the abolition of wage discrimination according to gender in December 1947, and to the establishment of the Labour Standard Law, and the operation of this

⁸¹ Ito, 'Sengo kaikaku to fujinkaihou', p.306.

⁸² Ito, 'Sengo kaikaku to fujinkaihou', p.306.

⁸³ Ito, 'Sengo kaikaku to fujinkaihou', pp.306-310.

⁸⁴ Cited Ito, 'Sengo kaikaku to fujinkaihou', p.311.

⁸⁵ See chapter two.

⁸⁶ Ito, *Nihon no Jyoseishi*, pp.127-128.

law in the work place.⁸⁷ Therefore, most of the informants who became school nurses could work until retirement. Only Bsan did not continue. Each school had only one school nurse, and this was a new role, so the nurse required good management skills and the ability to investigate new methods to apply so as to improve the health of the pupils of the school.⁸⁸

Esan and Fsan chose the classic life style of taking care of a family at home, although they demonstrated high capabilities during the relief activities and nursing care activity at the end of the war. Their work was excellent, but it seemed too demanding for them to solve others' problems. Esan worked as a school nurse after she resigned from a JRC hospital. She looked after pupils in their school and also in the dormitory. Although she improved the health and sanitary conditions of the school pupils, she spent all day at work and had little time for herself, and found it difficult to continue for a long time. She said she did not like nursing, and this was the reason that she worked as hard as possible, driven by a sense of responsibility to manage her work perfectly, and this had left no room to enjoy nursing. She also carried out the role of wife and mother perfectly in that she calculated calories of the family meals to keep them in good health and reading medical books to provide for her husband's nursing. Fsan also kept her husband's weight at 53 kg his whole life. This could be thought of as a perfectionist personality, but Esan was also following a traditional woman's requirement to be a good wife and wise mother.

Gsan had a brilliant career, because she worked in Canada and did nursing research. However, she was also in fact, a victim of the society. She could have continued to work for the JRC society, but she resigned her job because she was headhunted to be a Nursing Director. In spite of her contract as the hospital administrator, there was a previous Director who demanded her retirement. Rather than cause conflict in the hospital, she resigned and went to Canada where she was to honour the traditions of her country and her role as a younger nurse. However, she would not consider herself

⁸⁷ Ito, *Nihon no Jyoseishi*, pp.127-128.

⁸⁸ See above Esan's role of the school nurse.

a victim, but a survivor, because she accepted and carried out some of her aims in certain adverse circumstances.

Thus the social status of nurses improved, thanks to the efforts of those nurses who worked after the war up until the present day. They endured discrimination and worked to provide good nursing, and this raised nurses' social position. On the other hand, they were quite selfless and never complained about their work. They kept their original priorities as when they were JRC nurses and such thinking kept and improved their self-esteem as nurses. They were able to live with their pride as JRC nurses. To improve nurses' working conditions was not just for themselves, it improved nursing as a whole and protected them all from the potential for medical malpractice.

7.6. Lessons learnt for nursing and its education

When I made contact with the informants and explained about this research project, most of them answered that they had not provide nursing care and had only carried many corpses everyday and that was not nursing. Despite this lack of recognition about their work during the relief activity, I believe that they provided excellent care for the Hibakusya. This excellence in nursing practices and also their beliefs about nursing were improved through the experience of also being a Hibakusya. I believe their understandings have some implications for contemporary nursing education.

At the time of the relief, most of them were nursing students or recently graduated from nursing school, so they did not have much working experience as nurses. However, because there were no physicians, medicines, medical supplies, food, or enough space to rest patients, they themselves were therefore the resource for providing relief for the Hibakusya. Such a situation brought improvements to their belief in what nurses could do. This occurred because their nursing was never controlled by physicians, and they worked independently, according to their ideas of what it was to provide good nursing for the Hibakusya.

Because of the horror of the aftermath of the explosion, these nurses believed that they were more open to feeling compassion for the Hibakusya. The entire experience enriched their abilities (some thought for the rest of their lives) to be empathetic toward their patients. During the relief, nurses tried to provide good care for patients who were able to obtain relief, feel more comfortable and to have less pain. Their desire to help also pushed these nurses forward to negotiate with authorities for their share of food, clothes, hot water and other things to improve the nursing for the Hibakusya. The nurses believed that this compassion was encouraged because of their intimate relationships with the Hibakusya.

Also informants maintained their interest in nursing though interpersonal relationships with the Hibakusya. They discovered they loved caring for people and working for people. They found themselves to be useful because they were nurses. Even though their skills were not well developed, their desire to provide good care was what mattered to them. Also, patients were grateful for what little the nurses could do, and this meant that they were happy and satisfied about their nursing. So, they realised that their nursing practices improved because of the close interpersonal relationship with patients during the relief.

The informants believed that they were looking after patients so that they could return to their families who would be hoping that the patient was alive and safe. They worried about the patients after they were discharged from hospital because they had to live with handicaps. This meant that they looked after patients, but also cared about context, such as the family, the patient's future and return to social life. Rsan explained that cancer was only part of life as a Hibakusya, and nurses must take into account the understanding of the difficulties of a Hibakusya's life. This means that they treated patients as human-beings, not only as a disease or trauma, and provided holistic care for their patients. Therefore, they believed that a nurse needed to raise her awareness about the lives of her patients and provide holistic care which took

into account the entire context for each patient.

7.7. Conclusion

Although the JRC allowed the nurses to leave school with no obligation to return, all of the informants came back. Even those students of the Hiroshima JRC Nursing School returned where they expected to have to work hard. These students spent almost all their time at work on the wards with very few hours for education.

After the war, nursing education changed so much that the informants felt uncomfortable, because the new nurses were different from them. One informant felt so useless, she resigned from her JRC hospital. Although some resigned from the JRC, they continued to work as nurses. Most of the informants worked as nurses for a long time, because their interest in nursing had been encouraged through the caring for people during the war including the Hibakusya relief. They believed it had improved their sense of shared humanity, and this intensified their own nursing beliefs and values. The principle traits of character common to all the informants related to their ability to think positively while facing difficult challenges. These qualities may be inborn, but they were strengthened by the experience of the A-Bomb victim relief. After the defeat, they felt that simply having served their country had allowed them to attain the ideal of being a nurse. However, it had been a challenge for them to nurse and care for people during the war, including the Hibakusya relief.

CHAPTER EIGHT

Discussion and Conclusion

8.1. Against using the A-Bomb

Through this study, it has been identified that the damage caused by the A-Bomb was not only caused by its immediate and cruelly destructive power. People who came to Hiroshima after the explosion of the bomb also became Hibakusya. The fact of being Hibakusya greatly influenced their whole of their lives. It not only affected their bodily health but also mentally and socially. As the informants of this study were women, the effects of gender made life especially hard. Hibakusya women experienced extensive marriage discrimination and this was the reason why some of them were forced to hide the facts of their condition. Moreover, their children or grand children also felt the influences of the effects of the A-Bomb, although they could not be said to be blameworthy or guilty for the actions that led to the A-Bombing of Hiroshima. As a result of the use of the A-Bomb, Hibakusya and their kin have lived under the threat of loss of human rights such as the right to a healthy and safe life. Through their lives and experiences the informants wanted to affirm the declaration: 'No more Hiroshimas, no more Nagasakis and no more Hibakusya' - ever.

This study reveals the reason why nurses did not relate their experiences of the relief in Hiroshima for such a long time and explains their reasons for their participation at this point in time. More than sixty years has elapsed since the A-Bomb was used as a weapon, so it is interesting to know why they felt the need to talk now. It was not simply their age and their need to have their stories recorded for posterity. There has been General Headquarters/ Supreme Commander of the Allied Powers (GHQ/SCAP) censorship and self-censoring since the end of the war. The main reason for self-censoring found in this study was for avoiding discrimination. Since the informants of this study were women, they especially wanted to avoid their children having to re-live any form of discrimination. Moreover, many wanted to appeal for peace since they wanted to ensure there would be social changes made for their grandchildren. They now recognise that their silence only avoided creating trouble for themselves, but that it would never change society.

Social change requires action and movement. Although it is not easy, these days, women are able to make changes to society. For instance, the establishment of the Japanese Confederation of A- and H-Bomb Sufferers Organization (JCAHSO) was supported by women's movement that wanted to serve safe tuna to their families.¹ In addition, I was asked to write this thesis in English by some of my informants in order to inform people outside of Japan about what really happened. They felt that their protests about the use of the A-Bomb were not widely known because they only spoke Japanese. If the experiences of the Hibakusya are more widely known there is more potential for protecting everyone from the use of the A-Bomb. They now knew that changing society required action, and they no longer wanted to remain silent. They wanted peace for the future generation and believed that it was the duty of those who had experienced the A-Bomb and the relief to reveal what had happened.

¹ See chapter six, 6.4.1. ABV Health Handbook.

8.2. War and its responsibilities

Once we reconstruct history from the nurses' position, then it becomes impossible to avoid a discussion about the responsibility of the nurses with regard to their participation in the war. Also, I have personally struggled for some time with the responsibilities concerning Japan's role in the war and the use of the A-Bomb. I would like to bring this issue out for open discussion through my thesis. During the time of this study, I was often in personal conflict about whether the use of the A-Bomb was natural justice for Japan

I had been studying English in Australia with many Asian students and I thought I had a good relationship with them. One day, I heard them say, 'Hiroshima was destroyed by the A-Bomb. Banzai.'² It was a well deserved action against Japan.' Until then I believed that everyone felt sorry for Hibakusya and the misery caused by the A-Bomb. I realised that not all Asian people considered the use of the A-Bomb to be a tragedy because they believed that its use led to the surrender of Japan and the resulting freedom from Japanese control. Many Asian people continued to be very angry towards the Japanese who killed many non-resistant general civilians and raped many women in their countries during the war. I was very shocked as I had never thought about what Japanese soldiers had done to many Asian people.³ I realised that if I was to talk about the war, it would not be possible to avoid discussing Japanese nationalism and aggression for its responsibility in starting and maintaining the war.

With this realisation, I am against this study only making an appeal to the idea of the tragedy of Japan, because many Asian people resent such a picture. From this

² Banzai is Japanese term denoting cheers.

³ Compulsory education in Japan must use government approved text books. The government approved history textbooks do not reveal the atrocities wrought by Japan in WWII. Thus, Japanese history textbook controversies have occurred, and China and South Korea blamed the Japanese government.

perspective, I am concerned that many people still consider that the informants' experiences were a form of 'natural justice' for the war. However, does the responsibility for war fall on every person who is Japanese? Even if a person is Japanese, there are at least two positions for this person. One can take responsibility for the war, or not. For a person to take responsibility for it, they must have accepted the war and actively participated in it. If the informants' involvement as Hibakusya is to be thought of as deserved, particularly given their agreement with the war and their enrolment as a JRC nurse was their own decision, it is important to ensure that that they understood their part in the war.

Ueno says:

During the 1980s, Japanese history experienced a paradigm-shift, where women have been seen as requiring study as a subject in their own right, and not treated as passive or merely following men. Then women in history should be recognised for their responsibility during the war because it has been disclosed that women assisted or participated in the war through their own decisions.⁴

As most of the informants in this study were JRC nurses, and their reason for wanting to be a JRC nurse was so that they could to work for their country, it seems that they agreed with and participated in the war. However, during the time of their recruitment, not only information, but also opinions were controlled by the Junta, so the informants were highly influenced by propaganda for becoming JRC nurses, namely, 'to work for my country.' It is my contention, however, that even though they said that they wanted to work for their country, few of them fully realised its real meaning. Most of the informants were mere teenagers and hankered after a place as a JRC nurse because of the lovely uniform, and the romantic ideals of working for one's country. The reality of the JRC nurses was never shown. Kameyama in a study of war and its effect on nurses asserts:

⁴ Ueno, *Nationalism and gender*, p.30.

During the war, the activity of the war nurses was reported in various ways in women's magazine. However, these articles described the heart-warming stories of the relief nurses for young girls in order to promote the war nurses. This applied also to the JRC nurses, and was never an expression of the professional status of the nurses.⁵

Even though JRC nurses were a part of the propaganda, it was to promote them as idols for young girls.⁶ Therefore the informants had a very unrealistic notion of what it meant to work for the country as a nurse, because their role as war nurses was not emphasised. Also, along with many Japanese, they were brain-washed as well as being obliged by law to participate in the war. They had to accept the leitmotif to 'die for one's country' and could not argue with the Junta. Also, it is important to recognise the different status of men and women in the society of that period. Kanou is a Japanese feminist and has a different opinion to Ueno about Japanese women's responsibility for wrongdoings during the war.

Women in those days did not have suffrage,⁷ so they could not engage in decision-making, and were obliged to work in the war industries under the national mobilisation laws. In considering these points, women did not occupy equal positions of cooperation with men; instead they were compelled to work. So, it cannot be said that any woman was an active assailant during the war.⁸

In fact, nurses were educated to obey orders and could not question them. Following orders to help disaster victims was seen as valuable work and a part of 'working for my country'. They did not see beyond these considerations. They were not educated to oppose a superior or to question a given command, and so they believed that they

⁵ Kameyama, *Kindai Nihon kangoshi* 2, p.149.

⁶ Kameyama, *Kindai Nihon kangoshi* 2, p.149.

⁷ Japanese women did not have suffrage till the end of the war. The constitution, written by GHQ, included the reformed policy concerning Japanese women's liberation rights.

⁸ Mikiyo Kanou, *Hiroshima jyosei hewiwa gakushiron*, p.49.

were only carrying out orders. Although nurses only followed orders, the action must be questioned from an ethical dimension, such as involvement in crimes against humanity. There is no doubt that these JRC nurses were brain-washed by the Junta, but at the same time they worked as the relief personnel and cared for victims. They accepted their role as a nurse from a humanitarian stand point. JRC nurses and, German nurses during the Nazi era, were in a different situation. Benedict and Kuhla report: 'During the Nazi era, so-called euthanasia programs were established for handicapped and mentally ill children and adults. Nurses were active participants and killed over 10,000 people in these involuntary "euthanasia programs"'.⁹ Although, Nazi nurses claimed they were only following orders, their actions were against humanity, so they were responsible for their actions

Japan was a hierarchical society and authorities had control over civilians. Such authorities forced the common people to offer their lives in obedience to the slogan 'for my country'. I assert that the wrongdoer was the one controlling the people and those under control were victims, even though they were Japanese. Therefore, I believe that the informants, as Hibakusya, need not shoulder responsibility for the war. It was not 'natural justice', for not only these war nurses were affected but many civilians also became victims of this disaster. The A-Bomb killed a huge number of people instantaneously without any discrimination. Informants expressed their guilt for having participated actively in the war. As a reason, informants said they were mere children at the time and thus could make excuses to themselves about their active participation in the war.

It is accepted history that Japan only surrendered because of the use of the A-Bomb. However, did it really have the power to stop the war? Even after the use of the A-bomb, negotiations between the Junta and the USA did not result in a surrender.¹⁰

⁹ Susan Benedict, and Jochen Kuhla, 'Nurses' Participation in the Euthanasia Programs of Nazi Germany', *Western Journal Of Nursing Research*, vol. 21, no. 2, April 1999, 246-263.

¹⁰ Sasamoto, Beigun Senryouka no Genbaku Cyousa, p.22.

The Junta hid the use of the A-Bomb as they wanted to continue the war.¹¹ They did recognise the effects the bomb had had on the people, but the executives of the Junta were worried that they would be judged as war criminals at international law trials. Hence, they did not accept surrender easily, and in fact, it was the Emperor who announced the capitulation.¹² If this was the case it is difficult to argue that the A-Bomb brought the war to a close. This reason is often used to promote the development of bombs for peace, but it is hard to see the logic of such reasoning when a victory is obtained by violence, including war, where civilians will form the largest proportion of the victims, even though they are from the belligerent nation. Woman and children were all forced to work hard for the war, and as they were at the bottom of the social hierarchy at the time, they were divested of their rights, brain washed by a militarised education, and forced to work for the country. Therefore, women and children were also victims of such a society. So, I argue that it is false logic to see the A-Bomb disaster and its effects for the Hibakusya as a fitting reward.

Also, if an A-Bomb is used again, who can go to help the victims? The informants of this study were not provided with any information about the A-Bomb and so were not reluctant to go to Hiroshima. Nowadays, since the effects of the A-Bomb radiation, are already known, who would go to such a contaminated place to provide assistance? Although there were many disaster victims, people were only able to watch the disaster victims from a safe distance. In helping the victims, the relief personnel were also affected by the A-Bomb radiation, thereby sustaining life-long after-effects, as can be seen with the informants of this study. Therefore, the A-Bomb must never be used again.

Through this study, I learnt that the A-Bomb was not a problem belonging to the past, it is also a current and future problem. When I learnt of the suffering caused by

¹¹ Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.22.

¹² Sasamoto, *Beigun Senryouka no Genbaku Cyousa*, p.22.

the Hibakusya relief or by nursing the victims, I thought that it was karma, and that they were obliged to shoulder the karma for Japanese society. They could not run away from the experience and its sequelae. However, it was not providence but the consequence of human affairs. The Japanese went to war. Rsan's husband said that the Hibakusya were martyrs for their country and had to bear the pain of all the Japanese people. He pointed out that their suffering represented a kind of national karma,¹³ and it had to be shared by all the Japanese. However, it is treated as personal karma and used for discrimination purposes. The Hibakusyas' testimonials were suppressed so that their experiences did not prevent the economic development of the country. Hibakusya, including informants, were sacrificed for the development and cultivation of the Japanese economy. Therefore, the issue of the A-Bomb is not simply a past event, but a current and future issue. We need to control using it again.

Elshtain says about Hibakusya:

Survivors, having been apprised in the most horrendous and visible way of the horrors of nuclear war, call for forbearance, not retaliation; they become peace witnesses like the survivors of Hiroshima or Nagasaki.¹⁴

However, it was not true for this study. Hibakusya were strictly controlled and were not free to express their opinions. Instead they experienced censorship, although Japan was released from the GHQ/SCAP in 1952. However ordinary Japanese, who were not affected by the A-Bomb, denied the existence of Hibakusya so as not to jeopardise receiving any international assistance for economic growth and revival and becoming a developed country. Hibakusya were discriminated against and frequently rejected. They were most fearful of this oppression from their own people and the only voice they had was to protest against using the A-Bomb, and to promote peace. However, I believe that it is important to tell the reality of the tragedy of the

¹³ The series of consequences pertaining to the nation of which one is an individual.

¹⁴ Jean B Elshtain, *Woman and war*, (New York: Basic book, 1987), p.151.

A-Bomb effects, as this will be a very important way of protecting ourselves from any future use of this indiscriminate weapon.

8.3. Discussion of methodology

This study has used oral history (OH) as its methodology to show nurses' experiences of the Hibakusya relief and its influence on their entire lives. This study has used a specifically idiographic approach and focused on the informants' inner world, such as how they thought, felt, and acted during the events which happened in Hiroshima. As the informants were nurses, it was important to obtain some understanding of how these events affected them and influenced how they cared for people. OH has been used to describe the experiences of these nurses, so as to relate the tragedy of the A-Bomb as well as how it felt to work at that time. It is my hope that this story is sufficiently powerful to move its audience so that we shall never allow the use of the A-Bomb again.

This study consists of interviews that provide the nurses' subjective experiences and focuses on the life history of the nurses. To understand the nurses' life histories, it is essential to describe the period when they became nurses, as well as their working lives beyond the period of the Hibakusya relief, because they all believed that being a nurse had an effect on the rest of their lives.

More than sixty years have passed since the events related in this thesis and Japanese society has changed dramatically. The Japanese people experienced government by a Junta after the surrender, occupation by the Allied Forces led by the US military and finally an independent democratic government. It has even become one of the most influential economies in the world. Each government had different aims, beliefs, and methods of jurisdiction over the people. The informants' lives, their role of nurses in society, social attitudes and so on have changed. For instance, JRC nurses were

enrolled as war nurses during the war, but they became merely nurses after the war; they were idolised by the military propaganda during the war, but not after the war. Even though this study focuses on their lives and the inner worlds of the informants, it is part of this methodology to know about the reality of social changes and the history of Japan through the informants' stories.

Although the Hibakysya relief lasted for a short period it affected the nurses throughout the rest of, what turned out to be their long lives. When they were released and returned to their homes or to nursing school, they started to experience the symptoms of what is now known to be radiation sickness and some of them were very ill with life threatening conditions. This was just the beginning of their suffering the effects of the relief. The terror of A-Bomb radiation is that even though one recovers, this recovery is never complete and many nurses experienced several return bouts of their illnesses. Therefore, informants were forced to suffer this situation and their lives were controlled by constant worry. One informant described her life as 'living with a bomb inside my body'. The life threatening events did not only occur in their bodies, since they also experienced marriage discrimination because people had doubts about their child-bearing possibilities. How the lives of those who cared for people at Hiroshima were affected remained unknown to lay people. This is another important reason for relating the history and experiences of those nurses who cared for the Hibakusya in 1945. I consider that it is a very important part of both Japanese and nursing history.

At the time of interview, all the informants in this study had resigned from nursing or had been concerned with Hibakusya nursing only during the relief. Their life histories remain at the heart of Japanese nursing experiences. However, this study was not only an oral history of nursing, but was also a personal history. I realised that this was the case, and therefore I did not end the study with their experiences in Hiroshima. I needed to take their accounts through to the present because their

experiences as Hibakusya had so far remained unacknowledged. This would provide a history with continuing impact from the time of their caring for the Hibakusya.

Isaac states:

History must, in its scholarly and its many more public tellings, suggest a story as yet unfinished. Are we not called upon to play positive and healing roles in its constitution? Let us remember that there are no ‘facts’ for the future; we have to believe that belongs to us—to the human race—to make it more as it should be than the past has ever been.¹⁵

I contend that their actions, feelings and thoughts would be considered as a novel account and create a positive impression. The informants’ had to live exceptional lives – they had to live as Hibakusya. The fact that they were women, and also Hibakusya, meant their lives contained many hardships. However, their stories were not only sad because they had survived such hardships, but meant that their lives gave empowerment to me. Ueno says:

OH provides the reality of the survivors. It does not contribute a story of them as victims. It contributes a story about people who lived lives who survived until the present even though they experienced hardship. Telling an OH is a confirming process of the present lives of such survivors.¹⁶

Therefore, I felt I was energised by their stories and thought that the present or future had a possibility for changing for the better through telling about their ways of living. Thus, I could feel their stories contained a form of power. It is possible that the informants could become heroines through the efforts of this study even though they lived as ordinary people in their community.

¹⁵ Rhys Isaac, ‘Inclusive Histories’, in Macintyre M. Stuart, ed., *The historian’s conscience Australian historians on the ethics of history*, (Melbourne: Melbourne University Press, 2004), pp. 64-74 (73-74).

¹⁶ Chizuko Ueno, *Nationalism and gender*, (Tokyo: Seidosya, 1998), p.175.

I was also impressed by the informants' lives as nurses, even though most of them were merely teenagers at the time, and often recent graduates or student nurses. Previous to the interview, I had believed that they only followed orders, because the JRC nurses were educated to be as the same as soldiers and to obey the orders of physicians or medical orderlies. From their stories though it is clear that they were not passive, but active in their decision making and used their ideas of nursing to provide good care for their patients. Many felt they were useless at the time, but on re-thinking and re-telling their experiences, they realised that through their presence the victims did not die alone. They were nurses who tried to provide comfort. Thompson addresses 'the advantage of OH in that this method allows the role of the hero, not just for the leaders, but for the unrecognised actions of the majority.'¹⁷ All of the informants in this study became my heroines, and their tales provided me with the strength to tackle this tough research topic. The nurses reconstructed a history that was a story of compassionate humanity in Hiroshima, even though experiencing it was like a living hell.

During the interviewing, informants often seemed amazed at what they had achieved and, for instance, as Asan said, 'we were only seventeen or eighteen, but we did it. It was amazing' or Rsan said, 'we were only women.' Even though the experience was hard, they told their story with humour. They acknowledged that it had been a very valuable experience. This confirms that telling stories using OH enables a form of confirmation of their lives into the present. Telling their story helped them to realise that they had survived extraordinary difficulties, and this realisation improved their confidence during the interview. It must be one advantage of the OH that interviewees can also improve their sense of self esteem by reflecting on their life history. In such a process they affirmed their hardships as very valuable.

¹⁷ Paul Thompson, *The voice of the past: oral history 3rd edn*, (Oxford: Oxford University Press, 2000), pp.23-24.

Using OH to describe these nurses' humanity has the power to move audiences. As the nurses became heroines of their own tales, their survival became a more extraordinary experience. While this study focused on the lives of nurses who cared for Hibakusya in Hiroshima during 1945, it also showed that this experience influenced their entire life up to the present and probably their future family histories. Perhaps this is more a personal history than a nursing history. Their part in the drama and its lifetime effects has remained unacknowledged. This study reconstructs a new history of some nurses whose survival of many hardships provides hope for the living. Therefore, this study has value as nursing research as well as an historical and social study.

8.4. Limitations of this study

Ueno states one of the problems of OH is that 'stories are often selectively remembered, intentionally or unintentionally.'¹⁸ I agree with this point and often suspected that the informants continued to self-censor by not mentioning certain things, or continued to avoid recounting certain things. I believe that this action is centred around the need to conserve the dignity of the people they cared for, or others they were close to. I also got the feeling that sometimes they were trying to protect me from the full horror of the stories.

Many of the informants of this study remained fearful of the events around the coming of GHQ/SCAP soldiers. Some of this seemed to come from the belief that it is the natural rule that women of the occupied country become the sexual tool or object of assault of men. Ueno says that a war makes mass murderers and rapists of many men.¹⁹ In any war, it often happened that men of the winning country openly assaulted the women of the losing country. Hence, woman became the victims of

¹⁸ Ueno, *Nationalism and gender*, pp.166-170.

¹⁹ Ueno, *Nationalism and gender*, p.168.

war. Informants did not disclose openly any sexual abuse of women, but I felt they were more guarded when talking about that period. GHQ/SCAP also suppressed these kinds of events, such as assault by the occupying forces, and did not leave any evidence of this, just as they hid the effects from the A-Bomb. The fact of rapes during the occupation remains only a point of speculation.

However, one informant told the story that she was ordered to choose to die by biting her tongue should she be raped by GHQ/SCAP's soldiers, to protect her purity. It seems that a man can make a tolerant rule for himself in the chaos of occupation, but the intolerant rule for a woman was to be her self-sacrifice should she be raped. Although informants of this study were heroines for me, they were not able to tell of their experience for a long time after the war, because they were afraid of marriage discrimination. These are issues for women and their gender. Such women, who worked for the protection of all women, were silenced for this time. Although Japanese society had changed, still many common laws were male oriented, which meant that women could not tell their history freely.

Such guardedness makes sense. I acknowledge that Japanese society has changed considerably, but only in some aspects. What Ueno hints at is that there remain two sets of rules – one for men, the other for women. Also, society does not always change for the better. Many of the nurse informants experienced discrimination, and believe they continue running the risk of discrimination because of the events explored in this thesis. They also worry about the future for their children and so I accept that many parts of their story will remain untold.

I believe that sometimes the informants held back on telling their entire story about the victims. They still felt there were risks associated with telling the full story. For instance, Gsan told the story of her squad leader kicking soldiers to check whether

they were alive. During the interview she said, ‘now I can tell you this.’ This means that she now felt it was safe to talk about a common action at that time, and that she would not be blamed for what might have seemed a cruel act now. Selection of what to tell and what to continue to hide depended very much on how they thought the action would be thought of during the present.

Another problem of this study relates to the completeness of archives. The validity of OH is often questioned because it relies on human memory, so forgetting or differences in recall happen.²⁰ Therefore, I attempted to access archives to check the accuracy of the interview data. At the beginning of this study, I contacted by telephone an office of the JRC chapter to access its official records or archives of the Hibakusya relief. My request was met with hostility by a woman at the office and she refused my request. She said her reason for doing this was that the organisation must protect the privacy of their nurses and the archives recorded the real names of nurses who were sent to Hiroshima. Only the nurses were able to access them as evidence of their presence at Hiroshima should they consult the Hibakusya Handbook. Also, I felt that the office did not want to be involved with my study. At the time I did not know about the discrimination of many female Hibakusya or that many were still hiding the fact that they are Hibakusya. With experience of this refusal, I wondered if the project was possible as I had not expected such difficulties.

Similar difficulties came when I tried to use the archives from Hiroshima as they were destroyed by the A-Bomb. Moreover, finding the official record or archives after the war was also very difficult as they appeared to be nonexistent too. I was forced to use official books which were published by the government of Hiroshima City and Hiroshima Prefecture. The oldest of these reports was published in 1961, fifteen years after the A-Bombing and one decade after the end of the occupation. I found that even though these books were official records, many aspects relied on oral

²⁰ Ueno, *Nationalism and gender*, p.166.

evidence from after the bombing. I came to believe that the time around and after the bombing was a time of considerable confusion and with the defeat very little remained of any archives. It was only later on after further research that I found the reason for such an unusual situation. It was because of acts of censorship and its associated press code. Another difficulty with the use of these books is that authorship or editors are not indicated, except where testimony is used, and authorship is assigned to either Hiroshima City or Hiroshima Prefecture.

Checking accuracy or details of these official books, published memoirs and testimonies became problematic. I was worried that using such records was unacceptable for a history. Because of the censorship of GHQ/SCAP, especially concerned about the A-Bomb, I came to believe that archives would contain many biases and were not always trustworthy, and that sometimes testimony or oral evidence would be more valid than the archives. Because of this I feel that this study does not explore or discover new facts about the history of what happened in Hiroshima, but its strength is that this history is told from a new perspective, that is what was experienced by nurses attending the relief.

Of course, I assert that discovery of novel issues is important for historical research, and without this history it is not possible to open up any reality for exploration. Using only testimonies and stories of the experiences of ordinary people can lead to inconsistencies, which is a major problem of OH, and does not always bring an understanding of past social phenomenon. One of my struggles with the 'truth' of stories came about because of the press code. 'Because of the press code, it was prohibited to speak publicly about the A-Bomb' was often quoted by the people of Hiroshima. The situation had not been written about and remained a reason for silencing it. However, this form of censorship was abolished in 1949, yet people continued as if the censorship remained. I could understand that silence. A Swedish researcher called Braw had disclosed the censorship in her PhD thesis, published in

1986 and translated into Japanese in 1988. This thesis was then cited by many researchers in this area of Japanese history.

While some facts about events are now known, Hiroshima and Nagasaki will still have many undisclosed facts about the reality. For instance, the relationship of the A-Bomb to the development of psychological problems has not been widely studied, and only effects on the body are recognised as sequelae. Below, from the Mayor of Hiroshima's 'Peace declaration' at the Hiroshima Peace Memorial Ceremony on 6 August 2008, he asks us to imagine the voices:

'Water, please!' 'Help me!' 'Mother!' — On this day, we, too, etch in our hearts the voices, faces and forms that vanished in the hell no hibakusha can ever forget, renewing our determination that 'No-one else should ever suffer as we did.' Because the effects of that atomic bomb are still eating away at the minds and bodies of the hibakusha, and this has for decades been so underestimated, a complete picture of the damage has yet to emerge. Most severely neglected have been the emotional injuries. Therefore, the city of Hiroshima is initiating a two-year scientific exploration of the psychological impact of the A-Bomb experience.²¹

Clearly, Hiroshima and also Nagasaki requires new investigation, even though more than sixty years have elapsed.

8.5. Conclusion

This study was partly supported by a grant from the Japanese Ministry of Education, Culture, Sports, Science and Technology. I have already submitted the report of my study to the ministry, and I sent this same report to my informants. Lsan and Nsan, who were angry during the interview, sent me nashi pears and said thank you and encouraged my further studies. However, I felt very sorry for the informants because

²¹ Tadatosh Akiba, *Peace declaration*, created 6August 2008, <<http://www.city.hiroshima.jp/shimin/heiwa/pd2008e.html>>, Hiroshima City, viewed 14 October 2008.

I was not satisfied with the report, I felt that in the telling it had lost something important. That report used their data as ‘fact finding’, such as getting to know what kind of nursing was performed in the aftermath. I believed that the things of most moment in their stories was not disseminated. To disseminate this more widely I brought the idea to my previous supervisor for my Master of Nursing to enrol in a PhD that would allow an extended analysis of the data I was to collect. When I started this research project, there had been no oral histories or sociological studies of nursing in Japan. There were very few Japanese studies using history, sociology and educational approached to oral history, with most studies of the war and war times as political studies. I therefore undertook my PhD degree in Australia using the oral history approach. The report of the study to the funding body was done on the completion of the data collection. The PhD studies allowed me to collect more data from an informant and to provide a more detailed and complete report of the life stories of the women who had cared for ABVs in Hiroshima City.

During the time I spent analysing and writing up this project, other Japanese nursing researchers also started similar work, because of Hibakusya’s advanced age and they wanted to record their many voices for posterity. I was invited to consult on one of these grants even though they were using different informants other than JRC nurses.²² In recognition of my consulting role on this project I have co-authorship.

²² This publication is: Yuko Matsunari, Sachie Nozawa Kayo Sakata, Yoshiko Ohara, Keiko Takahashi, Yukiko Hyakuta, Mutsumi Ueda, Ryoko Ohara, Toshio Kobayashi, Noriyuki Kawano, Kazumi Mizumoto., ‘Individual testimonies to nursing care after the atomic bombing of Hiroshima in 1945’, *International nursing review*, Vol. 55(1).13–19, 2007.

When I started the study, I did not know the extent of the difficulties I would experience. Hiroshima was the first time the A-Bomb was used as a weapon. I believe that it is important that those who used the bomb understand its consequences. The informants in this study wished to improve Hibakusya medical treatment, so they co-operated in any research and wanted to share results to obtain improvements. However, after many years of such participation they felt like they were treated as guinea pigs. I gained a strong impression from Lsan's anger that I should not treat the informants with contempt or merely as data for on-going research into the effects of the A-Bomb. Furthermore, researchers must take a role as advocate to permit the informant's experience to be known. There are certain people who cannot voice their experiences openly due to social restrictions, so that is what this research must support and advocate for its informants.

All of the informants said that experience of the Hibakusya relief was a valuable experience for them. That experience provided them with the strength to endure hardship, to understand others' pain and so on. However, even though they recognised the value of the experience, none wanted to experience it again. Also, they did not want others to have such an experience as they still suffer from the scenes in Hiroshima when they close their eyes. They fear as well the on-going effects of radiation sickness. Their suffering continues. They are strongly against any future use of the A-Bomb. They want a guarantee that the A-Bomb will never be used and their experiences will be used to justify this.

August this year is very hot and the fine beautiful days of summer continue just as in 1945. Temperatures rose to nearly thirty-five degrees from the sixth to the twentieth of August. The informants worked during those hot days without rest, sleep, eating, or taking a shower. I visualised the figures of the informants at their work. I desperately wished that from such a blue sky none had experienced the A-Bomb explosion and its long lasting effects.

Sixty years have passed, and most of the Hibakusya and their nurses have passed away. Therefore, the fear of the A-Bomb can only be associated with the ruins of Hiroshima as reminders of the reality of disaster. The nurses' existence and their humanity must not be ignored. Even though they were not recognised as being famous, it is important to remember that such women existed and worked desperately for the disaster victims, and that those women considered themselves as nurses. Their suffering continues since they experienced the relief activity in Hiroshima. They survive in Hell, always in an interminable Hell (Avichi Hell).

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