Account of a Medical Doctor Who Had to Face Innumerable Deaths of Victims from the Exposure to A-bomb Radiation

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In 1945, I was working as an army surgeon at the Hiroshima Army Hospital. Early in the morning on August 6 I left home to see a patient in Hesaka Village located 6 km from Hiroshima City. Thus I happened to escape from the death by the A-bombing. For more than 50 years since I was engaged in the emergency medical treatment of the victims (Hibakusha) almost immediately after the explosion, I have worked to treat A-bomb sufferers. Based on my experience, I want to report on the deaths of those killed by nuclear weapons, hoping that it will help promote the movement for the abolition of nuclear weapons.

1. The A-bomb radiation kills humans in two ways: 1) High-level radiation released by explosion pierces the human body from the outside and destroys many organs simultaneously, causing death to victims, and 2) radiation from radioactive substances taken in the human body turns oxygen molecules in bodily fluid into activated oxygen, which in turn damages chromosomes in cells, resulting in diseases and subsequent death.

2. Deaths caused by acute radiation disorders and sub-acute disorders: (Acute disorder means the state of pan-histphthisis, in which multiple organs are damaged simultaneously. Sub-acute disorder means delayed effects caused by the internal exposure to residual radioactivity.)

Within a few days of the bombing, many people died after exhibiting such violent symptoms as high fever, diarrhea, vomiting, bleeding from mucous membranes, vomiting blood, bloody stool, and gangrene of palatal membranes. This continued for months. Dr. Juan Amano's theory

explains why some symptoms appeared later than others—why some Hibakusha dies immediately, while others did not suffer these symptoms for months: Neutrons released as radiation from the A-bomb turned the phosphorus in bones and the brain into radioactive phosphorus, which irradiated and damaged the body cells from within. (Research report of the Science Council of Japan "Report 1-4 of A-bomb Disorders) It was not until 1973 when Canadian doctor Abram Petkau announced that low-level radiation was more destructive to cell membranes than high-level radiation that the scientific analysis on the disorders caused by internal exposure to residual radioactivity became possible.

(3) Deaths from chronic symptoms (ranging from A-bomb Bura-bura disease to leukemia, cancer, multiple tumors of bone marrow)

In 1946, many Hibakusha began to suffer A-bomb Bura-bura disease. Patients became lethargic, easily fatigued, and impatient, even as they seemed clinically normal. They easily caught colds and, once they did, they took a long time to recover. This condition made it difficult for them to continue working and degraded their already poor living condition. There were many cases in which patients caught a slight cold and then, quite suddenly developed a fatal case of tuberculosis. The doctors had to be very careful in treating the A-bomb Bura-bura disease.

In 1946, Leukemia began attacking the Hibakusha. The number of those who developed the disease gradually increased and reached its peak in 1953-54. A little later, other forms of cancer ravaged the Hibakusha. Surveys show that the rate of cancer death of the Hibakusha is higher than that of non-Hibakusha. (According to a survey in Saitama prefecture in 1987, 5 of the

deaths of Hibakusha (58%) were caused by cancer.) Surviving Hibakusha fear cancer the most. Myeloma (multiple tumors of the bone marrow) does not occur frequently in the general population. But among the Hibakusha, myeloma is not uncommon. Due to its frequency among Hibakusha, it is listed as one of the radiation-induced diseases in the Hibakusha Aid Law. The disease is much feared by the Hibakusha, as it is quickly fatal.

(4) Deaths caused by the lowering of immunity function and healing ability:

The Hibakusha as well as non-Hibakusha contract adult and other chronic diseases as they get older. However, even with proper treatment and health care in their daily lives, the Hibakusha have more cases of unstable conditions and complications than the general public. Their conditions tend to suddenly deteriorate, leading to unexpected death in many cases.

(5) Notion of nuclear deterrence is wrong:

The nuclear deterrence doctrine, which regards the possession of nuclear arms as useful means to deter nuclear war, suggests that the mere possession of nuclear weapons is safe and harmless. Maintaining those nuclear weapons, without ever using them, still requires that they frequently updated and that new weapons be developed. In every stage of nuclear development process, from mining and refining of uranium, production of warheads, their stockpile and transportation to the disposal of nuclear waste, Hibakusha are created by residual radioactivity. Nuclear deterrence theory can boast a new generation of Hibakusha who suffer with radiation-induced diseases and who will not appear in official records.

We must not overlook the fact that the practice of deterrence has been lulling international and national opinion on the abolition of nuclear weapons into a false sense of security.

(6) Nuclear arms trigger a new war:

The wars in Korea, Vietnam and the Gulf, waged after World War II, all began with the conviction that the war could be won in the long run through the threat of nuclear weapons. If there had not been nuclear weapons, the decision to start the Gulf War could not have been made so easily. Nuclear arms do not prevent war. On the contrary, they increase the temptation to start a war.

(7) Conclusion:

The elimination of nuclear weapons is the only guarantee for the survival of humankind.