

Confronting the Effects of Radiation Exposure from the Atomic Bomb

— Experiences and Research of a Survivor Physician —

原爆の放射能被害と 向き合って

— 被爆医師の体験と研究から



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Remarks by Dr. Shuntaro Hida, co-founder of the “Association for Citizens and Scientists Concerned about Internal Radiation Exposures”, at a press conference on January 27, 2012

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August 6, 1945, Hiroshima

I was born in 1917. In 1945, at the age of 28, I was serving as a medical officer in a Hiroshima military hospital. On the eve of August 6, the day the bomb was dropped, I happened to be staying at the hospital, but was called away unexpectedly around 2:30a. m. to examine a farmer’s child who had suffered a fit caused by valvular heart disease; a child I had seen only once before.

I was able to attend to the child because in those days, medical officers were allowed to treat private patients as long as they were not on duty, and as long as they did not receive compensation. As a result, on the morning they dropped the atomic bomb, I found myself in Hesaka [*1], six kilometers away from the hospital, and, for that reason, survived.

[*1] Hesaka was a village in Aki County, Hiroshima, located about 6 kilometers northeast from the epicenter of the bomb. The village was incorporated into Hiroshima City on April 10, 1955.

Needless to say, the hospital, located only 350m from ground zero, was instantly destroyed. It is thought that of the 597 people who were inside at the time, only three survived the initial blast. So as not to lose time, I will omit my own experience of the blast that morning in Hesaka.

That afternoon, while I was still in Hesaka, a steady stream of surviving hibakusha (literally, “explosion-affected persons”) arrived, seeking refuge in the tiny village. However, though they came to the village, the blast from the atomic bomb had destroyed almost all of the buildings in Hesaka, and there was hardly a roof to put over their heads. There had been an elementary school with two buildings which could have held many

people, but both buildings had been completely destroyed. There was simply no place to shelter them. In the end, the seriously wounded who had fled from Hiroshima, burnt from head to toe, with burnt and festering skin, had no alternative but to lay themselves down on the roads, on the school ground, and in empty land plots in the village.

The reality of acute radiation injury

Thus, it was these sort of severely wounded that we medical officers were faced with treating. That evening, by chance, four medical officers happened to be present in the village. Village records show that 6,000 victims spent that first night in Hesaka. However, the situation there was dire as there was no medicine and no medical instruments, and we medical officers were forced to simply stand by as more and more of the wounded died. During those three day without medicine, without anything to alleviate their suffering, we could do nothing but throw up our arms and watch as our patients died.

Until the fourth morning, we medical officers had assumed that all those that died had succumbed to their burns. However, beginning that morning, patients began to die who had not suffered serious burns. According to village records, by that morning, 27,000 atom bomb victims had entered the village. On the other hand, support from the military had arrived the night before from Kyushu and Shikoku. The number of doctors, I believe, had increased to 27, but faced with an overwhelming 27,000 patients, there was still little we could do.

But what sort of symptoms were they afflicted with? First, a high fever of 40 degrees. A fever so high, that even doctors of internal medicine had rarely seen it. A fever seen only in people dying of malaria, in the end stages of pneumonia, or in those with typhoid fever. Then, as we examined our patients and wondered why they were running such high fevers, they began to bleed from their eyes, nose, and mouth. Even we doctors had never seen such bleeding from the eyes, though we had occasionally encountered patients bleeding from the nose or mouth.

Our patients were bleeding from the inside of their lower eyelids, something we doctors had never seen. Since they were running high fevers, we decided to examine their tonsils, as, generally, if the tonsils are inflamed, the patient also runs a high fever. Thinking thus, we attempted to examine the inside of their mouth, but could not. It was not simply bad breath, it was the smell of decay. A smell so bad we could not put our faces near their mouths. We could not figure out, why, even though these people were still alive, the insides of their mouths were decaying.

In time, purple spots began to appear on the undamaged portions of our patients' skin. Suppose you were to dip the tip of a pencil into purple ink and press it into your skin,

and repeat this over and over; then, as you know, several purple bruise-like marks would be left. Just like that, purple spots appeared on the victims' skins. But, again, as to why, we did not know.

Finally, and this was also perplexing, when our patients, laying on their mats, were but a few hours from death, they would run their hands through their hair and find large clumps of hair in their hands. But yes, this hair loss... much has been written on hair loss suffered by the hibakusha.

Really though, it was not hair loss. They would just gently touch their heads, and the hairs would fall away. We were the only ones to have seen such a thing. Later, despite searching throughout the world, no similar reported incident could be found. It was only later that we understood that this had occurred only then in Japan. It was not until 10 or 20 years later that the United States provided us with an explanation as to why this had occurred.

Well, the root of a hair is called the hair follicle, yes. When one pulls a hair out like this, and touches it, we find a little bit of flesh attached to the root. This bit of flesh is called the hair's follicle cell, and it is what attaches to the skin of scalp. These follicle cells are some of the most vibrant and vital cells that make up the human body, growing rapidly and multiplying just as quickly. I have since learned it is just such cells which rapidly divide that are affected first by radiation

Indeed, it was the patients' heads that were first exposed to the radiation following the explosion overhead. It turns out that these follicle cells died instantly upon exposure to the radiation. As a result, unbeknownst to our patients, their hair were only loosely held in place by their hair pores. And with the lightest brush of their hand, these hairs were dislodged. This was the "hair loss" of the hibakusha.

After these rare symptoms appeared, the patient had at most an hour or two to live. There would be 30 or 50 atomic bomb victims laying on the ground, and when someone died we were summoned to tend to him. But, as soon as we approached him, we would notice this hair loss in the other patients around him; we could not escape the presence of death.

So, according to our experience, people exposed to the pikadon [the Japanese colloquial word for the atomic bomb - Pika means flash of light, don is the sound of a large blast] died according to this progression of symptoms. This is not theory, this is what I witnessed in literally hundreds of patients in Hiroshima. This cluster of symptoms would later be termed "acute radiation syndrome" . That is to say, of the 27,000 sickened in those first few days from acute radiation exposure, more and more died before our very eyes.

Damage Caused by Internal Radiation Exposure

What next surprised us was the patient who claimed “Doctor, I’m not sick from the pika (the atomic bombing)”. “What makes you say that?” I queried, and he answered “Well, I wasn’t in Hiroshima that day!” He continued, “I didn’t come to Hiroshima until two days after the August 6 bombing. You see, one of my children didn’t return home after the bombing, so I traveled to the city to look for him. It wasn’t until after walking around the ruins for two days that I began to feel ill, and that’s when I thought I should come here and get checked out by you.”

With all our medical knowledge combined, we could not figure out what was wrong with this man. Of course, under the circumstances, we also couldn’t perform a very complex examination; however, it was clear to us, instinctively, that something was amiss. Soon after, he began to display a number of odd symptoms and passed away. “What on earth killed that man?” we wondered, “if it wasn’t the bomb... then what?” This turned out to be my first encounter with radiation sickness .

Then, we saw what we now call “internal radiation exposure “. According to the law, anyone who spent time in Hiroshima within a week or a few days of the bombing, even if they were not present on the day of the bombing, is considered a hibakusha. And before our eyes, people who fit this description began to exhibit rare maladies we had never seen before.

That is to say, while nowadays we have the term “internal radiation exposure” , back then, we called it “city-entrance exposure” . These individuals were not in Hiroshima at the time of the bombing, they had come to the city later... and then fallen ill. And, for the life of us, we could not figure out why.

I spent the next thirty years examining such patients, and in 1975, I traveled to the United States, serving as a Japanese delegate to the U.N. regarding the Comprehensive Nuclear Test Ban Treaty. While at the U.N., I met the one American doctor who had studied patients injured by internal exposure to radiation. The doctor had undertaken significant research on the risks of radiation exposure and challenged the U.S. government. This man was Dr. Ernest Sternglass [*2] of the University of Pittsburgh; he is still alive and two years younger than me.

[*2] Ernest J. Sternglass: Born in Berlin, Germany in 1923, he is Professor Emeritus of Radiation Physics at the University of Pittsburgh. Dr. Sternglass’s research on the risks of low level radiation was inspired by a publication that underestimated the risks of radiation among survivors of the Hiroshima bombing. Dr. Sternglass was the first to expose evidence showing elevated rates of infant mortality near US. nuclear

tests sites. His later research determined that people living near nuclear reactors were also suffering elevated levels of illness and premature death.

Dr. Sternglass's classic book *Secret Fallout* was based on this research. Additionally, he founded, along with the eminent American statistician Jay M. Gould, a non-profit called the Radiation and Public Health Project (RPHP). As a result of his continued research, Dr. Sternglass has come to the conclusion that even among seemingly healthy people, marked declines in academic ability, weakened immunity and increased susceptibility to infection are apparent and suggest that society as a whole is deteriorating.

At our meeting, when I revealed that I was from Hiroshima, Dr. Sternglass asked me "what made you come to the U.S.?" I explained, "I have patients who were not in Hiroshima on the day of the bombing that are nevertheless dying. I am here because I hope to learn why." He responded, "ah, what you have observed is a disease which occurs when radiation enters the body. We also have many patients like this in America." He continued, "American troops exposed to military nuclear tests are becoming sick all over the country. I've written a book about it and will give you a copy." It was then that I learned from Dr. Sternglass about the theories concerning the effect of internal exposure to low levels of radiation.

After returning home, I translated Dr. Sternglass' book into Japanese. Although I had little money and most publishers expressed no interest, the project eventually caught the attention of Jijishinpo Press and they published the book for us. Although it was the first book published in Japanese about internal exposure to low-level radiation, I am afraid few people have read it. [*3]

[*3] *Low Level Radiation* (translated by Shuntaro Hida, 『死にすぎた赤ん—低レベル放射線の恐怖』 1978, 時事通信社 Publishing Company). The expanded edition is titled: *Secret Fallout: Low Level Radiation — from Hiroshima to Three Mile Island* (translated by the Associations for Scientists Against Nuclear Power Plants, 『赤ん坊をおそう放射能—ヒロシマからスリーマイルまで』 1982, 新泉社 Publishing Company) ; see also *Before the Big Ban* (Four Walls Eight Windows, New York, 1997) ; Ernest Sternglass and Ralph Graeb, *The Petkau Effect: The Devastating Effect of Nuclear Radiation on Human Health and the Environment*, (translated by Shuntaro Hida and Mari Takenouchi, 『人間と環境への低レベル放射能の脅威—福島原発放射能汚染を考えるために—』 あげび書房 Publishing Company, 2011) ; this wide-ranging book addresses a number of issues from an analysis of the primary cause of the Fukushima nuclear disaster, the irony of the existence of nuclear reactors in Japan - the only country that has suffered an atomic bombing - issues

of future compensation, the limits of monitoring posts and whole body counts, the difference between external and internal exposure, criticism of “safety standards” , an examination of the “Petkau effect” , and so on.

Why are there 54 nuclear reactors in atom-bombed Japan?!

As a result of these experiences, I have focused my studies on radiology, but I think the question which I would most like to vocalize is this: why has Japan, which experienced both Hiroshima and Nagasaki, built 54 nuclear power plants on its soil? I believe foreigners also wonder this... “why on earth would they do that?”

There is only one reason. On September 1, 1945, General Douglas MacArthur arrived at Atsugi Air Base. Immediately upon his arrival, MacArthur, rather than publishing a memo, cunningly gave a speech outlining the policies of the American occupation of Japan. Japanese dignitaries, with the assistance of translators, quickly transcribed the speech and disseminated it. We doctors in Hiroshima were soon notified of the relevant parts of his speech by the Minister of Health and Welfare.

I am not aware of the contents of the speech other than what immediately concerned us, which was as follows “as a result of the atomic bombings, many citizens of Hiroshima and Nagasaki as well as soldiers have been exposed to radiation. From among those, many are dead, and, currently, many others are hospitalized as a result of their injuries. However, the damage they have suffered is now an American military secret. The sufferers themselves, as well as anyone who has seen or heard of their conditions, are absolutely forbidden to speak of it. We will punish severely anyone who defies this.”

It continued, “in the course of their profession, it is likely that Japanese doctors and medical scientists will be asked to examine individuals who have been exposed. It will be permitted for doctors to provide such medical care. However, it is strictly prohibited for the Japanese medical community to conduct research and investigate the effects of radiation exposure, including documenting such results in detail and conferring with other doctors, or submitting such results to academic conferences. Anyone who disobeys this policy will be severely punished.”

So this was all MacArthur’s doing. And, as a result of his orders, the hibakusha silenced themselves. They feared retribution from both the American occupation forces and the Japanese government. And, most importantly, Hiroshima University and Nagasaki University muzzled themselves. As for doctors in private practice, when a patient would come to them and say “Doctor, to tell you the truth, I was exposed in Hiroshima...” , the doctors would reply, “Ah...please don’t speak of that. Because if it comes out that I heard this, GHQ (General Headquarters of the Allied Forces) will have their eye on me.” In this way, even doctors turned their backs on the hibakusha.

There were some conscientious doctors who saw them, but medical science at that time was not advanced enough to do much for them. In any case, of that question that foreigners often ask me, “why, after experiencing an atomic bombing, have the Japanese government and experts persisted in building so many nuclear power plants?” this is all I know.

The situation remained the same even after the end of the American occupation and Japan regained its independence. And now, due to the U.S-Japan Security Treaty, it is as if Japan is bound, by bylaw, not to do anything to endanger the American possession of nuclear weapons. This is why, despite what occurred in Fukushima, there are few people in Japan who are truly concerned about the consequences of radiation exposure.

The rallying cry is “It’s safe! Its safe!” Or else, they offer the same two pieces of impractical advice: “flee as far as possible,” and “eat only uncontaminated food.” Less than 10% of the population of Fukushima could follow such advice. If all the people of Fukushima were to leave their homes, there would be no place in Japan large enough to accept them. The Japanese people have committed a serious error in allowing so many nuclear power plants to be built in such a small country.

This is because they simply have not been informed of the risks of radiation exposure. If asked about Hiroshima or Nagasaki they might mention something about keloids or the severe burns that the victims suffered; that is to say, they are only familiar with the visible injuries. Few know of the invisible injuries caused by radiation.

How to break up with nukes and fight radiation contamination

I believe the Japanese people must start over again and study up. In a doomsday scenario, radiation damage could annihilate all human life. Radiation is a deadly foe, from which we humans have no way to protect ourselves. It is my hope that, as a result of continued study, more and more Japanese will come to understand what a terrible enemy we are up against, and reject our reliance on nukes. This is what I believe is necessary for our country.

These days I am asked from time to time to deliver lectures. At these talks, I am often asked, “please tell us what we can do!” I have no answer for this. “But teacher,” people often say, “you treated so many atomic bomb victims, surely you must have some wise advice for us. Please, teach us.”

I do have one piece of advice. For the past thirty years, I have felt called, as the sole doctor among the membership of the Japanese Confederation of Atomic Bomb Survivors, to study the *hibakusha* - investigating how to prevent the onset of radiation-related diseases, stave off the onset of cancer, and help them beat the odds despite their

radiation exposure. As a result of these studies, I've come to the conclusion that the only weapon we have against illnesses caused by radiation exposure, is for the patient to guard their good health in an attempt to prevent the emergence of these diseases.

There simply is no medicine effective against diseases caused by radiation. It is not easy to take care of your health like this, but it is the only solution. What are we to do? I have pondered this deeply. It is said that when humans first appeared 400 million years ago, those brand new humans succumbed to naturally present radiation and ultraviolet radiations in large numbers.


However, despite being injured by this naturally occurring radiation, they built up an immunity and have managed to adapt and survive to this day. But it took hundreds of millions of years. And, for a majority of that time, we humans lived in sync with the sun: rising at dawn and retiring at dusk. For this was the only way to survive. In this way, humans survived periods without light, heat and adequate fuel. It follows then, that the human immune system is accustomed to this rhythm of living in harmony with the sun.

For this reason, we thought that in order to maintain a strong immune system, it might be important for us to adapt this lifestyle. We forbade ourselves from sleeping in or staying up late; we avoided everything that might seem bad for our health. We cut out tobacco and avoided overeating. If we heard that chewing each bite 30 times was good for our health, we would chew each bite 30 times. In this way, hundreds of thousands of atomic bomb victims tried their utmost to protect their health.

I hope you will learn from the atomic bomb victims

At this time, 210,000 hibakusha, though aging, still manage to cling to life. They have survived, not because of nature, but in spite of it; These hibakusha have given it their all, fighting the radiation to live long lives. This is what I try and impart while traveling to deliver these lectures. You can rely on me to continue this, as there is simply no one else speaking about these things. So please, study up on the history of the hibakusha that fought to live and continue to struggle for life. They are our leaders in the fight against radiation.

They have protected their lives themselves. And, until medical science progresses enough to find an effective treatment for radiation damage, for the time being, we must learn from these forerunners. Additionally, the Japanese government must do its best to protect the health of its citizens, and prevent any more radiation damage from occurring. Although I am 95 years old, I am travelling the country and lecturing on this subject almost daily. Since I am the only one capable of doing this, I have no choice but to do so. Even if I were to die tomorrow, or the day after tomorrow, I would still choose to be doing this now.



But there are limits to what a single person can do. No matter how hard I work, I cannot educate 100 million people alone. It is up to you too. And it is up to the mass media to disseminate widely the truth on the consequences of radiation damage. For them to speak - not from a government-friendly standpoint- but from the standpoint of trying to protect human lives. This is my hope.

I will end now. (*Applause*)

Association for Citizens and Scientists Concerned about Internal Radiation Exposures →

<http://www.acsir.org/index.php>

原爆の放射能被害と向き合って

一被爆医師の体験と研究から

医師 肥田 舜太郎

1945年8月6日、広島で

私は1917年生まれです。28歳の時に、広島陸軍病院で軍医として勤務していました。原爆が投下された8月6日の前夜はたまたま病院に泊まっていたのですが、深夜の午前2時半頃に、かつて一度だけ診察したことのある農家の子どもが、心臓弁膜症で発作を起こしたので診察に来て欲しい、ということだったので、緊急往診に連れ出されました。

当時、将校は勤務の無い夜間とか、命令などの何も無い時は自由ですから、診療活動は出来ます。ただ、報酬は貰ってはいけないということだったんですね。そういうことで、原爆の落ちた朝、6キロ離れた^{さか}戸坂村〔◆註：1〕へ行っていて、病院を離れていたために助かりました。

〔◆註：1〕爆心地から東北方向へ約6キロにあった広島県安芸郡の村。1955（昭和30）年4月10日に広島市に編入合併し消滅。

病院は爆心地から350メートルという至近距離にあったため、瞬間的に病院は無くなりました。病院の中にいた597名は3名を残して即死したようです。私が戸坂村で被曝した時の様子などをお話ししていると時間も無くなりますので割愛します。

私がこの戸坂村にいて、午後になってから広島から逃げてきた大量の被爆者が、その小さな戸坂村にどんどんどん入り込んで来て村の内もやはり爆風でほとんど壊されていて、入れるような家もない。沢山収容できる小学校も、二棟あった校舎も全壊してどこにも収容できる所がない。結局、広島から逃げて来た人たちは前身火傷の、皮膚がズルズルに焼けた大変な重症者たちは、結局、道路と、学校のグラウンドと、それから村の空き地ですね、そういう地べたに皆、寝転がったんですね。

急性放射能症の実態

で、そういうような重傷の被爆者たちを

私たちがどうしても治療しなくちゃならなくなってきたんですよ。その日の夕方、たまたま偶然、4人の軍医が集まりました。その夜の戸坂村の記録によると、6000人の患者が村に入ったんですよ。しかし、治療する道具は何にも無い、薬も何にも無いという状態で、見る見る皆が死んでいくという状態に我々医者は立たされました。

その日3日間、結局、薬も無し、何にも無しという状態で、我々はただ手をこまねいて死んでいくのを見るだけ、と言われても仕方がないような状態でした。

4日目の朝、「それまで死んだ人は全部火傷で死んだのだ」と、我々は常識的にそう思っていました。ところが、4日目の朝から、火傷でない状態で死ぬ人が現れ始めました。その日は朝から、村の記録によると2万7000名という被爆者が村に入ったのです。診療するほうは、前の晩に九州と四国から軍の命令で応援が来ましたが、医者の数は確か27名になったと思うんですが、何しろ治療しなければならぬ相手が、2万7000名という膨大な患者数ですから、どうしようもないんですよ。

でも、どういう症状が出始めたかという、まず、40度の熱が出る。40度という高熱は内科の医者でも、あんまり診たことが無いほどの高熱なんですよ。マラリヤで死ぬ時と、肺炎の末期と、チフスの時に出るだけなんです。それで「何でこんな高熱が出るんだ？」って思って被爆者を診ると、まず目と鼻と口から血が出ます。目から出る血というのは、医者でも見たことが無いんですよ。鼻や口から出血するの

はそれまでも何度か見たことがあります。

目の、ここの、アカンバーをした時の、ここから血が出る、というような患者は医者でも見たことがないんですよ。そのうちに、熱が有りますから、当然扁桃腺を診るんですよ。扁桃腺が腫れば高い熱が出ますからね。そう思って、非常に苦勞して被爆者の口の中を診ますと、医者が自分の顔を被爆者の口に近づけて持って行けないほど、もの凄く臭いんですよ。これは、単に口臭があるというような匂いなんかではなくって、腐敗している匂いなんですよ。人間がまだ生きているのに、何で口の中が腐っていくのかが解らない。

そのうちに、火傷をしていない綺麗な肌はまだ残っているんですよ。その綺麗な肌に紫色の斑点が出るんですよ。丁度、鉛筆のお尻に紫色のインクを付けて、こーやってポンポンポン……っていうように皮膚に押し当てると紫色の痣のような色が付きますよね、丁度そういうように紫色の斑点が出てくるんですよ。でも、それも何故なのかが解らないんですよ。

最後に、これも不思議なんですけれど、筵の上に寝ている患者がですね、あと大体数時間しか生きていないっていうようなそういう人間が、何気なく自分の頭をこーやって、頭髮を後の方に手で撫で上げるんですよ。するとこーやって触った自分の手のひらに毛がすうーって、こー取れるんですよ。あの……脱毛、脱毛って……よく被爆者の事が書かれていますよね。

でも、脱毛っていうのとは違うんですよね。触ると取れるんですよね。これは僕らしか見たことが無いんですよね。その後、世界中のどこを見ても、こんな現象は有りません。あの時だけだったんですよね。で、それは後で解ったんですよね。だいたい10年ぐらい経って、20年ぐらい経ってから、なぜそういうことが起こるのかっていうことが、アメリカから伝わってきました。

それは毛の根本っていうのは毛根細胞っていいですよ。こうやって手で髪の毛をプツンと抜くと、手で触ると毛の付け根に肉が付いていますよね。この肉が毛根細胞って言うんですよね。これが頭の頭皮の肌にくっついているんですね。この毛根細胞というのは人間の体の中にある細胞のうちでも一番勢いの良い、生命力のある、どんどん伸びる、分裂する細胞なんですよ。こういう細胞分裂が活発な細胞が、一番先に放射線にやられるらしいんですよね。

で、爆発した原爆の相当強烈な放射線がまず頭上を照射する。で、その放射線で毛根細胞が全部即死したんですよね。結局、頭皮の地肌から離れた毛が毛穴につっ立っていた。そんなこと知らないから患者はこうやって手で頭を撫でると、すーっと毛が取れちゃう。これがあの時の脱毛なんですよ。

そういう見たことの無い症状が出ると、大体1時間から2時間ぐらいで全部死んでいくんですよ。で、30名、50名の被爆者が、こう地べたに寝てるんですけど、そういう所で誰か一人が死ぬと僕らが呼ばれて行って、その死んだ人の所に行くんですよ。するとその死んだ人の周りで寝てる患者が、

そういう丁度毛が抜けて、また死んで行くところにぶつかるんですよ。

だから僕らの経験でいくと、あのピカドンに遭った人は、こういう症状で死ぬんだなあ……っていうことが、理屈じゃなくですよ、数多くそういうことを目撃した経験から教えられたんですよね。これが、後から付けられた「急性放射能症」。つまり原爆の放射線でやられた最初の急性症状で、2万7000人の人が、どんどんどんどん死んだんですよ。

内部被曝による被害

その次に僕らがビックリしたのは、本人が「軍医殿、わしゃあ、ピカには遭っておりまへんで……！」って言うのがいるんですよ。「どうした？」って聞くと、「その日は広島にはいなかった！」って言うんですよ。「原爆投下された8月6の日二日後に自分は広島に帰って、自分の子どもが帰って来ないのがいるから、焼け跡を探して歩いた」って言うんですよ。「大体二日くらい歩いたら、どうも体の調子がおかしくなって、それで診てもらおうとおもってここへ来たんだ」って言うんですよ。

僕らの持っている医学の知識でいくら診てもですね、具合が悪いってところが見つけられないんですよね。当時の事だから、難しい検査なんでものは出来ません。でも常識的にこれはおかしいと……。で、そう言っているうちに、変な症状が出て死んでいっちゃうんですよ。この人は一体何で死んだのか？ っと……。ピカにも遭っていないと。こりゃ何だ？……って言うのが

自分の放射線病との出会った最初ですわ。

それから、今言う、いわゆる「内部被曝」。当日広島市内にはいなかったのに、1週間……そうですねえ……法律の上では数日以内に広島市内に入ったというのが被爆者と認められているんですが、この連中の中から僕らの診ていない病気がうんと出てきたんですね。

つまり、今現在は、内部被曝という言葉があるけれど、当時は僕らは「入市被曝」って呼んでいました。本人は原爆が炸裂した当日には広島にはいなくて、後から町へ入っちゃって、こうなった……と。で、その原因が、全然僕には解らなかつたです。

その後、30年、そういう患者をずーっと診続けて、1975年にアメリカに私行きました。第一回の原水爆実験禁止の国民代表団として国連に要請に行ったんです。その代表の中に入れてもらって国連へ行った時に、アメリカの医者で、たった一人、内部被曝の患者ばかりを診て、ちゃんと理論を作って、アメリカ政府に対決している博士がいたんですよ。ピッツバーグ大学のアーネストス・スタングラス [◆註：2] という医者です。まだ生きています。僕より2つほど歳下ですけど。

[◆註：2] Earnest J. Sternglass 1923年ドイツのベルリン生まれ。アメリカのピッツバーグ大学医学部放射線科名誉教授。専門は放射線物理。スタングラス博士の「低レベル放射線の人体影響」に対する研究は、広島原爆による放射線影響を過小評価した論文がきっかけとなった。

博士はアメリカにおける核実験からの死の灰により、幼児の過剰死が起きていることをいち早く発表した。その後、原子炉周辺でも同様に過剰死や健康障害が起きていることを発見した。

これらの綿密な分析に基づいた名著『Secret Fallout』（邦題『赤ん坊をおそう放射能』）を著した。アメリカの著名な統計学者ジェイ・M. グールドと非営利団体「放射線と公衆衛生プロジェクト（RPHP）」も設立。更に研究を通じ、一見健康な人の間でも、学力低下や、免疫力低下、感染症へのかかりやすさ等、社会全体としての質の劣化が生じているという理論を展開している。

このスタングラスが僕に会った時にですね、僕が「広島から来た」って言ったら、「お前は何でアメリカに来たのか？」って彼が言うから、「原爆に遭わなかった人間が解らない症状で死んで行くので、これを教えてもらいたいから来たのだ……」って私が言うと、「ああ、お前の見たそれは、放射線が体の中に入った時に起こる病気だ。アメリカにもおなじような患者がいっぱいいる」って、そう言うんですよ。「それは核実験で被曝したアメリカ軍の兵隊が皆、全国的に発症して出ている。俺がそのことで本を書いたから、その本をお前にやる」、って言うんで、その時に私は初めて低線量被曝量内部被曝の理屈を、そのアーネストス・スタングラスという先生から教わったんですね。

それで日本に帰ってきて、その本を日本語に翻訳して、お金がありませんし、本屋

はそんな本なんか出版してくれるようなところなんかも無かったのですが、時事新報社っていうところが、その本のことを気に入ってくれて、本として出版してくれました。でも、この本が、日本で出た低線量放射線の内部被曝の初めての本 [◆註：3] ですけど、ほとんど誰も読んでないと思います。

[◆註：3] 『死に過ぎた赤ん坊—低レベル放射線の恐怖』(Low Level Radiation, 肥田舜太郎訳, 1978年, 時事通信社)。この増補版に『赤ん坊をおそう放射能—ヒロシマからスリーマイルまで』(Secret Fallout : Low-Level Radiation from Hiroshima to Three Mile Island, 反原発科学者連合訳, 1982年, 新泉社), 『Before the Big Ban』(Four walls Eight Windows, New York, 1997)の著もある。ラルフ・グロイブとアーネスト・スターングラスの著『人間と環境への低レベル放射線の脅威—福島原発放射能汚染を考えるために—』(肥田舜太郎・竹野内真理共訳 [あけび書房/2011年6月25日初版])は、3.11福島原発事故原因の評価から、被爆国日本にある原発の矛盾、今後の賠償問題、モニタリングポストやホールボディカウンタの限界、内部被曝と外部被曝の違い、「安全基準値」批判、「ベトカウ効果」とは何かなど……低線量被曝をめぐる重要な指摘など綿密な調査研究書。

なぜ被爆国日本に54基もの 原発が！

まあ、そんな事が縁で、私は放射線医学をやってきたんですが。私が一番言いたい

問題は、ヒロシマ・ナガサキを経験した日本が、なんで53基もの原発を日本に作ったのか？ ということです。これは外国の人の疑問なんですよ。「何でそんな事をしたのか……？」って。

原因はひとつなんですよ。1945年の9月1日にダグラス・マッカーサーが厚木飛行場に着きました。で、最初に対日占領方針を発表したんですよ。彼、マッカーサーがずるいことに、文書では出さずに、全部口頭でその占領方針を言ったんですよ。で、日本政府の要人が通訳者と速記者も連れて、マッカーサーが口頭で言った事を全部筆記して、そして当時の厚生大臣が広島にいる僕らのような医者たちのところに通知してきた。

その中味のうちで関係の無い事は僕は知りませんが、「原爆によって広島・長崎の市民、兵隊が沢山被曝した。中には死んだ者も沢山おる。それから現在、怪我をし病気をし入院して寝ている者もおる。しかし、彼らが今被っている被害は、アメリカの軍の軍事機密である。これについては本人は勿論、それを見た者も、聞いた者も、絶対に口外してはならん。これに逆らう者は厳罰に処す」と……。

それから「日本の医師、医学者は当然こういう被曝した人間から診療を求められる。その場合は医者としての義務として診療はしても宜しい。ただ、その結果を詳細に書いて複数の医師同士で研究をしたり、論文で学会に出したり、日本の医学界が放射線の被害について研究、調査することは一切いけない。これに違反した者は厳罰に処

す……」と。

これがマッカーサーのやった事なんです。で、その指令が出たもので、被爆者は全部、黙りました。それに逆らった時のアメリカ占領軍や日本政府からの処罰が、おっかないですからね。それと、まず真っ先に、広島大学と長崎大学が黙ってしまったんですね。あとは、開業医の層がね、患者が来て「先生、実は私は広島で被曝しましてね……」ってこう言いかけるとです、それを聞いた開業医の方から「ああ……その話は言わんで下さい！ 私が聞いた事が解ると、私がGHQ [General Head of Quarters 連合国軍総司令部の略号] から睨まれますから……」っていう、そういう形で、被爆者は医師からも相手にされなくなったんです。

中には良心的に診た医者もいるけれども、当時の医学は放射線の診断は全く出来なかったんですね。どこが、どう悪いのか、当時の医学的知識も情報も何んにも無いんですね。ですから、私は外人が良く質問するように「何故日本が、原爆の被害というあの経験をしながら、政府も専門家の、なぜ原子炉をそんなにたくさん作ったのか？」という疑問に多逸しての答えは、今述べたことしか無いんですよ。

それがそのまま、アメリカの対日占領政策が終わってアメリカが日本から帰った後も、日本が独立しても、日米安保条約を結ばされて、アメリカの核兵器に不利になることは一切やってはいけないという、内規みたいなもので日本は縛られてきている。だから、福島でああいうことが起こっても、

あの放射線被害について本当に心配している人間は、今のこの日本にもいないんですよ。

「安全だ！ 安全だ！」っていうことは皆、言います。どうしたら良いか、ってことは、本人が出来もしないような「遠くへ逃げろ！」と。「食べる物は放射能で汚染してない物を食べろ！」と、みんなこの二つを言う。現地の人で、それが出来る人は、福島県の人口の一割もいませんよ。もし福島県のすべての県民皆が移ったら、行く所なんか日本にはありませんよ。そういう狭い国の中へ、あれだけの原発を作るっていう大間違いを、日本の国民が選んでやってきちゃったんですよ。

それは、放射線の被害をなんにも教えられていない。ヒロシマ・ナガサキ、って言うと、「ああ、あのケロイドが出来て、すごい火傷をしたあれね！」って……いう具合に、目に見える被害しか知らない。放射線の被害については誰も知らないんですよ。

放射線と縁を切り、放射能汚染とどう闘うか

だから私は、これから日本国民はもう一度勉強し直して、放射線被害というものが、下手をすると人類が減んでしまい兼ねない、恐ろしい敵である。治療の方法も無ければ、防護の方法も無い、そういう恐ろしい敵であるということを、もっともっと皆で勉強して、これを機会に放射線というものに対して縁を切る、そういう国にならなければ

いけないって、私はそう思っています。

いま私は、方々から頼まれて講演に行きます。何を頼まれるかって言うと、「どうしたらいいか教えろ！」って聞かれるんですね。そんなこと僕に解る訳でない。「でも先生は被爆者もたくさん診てきたから、何かきっと良い智慧があるに違いないから教えて欲しい」って、よくそういう質問をされるんですね。

ひとつ、あります。それは、私は日本被団協（被爆者団体協議会）に縁を持つようになって、組織の中のたった一人の医者なんですから、被爆者に病気を発病させないで、最後までガンにならないで、放射線に勝って長生きする方法、これを皆で勉強しよう……って、そういう思いで30数年間、ずっとやって来ました。で、その結果、皆で到達した結論って言うのは、要するに自分が最高の健康の状態を保ちながら、放射線による病気の発病を予防するということが、病気を起こさないで長生きするっていうこと以外に手は無いんですね。

お医者さんに行っても放射能による病気に効く薬は何にもないんですね。困難でも、それをやろうじゃないか、ってことですよね。それは何をやったらいいだろうか？ 私はいろいろ考えてですね、4億年前に、この地球の上に人間が生まれたんだそうですけど。その頃の生まれただけの人間は、自然界にある放射線と紫外線で、どんどん殺されていったという。

しかしその放射線と紫外線殺で、されても殺されても、人間はそれでも生まれてきてですね、それと対決して、免疫を作っ

て対決して、こうやって現在までのちを繋いで続いてきた。それには何千万年という時間がかかっている。そんなに長い時間の間、人間は太陽と一緒に起き、太陽と一緒に寝た。生き残るにはこれしか他に手が無かった。明かりも無ければ、熱も無い、エネルギー何にも持たず、それで生き延びてきたんですね。だからその時の状態、太陽と一緒に起き、太陽と一緒に寝るといふ、その生活が基本になって人間の免疫を作っている。

だから我々の持っているこの僅かな貴重な免疫を磨り減らさない為には、今述べたようなその生活に努めて近い生活をするのが、大事だろうと……言うことで、朝寝、夜更かしは止める。朝起き、早寝で生活する。健康に悪いと言われることは一切やらない。タバコはやめる。食べ過ぎもやめる。食事の際には30回噛め、って言うなら30回噛みましょう。……って言うようなことを何十万人という被爆者たちが一生懸命に実行して、やってきたんですよ。

被爆者から学んでほしい

いま21万人と言う被爆者が、歳をとってはいるけれども生き延びています。これは自然に生きたのではなくって、被爆者が努力して、放射線と闘って長生きしてきたんですね。今、こうやって講演しながら、これを私は教えて歩いているんですね。そんな事でも頼りにしてくれます。私しか、そんな話をする人は他にはいないんですよ。だから、もっともっと被爆者が生きて

きて、闘ってきた歴史、それをもっと皆で勉強して下さい。彼らは放射線と闘った先輩なんですよ。

自分で自分のいのちを守ってきたんですよ。だから、医学が進歩して治療法が解るまでは、当面は、先輩の言うことを勉強しながら、日本は、政府は政府なりに国民の健康を守って、これ以上、放射線の被害を増やさない、というこの事に努めるべきです。そう思って私は95歳になっても、今、全国を歩いて、ほとんど連日、講演をして歩いています。これは私しか出来ないから私がやるしか仕方がないんです。明日死んでも、明後日死んでも、やっぱりやるべきだ

とってやっています。

でも、たった一人の人間がやることには、限度がありますよ。なんぼやったって、とても一億の人間に、ものを解らせる訳にはいかないんですよ。だから頼りになるのは皆さんなんですよ。マスコミが本当の放射線被害というものを、本当に掴んで頂いて、政治的な立場なんかじゃなくって、人間のいのちを守る立場から、これを国民に広げて頂きたい。本当にそう思っています。

終わります。(拍手)

市民と科学者の内部被曝問題研究会 →
<http://www.acsir.org/index.php>

Profile of Dr. Shuntaro Hida

肥田舜太郎医師のプロフィール



Born in Hiroshima in 1917, Dr. Hida is now 95 years old. Appointed a military medical officer in 1944, he spent his service at Hiroshima's military hospital. After surviving the atomic bombing in 1945, he has devoted his medical training to caring for its victims. He is a former administrator of the Japanese Federation of Democratic Medical Institutions (MIN-I-REN), which he continues to advise, and is the former chairperson of Saitama MIN-I-REN. He was also formerly the director of the Hibakusha Counseling Center, a project of the Japanese Confederation of Atomic Bomb Survivors. He is the author of 『ヒロシマを生きのびて』 あけび書房 (*Surviving Hiroshima*; Akebi-Shobo Publishing Company), and 『内部被爆の脅威』 ちくま新書 (*The Dangers of Internal Radiation Exposure*; Chikuma-Shinsho, Chikuma-Shobo Publishing Company).

1917年広島生まれ。95歳。1944年軍医となり広島陸軍病院に赴任。翌45年に被爆、被爆者の救助にあたる。全日本民医連理事、埼玉民医連会長などを歴任。現在、全日本民医連顧問。日本被団協原爆被害者中央相談所元理事長。著書に、『ヒロシマを生きのびて』（あけび書房）、『内部被爆の脅威』ちくま新書など。

Physicians Against Nuclear War (PANW)

After the bombings in Hiroshima and Nagasaki, local doctors were deeply committed to save the victims through their medical services while they were also badly injured. There were a lot of doctors hurried to the A-bomb stricken areas across the nation to support them. However, faced with the damages imposed by the deadly weapon of mass destruction, too many patients and virtually no medical supplies, they felt themselves helpless. They also realized how little medical treatments could do confronted by the impacts of radioactive materials. Nothing has changed since then regarding this fact. It is still impossible to survive if you are exposed to radioactive materials beyond certain thresholds. You can be more susceptible to cancer even if your exposure is below the threshold level. This could not be changed by medical breakthrough in the future as well as now.

There were some doctors who had a professional sense of obligation and believed that they could at least prevent such a tragedy to take place if not cure the patients.

They gathered on 1st and 2nd August in 1987 in Tokyo in the spirit of fighting against the nuclear war and abolishing the nuclear weapons. 294 medical doctors and scholars met in this event with a support of more than 2000 medical doctors, scholars and dentists. This event was a start of the national gathering of medical professions.

Currently we have 430 members and vigorously undertaking activities to abolish nuclear weapons which violate the international law and humanitarian ethics.

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核戦争に反対する医師の会 (反核医師の会)

広島、長崎に原爆が投下された直後より、我々の先輩の医師達は自ら傷つきながらも献身的に犠牲者の治療にあたりました。全国からも、たくさんの医師が応援にかけつけました。

しかし、余りにも多数の犠牲者、役に立たない医療器械、皆無に等しい医療資材など大量破壊兵器の前に医療は余りにも非力でした。そして、さらに放射線障害の恐ろしさと、それに対して医学が全く無力であることを思い知らされたのです。

そして、そのことは今も変わりません。ある一定のレベルを超えて放射線を浴びると死を免れることは不可能です。それ以下のレベルでも放射線を浴びると、将来ガンになる確率は非常に高くなります。今の医学では、これらはどうすることもできません。そして、将来も……。

治療することができないのなら、予防すること。それが医師の務めと考える医師達が全国各地にいました。

1987年8月1～2日、東京において「核戦争に反対し、核兵器の廃絶を求める医師・医学者の集い」が開催されました。この集いには2千名以上の医師・歯科医師・医学者達の賛同の意思表示を背景に、294名の医師・医学者が参加しました。これが、全国的な医師・医学者のつどいの始まりです。

現在、会員は約430人、国際法にも違反する非人道的兵器である核兵器の廃絶を求めています。

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