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I'm Honda, practicing medicine in Nagasaki, an A-Bombed city.

At 11:02 AM, August 9, 1945, the atomic bomb blasted 500 meters high over Nagasaki. More than 70 thousand people died. Among them was my grand father, who was working in a factory about 1 kilometer away from the ground zero. He was killed instantly by the tremendous explosion. Even those who were lucky enough to survive the explosion are still suffering from physical and mental disabilities.

Hibakushas are aging year by year. Even so, they still account for about half of my patients. They have lived for 56 years after the bombing, witnessing their friends and relatives die one after another from the A-bomb radiation, plagued with the unspeakable fear that they would die some day the same way. Every time I perceive in my work a deep, indelible trauma in the depth of hibakush's heart, I feel a heartrending pain. At such times I strongly wish that mankind will never repeat the mistake, that there will never be new hibakushas. We doctors, who guard people's health, have duty to voluntarily contribute to the movement for abolishment of the nuclear weapons. I am determined to keep treating the hibakushas with this engraved in mind.

The Japanese government provides medical stipends for the hibakushas in Hiroshima and Nagasaki. The recipients are very limited, however, determined by the distance from the ground zero according to the administrative district at that time, leaving many without any redress who were bombed only several kilometers outside the government-designated area. The movement calling for a measure to help those disregarded hibakushas has been active in Nagasaki, which resulted in a health survey of some 7,000 hibakushas from 1999 to 2000, who were bombed in the neighboring areas, that is, to be more specific, within 7 to 12 kilometers from the ground zero. The survey showed that the rate of PTSD (Post-Traumatic Stress Disorder) among those hibakushas is higher than usual, causing various physical symptoms among them.

The government belatedly announced relief measures based on this survey, which are, however, far from adequate because:

Cancer is excluded from the target diseases.

Even those who were bombed in the vicinity of Nagasaki will be ineligible if they do not live near Nagasaki at present.

According to the survey, many cases of supposedly acute radiation diseases such as fever, diarrhea, gingival bleeding, spots on the skin, alopecia occurred among those bombed in the vicinity. It is obvious that we must not disregard the exposure-related health disturbances. We cannot accept the procedure to preclude cancer from the diseases covered by the medical benefit as a result of the undervaluation of the health hazard caused by the bombing.

The recent issue on the hibakushas in the neighboring areas illustrates the Japanese government's reluctant attitude towards the movements for abolishment of nuclear weapons as well as the relief of the hibakushas. We want to change it. The government of an A-bombed country should take the international leadership in dealing with these problems. We will keep appealing strongly to the international public from this position. (end)