

Minutes of the Fourth ABCC/RERF History Forum

- Speaker: Ms. Kiyoko Minato (Former ABCC Chief of Nurses) and Ms. Hisae Tanaka (Former RERF Assistant Chief of Nurses)
- Moderator: Mr. Takanobu Teramoto, Executive Director, Chairman of the Historical Materials Management Committee
- Date: 15:00-16:10, April 9 (Thu.), 2015
- Place: Videoconference: Auditorium in Hiroshima Laboratory and Conference Room 4 in Nagasaki Laboratory

(Honorifics omitted)

Katayama: (Chief of Department of Information Technology): We invited Ms. Kiyoko Minato and Ms. Hisae Tanaka as speakers for the fourth ABCC/RERF History Forum. They were nurses at ABCC/RERF. Mr. Teramoto will serve as the host.

Teramoto: Thank you for your introduction, Dr. Katayama. Today, we have invited two nurses from the ABCC era. Ms. Minato joined ABCC in 1949, two years after the establishment of ABCC, and two years later, Ms. Tanaka joined ABCC in 1951. First, Ms. Minato, where did you work and what did you do?

Minato: ABCC was located in Ujina back then, and I worked at a clinic in a prefabricated building in back of the Gaisen-kan. I mainly engaged in health checkups for newly hired employees. It was part of preparatory work to relocate ABCC to Hijiyama, where the construction of new facility was ongoing. Around 1950, the Genetics Department was established at the Red Cross Hospital and I also worked there. (*Photo: Gaisen-kan in Ujina)



Teramoto: Ms. Tanaka joined ABCC in 1951 and commuted to Hijiyama. What was your first assignment?

Tanaka: I worked at the outpatient Department of Medicine and engaged in health examinations for the ME-200 clinical study. (The ME-200 group was the original Adult Health Study (AHS) cohort).

Teramoto: I informed both of our guests in advance of what I would ask at the forum, and therefore they prepared some notes. Ms. Tanaka summarized her work history of 35 years at ABCC/RERF into a one-page memo. According to her summary, she was often transferred between departments and sections in the ABCC era, and there was a time when she was transferred to three different departments and sections within a year. In the RERF era, on the other hand, the frequency of transfers became less.

Both of you had nursing experience before joining ABCC. Did you find any differences between working at ABCC and your previous workplace?

Minato: Yes. I trained in pre-war German medicine and I found it quite different from American medicine. For example, in Japan, you gave an antibiotic to a patient without conducting a test, while in the U.S. you conduct a blood test to give an antibiotic suitable for the patient.

Teramoto: People say that ABCC only studied A-bomb survivors but provided no treatment; however, this was not always the case.

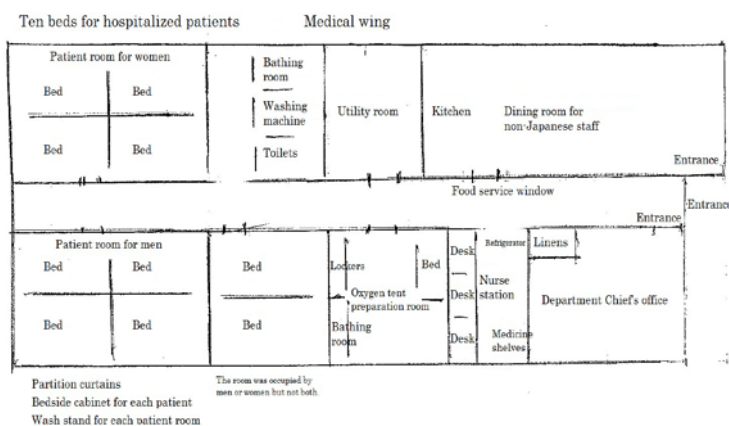
Minato: Whether or not to perform treatment might have been due to differences between American and Japanese medical systems. At the clinic, we gave Bufferin to those with a cold and a liquid medicine to those with a bad cough. We had them go see a doctor in the city afterwards. We had a pharmacy with a pharmacist. When the pharmacist was absent, the head nurse of the Central Clinic Supply (CCS) gave medicines to patients.

Teramoto: Ms. Tanaka worked for a hospital in Iwakuni before joining ABCC. What differences did you find between working there and working at ABCC?

Tanaka: I found them totally different. After I was trained under the new Japanese nursing system, I worked at a national hospital for eight months. I was feeling that there was no hospital in Japan where I could make use of the nursing service I learned. When I heard from my grandmother about a position at ABCC in Hijiyama, I applied for it and got hired after going through an interview. Working at ABCC, I was convinced that I was able to put what I learned into practice.

Teramoto: Although the aim of ABCC was to study A-bomb survivors, I fully understand that those who went through health examinations hoped not only to be examined but also to be treated. Do you remember anything else relating to treatment provided to them besides the pharmacy?

Tanaka: There were three patient rooms behind the dining room for non-Japanese staff on the first floor of Building B, where the present Biochemical Genetics Laboratory is located. Two of them were four-bed rooms, one for women and the other for men, and the other was a two-bed room. Those hospitalized were outpatients visiting the Department of Medicine and Department of Pediatrics and then diagnosed for hospitalization by a physician. Department chiefs made the rounds to check on the patients every morning. A group of American and Japanese physicians and interpreters assembled around the beds of the patients to discuss a treatment policy for them, and the nurses were instructed accordingly. I have heard that American physicians alone were not allowed to treat the patients.



* (Left) Illustration based on the medical wing floor plan drawn by Ms. Tanaka/ (Right) A picture of a patient room

Minato: Hospitalized patients were those seriously ill, including leukemia, aplastic anemia, hypertension, diabetes, Basedow disease, Hodgkin disease, and terminal cancer. Some employees were hospitalized as well.

Tanaka: In the early days, patients returned to their homes on weekends and came back to ABCC on Mondays. Since a certain time, however, the medical wing started to operate on a full-time basis. While some patients stayed for one or two months, others stayed for only a week. We gave a ride to seriously ill patients for their temporary weekend visits home.

Minato: Besides ABCC patients, there were cases where seriously ill people were referred for hospitalization by physicians in the city. We sometimes gave an injection of gold solution to patients with aplastic anemia. One syringe cost approximately 100,000 yen at the time when an employee's salary was approximately 10,000 yen.

Teramoto: Was there something you paid special attention to when contacting A-bomb survivors?

Tanaka: We treated equally both A-bomb survivors and those who had not been exposed to A-bomb.

Minato: American physicians were working very hard for the sake of patients, and we were, too. We never felt a sense of dissatisfaction from patients since they were well-informed and persuaded by contactors and agreed to be examined beforehand. There were full-time social case workers to solve patients' concerns.

Teramoto: I understand that the service provided by the public health nurses and contactors of ABCC was warm and cordial. Such efforts paid off, and the AHS, a biennial project since 1958, has been conducted for more than 50 years, maintaining a participation rate of as high as 70-80 percent. When the AHS was launched, did you have a special impression that something meaningful was about to start?

Minato: As the ME-200 clinical study was already ongoing, there was nothing special about it.

Teramoto: There are various opinions about ABCC among A-bomb survivors, and some of them are critical, which have still continued even these days. Mr. Sunao Tsuboi, Chairman of the Hiroshima Prefectural Confederation of A-bomb Sufferers Organizations, gave a congratulatory speech at the RERF's 30th anniversary ceremony. In his speech, he kindly encouraged the present-RERF employees by mentioning the research scientists of RERF who have sincerely continued research on radiation effects regardless of the fact that A-bomb survivors have made negative remarks about ABCC, driven by their unstable lives and feelings of insecurity.

On the other hand, others have taken harsher views of ABCC. Mr. Sumiteru Taniguchi, a member of the Nagasaki Local Liaison Council as well as an A-bomb survivor, said in his book published last year: "... I voluntarily contacted and visited ABCC for examinations one time. I was taken to a facility where they stripped me and collected my blood. The sheet of paper I received one month later only said that nothing abnormal was detected. I was suffering from a nagging pain from the unhealed injury on my back exposed to the bomb's heat waves and radiation. I could not stretch my left arm more than at a 110 degree angle, and I got tired easily. I got angry, thinking how could "nothing abnormal detected" be true. I have never come back there ever since..." Were there possibly cases where those examined were stripped for health examinations?

Minato/Tanaka: We had women put on a drape with a hole to prevent them from exposing their breasts. This is the drape. On top of the drape, we had them wear a gown whose strips of cloth tied at the back during examinations and X-ray checks; therefore, they were not examined naked. Men also wore gowns and kept them on during examinations by a physician.

Teramoto: Did it take approximately half a day for each person to complete a whole process of health examinations?

Minato: No, it took approximately 50 minutes. We nurses met and welcomed patients at the reception area. One nurse escorted one patient throughout the examination. First, we entered the examination room whose corner was triangularly curtained off to let the patients change

for the examinations. After changing their clothes, we took them to the X-ray room located in another building (note: The X-ray room is currently located in Building A where the examination room is also located) to take a chest X-ray, and on the way back, we collected their blood and urine samples. After measuring their weight and height in the hallway, we entered the examination room, where we measured blood pressure, temperature, and pulse. The whole process was concluded with a consultation with a Japanese physician and then with an American physician. The entire process took approximately from 50 minutes to one hour, requiring the patients to walk approximately 100 meters in total. After a consultation with physicians, we had them change back into their clothes and walked them back to the reception area. In case where they had abnormal findings, we explained such findings to them and made the next appointment. This was the end of the whole process for one patient. (*Photo: Examination room whose curtained-off corner was used for changing clothes)



Teramoto: That is quite speedy. Were those with abnormal findings requested to come back immediately for further action?

Minato: It was mainly for a blood test. They submitted a stool sample on the day of the examinations, as instructed by contactors. I don't recall that there were seriously ill people we met at the examinations. I don't recall using a wheelchair, either.

Teramoto: Currently, as study participants are getting on in years, we go and pick them up and escort them to RERF in some cases.

So far, we have been listening to Ms. Minato and Ms. Tanaka's nursing work experiences at ABCC. Now I would like to take questions from the audience.

Q: You have mentioned that there were ten beds in the patient rooms. When there were more than ten patients to be hospitalized, did you refer them to other hospitals?

Tanaka: Being a nurse, we are not familiar with such matters; however, we converted a doctor's room near the entrance into a patient room.

Q: Did ABCC bear the cost of 100,000 yen for the gold solution injection?

Tanaka: Yes. The cost of hospitalization was also free of charge.

Q: Did children and children of A-bomb survivors come?

Minato: There was a Department of Pediatrics and American pediatricians and Dr. Sutow (Note: Dr. Wataru W. Sutow, pediatrician, ABCC, 1953-54), who appeared in the newspaper the other day, were in that department. Their survey especially focused on child development. They seemed to emphasize the measurement of the head and chest circumferences and the diameter of pelvis.

Q: I have heard that Sadako Sasaki, the model for the Children's Peace Monument, was hospitalized here.

Minato/Tanaka: We don't know.

O: How were the meals prepared for hospitalized patients here?

Tanaka: The staff in charge of the dining room for non-Japanese staff worked staggered hours to prepare their meals. Since there was no one on a special diet, such as a



diabetes diet, they served traditional Japanese-style meals. I am impressed by their diligent work. (*Image photo: Food service in a patient room)

Teramoto: In FY2014, RERF decided to undertake an epidemiological study of the health effects of 20,000 nuclear emergency workers from the nuclear accident in Fukushima. ABCC/RERF has been conducting quite large-scale studies on A-bomb survivors in Hiroshima and Nagasaki, and we will leverage our know-how accumulated through such studies into the new study, although there is a difference in the form of exposure to radiation. Part of the study has been already started. Staff members in charge of the study have been very busy preparing to fully implement the study, and they seem to find it rather challenging. Ms. Minato, being from Fukushima, please share your feelings with us when you heard about the news on the new study.

Minato: I felt truly grateful and also I feel assured. As some of my acquaintances and relatives were there, I am very thankful. If you can talk people into participating in the study in a kind and sincere manner, just like ABCC contactors did, I assume that they will participate in health examinations. I was really glad to learn from the newspaper that nurses and public health nurses will play the role of what the contactors used to do. I would like to express my gratitude to RERF on a personal level as well.

Teramoto: I truly appreciate your encouragement. Ms. Tanaka, did you have any impression of the news about the study?

Tanaka: Agreeing to be examined after receiving an explanation from a contactor, a friend of mine, a subject of the ME-200 study, found it troublesome at first because it was relatively hard and there was an impression of being used as a guinea pig. Growing older, however, my friend is grateful to have undergone examinations performed by RERF. I hope that people in Fukushima will be willing to participate in the health examinations.

Teramoto: I agree with you. I am sure that, at the beginning, contactors will face considerable difficulty in persuading study subjects to participate in health examinations. I believe that it is advantageous to have one institution continuously conduct this kind of epidemiological study, because it would allow the institution to detect diseases in the study subjects by looking into a history of their health examination results. I would like to spread the word about such advantages in order to have many people participate in the health examinations.

We have covered everything for now. I believe that it is very important for us to learn facts in the ABCC era, fully understand research conducted by ABCC and evaluate it correctly. I suppose that A-bomb survivors in Hiroshima and Nagasaki could take harsh views on ABCC, because in some cases, they receive the impression that ABCC is tied with the A-bombings. However, we will endeavor to understand how the research passed on to us was launched and how it has been carried on, through opportunities to listen to our predecessors about the attitude of physicians and research scientists of ABCC toward their research.

Katayama: I understand that nurses dispatched from the U.S. provided you with training in the early days. There are photos of such training sessions and lectures by physicians. I have heard that the training was hard. Did you find it hard? How was training conducted for Japanese nurses?

Tanaka: As I received training under the new nursing system, I did not receive such training at ABCC.

Minato: It was tough. There was a three-month trial period when I received hard intensive training on the basics of American medicine. At ABCC in Ujina, eight nurses took the training program. We were puzzled by unfamiliar customs, such as having patients put on the aforementioned drape to prevent skin exposure. I realized that the U.S. emphasized human

health and life in the area of medicine. Physicians, dispatched to their one-time enemy country, were great people with a great sense of humanity as scientists. Ms. Cavagnaro (Note: Ms. Louise P. Cavagnaro, Nurse Supervisor) was a nurse and also served as an army captain. There was also a major who was a very strict army nurse. I found the job itself interesting and fascinating, even though we were living in the tough post-war occupation period when people were deprived of free speech and were at a loss about how to live on in poverty.

Katayama: I am sure that everyone knows Ms. Minato well from a photo from the ABCC study (GE-3) showing a baby lying on a *futon*, next to a Japanese physician and a nurse. The nurse is Ms. Minato.



Minato: I am 92 years old now.

Teramoto: Before the forum, I informed Ms. Minato that I was the one to moderate the forum today. At a preparatory meeting prior to the forum, Ms. Minato gradually took control of the situation at the meeting before I knew it, making me wonder who was hosting the meeting. She has such a sharp mind. Ms. Tanaka has kept her records in a very easy-to-understand manner. I hope that we can keep these records as important historical materials. Also the recording of today's forum will be preserved. Although I reminded Ms. Minato not to steal the role of moderator from me, I am afraid that both of you still have something to say. Please feel free to share with us.

Minato: You know all about it. I have read comments on the Internet that A-bomb survivors were dirty and that we changed the bed linens for each one of them because they spread germs. That is a misunderstanding. In American medicine, germs must not be transferred from point A to point B, and we stuck to the practice at the clinic. While a patient was changing clothes at the corner of the examination room after health examinations, we nurses were changing the linens of the examination table for the next patient. I assume that those who saw us changing the linens got the wrong idea and made such a statement.

Teramoto: You were following a hygiene management procedure, which is one of the beauties of American medicine; however, some people had the impression that they were treated like something dirty. Seeing the same thing differently, depending on where you stand, happens in various aspects of our daily lives. It is truly regrettable that such misinterpretations are passed on to generations to come in the form of rumors and such. We will endeavor to spread what Ms. Minato has told us to the public as the correct understanding of the fact.

Minato: I would like to say a word of appreciation. I have prepared some notes. But I cannot read them because I don't have my glasses right now.

Teramoto: I see. I will read them for you.

“Conclusion:

ABCC/RERF is the only Atomic bomb casualty research institution in the world. Even if America—the country that dropped the atomic bombs—quickly discussing the necessity of establishment of ABCC as a research organization was for political reasons, now it has eventually become an important research institution for human beings to address radiation sickness, caused by nuclear accidents as well.

Physicians who took a position in their one-time enemy country were brilliant with degrees from prestigious universities in the eastern U.S. and respectable with a great sense of humanity as scientists. Although ABCC may have been seen as strange from the outside, people inside were working earnestly. I sincerely hope that you continue to pursue this research for the sake of human beings with confidence and pride. We are also proud of it.”

Ms. Minato and Ms. Tanaka, thank you very much for taking the trouble to come and

share your valuable stories with us. I hope that you will take a good care of yourselves. Thank you for coming today, everyone.



Mr. Teramoto, Ms. Minato, and Ms. Tanaka (from left)



Ms. Tanaka, Mr. Teramoto, and Ms. Minato (from left)

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