

Minutes of the Seventh ABCC/RERF History Forum
Like Water, Like Cement, Fulfilling My Role
as the Medical Social Worker (MSW) at ABCC/RERF

“The anxiety and suffering of tuberculosis patients lie in the contents of their wallets rather than what is in their chests [tuberculosis lesions].”

-William Osler (Father of America's Modern Medicine)

Speaker: Mr. Kiyoto Nishimura (Former ABCC/RERF Medical Social Worker)

Date: 15:00-16:30, Thursday, November 24, 2016

Place: Videoconference: Auditorium of the Hiroshima Laboratory and Conference Room 4 of the Nagasaki Laboratory

Moderator: We will begin the Seventh ABCC/RERF History Forum. Until now we have been holding this forum in a roundtable discussion format, but today we will use a different format and ask our speaker to give us a talk by himself. Our speaker today is Mr. Kiyoto Nishimura. Mr. Nishimura graduated from the School of Social Welfare, Nihon Fukushi University, in March 1964. He was then employed as a Medical Social Worker (MSW) at ABCC and worked there until March 1989.

From 1980 to 1986, he worked as a MSW at Mitsui Memorial Hospital in Tokyo.

From April 1989 to 1997, he served as mayor of Kumano-cho, Aki-gun, Hiroshima Prefecture.

After resigning as mayor of Kumano-cho, he served as a lecturer specializing in social welfare and social security at Hiroshima and Kure Medical Associations' Nursing Colleges, and at other institutions through 2012.

Now, please welcome Mr. Nishimura.

Nishimura: Hello, everyone. My name is Nishimura. This summer, I was asked to speak about ABCC's liaison work with A-bomb survivors. However, it was not an area of my job responsibilities, so I turned down the request then. But later, as you see me here today, I was persuaded to speak about my work as MSW, which was my role at ABCC. I hope you will excuse me if my talk becomes ambiguous in some parts, since about 53 years have gone by, and some memories are not very clear.



(Photograph: Mr. Kiyoto Nishimura)

I gave the title "Like water, like cement, fulfilling my role as MSW" to today's talk. Although you might think that the title is abstract and difficult to understand, I wanted to describe the role of Social Worker using these terms. I wanted to solve problems smoothly, like the flow of water. Also, I needed to act as a lubricant to solve a problem. So I used the phrase "like water." The other phrase "like cement" might give a very hard impression, but I liked to bond people who were having problems and who did not know what to do with the social support that was available. I wanted to step in and repair relationships among people who were coming apart and having many problems in society. So I used the phrase "like cement."

I'd like to tell you a story before getting into the main part of the talk. About five years ago, I had a strange experience. I was asked by two associations in Hiroshima to give a lecture on postwar social welfare history in Hiroshima—the Hiroshima Medical Social Workers (MSW) Association and the Association of Psychiatric Social Workers (PSW) of Hiroshima. The

lecture was held at the YMCA, and there were two speakers, a former social worker at the Atomic-bomb Survivors Hospital in Hiroshima and me. I went first and gave a talk. I spotted an unfamiliar sight in the middle of the audience. An elderly man was carrying a framed photograph and holding it towards me. I wondered if he had something to say to the Hiroshima MSW Association or to me while I talked for the one hour allotted for me. The next speaker was the former worker at the Atomic-bomb Survivors Hospital. But during his talk, the man no longer held up the framed photograph, so I thought he wanted to say something to me. When the lecture was over, he came over to me holding the photograph in front of his chest and introduced himself. Although I hadn't met the man before, when he told me his address and name (Mr. X), that rang a bell in my mind. Mr. X learned about this lecture in the newspaper, and he wanted to come to thank RERF on behalf of his wife, who had died the year before.

His wife's mother was a participant of the AHS and visited RERF to take regular health examinations once every two years. Thirty years ago, at the request of the nurse who visited the man's wife's mother with a doctor for health examination, I talked to his wife, who was living with and caring for her mother. His wife, all by herself, was caring for her bedridden mother who was showing the symptoms of advanced dementia. At that time, there was no nursing care system, and nursing care was unquestioningly thought of as a woman's job. His wife was also elderly, and her mother's daily care placed a heavy burden on her. In my interview with her, she said she regretted the most that she was not able to give her mother a bath. She thought her mother would very much like to have a bath. So, we proposed to send a home care worker from RERF for bathing assistance. I told her that she did not need to carry all the burdens by herself, that we are under the illusion that we are all self-sufficient and live on our own, but, in reality, we needed to depend on one another. I told her if we shared the burden even a little, then she wouldn't have to feel all alone and would start to feel better. What I told her seemed to touch her heart deeply. The man said that his wife had wanted to tell RERF of her gratitude until she died.

I. March 16, 1964-Starting My Life as MSW

Meeting Dr. Y. Scott Matsumoto, the Director of the Medical Social Work Group at ABCC, and Professor Fusa Asaka in Nagoya, in autumn of 1963.

I would like to tell you first about starting my life as MSW on March 16, 1964, and about why I came to work for ABCC. I have a long story to tell. At that time, there was a department called the Medical Social Work Group at ABCC. Dr. Y. Scott Matsumoto from the University of Hawaii was appointed as the director in February 1959. His specialty was sociology. The Medical Social Work Group was translated into English as the Medical Sociology Department. I learned medical social work from Professor Fusa Asaka at university. Here I would like to introduce Ms. Fusa Asaka. I think that she was born in 1894. She graduated from the Department of English of Japan Women's University (founded by Asako Hirooka, the model for the heroine in the NHK's morning TV drama "*Asa ga kita*," broadcast in 2015). According to Professor Asaka, she majored in English by chance, but she thought that education to become a good wife and mother would not suit her. So, after graduating from the university, she went to the United States with her elder brother, who was studying there, and she studied social welfare at Simmons College and pedagogy at Harvard University. Her older brother was Mr. Oguri, the first Japanese pilot. In 1904, the field of medical social work began at Massachusetts General Hospital. The first American medical social worker was a woman named Ida Cannon, a sister of W. B. Cannon, a world-famous physiologist who established a theory of homeostasis. Professor Asaka, after graduating from Harvard University, worked as a trainee at that hospital. She returned to Japan in 1929 and started

working as the first Japanese MSW at St. Luke International Hospital.

I would like to tell one more episode about Professor Asaka. After the Second World War, the US occupation of Japan by GHQ began. MacArthur realized the need to enact a child welfare law for children in Japan, who were in a very difficult situation. So, Professor Asaka told me that she was chosen and ultimately appointed as a parliamentary vice minister for the Ministry of Health, Labour and Welfare, since she could speak English and had studied social welfare. Following the enactment of the new Constitution, effective May 3, 1947, the Child Welfare Act was also enacted as the first social welfare-related law on December 12 of the same year. It was Ms. Fusa Asaka who compiled this child welfare law.

In autumn of 1963, Professor Asaka told me that Dr. Matsumoto, the Director at ABCC in Hiroshima, was asking for referrals. He wanted to hire a student who would graduate the following year, and he wanted someone to start as soon as possible, even before graduation. Professor Asaka asked me if I would consider it. At that time, I had mixed emotions, as I still could not come to terms with my feelings about the atomic bomb, so I answered that I would like to think about it for few days. On the morning of August 6, 1945, at the house in Kumano-cho, Aki-gun, where I still live today, I experienced a blinding flash and a tremendous sound. The house was facing west toward the direction of central Hiroshima City. There were seven A-bomb survivors among my relatives, including my sister, but two of them are still missing. One of my relatives, a 12-year-old junior high school student, came home the next day, on the 7th after the bombing, with all his skin burned away by heat rays. The skin was hanging on him. The sight was a shock to me as a child.



At the same time, there was part of me that liked Americans. My father had graduated from a junior high school under the old system of education. Then he went to the United States and spent his youth in America. So he was not good at Japanese and more fluent in English. He repeatedly told us that Japan could not defeat a giant like America. After WWII, my father seemed to have relations with the US military forces occupying Japan, and many young soldiers came to our house during the holidays. These young soldiers were very cheerful, and their attitude towards us was always friendly, so I didn't have bad feelings toward America, the former enemy country.

In November 1963, three people, Director Matsumoto, Professor Asaka, and I, met in Nagoya. We talked for about an hour and a half, and I told them why I wanted to become a social worker and that I didn't have any ill feelings toward the United States. Then, I accepted a position at ABCC. I visited ABCC to take a health examination at the end of the year, and I started to work from March 16 without waiting for my graduation. My starting salary was 20,200 yen.

II. Aid Work at ABCC/RERF

1. The A-bomb survivors, because of their illnesses, had problems with day-to-day living (impaired functioning in daily lives) or had to go through processes such as "diagnosis," "treatment," and "social re-adaptation (social reintegration)." My job was to support survivors with such problems or difficulties to adapt themselves to these processes so they could resolve or lessen their psychological and social problems on their own.

Although it is probably better to talk in concrete terms, my memories are fading with the

passing time of nearly 50 years, so I cannot tell you of the progress, aid details, and outcomes in some cases.

There were A-bomb survivors who had life-related issues stemming from their illness, and they had difficulty becoming adapted in the processes of diagnosis, treatment, and social re-adaptation (social reintegration). My main responsibility at ABCC as a social worker was to help the survivors with some of these processes.

The ABCC/RERF workers were involved in these processes through diagnosis. Since it was not a hospital, there was little involvement in treatment and social rehabilitation.

It was shortly after I started at ABCC when a doctor asked me to interview a man in his late 20s. The doctor was following up on him but was not able to diagnose his condition; he was anemic, but the doctor was not able to pinpoint the cause. So, the doctor asked me to interview him and find out if there was something wrong with his lifestyle, especially his diet. I found out in the interview that this young man was selling his own blood to make a living. It is probably unthinkable today, but I have been told that selling one's blood was commonly done at that time. About 19 years had passed since the end of the war, but this incident probably shows that the fight against poverty was still going on.

Also, I met this elderly woman who was diagnosed at ABCC and was told that she needed to be hospitalized and treated. She told me that she was certified as an A-bomb survivor and had a pocketbook issued for the survivors, so her hospitalization cost could be covered. But she didn't want to rely on government subsidies after she was discharged from the hospital. So she started to earn her living playing pachinko (Japanese pinball). She told me that sometimes she earned ¥10,000 profit in one pachinko session. Even though the society may have been becoming stable, there were people like her supplementing living expenses by gambling. As I recall, the fight against poverty was still going on 19 years after the war.

2. Providing assistance for A-bomb survivors who had impaired function in their daily lives - "utilizing social resources" such as social welfare and social security against poverty, disability, and isolation
3. Providing assistance for daily living for aging A-bomb survivors to live independently (mainly providing household assistance by home care workers). * From October 1, 1973, home care worker service was included in welfare aids

Most importantly, this was the time when we started to notice that poverty and isolation were casting dark shadows on the A-bomb survivors. In 1980, a Japanese book titled "*Genbaku koro*" (Lonely Elderly A-bomb Survivors) was published. The problems of *genbaku koro*, such as difficulties in daily life and isolation, became more pronounced in the 1970s. For reference, a survey was conducted on *genbaku koro* in 1972, and there were 650 such people in Hiroshima and 530 in Nagasaki.

There were a lot of elderly people who lost their families and houses because of the atomic bomb. Such people, called *genbaku koro*, became a serious social problem.

A home care worker was first employed at ABCC in October 1973. At first one person was employed, but later the number was increased to two workers. Having these two home helpers working at ABCC led to the story I told at the beginning of this talk about the man I met at YMCA and his wife. There were several home care workers employed by Hiroshima city. I heard that the fine work done by the ABCC's home care workers inspired them. There were lots of cases in which housekeeping assistance was necessary, especially for aged male A-bomb survivors living alone. The time demanded that we face such issues.

4. Extralegal Aid Program

RERF took over the program from ABCC as a unique aid to fight poverty.

Here, by “extralegal” aid, I mean that it was ABCC's own program outside the national law or ordinances of local governments. Each participant of the AHS came to undergo a health examination once every two years, so the consignment fee for the health examination for the A-bomb survivors was paid to ABCC from the prefecture or city of Hiroshima. The extralegal aid program was established using this fund. There was nothing special about the aid, since the items provided as aid were daily goods such as underwear, soap, and blankets. I remember we regularly provided milk to those who were not able to buy baby's milk.



Once a home care worker visited a home, and she was told of a patient who had been lying on a futon that hadn't been dried in the sun for three years. So she helped to remove the futon to dry. But the tatami mat under it had turned moldy and rotten. So we helped to replace a piece of tatami mat. This program was in place when I started at ABCC, so I think that it was probably put in place when the Medical Social Work Group was established. I think the amount of aid was 1,000 to 1,200 yen.

I would like to say one thing about the aid, though. We should not offer social resources easily, because if we offer solutions or show how to get out of difficulty easily, people needing assistance stop thinking on their own and end up depending on our assistance. We think it is important for people to think for themselves and choose to receive aid of their own accord, however small such matters may be. When they choose to receive the aid, they need to be aware of how the aid will help them to live or survive. Unless they are clear about their needs, we do not offer the aid. I understand that when people face many difficulties, their vision may narrow, making living hard, sad or painful. However, I hope they will be able to endure and live through difficult times so that the next time they face problems, their own experiences will help them to shape their own future without our assistance.

III. Others (What I learned and cannot forget)

"International NGO Symposium on the Damage and After-effects of the Atomic Bombing," Hiroshima City, 1977 —Our minds may also have a function that maintains stability, working just like homeostasis in a physiological system.

The studies conducted by ABCC/RERF on the atomic bomb are medical in nature, but a symposium was held to include a survey of the social impact of the atomic bomb. Life-history studies of the A-bomb survivors were conducted nationwide, and two case studies, the interview survey conducted by Hitotsubashi University and the case history of my survey, were chosen to be presented at the symposium. My report was about a man who was an AHS participant. He was 40 when the bomb was dropped and lost his vision when broken glass pieces pierced his eyes. He had an indescribably hard life after he was blinded in mid-life as a survivor of the A-bomb. He thought many times that he would have been better off dead. However, he thought again that, as a decent human being, he should not have such a thought, because so many people died of the atomic bomb. He thought he should not waste his life, and since then he has dedicated his life to the peace movement. The interview time exceeded 30 hours, and I had many different thoughts while I interviewed him. I told you earlier that W. B. Cannon established the theory of homeostasis. I have come to think that our minds also

have a function that keeps stability, working just like homeostasis in a physiological system. Believing that such a function exists, I thought that by offering small assistance steadily over time we could help the A-bomb survivors to walk on their own feet, think for themselves, and build their own future.

I would like to mention this finally. As you know, this year's Nobel laureates have already been announced, and next month the Nobel Prize Award Ceremony will be held in Sweden. I sometimes think that it is a miracle for RERF to have continued the AHS while working closely with the A-bomb survivors and Hiroshima and Nagasaki citizens quietly for more than 50 years. I think this study is the result of collaboration between RERF's staff, including doctors, and the citizens of Hiroshima and Nagasaki.

At one time, a woman from Nagano Prefecture came to visit ABCC because she wanted to be examined by an ABCC doctor. She had been exposed to a large amount of radiation for medical examination, and she was very worried. I took care of her admission and asked Dr. Kodama, who is here today, to conduct the examination. The doctor examined and listened to the woman from around 9 o'clock in the morning until evening that day.

I hope a light will be shone on the steady accumulation of ABCC/RERF's research results. Moreover, I would like to conclude the talk by wishing that ABCC/RERF's research results will become the light of the world someday.