



# NEVER AGAIN

**The Organization of  
Women Atomic Bomb Victims in Osaka**  
**JANET BRUIN**

**Edited by STEPHEN SALAFF**

*L'existence morne des femmes Japonaises survivantes de  
Nagasaki et d'Hiroshima est racontée en détail.  
Depuis 1967, ces femmes prennent une part active au  
mouvement international contre les armes nucléaires.*

In August 1945, the United States attacked the people of Hiroshima and Nagasaki with the most horrible weapon in history. The atomic bombs caused more than 210,000 deaths by the end of 1945 (35 per cent of the Hiroshima population and 25 per cent of the Nagasaki population), and unspeakable suffering for a large number of the more than 370,000 surviving victims.

Although the two cities were military-industrial centres, most of their 1945 residents were women, children and old persons who were not a direct part of the Imperial war machine. Survivors of the bombings, over one-half of whom are women, are known by the Japanese term 'Hibakusha,' literally 'A-bomb received person.' During the thirty-five years in which the war wounds of the rest of the world have gradually been healing, the Hibakusha have been consigned to a vicious cycle of painful and terrifying disease, deep emotional and psychic wounds, social discrimination and poverty.

A myriad of debilitating and deforming illnesses, often of permanent duration, followed in the wake of the bombs. Leukemia, cancer, tumours, anemia and blood degeneration, keloid scarring,<sup>1</sup> goiter, cataracts, embedding of solid particles deep in body tissues, 'atomic bomb weakness symptoms' and sudden death from infection have been prevalent among the Hibakusha. Invisible scars from traumatic loss of loved ones during and after the bombings also cause constant pain. Fears for the safety and survival of humanity, menaced by the upward nuclear arms spiral, constantly beset the sufferers.<sup>2</sup>

Hibakusha in all of Japan's prefectures have organized A-bomb victims' associations, but women survivors have not always been able to fully participate in these groups. A legacy of feudalistic thought, customs and social structures, with all its modern variants, has limited women to supporting roles in Japanese social, political and religious organizations.<sup>3</sup>

In addition, the medical, emotional and social difficulties of female Hibakusha have been difficult for men to understand. The women could not communicate freely about the diseases of the uterus and breasts common among them, or about their difficulties, as bomb victims, in deciding whether or not to marry in a country where pressure on women to marry and raise children has been severe. Nor could they speak openly about finding mates once the decision to marry was taken. Women widowed by the bombs or

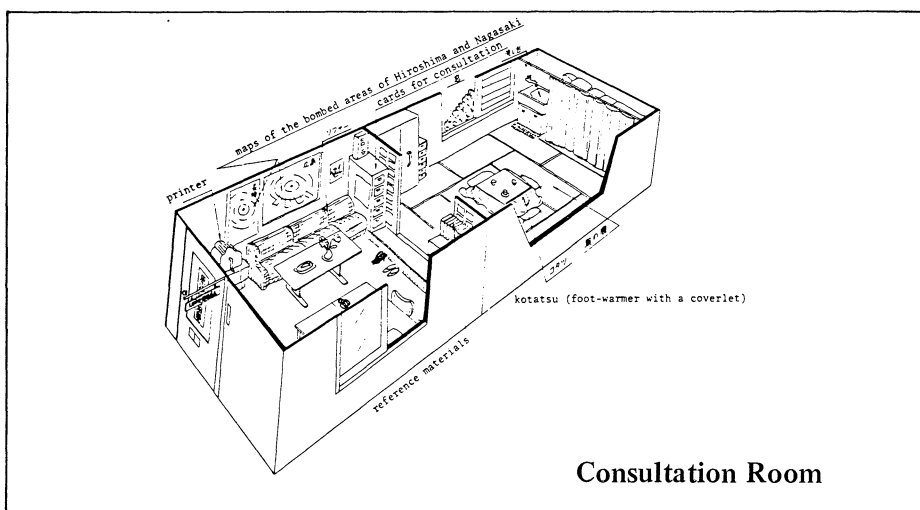
abandoned by their husbands after their beauty was marred could not readily discuss their solitary existence at the edge of economic survival. And perhaps most difficult to share have been their intense anxieties over the health and well-being of the 'Nisei Hibakusha,' the second generation of A-bomb victims.

At the time that many of the women victims were beginning to bear children, questions about the effects of radiation on the fetus and on the second generation were inadequately formulated. Until recently information on radiation effects was spotty, but the evidence is now clearer. Most of the women who were exposed to radiation during pregnancy lost their babies. Of the few children who survived in the uterus, some were born microcephalic and retarded. Almost all of the women who conceived within five years after the bombings miscarried or had stillbirths.<sup>4</sup> Multiple births were common among women who had children later on. The incidence of leukemia, anemia, retardation and soft and fragile bones has been high among the Nisei Hibakusha. Most of the women who survived the bombings still wonder whether they made the right decision to bear life, and the fact that at any moment their children could be stricken with a fatal disease has been their most haunting fear.

The plight of the Hibakusha is all the more serious owing to the attitudes of shame and irrationality about illness which pervade Japanese society. Disease is regarded by the Shinto religion as a cause of social pollution and defilement,<sup>5</sup> and in Japan's corporate society, both Shinto and Buddhism ascribe a form of collective guilt to families containing members with sicknesses (especially those which can be inherited).<sup>6</sup> It is not easy for the survivors to overcome the personal and communal taboos obstructing communication between them.

This was the case with Shizuko Takagi, a native of Osaka who went to college in Hiroshima in July 1945, and Kazue Miura, who joined her two sisters in Osaka after the rest of her family perished in the Hiroshima bombing. Shizuko and Kazue were marginally affiliated with the largely male Osaka Association of A-bomb Victims, but the two had borne their physical and emotional troubles separately and silently until a young woman peace movement activist introduced them in 1967. Soon, however, the two women poured out to each other their long dormant emotions of loss, fear, shame and anger.

Shizuko and Kazue felt extraordinarily relieved, and long hours and many tears



**Consultation Room**

later they decided that it was time to put an end to the years of silent suffering. There were perhaps 1,600 women Hibakusha in Osaka silently carrying the same oppressive burdens who needed help, and Shizuko and Kazue began planning how best to find them.

With the help of peace organizations and informal contacts, Shizuko and Kazue secured a list of officially registered bomb victims in Osaka. They began visiting women in hospitals and at home and successfully attracted many of them to their early gatherings, where long-suppressed sentiments flowed outward into a 'river of tears.' After much trial and error and hard work, the Women's Section, Osaka Association of A-bomb Victims was born in September 1967.

News of the love, understanding, support and tangible assistance offered by the Women's Section spread, and the demand for its therapeutic services increased. Recognizing the need for these services, the City of Osaka in 1969 made available a consultation room in the Municipal Social Welfare Hall, and awarded the Women's Section a modest annual grant to pay nominal wages to the consultants, all survivors themselves. The consultation room, partitioned into a business office and an inner roomlet cozily furnished in traditional style, represented a great victory for the Hibakusha, and signified that the Osaka Municipality, the second largest in Japan, was at last willing to bring the Hibakusha from the shadows into the public spotlight (see Figure 1).

Hibakusha, male as well as female, come to the Women's Section for personal counselling and for information about the complex web of medical, social and financial benefits available to them.<sup>7</sup> Governmental insensitivity has compounded the wounds of the Hibakusha, and survivors' assistance was instituted by the

Ministry of Health and Welfare only after protracted mass struggles. But even now, information about Hibakusha relief measures is often withheld and the benefits themselves frequently denied, so the Women's Section has had to wage numerous legal battles on behalf of its clients.

Consultation room treatment and research on approximately 700 Hibakusha annually has provided valuable data for the campaign in Japan to enact a comprehensive A-bomb Victims Relief Measures Law.<sup>8</sup> The Women's Section's findings, publicized in research reports, have important implications for people everywhere in an age threatened by the dangers of nuclear war and nuclear radiation.

Despite the universality of their experience and conclusions, the work of the Osaka women was until the mid-1970s carried out for the most part locally. The Women's Section was moved to broaden its scope by a tragic event which occurred in 1975. It is difficult to imagine how a child born in a time of peace could be killed or maimed by a weapon used long before the child's birth, yet the Osaka survivor Sumiko Mine, who had never suspected that her body had been contaminated by radioactivity, lost her daughter Junko from leukemia in 1972. Sumiko's son Kenichi then perished from the same disease on 6 August 1975.<sup>9</sup> Kenichi's was the eighth leukemia death among Osaka Nisei Hibakusha since the Women's Section began collecting statistics. Since her own son was also 17, and a soccer player like Kenichi, Shizuko Takagi was deeply troubled by Kenichi's death. Shizuko and other Women's Section members resolved to convey the facts about the bombings to people all over the world.

The Women's Section had identified itself both with the movement for Hibakusha rights and for total disarmament.

ment. In Osaka neighbourhoods, at demonstrations and commemorations in Osaka, Tokyo, Hiroshima and Nagasaki, the women had come forward for the first time to speak openly and publicly about their experiences. Armed with petitions filled with signatures collected on the sixth and ninth days of each month calling for 'No More Hiroshimas! No More Nagasakis!', Shizuko, elected to represent the Women's Section on the first all-Japan delegation to the United Nations, met with UN Secretary General Waldheim on 8 December 1975. She pleaded for an international agreement to outlaw nuclear weapons, in the name of the dead, the survivors, the world's children and the generations yet to be born.

Complementing the Women's Section's international outreach is the group's memoir writing project. The life histories of these women serve as historical documentation on the damage and after-effects of the atomic bombings, and enable world audiences to see this solemn problem from a more personal perspective. After several dozen Osaka women had written and published their stories, they found it easier to stand on public platforms and give firsthand reports of the dangers the world faces if nuclear weapons are not banned. 'We Hibakusha are the only liv-

ing proof of the disastrous effects of nuclear weapons,' declares Toyoko Fujikawa, Chairperson of the Women's Section, 'and we are not getting any younger or healthier. The Japanese government has not yet taken responsibility for fully compensating us for the sacrifices we have undergone and the hurts we have suffered, and no one has guaranteed us and our children the peaceful life we believe we deserve. Our anger is focussed not so much on what happened to us thirty-five years ago, as it is on the continued existence and development of weapons which could make victims of the rest of humanity. So even though it is painful for us to recount our stories of misery, it is the least we can do to warn people about the grave threat to world survival which is being intensified by the nuclear arms race. Our suffering will not have been in vain if it can help eliminate this threat. There must never again be victims like ourselves.'

As bearers and protectors of life, women have traditionally been advocates for peace, and Women's Section members are acting on the belief that never before has such a great responsibility for this advocacy fallen to them. Shizuko Takagi's son Nobuhiko journeyed to New York in 1978 as the youngest member of the 500-strong Japanese Non-Governmental

Organizations delegation to the United Nations General Assembly Special Session on Disarmament. Nobuhiko helped to deliver 20 million Japanese signatures calling for the UN to outlaw the use of nuclear weapons as a crime against humanity, to convene a World Disarmament Conference and to make known to the people of the world the horrors of the A-bombing and the suffering of the Hibakusha.

The successful first decade of the Women's Section represents a significant social advance for women and for all people of Japan. So too, Osaka-type citizens' activity will help women internationally to recognize their special peace-making role, and will infuse new humanity into the global disarmament effort.

Women's Section members were heartened in meetings with representatives of Women Strike for Peace, Voice of Women and the Women's International League for Peace and Freedom to learn of the contribution of the North American peace movement in bringing an end to the war in Viet Nam. They are hopeful that there will now develop a North American peace movement able at last to halt nuclear escalation and bring the U.S. government to recognize the necessity for the total prohibition of nuclear weapons through international disarmament negotiations and the United Nations.

This article is based on source materials gathered in Osaka, Japan by Janet Bruin, a social worker and writer on problems of women and the aged.

## Notes

1. Caused by heat rays burned into the skin, keloid tissue leaves heavy, deforming scars.
2. 'The Hibakusha vividly remember the shocking sights and horrors of the bombing. They remember the deaths of family members and relatives, and being forced to desert their kin in trying to escape the flames. They are still tormented by the memories of those experiences, images that return at every mention of nuclear weapons and tests. . . . But an increasing number of Hibakusha have rehabilitated themselves by finding what the external conditions were that drove them into difficulties and suffering, and they therefore seized the aim for life: a world without nuclear weapons, human solidarity for peace.' Dr. Shigeru Yamate, 'The Anguish of Hibakusha,' chapter in *Proceedings of the International Symposium on the Damage and After-Effects of the Atomic Bombing of Hiroshima and Nagasaki, 21 July - 9 August 1977, Tokyo, Hiroshima and Nagasaki*, p. 119.
3. Ladies Auxiliaries (Fujin Bu) are attached to many traditional and modern Japanese organizations. Members propagate common objectives among women at large, and help within the group, but do not as a rule share leadership. When a younger woman is able to gain an executive position, she is expected to dutifully vacate her post by around age 25 to raise a family. Japanese middle-class husbands suffer a status fall when their wives go out to work.
4. Despite the need for more exact empirical data on the biological effects of radiation and the efforts now being made to collect such information, it will be impossible to recover much of the past Hibakusha child-bearing experience. Whether 'most' in the preceding sentence means over 50 per cent or over 75 per cent, the word is the exact translation into English from the testimony of the Women's Section. Reliable statistics are lacking on pregnancy terminations, but the phrase 'almost all' in the footnoted sentence is again that of the Women's Section.
5. Sir George Sansom, *A History of Japan to 1334*, vol. 1 (Stanford, California: Stanford University Press, 1958), pp. 23, 27 and 79-80.
6. H. Neil McFarland, *The Rush Hour of the Gods* (New York: Harper, 1967), p. 80.
7. The Diet promulgated in 1957 the Law for Health Protection and Medical Care for A-bomb Victims, which provides for bi-annual governmental medical examination and treatment. The 1968 Law for Special Measures for A-bomb Victims went somewhat beyond the primarily medical benefits of the 1957 law, and reflected the Hibakusha demand for livelihood security. A total of approximately 370,000 Hibakusha have secured the Ministry of Health and Welfare's Health Notebook for A-bomb Victims, becoming eligible thereby for aid under these two laws. However, several tens of thousands of survivors have not yet obtained Health Notebooks, and second and third generation victims are not entitled to receive them.
8. *Unvanquished We March*, No. 5 (Osaka: Women's Section, Osaka Association of A-bomb Victims, 1978), p. 21. The Japanese language volume *A Legacy for Peace*, published by the Women's Section in May 1977, includes thirty Hibakusha case studies. 'The Japanese Government, under the 1951 San Francisco Peace Treaty, surrendered the right to demand reparations for the A-bombing from the United States. Japan therefore bears the responsibility of instituting a Hibakusha aid law providing for full state compensation'. *No More Hiroshimas!*, Japan Council Against A- and H-bombs, Tokyo, March 1979, p. 8. A powerful campaign has been launched by the Japan Federation of A-bomb Survivors' Organizations to gather 20 million signatures for the enactment of thoroughly revamped comprehensive and compensatory Hibakusha relief legislation.
9. Junjiro Hiratsuka, *Death of a High School Boy* (Osaka: Women's Section, Osaka Association of A-bomb Victims, 1975). Mr. Hiratsuka was Kenichi's high school English teacher in 1974-75.



Rear: Teruko Nakagawa, Fumiko Nonaka, Shizuko Takagi, Kazue Miura.  
Front: Kiyako Tajima, Toyoko Fujikawa, Toshiko Nakamura.

*The following excerpts from Women's Section life histories point to some of the difficulties which the Osaka atomic bomb victims have faced in their struggle to survive and live with dignity and purpose. The occupation given for each woman is that in August 1945, followed by her location at the time of the bombing and her age.*

**Kazue Miura**, switchboard operator, Hiroshima Telephone Exchange, age 18.

The doctors were sure that I would perish early, because the bomb exploded only 500 meters from the Telephone Exchange. Very few people situated within that radius of the hypocentre survived. Stunned, expressionless people, young and old, were crying out for their mothers and begging for water. When I tried to comfort crying children, words would not come, only tears. Both of my parents, and my brother and sister, died during the bombing.

I married, and soon after became pregnant. The child was stillborn. Two live births followed, although my daughter is troubled by anemia and low blood pressure. When this nervous youngster was 14, she asked me: 'Mother, why did you give birth to me? You are an A-bomb victim, so you should not have brought me into the world.'

I had long anticipated that question, but no amount of emotional preparation could have softened those few stabbing words. I told my daughter that I had indeed thought a great deal before giving birth to her, and did not know whether she would get a bad disease, not wanting to mention leukemia.

'And what would you do if it happened to me?', retorted my daughter. 'There is nothing that I could do about it,' I said in tears. That was the saddest and most heartbreaking moment of my life.

My daughter is now married and has two children. She and the Women's Section members have been a constant source of help and encouragement to me, especially since my health has deteriorated. In October 1979 part of my stomach was removed. The other Hibakusha constantly worry that such a fate could befall them. How happy I was that the Women's Section published my story 'A Survivor Within 500 Meters' last December [1979], and how I hope that it may serve to prevent any other human being from experiencing the horrors of nuclear war.

**Fumiko Nonaka**, forced labour team, Hiroshima, age 24.

I was working in downtown Hiroshima a little after 8 a.m., when a woman near me cried: 'Here comes a B-29 bomber!' The instant I looked up at the sky, my face was pierced by an intense flash of light and I felt my whole body shrink. My skin was all of a sudden shredded and hanging like dried squid roasted on a fire. But at least my jacket and underwear saved my inner organs.

I lost consciousness. I don't know how much time passed before I returned to my senses. Someone must have helped me to reach a temporary first aid station. My face was swollen beyond recognition, the burnt flesh of my arms, hands and fingers was hanging out of my sleeves and drooping down my fingertips, and I was temporarily blind.

My husband searched for me in all the makeshift aid stations, and fortunately, when at last on 9 August he saw my misshapen figure, he spotted my wedding ring. To my joy he shouted in my ear 'Are you Fumiko?'

I was later taken on a truck to a naval hospital in the port of Kure. There, when the doctor removed the tightly sticking bandages from my face, the pain was so severe that it made my eyes water. My husband later told me that while I was in the hospital he was often tempted to kill me because he could not stand to see me suffering so much pain.

My parents, brother and sister, and several other relatives came to the hospital with two urns of firewood, prepared for my death and cremation. But instead they carried me on a stretcher and tenderly cared for me at home. I could open my mouth only wide enough to swallow three grains of rice at a time, and my mother patiently sat at my bedside feeding me the nourishment I needed to stay alive. My brother-in-law carefully removed the darkened skin with tweezers from my face and limbs, washed my skin with salt water, and coated it with cooking oil.

When I could finally move my body, I returned to the dwelling of my husband. It seemed to me that he found it difficult to live with such an ugly, feeble woman. Some of his friends suggested that he divorce me. He did go off with another woman, who bore him a son in 1946, but their relationship did not last, and he brought the child to me. I raised the boy with all my might, as if he were my own. However in 1950 my husband again abandoned me for another woman, taking the child with him.

Left alone, I joined a government program for the poor as a labourer for less than one dollar per day in Niigata. There were many days when I could hardly stand up under the load, but I was at least fortunate to have the heartwarming encouragement of my fellow union members, who offered me the blood I needed for anemia transfusions. I still had to undergo scar removal, mouth widening and skin graft operations, some without anesthesia.

My husband came home again, unemployed, and my wages now had to support the child. But again my husband left me and went this time to Hiroshima. He died there in the A-bomb Hospital around 1960, a victim probably of the radiation he absorbed while searching for me in the ruins.

I moved to Osaka, originally to get away from where my husband was, and to

find a more suitable climate for my convalescence. Through the Women's Section, a doctor of the Osaka Red Cross Hospital supported my application for medical compensation, and the Ministry of Health and Welfare awarded me a modest allowance. This was partly for what the doctor called 'ugly looks caused by serious burn scarring.' Although I am relieved by this pension, my blood boils in anger whenever children gazing at me say 'Hey, look at that woman's face!'

Taking part in the meetings of the Women's Section has come to be the main purpose of my life. I am glad to be alive to work for peace. How great was my joy when for the first time I spoke on the Section's behalf in public!

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**Shizuko Takagi**, student at a Hiroshima women's normal college, age 17.

The second floor of the school building collapsed around me, pinning my limbs tightly under large lumber beams. I managed to extricate myself, bleeding profusely from splinters of glass which had lodged like bullets in my face, neck and arms. Within moments fires raged everywhere as the atomic fireball descended to the earth. I staggered as far as Yoshijima Airport, where I fell senseless into an air raid shelter.

Had I not recovered consciousness by dusk, my body would have been sprinkled with gasoline and ignited on the airfield in a mass pyre of human flesh and bones. But I was able to inch away, and spent the next few days crawling around temporary barracks, administering first aid. Sick people kept arriving and medical supplies were very scarce. My job was to pick maggots from festering wounds and to apply cooking oil with a stick to hundreds of people whose burns were so severe that even the best medical attention could not have saved them.

My menstruation, which had until then been normal, ceased for one year, and my white blood cell count fell below 3,000 for several years (the usual white blood count is 7,000 to 8,000). Thirty-eight purplish facial scars took over twenty years to fade. Severe anemia, ovarian cysts, and a hernia caused by poor muscle tone in the lower half of my body had to be treated before I could bear children. Intestinal protrusion, excruciating ear infections, weak muscles, and pain in my legs have required constant medical attention since 1945. Fortunately, my white blood count increased to 4,000 and I was able to have two children.



Carolyn Barber

- Research studies in North America and Europe show that defence spending creates unemployment and inflation, thus keeping women out of the work force in large numbers and decreasing the purchasing power of her (or her family's) income.
- As more tax money goes to the military, funds for programs that women need, such as health, education, job training, child care, housing and public transportation are cut.
- For every billion dollars spent on armaments, up to 100,000 *more* jobs could be created if the money were spent instead on education, for example.
- And so the arms race oppresses women in developed countries. Women in developing countries are doubly oppressed. Where the standard of living is often measured by how many kilometres from home the nearest well is, women, as water-bearers, bear the brunt of the inconveniences of poverty.
- As women and their children suffer and die from diseases which should be easily preventable, about half of the world's scientists are employed in military research and development projects.
- Third World children desperately seeking education are deprived because there are not enough schools or teachers. The girls among them will grow up with no hope for a better future in a world in which there are more soldiers than teachers and doctors.
- The over \$400 billion which is spent yearly on defence worldwide represents, in all probability, the only reserve available for solving the problems of development.
- Until the arms race is brought to an end, there will be no end of women's suffering.

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