

Hibakusha-atomic bombs survivors in Japan: Survivors' issues in human rights, government recognition and social segregation

Abstract

In 1945, the US detonated two nuclear weapons over Japan, which led to the end of WWII. These atomic bombs killed approximately 214,000 people (140,000 in Hiroshima, 74,000 in Nagasaki) and left many surviving victims. However, many of these survivors have been exposed to additional matters of life and death in this aftermath of atrocity, not only struggling with their health, but also being segregated and having their human rights disregarded even until present day. They have become minorities—being given the social status of ‘Hibakusha’ (literally translated as explosion-affected people) and they didn’t have an opportunity to present their voice and/or obtain their human rights.

Hibakusha is considered a single minority group—of Japanese citizens. However, there are other categories of Hibakusha: Korean, American, and other nationalities. The laws governing Hibakusha are aimed primarily toward the Japanese group. The other Hibakusha are treated more as a lower class such as a cast, and they were mostly ignored right after the bombings and during the aftermath. The Koreans were the least recognized intentionally because they have been basically brought over to Japan as slave labor. Whereas the Americans were in a unique situation as they represented both the Japanese and the enemy country, America. The detonation of atomic bombs was an act of war, which is defined as an atrocity. The creation of Hibakusha was a political consequence resulting from the atomic bombs. Without these political memories, the situation of the remaining Hibakusha will not be improved. Because of politics, Hibakusha exists. Because of the political memories of the war, Japanese and other governments are finally being forced to recognize these groups of minorities, and mend the current climate of segregation, biases, and financial disparities.

This paper introduces the status quo of Hibakusha post-WWII to the present, classism within the Hibakusha community, and biases against atomic bomb survivors. This panel articulates how each group of Hibakusha experienced different types of marginalization and suffered throughout the century. It demonstrates anti-government activist groups and secular organizations united for Hibakusha to obtain their human rights, and how Hibakusha have been fighting for legitimacy and justice against the Japanese government.

Keywords: hibakusha atomic bombs, survivors after the bombings, poverty suffered by hibakusha in Japanese society

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Introduction

This paper describes our understanding of the hierarchy within the survivor communities of atomic bombs in Hiroshima and Nagasaki from post-WWII to the present. It also describes the treatment of these communities by the Japanese government, which did not have laws or regulations related to the recognition or reparations of survivors after the bombings. The recognition of survivors, and the creation of a legal framework to deal with survivor communities, also took a long time to establish in Japan. The post-atomic bomb era in Japan was disorganized and created additional suffering for the survivors, or ‘hibakusha’¹ who were exposed to radiation from the atomic bombs in Hiroshima and Nagasaki.

This article first describes the background for the atomic bombings in Japan, and then the detailed hierarchy or organization of hibakusha recognition in Japanese society. Then it introduces an analysis of specific cases that reveal how hibakusha have been marginalized in Japanese society by politics, for almost a century. As a result of radiation exposure, the hibakusha suffered from multiple cancers and various other clinical symptoms known as ‘atomic bomb disease,’

which was exacerbated by the poverty suffered by hibakusha in Japanese society.

Background

Before and after the United States (US) detonated atomic bombs over Hiroshima and Nagasaki, the US government conducted several nuclear weapon tests within their country and territories. These tests, and the subsequent radiation fallout, were harmful to indigenous people and the environment. As Robert Jacobs has suggested, “global hibakusha”—those who had been exposed to harmful radiation fallout¹ in several locations where atomic bomb testing was conducted, were never notified that the resulting radioactive fallout could be harmful, affecting their health and the environment. These innocent indigenous people became global hibakusha.

In the early 1940s, “The Manhattan Project” was implemented as a US top secret project, which resulted in the creation of the atomic bombs detonated over Hiroshima and Nagasaki. The primary site of development and testing of these atomic bombs was in Los Alamos, NM., where the most extensive research and development of nuclear weapons was conducted before Hiroshima and Nagasaki. Three years

¹Hibakusha is a Japanese word literally meaning ‘bomb-affected-person’

after the creation of the atomic bombs, Dr. Robert Oppenheimer, the director of the Los Alamos Laboratory, and his team detonated the first atomic bomb at the site called "Trinity".²

On July 16, 1945, "Gadget," a plutonium implosion device, similar to the "Fat Man" atomic bomb detonated over Nagasaki, but with more destructive power than the "Little Boy" bomb detonated over Hiroshima, was tested as the first nuclear weapon in the world. This nuclear testing was conducted at the Alamogordo Bombing and Gunnery Range, located 230 miles from Los Alamos at the Trinity Site.³ The nuclear testing of Gadget was a success, and many scientists were excited about that success from a scientific perspective. Dr. E.O. Lawrence, a physicist, noted the success of the test based on observations 27 miles from the point of testing.²

Right after the testing, in August 1945, the US detonated two nuclear weapons over Japan, which resulted in the surrender of Japan to the Allied force and the end of WWII. The atomic bombings in Japan killed almost 160,000 people in mere seconds (approximately 120,000 in Hiroshima and 40,000 in Nagasaki)³ including Korean forced laborers and American prisoners of war, and inflicted suffering on tens of thousands of those who survived. It is estimated that the radiation exposure from the bombs also caused more than 500,000 additional post-atomic bomb deaths (total deceased 314,118⁴ in Hiroshima and 182,601⁵ in Nagasaki as of 2019). Atomic bomb survivors, however, in addition to the health aspects associated with the bombings, have also been exposed to prejudice as hibakusha by being in a segregated society and having their human rights disregarded even today.

The world was in the early stage of the nuclear age, which was largely based on the fear of nuclear weapons from the Soviet Union who developed and detonated their own nuclear bombs, using stolen information from the US in 1949. Dr. Klaus Fuchs, a German physicist who worked on the Manhattan Project and nuclear weapon testing in Los Alamos was a spy who leaked secret information to Russia.⁴ Subsequently, the US created additional nuclear testing sites, including the Nevada Testing Site (NTS), 65 miles from Las Vegas, NV, where eventually, 1021 bomb tests (100 atmospheric and 921 underground) were conducted between 1951 and 1992 by the US government.⁶

The first detonation at this site was "Shot Able" on January 27, 1951, while "Operation Nougat" was the first underground testing in September 1961, and a series of additional atomic bomb tests was conducted by the US military during the operation "Plumbbomb" from May 28 to October 27, 1957.⁷ These tests resulted in significant amounts of nuclear fallout over indigenous areas and harmed the health of indigenous people such as Native American Indians. The US

believed that the ownership and research of nuclear weapons would strengthen the country; thus, the US increased its frequency of nuclear testing. The guided tours to observe nuclear tests and mushroom clouds were popular with Las Vegas as the gateway city for this tourist attraction but resulted in extensive radioactive fallout on indigenous communities (e.g., the Shoshone tribe) in Nevada.⁸

⁵When compared to the testing in the US, the atomic bombs in Japan resulted in at least 50,000 hibakusha whose

voices, human rights, and health status were erased and never revealed right after the atomic bombs. Therefore,

hibakusha became a group of minorities of survivors without representation. The world did not know that

hibakusha in Hiroshima and Nagasaki suffered from acute or chronic atomic bomb disease⁹ and many types of cancer caused by excessive radiation exposure.

The Occupation General Headquarters (GHQ) officially issued a Press Code, effectively an embargo on the Japanese media from September 1945 to April 1952,¹⁰ banning the publications of all atomic bomb reports and research. This embargo was never public, and references to censorship were forbidden (Mayo). As a result, the health status, living condition, and the class status of hibakusha went largely unnoticed and unreported. Their voice and human rights were, and still to this day, are heavily influenced by politics. Dead or alive, hibakusha continue to be victims of the war and the experience of marginalization in Japanese society under post-WWII occupation by the US.

Who are Hibakusha?

The word 'hibakusha' usually implies that they are Japanese, and most hibakusha are Japanese natives from Hiroshima and Nagasaki. Currently, the Atomic Bomb Survivors Relief Law¹¹ identifies hibakusha as persons who fall into one of the following categories:

1. Those who were exposed in a 2 km zone identified as the hypocenter and within two weeks of the bombings,
2. Those who were exposed to radiation from fallout,
3. Those who were not yet born but carried by pregnant women in these categories.¹²

According to the Japanese Ministry of Health and Welfare, based on a 2021 official report on the identification of hibakusha, there is

²See E.O Lawrence's comment at "Thoughts of Trinity" by E.O Lawrence published from US Department of Energy https://www.osti.gov/opennet/manhattan-project-history/images/lawrence_trinity.htm

³This survey report is most frequently cited in scholarly sources for US bomb casualty statistics. United States Strategic Bombing Survey Reports (European War and Pacific War) Oct 1987

The United States Strategic Bombing Surveys Summary Report. USAF, 1987, pp. 106–08. <https://apps.dtic.mil/dtic/tr/fulltext/u2/a421958.pdf>

⁴The City of Hiroshima, Atomic Bomb Victim Register <http://www.city.hiroshima.lg.jp/www/contents/1283234802275/index.html>

⁵During the occupation of Japan by the US, many victims were neglected both within Japan and abroad. Inside of Japan, certain groups, especially veterans, received generous compensation, while Hibakusha were largely ignored.

⁶"The Atmospheric Nuclear Weapon Testing 1951-1963" The Department of Energy <https://www.energy.gov/management/articles/fehrer-and-gosling-atmospheric-nuclear-weapons-testing-1951-1963-battlefield>.

⁷"Nevada Testing Site" Atomic Heritage Foundation <https://ahf.nuclearmuseum.org/ahf/location/nevada-test-site/>

⁸Nuclear Tourism: When atomic tests were a tourist attraction in Las Vegas, 1950s <https://rarehistoricalphotos.com/atomic-tourism-las-vegas/>

⁹"Atomic bomb disease sufferers | The Japan Times." *The Japan Times*, The Japan Times, <https://www.japantimes.co.jp/opinion/2008/06/08/editorials/atomic-bomb-disease-sufferers/#:~:text=Under%20the%20new%20criteria%2C%20the,3.5%20km%20of%20ground%20zero>

¹⁰The GHQ Press Code, September 21, 1945 https://archive.mith.umd.edu/gcr/text/text_2136302121.php.html This archive was taken from Gordon W. Prange Collection, Special Collections, University of Maryland Library

¹¹Under the new criteria, the Japanese government recognizes a person as an atomic bomb disease sufferer if certain conditions are met, including the existence of cancer, leukemia, parathyroid hyperfunction, cataracts, or myocardial infarction, and confirmation that one was exposed to radiation within about 3.5 km of ground zero or entered an area near ground zero within about 100 hours after the bombing.

¹²"Overseas Atomic Bomb Survivors Support Program" Atomic Bomb Survivors Affairs Division Health and Welfare Department, Nagasaki Prefectural Government

<https://www.utc.edu/sites/default/files/2021-01/component4part7x.pdf>

a total of 127,755 hibakusha alive as recognized by the Japanese government. The average age of hibakusha is 84 y/o.¹³ In Hiroshima and Nagasaki, there are a total of 38,645 hibakusha;

Category 1: 23,941 hibakusha who were directly exposed to radiation (23,334 in Hiroshima, 15,311 in Nagasaki), and six hibakusha who were exposed in both Hiroshima and Nagasaki),

Category 2: 8,820 hibakusha who entered the hypocenter area after the bombings,

Category 3: 4,243 hibakusha who were involved in post-bombing rescue activities,

Category 4: 1,643 *in utero* hibakusha, and two unknown.¹⁴

For hibakusha who fit into these criteria, they represent the most important exposure hierarchy recognized by the Japanese government. Hibakusha with the proximal radiation exposure (within

2.5 km in Hiroshima, 2.7 km in Nagasaki, and more than 0.005Gy estimated radiation dose)¹⁵ are the individuals with the highest mortality, and as survivors, they suffered the most harm by high exposure to radiation from the atomic bombs. Dr. Nanao Kaneda, Professor Emeritus at Hiroshima University conducted research on these hibakusha and reported that as of 2014, only 12 of these hibakusha were alive; two males and 10 females with an age range of 69-91 y/o. Of these hibakusha, six suffered from cancer of the stomach, colon, and meningeal lining, while four hibakusha suffered from cancer at multiple sites.¹⁶

Hibakusha who entered the hypocenter area after the bombings is also officially recognized by the Atomic Bomb Survivors Relief Law. Unlike those directly exposed in the cities of Hiroshima or Nagasaki, those who came to the hypocenter areas because of rescue activities experienced extensive damage caused by residual radiation and are defined as those who entered an area within roughly 2 km of the hypocenter within fifteen days of the atomic bombings.¹⁷ There are approximately 16,753 hibakusha who entered the hypocenter area in Hiroshima. Sufficient knowledge about treating the victims of atomic bombings and the radiation following the detonation was severely lacking. Many doctors or nurses came from suburbs or other cities rather than Hiroshima or Nagasaki. They rescued and searched for local people or cleared the hypocenter area without knowing the potential for radiation damage. Eventually, they also started suffering from atomic bomb disease symptoms.

In utero hibakusha, are hibakusha resulting from the birth of women who were exposed to atomic bomb radiation in the womb. As of March 2021, according to Ministry of Health and Welfare, there are 6,774 *in utero* hibakusha placed in the 4th category of the Atomic Bomb Survivor's Certificate, which accounts for 5% of all hibakusha who were given these certifications.¹⁸ Their symptoms

are unique, and they are more prone to atomic bomb disease or other disabilities while developing *in utero*. Down syndrome and leukemia are common. However, microcephaly¹⁹ is the most common mental and physical disability for *in utero* hibakusha, and it took twenty years for its official recognition.²⁰ As of March 2021, there are 22 *in utero* hibakusha with microcephaly currently alive.

People who were exposed to 'black rain' in Hiroshima have only recently been certified as hibakusha under the Atomic Bomb Survivors Relief Law. On August 6, 1945, after the atomic bomb detonation, dark clouds covered the Hiroshima area. These clouds resulted in precipitation known as black rain, which was contaminated with radiation, and particulate radioactive fallout. People exposed to black rain suffered from illnesses such as cancer or cataracts. Though they became sick due to radiation exposure, the government refused to recognize them as hibakusha. In 2016, 84 plaintiffs sued the city of Hiroshima. Out of 84 plaintiffs, 14 died during the trial.²¹ On July 14, 2021, these plaintiffs won their case, which resulted in an official designation as hibakusha. Currently, however, none of those exposed after the Nagasaki atomic bomb are recognized as hibakusha.

Double hibakusha are those who experienced both the Hiroshima and Nagasaki atomic bomb detonations. There were 165 people identified as double hibakusha in 2006 in a United Nations film,²² and were eventually recognized as unique minorities, or double hibakusha. These hibakusha were in Hiroshima on August 6, 1945, when the atomic bomb was dropped. Then somehow, they moved to Nagasaki three days after where on August 9, they experienced the second atomic bomb. They were exposed to extreme amounts of radiation from two different types of atomic bombs. However, only one hibakusha has spoken out and was officially recognized as double hibakusha by Japanese government in 2009.²³

Korean survivors are one of the most common minorities of hibakusha in Japan. The estimated number of Korean atomic bomb casualties is approximately 70,000 total from Hiroshima and Nagasaki. The number of deceased was 40,000, and 30,000 Korean Japanese became hibakusha. Of the 30,000 Korean hibakusha, 23,000 left Japan and returned to North or South Korea. Neither the Japanese nor Korean governments developed any system of recognition or support for these hibakusha. Korean hibakusha were left in limbo for decades, but in 1972, the Korean government requested reparations from the Japanese government for Korean hibakusha. In 1980, Korean hibakusha were finally recognized and treated for atomic bomb diseases in Japan.⁶ On the other hand, approximately 7,000 people remained in Japan and registered as Zainichi Korean hibakusha.²⁴ Due to the Japan-Korea conflict during WWII, the Japanese government started recognizing Japanese Korean hibakusha only after the late 1960s.

newpage_13411.html

¹⁹According to WHO, microcephaly is a neonatal malformation defined as a head size much smaller compared with other babies of the same age and sex. <https://www.who.int/news-room/fact-sheets/detail/microcephaly>

²⁰Hiroshima Insight:A-bomb microcephaly, August 23, 2012 https://www.hiroshimapeacemedia.jp/hiroshima-koku/en/insight/index_20111115.html

²¹Chugoku Shinbun released the article of the black rain hibakusha when they won the trial on July 15, 2021. <https://www.hiroshimapeacemedia.jp/?p=107068>

²²The film called "Twice Bombed, Twice Survived" at the United Nation on August 2, 2006.

Twice Bombed, Twice Survived: Film Explores Untold Stories from Hiroshima & Nagasaki Columbia University.

²³Tsutomu Yamaguchi (1916-2010) was only one double hibakusha who was officially recognized by the Japanese government.

²⁴The numbers were taken from Japan Association of Lawyers Against Nuclear Arms. See the chart in detail. <https://www.hankaku-j.org/event/220314/004.html>

¹³2021 Ministry of Health and Welfare report https://www.mhlw.go.jp/stf/newpage_13411.html

¹⁴2015 Ministry of Health and Welfare report. <https://www.mhlw.go.jp/toukei/list/dl/88-1b-02.pdf>

¹⁵RERF defined 'proximally exposed' hibakusha is following: This term originally referred to persons exposed to the atomic bombings within 2,000 meters of the hypocenters. However, more recent RERF publications use the term to refer to survivors who have estimated doses of 0.005 Gy or above, which approximately corresponds to persons exposed within 2,500 meters of the hypocenter in Hiroshima and 2,700 meters in Nagasaki. <https://www.rerf.or.jp/en/glossary/proximal-en/>

¹⁶The article was written by Chugoku Shinbun on June 12, 2014. <https://www.hiroshimapeacemedia.jp/?p=31612>

¹⁷The definition is taken from Chugoku Shinbun written on August 28, 2012. https://www.hiroshimapeacemedia.jp/?insight=20120828151737548_en

¹⁸2021 Ministry of Health and Welfare Report <https://www.mhlw.go.jp/stf/>

The atomic bombings also victimized Americans. The Japanese American hibakusha carry 'victim-victim identities,' which results in a complex issue with their cross-national background; they are in between their home and enemy countries. For some, Japan is their home; contrarily, it could also be their enemy country. The cases vary for each such that;

1. Japanese Americans who were born in America and happened to be in Japan when atomic bombs were dropped.
2. Americans who were in post-war Japan.
3. In the late 1940s, many Japanese hibakusha who were able to obtain an American citizenship after the war.⁷

There are estimates of approximately 3,000 Japanese American hibakusha.⁸ As with most hibakusha,

regardless of origin, their medical support was wanting because not many American doctors were familiar with atomic bomb diseases right after the war. They were also discriminated against because they were Japanese. American hibakusha were finally recognized by both the Japanese and American governments in the 1970s. They also advocated establishing facilities and systems for radiation medical checkups by collaborating with doctors who were familiar with radiation sicknesses from Hiroshima and Nagasaki within the US.

Issues for Hibakusha

The fates of hibakusha are highly influenced by politics. They became victims of atomic bombs because of politics and then they suffered all their lives as hibakusha because of politics. This part examines how hibakusha as minorities have been marginalized post-WWII in Japan. It describes how the survivors, as minorities, have lived with atomic bomb disease and have been in poverty even if they have received governmental compensation or reparations. Hence, they have been oppressed, marginalized, and discriminated against. Discrimination and bias are serious social issues in modern societies. These problems are often interlinked with violence. Various forms of discrimination or bias can expose minorities to psychological violence, which can be expressed as verbal abuse, workplace bullying, threatening, intimidating, belittling and racial or social class harassment. Franz Fanon views violence as the natural state of colonial rule, and therapy for a cultural disease brought by colonial subjugation.⁹ Survivors are often ruled by this mechanism of colonialism after mass killings and experience social violence. This theory of Fanon holds true in the case of hibakusha as they experienced the same types of discrimination and biases, oppression, stigmatization, and psychological or social violence in the US-occupied, post-war, Japan.

Moreover, the instability of social conditions, especially economic norms, and being forced into low-income tiers of societal hierarchies can cause survivors to be more prone to psychological violence.

Discrimination is a public health issue²⁵ and it has a strong tie to one's self-esteem and self-affirmation. Self-esteem or self-affirmation are acts that affirm one's self-worth, often by having individuals reflect on core values, which may give individuals a broader view of the self.¹⁰ Discrimination occurs when the oppressors and bystanders segregate, abuse, or bully minorities because they wish to feel more superior and uplift their own self-esteem or self-affirmation by

stereotyping, humiliating, belittling or shaming minorities. This can cause minorities including survivors of violence suffering chronic stress which can lead to a wide variety of physical and mental health problems linked to issues including post-traumatic stress disorder (PTSD), anxiety, depression, insecurity, and substance abuse.¹¹ The first step in the process of discrimination is stereotyping the minority group. The theory of stereotypes is initially introduced by Walter Lippman in his book, "Public Opinion" in 1922.

According to Lippman, people are more apt to believe "the pictures in their heads" often created by the media than to come to a more rational judgment by including critical thinking. Humans condense ideas into symbols, and journalism, a force quickly becoming prominent in the popular culture and the media, can be an ineffective method of educating the public.¹² In other words, people tend to have preconceived images of certain minority groups and will judge these groups based on these images or ideas. Stereotyping eventually affects how people are treated whether good or bad, fair or unfair.¹³

One can be excessively positive toward certain groups without knowing their personalities or abilities. For example, you can treat a group of doctors or professors more respectfully than others because of their high social status or authority no matter how good/bad a person is. On the other hand, upon meeting workers with less prestigious jobs, you might treat them negatively assuming that they are less intelligent. One can create negative images towards certain groups according to race, sexuality, class, disabilities, etc., and judge the group negatively. You can use these stereotypes to judge a person or a group quickly. Stereotypes formulate prejudice and eventually becomes discriminatory in nature. In so doing, those who discriminate feel secure or safe with a sense of belonging to the majority group, which makes them feel superior to the minority group that they discriminate against.

The initial analysis of hibakusha marginalization in Japan is that they suffered from atomic bomb disease. Secondly, they experienced severe discrimination based on stereotypes or stigmas, especially in their marriage or at their workplaces due to atomic disease. They were discriminated against because their genes were believed to be universally affected by exposure to radiation. Thus, hibakusha were treated as less than human because they cannot bear healthy children or work appropriately because of atomic bomb disease. While some received sympathy from their societies based on their physical or psychological damages, many hibakusha were negatively stereotyped and discriminated against. Lastly, poverty is another factor related to being targeted by their negative stereotypes, which atomic bomb survivors have suffered. It is crucial to understand how these survivors struggle through poverty although they are entitled to governmental reparations, and how poverty is attributed to the health-related issues of the hibakusha.

Atomic bomb disease

Hibakusha have been suffering from the various short- or long-term effects of excessive radiation exposure caused by atomic bombs. Atomic bomb disease is the damage done to human body by heat, blast effects, or exposure to radiation from an atomic bomb,²⁶ and it is categorized into two parts;

1. Acute damage develops within four months after the bombing. This includes severe burns caused by heat and fire, external injuries or bone fractures caused by concussive blast effects, and nausea, lassitude, or hair loss caused by radiation exposure.

²⁵APA—American Psychological Association defines that discrimination is the unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, or sexual orientation. <https://www.apa.org/topics/racism-bias-discrimination/types-stress>

²⁶The definition is taken from Kids Heiwa Nagasaki. <https://nagasakipeace.jp/en/reference/materials/kids/commentary/genbakusyo.html>

2. The aftereffects that developed more than four months after the bombing. This includes keloids,²⁷ atomic bomb cataracts²⁸ caused by radiation, microcephaly²⁹ caused by radiation exposure *in utero*, and leukemia. According to the RERF,³⁰ 46% of hibakusha suffer from leukemia caused by long-term exposure to radiation.

Not only did the hibakusha suffer from atomic bomb disease after WWII, but they are also discriminated against. Todeschini explains that the discrimination against hibakusha is significantly associated with the fear of "contamination" among the Japanese community. Atomic disease is suspected to be transmissible, and most hibakusha are treated similarly to 'burakumin' or HIV patients³¹ as contaminated bodies, perverted blood, or blood disorders.¹⁴ This is the testimony of one of the hibakusha, Hidetaka Komine in Nagasaki.³² He describes bullying against hibakusha as part of daily life in Nagasaki post WWII. Hibakusha were stereotyped and exposed to violent bullying and had difficulty finding jobs while struggling with the debilitating side effects of radiation poisoning.

"Bullying is getting worse. I get beaten almost every day.

I have three nicknames: 'Rotten legs', 'Bird's legs', and 'Gane.'³³ When my heart and wounds ached, I lived with the thought that tomorrow, the pain would be less than today. Violent bullying, psychological bullying... For example, they stare and laugh, point fingers, smell, or say dirty. After all, we were all together until junior high school, so we couldn't endure the violence. I also hated myself for constantly giving in to being beaten and other forms of bullying.

Violent bullying has been largely resolved, but psychological bullying is escalating. I think I can say this not only to myself, but to all Hibakusha. In addition to keloids, radiation damage, leukemia, heredity, cancer, and being second-generation A-bomb survivors were among the many factors that alienated us, survivors.

In Nagasaki, large and small factories, mainly those of Mitsubishi, were destroyed, and many A-bomb survivors lost their jobs. With no place to work and no physical strength, I grew potatoes and vegetables around the house just to keep myself out of the rain and dew." Hibakusha were discriminated against and pushed into exile by society to suffer the effects of poverty due to the difficulty of obtaining and holding down stable jobs. They also suffered from discrimination in matchmaking and in their marriages due to infertility and the possibility that genetic damage, secondary to radiation exposure, would prevent having healthy children. Hibakusha were considered damaged and treated as if they were disabled before they were able to claim any reparations or governmental assistance.

Another testimonial depicts marriage discrimination against hibakusha.³⁴ Kazue Inoue, a hibakusha whose husband was not an

atomic bomb survivor, knew she could not bear a healthy child. He had affairs with other women throughout their marriage, possibly wishing to have children with healthy women. He violated her trust and the sanctity of their marriage because he did not consider his wife a whole woman. Her sister Jinko had several arranged marriage proposals rejected because she was a hibakusha. Jinko eventually hid the fact that she survived an atomic bomb to get married. A year had passed since her second daughter was diagnosed with "aplastic anemia" and died in 1973 at the age of eight after a year of hospitalization. "I was affected by the atomic bomb. If my eldest daughter also died, I would have no children."

For 17 years of marriage, she knew her husband was having affairs with other women. "If you want a child with another woman, fine. "A-bomb survivors have been discriminated against in marriage (thinking that their genes may be affected). Her little sister, Jinko was unable to give birth to a child. When it was discovered that she was an A-bomb survivor, arranged marriage proposals were often turned down. Still, she got married in the 1960s. Her matchmaker had not been told that Jinko had been exposed to the atomic bomb. When her mother-in-law learned that Jinko was an A-bomb survivor, she did not allow her to have children. "What will you do if a baby is born with a deformity?" The marriage ended after a few years.

Hibakusha discrimination

In the case of hibakusha, the Japanese government was forced to accept the GHQ Press Code against hibakusha publications post-atomic bombs. The US occupation completely controlled Japanese government and media by forbidding publications in academic journals for seven years. This oppression allowed both the US and the Japanese governments to treat hibakusha as minorities, such as using hibakusha as radiation research subjects, and not recognizing them properly by providing sufficient reparation. Instead, society created multiple negative stereotypes of hibakusha including being sick, weak, lazy, and genetically damaged, caused by the harmful effects of nuclear weapons and radiation exposure. These negative stereotypes led to severe discrimination against hibakusha as minorities within Japanese society. Once the recognition systems described above were legitimized, the Japanese government categorized hibakusha within a hierarchical system, which made them suffer from additional discrimination and injustice.

Korean hibakusha in Japan suffered from double discrimination: first, they are Koreans in Japan, and second, they are atomic bomb survivors. Many Koreans were sent as forced laborers to Japan between the 1920s to the 1940s. In 1945, the number of Korean citizens who were forced to relocate to Japan totaled two million.³⁵ Since so many Koreans were forced to assimilate into Japanese society, Korean Japanese were segregated into low-income areas throughout Japan and targeted with severe discrimination. "Chosen" is a Japanese word used to describe Koreans, and Japanese words like "Chon" or "Chonko" or "Half man" were used to distinguish Koreans from Japanese,¹⁵ stereotyping them as inferior compared to the Japanese. Severe discrimination in marriage and the workplace, hate speech, and hatred against Korean Japanese, Korean people, and their culture has continued through three generations.

Grimaldi depicts how hate speech was used against Zainichi Koreans at the demonstration by the far-right political sector in Kobe. According to Grimaldi, the ultra-nationalist group, *Zaitokukai*, spread the slogan "*Tottoto kuni ni kaette kudasai*-Go home in a hurry".¹⁶

³⁵This statistic is taken from Spice Digest at Stanford University.

https://fsi-live.s3.us-west-1.amazonaws.com/s3fs-public/Koreans_inJapan.pdf

They shouted words such as “*Haji wo shire!* -Shame on you”, “*Dete ike!* – Get out” of Japan, “*Funsaiseyo!* -Let’s destroy” and other derogatory expressions.³⁶ Far-right groups such as Zaitokukai are just one of many groups that publicly express their hatred toward Korean Japanese.

Because Zainichi Korean hibakusha look just like the Japanese hibakusha, they were considered Japanese initially though they are not. While it was a slow implementation process of reparation for Japanese hibakusha, when Korean Japanese hibakusha were identified as not Japanese, they were even more marginalized, and their reparation was deferred which made it almost impossible to survive. As a result, Zainichi Korean hibakusha were left in limbo, meaning neither the Japanese nor Korean governments compensated them.

The Japanese hegemony and Japanese citizens perceived the first images of hibakusha as Japanese. As Takashi Hiraoka points out, while the Japanese had never forgotten the bombings of Hiroshima and Nagasaki, they had forgotten the tens of thousands of Korean victims.¹⁷ This allowed Japanese shunned Koreans to become well assimilated into Japanese society as hibakusha post atomic bombs. Itsuko Ishikawa articulates that discrimination against Korean hibakusha lies in the darkest shadows of Japanese history,¹⁸ as they were also denied receiving Japanese governmental reparations as much as they were ignored. In 1957, Japanese hibakusha was provided with the first round of reparation.³⁷ In 1980,¹⁹ the Japanese and South Korean governments signed an agreement to provide specific aid for Korean hibakusha³⁸.

Poverty

After enduring extreme physical and mental suffering after surviving the atomic bombs and radiation exposure in Hiroshima and Nagasaki, hibakusha have been suffering from poverty throughout Japan. Primarily, the Japanese government eschewed acknowledging or taking any actions and responsibilities towards Hibakusha from 1945 to 1957.¹³ The existence of hibakusha as minorities and survivors of the atomic bombs reminded the Japanese government of the defeat in WWII. During this time, the hibakusha were at their lowest point, having no jobs or reparations, and they struggled just to survive day to day. In the mid-1950s to early 60s, the Japanese public started recognizing hibakusha issues by conducting the first hibakusha survey. This survey enacted the “Atomic Bomb Victims Relief/Medical Law”³⁹ and enabled hibakusha to receive governmental aid called “Hibakusha Assistance/Support Plan” including nursing, health management, and funeral allowances. This plan allowed Hibakusha to receive a \$300 minimum to \$1000 maximum per month in support.

However, those who receive the minimum amount without being able to work still struggled with significant poverty in Japan’s expensive economy.

The following testimony is from an anonymous hibakusha who developed heart disease from radiation exposure and suffered

from poverty all his life. However, he kept working and hiding his hibakusha identity.

In the summer of 1991, I, who had only good health, collapsed. I collapsed while watching baseball early in the morning and was taken by ambulance to St. Francis Hospital. The doctor told me that I might have angina pectoris, and I thought that something was finally coming. Heart disease was a shock. I was a work-oriented person, but I couldn’t help feeling that my life was over.

I was penniless when my hospital stay began, but I felt better when I thought that I would be able to continue with my life. I was able to leave the hospital on the fourth day while I was thinking about how I should live from now on, but I felt a little sadder than happier. Is it because I felt an event in the distant past, that is, “death” close at hand? I was surprised to find myself wondering in spite of my extreme poverty that I could do something that would benefit others in similar circumstances before I die. Many hibakusha in Japan did not have secured homes, families, or work that would allow them to be hopeful about their future. They were exposed to constant stress and concerns with their lives physically, mentally, and economically. In post-WWII, Japan changed enormously from a defeated country to a democracy and one of the most advanced countries in the world. However, hibakusha symbolized a group of weak minorities who reminded the Japanese of their defeat and surrender in WWII. All they could do at the time was to hide their identities to keep their jobs and avoid persecution.

Korean hibakusha who returned to Korea after WWII also suffered from severe poverty. Many of them could not revisit Japan to claim hibakusha reparations because of these severe health issues. They were left in limbo, not being able to have their hibakusha status recognized by both the Korean and Japanese governments, or being able to work because of their health issues, and with their health continuing to deteriorate in Korea as they aged.

The subsequent two testimonies were published in 2003 by Nobuhito Hirano who worked to support Korean hibakusha.⁴⁰ Hirano visited two Korean hibakusha who resided in small apartments in Busan. The first hibakusha is Kim Jun-Seo who is 75 y/o. Kim Jun-Seo was exposed to the atomic bomb in Hiroshima where he suffered from degenerative spinal cord disease, and he was admitted to a hospital in Hiroshima last summer. After being requalified for benefits, Kim’s benefit was terminated upon his return to Japan. At the end of this year, the Japanese government changed its policy to provide an allowance to atomic bomb survivors living abroad.

Kim Jun-Seo was lying in a room of about 4.5 tatami mats with no sunlight, wearing a corset around his waist. There is no bed for him, just a thin blanket on the floor. “Mr. Kim, you will be able to receive an allowance (health care),” I said to Kim.

Kim was unaware of the change in government policy until I told him about it. A letter from the Korean Association for Atomic Bomb Victims about the provision of allowances was buried in a large number of medicine bags in the corner of the room. Kim hadn’t read the letter. “Even if I live long in this body, it’s just painful...”⁴¹ Amid poverty and the inability to receive sufficient reparations, many hibakusha lost their physical and mental abilities as they aged. Undeniably, poverty deteriorates the lives of hibakusha because it does

⁴⁰This testimony was taken from a series of essays called “Living as A-bomb survivors” in Asahi Shinbun, Message from Hibakusha. <http://www.asahi.com/hibakusha/others/komine/komine-035j.html>

⁴¹These testimonies were taken from Nagasaki Shinbun, “Hearing this voice—Report of A-bomb survivors in Korea.” https://www.nagasaki-np.co.jp/peace_article/2211/

³⁶The Japanese far-right group was against “Non-Freedom of Expression Exhibition” which was organized by a citizen’s group with 60 pieces by 16 artists started in 2019. despite being repeatedly forced to close or cancel showings due to protests and threats. In 2022, the exhibit has been held in Aichi, Tokyo, Kyoto, Osaka, and Kobe.

³⁷This is a statistic from history of hibakusha recognition plan in Japan written by Ministry of Health, Labor and Welfare. <https://www.mhlw.go.jp/bunya/kenkou/genbaku09/17.html>

³⁸It took 35 years after atomic bombs to enact this law for Japanese and Korean governments. In 35 years, many Korean Hibakusha died without being recognized and received any reparations from both governments.

³⁹The Hibakusha Relief/Medical Law was set and enacted in 1957

not supply them with enough nutrition and the necessary security for daily life, especially when they become ill from radiation exposure. Hirano also visited 76-year-old Choi Yi-Chul, who lives bedridden in an apartment in a small market in Busan. Choi was exposed to the atomic bomb in Nagasaki in 1945. He revisited Nagasaki in 1982 to receive treatment as a Korean atomic bomb survivor coming back to Japan. Choi underwent an operation for a hip replacement, but since then he has never received any treatment for 20 years upon returning to Korea, and his condition has been worsening.

“Why don’t you take the plunge and go to Japan to receive medical treatment? I will support you.” I said to Choi, but I stopped talking. I could clearly see Choi’s complexion and it got worse than when I visited Choi three months ago. For Choi, who suffers from illness and poverty, a monthly allowance of about 30,000 yen a month (approx. \$300) is not a small amount. But Choi’s 74-year-old wife shook her head. “Because of my husband’s care, I quit my job and lost my income. What if we go to Japan next year and I die? What will happen with his treatment? I don’t think we can handle it in Japan,” Choi’s wife said.

Conclusion

Survivors or victims of wars, genocides, atrocities, or mass killings are highly affected by prejudice, politics, and bureaucracies. They often suffer as survivors in society. They are abused both physically and mentally by their experiences. Atomic bomb survivors in Hiroshima and Nagasaki were described as ‘representatives of a new dimension of death immersion’²⁰ who have been extensively damaged, both physically and mentally, due to the direct or indirect effects of experiencing the atomic bombs all of their lives. But not only that, they remained in limbo between US and Japanese politics during the US post-war occupation in Japan. They were left out without support from any government; their voice and human rights were oppressed, and discriminated against due to atomic bomb disease, and they suffered extensively from poverty. No matter their circumstances, hibakusha had no means to extricate themselves. Additionally, some hibakusha are still not recognized, or entitled to any government assistance. Our generation must cultivate, and improve, hibakusha research to provide new findings about their status as these atomic bomb survivors for the public record, and to educate the new generation. In doing so, one can learn what nuclear weapons can do to human beings and the environment, what precisely the harms of radiation are, and how the world still holds large stockpiles of nuclear weapons and is increasingly dependent on atomic energy. We can also discover what it is like to be a survivor of devastating wars and nuclear technologies, and how society then relates to survivors and their pain. Moreover, our generation is primarily responsible for teaching the next generation never to repeat the same mistakes by presenting historically grounded facts.

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Conflicts of interest

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