
The Japanese Red Cross Society's Emergency Responses in Hiroshima and Nagasaki, 1945

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The previously unstudied records of the Japanese Red Cross Society (JRCS) narrate the heroic tale of the Red Cross personnel who carried out the organisation's emergency response in the immediate aftermath of the nuclear detonations in Hiroshima and Nagasaki in August 1945. Aid workers began relief activities on the day of the bombings, while many themselves were suffering from injuries and radiation sickness. They treated civilians, soldiers, and Allied POWs without discrimination. Why did these aid-givers choose to work for the Red Cross in the face of such extreme risk? Why were they willing to walk into ground zero to render aid to survivors? JRCS records make clear that, as well-trained nurses and doctors, most aid workers understood the mortal dangers they faced from radioactive poisoning. This article argues that their actions in Hiroshima and Nagasaki were attributable to strict quasi-military training, which transcended the ideology of the JRCS as an imperialist institution. Their emergency responses demonstrate the extent to which Red Cross workers had internalised their professional mission as medical aid-givers and eventually emerged as exemplars of the humanitarian relief ideal.

Keywords: *Japanese Red Cross nurses; Allied POWs; nuclear weapons; mass evacuation planning; Geneva Conventions; professionalism; humanitarianism (jindō)*

I. Introduction

The surviving records of the Japanese Red Cross Society (JRCS) narrate the colossal tale of the Red Cross personnel who carried out emergency aid during the immediate aftermath of the nuclear detonations at Hiroshima and Nagasaki, and who later administered long-term medical treatment for radiation diseases. They worked under dangerous and potentially deadly conditions, but never surrendered their calling as medical professionals. Aid workers were exposed to the nuclear attacks, escaped from debris, and, in many cases, embarked on their missions while suffering from injuries and acute radiation syndrome. Many thereafter died of radiation sickness, and some were driven to suicide—either in the immediate context of this overwhelming humanitarian operation, or later during the postwar period.

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Figure 1. Makeshift Hospitals in Hiroshima City, 9 August 1945 ([Kawahara 1945](#)).



Figure 2. Allied POWs at Fukuoka 2-B Camp in Nagasaki, 25 December 1943 ([Matsuda 1943](#)).

Yet, despite their life-altering experiences as relief workers, the humanitarian work JRCS staff performed in Allied POW camps in Nagasaki has been lost in the larger framework of standard wartime historical narratives—as has the work the JRCS performed treating POWs and civilian internees prior to the nuclear bombings. To date, scholarship about Hiroshima and Nagasaki has been dominated by stories of the human misery experienced by Japanese civilian victims: the so-called ‘Japan-centric victimhood narratives’. These narratives erase a range of non-Japanese victims, including Allied POWs, Catholic Missionaries, Japanese Americans, and colonial subjects from the Korean Peninsula, China, and South-East Asia. In order to illuminate these unrecognised dimensions of this humanitarian crisis,



Figure 3. The Ruins of Tateyama Air Raid Shelter (Photo by Author).

this multi-archival research explores JRCS records and reports collected from the JRCS Headquarters, JRCS hospitals, and local offices in Hiroshima and Nagasaki, as well as police, intelligence, and local governmental archives in Japan, and investigates records of the Supreme Commander for the Allied Powers (SCAP) and the International Committee of the Red Cross (ICRC).

This article explores why aid-givers chose to work for the Red Cross in the face of such extreme risk. It will argue that the emergency response of JRCS practitioners exemplified medical professionalism and ‘humanitarianism’ (*jindō*)—in Japanese, literally ‘the way of humanity’.¹ Their willingness to work in the face of the well-understood dangers of radioactive poisoning and amidst administrative and civic chaos demonstrates the extent to which Red Cross workers had internalised their professional mission as medical aid-givers to emerge as exemplars of postwar and contemporary humanitarian professionalism worldwide.

2. Professionalism in Japanese Red Cross Nursing

2.1. Japanese Nursing Development

According to official records of the JRCS, between July 1937 and August 1945, the JRCS dispatched a total of 960 relief parties to overseas battlefields and medical ships where the Empire of Japan was engaged in battle. The Society simultaneously deployed medical workers to hospitals throughout the Japanese archipelago to treat civilian victims of air raids and natural disasters, and the total number of

¹ ‘*Jindō*’ had become common practice to explain the contemporary Japanese notion of humanitarianism in the interwar years in Japan when the JRCS promoted epidemic and natural disaster relief operations on the global stage. From the early 20th century to the interwar years, there was an intellectual movement in Japan to discuss etymology of ‘humanitarianism’ (*jindō*). Japanese scholars and public intellectuals argued that Japan’s native humanitarian discourses, which called for saving people in need in any kind of situation, was a major factor in the remarkable development of the Red Cross movement in modern Japan (Enomoto 1957; Ninagawa 1936; Tsuji 1932; and Yumoto 1910).



Figure 4. Red Cross Nurse in Nagasaki, 10 August 1945 (Shiotsuki 1945).

aid workers in this period reached 33,156 (Japanese Red Cross Society 1969: 179). Of that, 1,187 workers died in the line of duty (Japanese Red Cross Society Nursing Association Ōita Chapter 1986: 99). They lost their lives through bombings, shootings, starvation, or infectious diseases, such as malaria and cholera (Japanese Red Cross Society 1979: 173). The perilous nature of this work brought the death toll for JRCS nurses between 1937 and 1945 to its highest point since the foundation of the Society in the late 19th century. The humanitarian efforts during World War II were, without doubt, conducted at extreme risk.

The origins of the Japanese Red Cross Society were closely entwined with the history of professional nursing development in Japan. The European model of female nursing education had been introduced by Heinrich von Siebold (1852–1908)² at the JRCS (*Hakuai-sha*)³ General Assembly in Tokyo

² Heinrich von Siebold was the son of Philipp Franz Balthasar von Siebold (1796–1866), a German physician and botanist who made the court journey to Japan in 1826. Philipp von Siebold was arrested and expelled from the country in 1829 in the so-called ‘Siebold Incident’, after he obtained several detailed maps of Japan—an act strictly forbidden by the Tokugawa Shogunate. Heinrich von Siebold was an antiquarian, collector, and translator working at the Austrian Embassy in Tokyo. His brother, Alexander George Gustav von Siebold (1846–1911), who acted as a secretary to Foreign Minister Inoue Kaoru (1835–1915), served at the British Legation in Tokyo as an interpreter. Alexander also acted as an interpreter during Sano Tsunetami’s (1822–1902) travels in Europe.

³ *Hakuai-sha*, literally meaning Philanthropic Society in Japanese, was the original iteration of the Japanese Red Cross Society (JRCS), founded in 1877. It was officially recognised by the ICRC as the JRCS after Japan’s signing of the Geneva Conventions in 1887.

in 1880, and the Society subsequently commissioned Shibata Shōkei (1850–1910)⁴ to investigate Red Cross activities in Europe ([Japanese Red Cross Society Health Department 1992](#): 25). Drawing on examples of nursing in Germany, at the next assembly in 1883, Shibata argued that the wartime relief activities of female nurses marked an important project for the Red Cross to pursue ([Society to Study of the History of the Japanese Red Cross Central Junior College for Women 1988](#): 14). Accepting a number of suggestions, the JRCS appointed Hashimoto Tsunatsune (1845–1909), the director of the Medical Department of the Imperial Japanese Army ([Japanese Red Cross Society Health Department 1992](#): 25), as the first director of the JRCS Hospital Institution for the Training of Nurses, and in 1890 it accepted its first intake in preparation for wartime relief activities ([Japanese Red Cross Society 1911](#): 749–793). Further transforming nursing's professional status, in 1887 Princess Arisugawa created the Volunteer Nurses Women's Association to promote JRCS wartime relief activities ([Kameyama 1984](#): 20–25). In the traditional Japanese sphere, nursing was often seen as a humble, dirty, and abominable job ([Japanese Red Cross Society Nursing Association Ōita Chapter 1986](#): 35); therefore, well-educated women, or women from a high social class, had traditionally avoided the profession. Due to this imperial contribution, however, JRCS nurses attained an elevated status in society and were distinguished from other strands of Japanese nursing, such as the military nurses (*riku-kaigun kangofu*) directly hired by the Imperial Japanese Army and Navy during the Pacific War (1941–1945).

After promotion and promulgation by the Imperial State, the JRCS became a leading humanitarian institution in both Japan and the West, and the development of its nursing education programme was centrally important ([Japanese Red Cross Society 1896](#)). In addition to establishing nursing schools via JRCS chapters throughout the Japanese Empire, the Society promoted nursing training at the international level. From 1931 to 1938, JRCS nurses participated in the annual International Nursing Training programme (The Archival Collection of the Red Cross Information Plaza N.D.a,b), joined several General Meetings of the International Council of Nurses (ICN) ([Takahashi 2004](#): 117–118, 121), and developed international networks with nurses from a range of nations. According to the League of Red Cross Societies (LORCS) monthly bulletin, by 1933 the JRCS employed more than 7,000 nurses and each year produced a further 1,500 graduates from its nursing schools affiliated to 23 major JRCS hospitals in Japan ([League of Red Cross Societies 1933](#): 168). During the First World War, JRCS' internationally revered nurses were deployed to Russia, France, and Britain, joining international cooperative efforts with the National Red Cross Societies for those states. To illustrate the longstanding contribution the JRCS made to the wartime relief activities of the International Red Cross and Red Crescent Movement, in 1920 Hagiwara Take (1873–1936), a JRCS nurse, became one of the first recipients of the Florence Nightingale Medal ([Japanese Red Cross Society 1979](#): 381–386). Over the subsequent century, Japan has remained the most prolific producer of Nightingale Medal recipients worldwide.

2.2. Quasi-military Nursing Training

In 1898, the Society formalised its remit, issuing the 'Principles of Japanese Red Cross Society Nurses'. This marked the beginning of the Society's gradual evolution toward the more rigorous and militarily disciplined approach evidenced by its relief workers in World War II. In 1908, the regulation of nursing training was amended and female nurses were officially called 'relief nurses' (*kyūgo*)

⁴ Shibata Shōkei, born into the family of a doctor of Chinese medicine in Nagoya, was a Japanese chemist and pharmacist. He studied organic chemistry under August Wilhelm von Hofmann at Friedrich Wilhelm University (now the Humboldt University of Berlin) and studied pharmaceuticals and hygiene at Ludwig-Maximilian University of Munich in Germany.

kangofu) (Japanese Red Cross Society 1929: 7–8). During World War II, the ‘Principles’ were enshrined as the so-called ‘Ten Fundamental Principles for Relief Workers’ (*Kyūgojin jukkun*).⁵

Takahashi Aya (2004: 40–49) argues that the JRCS’ ‘Ten Fundamental Principles for Relief Workers’ were created to promote ‘Nightingale-ism’—an approach employed by Red Cross organisation worldwide, which reveres Florence Nightingale as a great woman and exemplar of compassionate nursing. Takahashi contends that the ‘Ten Fundamental Principles for Relief Workers’—which form the general moral principles for all nursing practice—also apply to quasi-military settings. Under their influence, she argues, nurses were able to maintain collective morale as aid workers under strict discipline during missions in war—and this, in turn, was partly responsible for the elevated status of the Society’s nurses in Japanese society. Yoshikawa Ryūko finds similar importance in the ‘Ten Fundamental Principles’ (Yoshikawa 2013: 78), highlighting the testimonies of nurses who found in them a source of encouragement and pride; particularly by providing a historic link to the brave example of Red Cross workers in the extreme contexts of wartime humanitarian operations (*ibid*: 73).

Thus, within the context of the JRCS during World War II, Nightingale-ism was used to prescribe a correct moral code for the conduct of wartime relief activities. Its effect was to produce Japanese nurses as quasi-soldiers, embedded in a code of military discipline, rather than as primarily motivated to improve evidence-based modern nursing practice, as in the West. Nightingale-ism, and related principles, exerted a profound impact on trained nurses, who strove to attain the correct behaviour and judgment to act as military personnel during operations on the battlefield.

The rigorous training and outstanding battlefield performance of JRCS nurses contrasted sharply with that of ordinary Army and Navy nurses, who were hired directly by the Imperial Japanese Army and Navy and trained in military hospitals outside the JRCS system. These military nurses were mobilised by the state during World War II on the basis of a number of original regulations, such as the ‘Regulations of the Employment of Chief Nurses and Nurses’ (*Kangofuchō oyobi kangofu saiyō kisoku*)⁶ set by the army (Rikujōjeitai Eiseigakkō Shūshinkai 1990: 493–505). Through this laxer regime, female secondary school students with only a moderate level of education were able to obtain nursing licences, and without having to take a nursing examination (*ibid*: 495). Nurses hired by the navy, likewise, were deployed to hospitals at naval rear bases in Japan (Kawaguchi and Kurokawa 2008: 72). Testimonies of these military nurses are rare compared to those of better educated JRCS nurses. In general, they were not exposed to extreme risks, and the testimonies that do exist tend to couch their battlefield experiences in the language of misfortune—they tell of their own misery and suffering, expressing anger and regret rather than describing their professional actions as nurses or solidarity with patients. One former-army nurse remembered her battlefield experience thus: ‘I was terrified, and just spend my days in inconsolable grief. [...] Life in the field was unspeakably miserable. Our hospital was occupied by enemy forces. [...] The whole thing seemed just pointless’ (Yuri 1982: 16–17). Her testimony confessed great fear and despair.

The JRCS nurses were forged in a hotter flame. The Society accelerated a militarised dimension of its training after the eruption of the Second Sino-Japanese War in 1937. The programme now included skills explicitly attuned to the battlefield, including chemical weapons drills, wearing gas masks, carrying stretchers, the art of self-defence, supply saving, information security, military

⁵ I. Be humane and show your great kindness; II. Be devoted and loyal to your work; III. Be patient and forbearing; IV. Be faithful and self-control; V. Be humble and prudent; VI. Be decent and follow for rules; VII. Be brave and keep calm; VIII. Be active and attentive; IX. Be modest and honest; X. Be gentle and proper in person and attire.

⁶ The ‘Regulations of the Employment of Chief Nurses and Nurses’ had been created for recruiting JRCS nurses by the Army. In 1923, it was amended to recruit ordinary nurses.

saluting, giving and obeying orders, and parade ground marching drills (Working Report: Dec. 1940–Aug. 1946 in [The Archival Collection of Japanese Red Cross Society Disaster Relief Division, Disaster Management and Social Welfare Department N.D.](#)). This approach was clearly adopted in line with ‘Ten Fundamental Principles for Relief Workers’, with the intention of promoting nurses’ security on the battlefield. As a result of this militaristic training, they did not panic under pressure or surrender, but carried on their duties without hesitation, viewing themselves as female soldiers whose duty it was to save peoples’ lives. For the JRCS nurses, Nightingale was, in this much, the symbol of a disciplined soldier who acted bravely in the face of the horrors of the battlefield, removing bullets from casualties whilst covered in blood. It was this professional spirit that was most exemplified in the JRCS’ emergency responses at Hiroshima and Nagasaki. In the aftermath of the Hiroshima bombing, one nurse testified to her resolute commitment to the JRCS’ ideals and mission:

When I eventually managed to find the emergency packages into which I usually packed my nursing shoes, and put them on [to negotiate a floor covered with grass fragments], I thought, ‘I am the new hope of a Red Cross nurse... Yes, I am a Red Cross nurse’. I felt a sudden shiver run up my spine—it ignited my fury. And I believed, ‘I will do it. I should do it’. [...] I was not aware that my legs were hurt by glass fragments, so I carried the wounded regardless; lent my shoulder to assist their toileting; held survivors and cleared away fire sparks. I carried out my relief activities without rest. [...] We did not take a rest or sleep at all. However, nobody complained of their fate. We strongly believed that our humanitarian mission should be fully accomplished without hesitation. We worked tirelessly and desperately (Gojō Mieko) (Henry Dunant Study Center 1977: 47–52).

The deployment of nurses to battlefields became one of the Society’s primary operations during the war, and it enacted a number of legal amendments to its regulations to reflect this. In 1938, the ‘Regulations of the Japanese Red Cross Society’ (*Nihon Sekijūjisha Jōrei*) was amended by Imperial Edict No. 635 and renamed the ‘Mandate of the Japanese Red Cross Society’ (*Nihon Sekijūjisha Rei*). The Society’s official purpose thereafter became the provision and training of relief medical workers for troops. Now, quite explicitly, JRCS relief workers, dispatched to forces in wartime operations, were placed in a military line of command and duty-bound to obey the orders of their military commanders ([Japanese Red Cross Society 1969](#): 112–113). The respect of peremptory command and tight regulations attendant to this were deemed crucial to minimising the risk aid workers faced, surrounded by extreme violence in their work. At the same time, the JRCS was motivated by internationally established legal principles, and the 1938 amendment was instituted both in accordance with the 1906 Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, and the Hague Convention of 1907 concerning maritime warfare—both of which had also helped shape the 1922 ‘Wartime Relief Regulations of the Japanese Red Cross Society’ (*Nihon sekijūjisha senji kyūgo kisoku*) (*ibid*: 143–145). As such, the Society’s World War II relief operations were conducted on the basis of the reconciliation of Japanese imperial domestic law and international law; its nurses understood themselves as medical professionals providing services for victims under security control of military forces in battlefield operations.

Due to the demand for medical relief workers created by the full-scale invasion of China (1937–1945), the JRCS further intensified its nursing training, and in 1940 it divided its nurses into two classes of relief nurses. One was the ‘*Kō*: (甲)’ class nurse, who, following existing regulations, had to be between the ages of 17 and 25 to enter a school and was required to take a three-year course of training; the other was the ‘*Otsu*: (乙)’ nurse, for whom the acceptable admission age was from 14 to 20 and required only two years of training ([Japanese Red Cross Society 1969](#): 123; [Japanese Red Cross Society Health Department 1992](#): 35). This sudden change indicated that the JRCS was

seeking to fill its ranks in preparation for the next large-scale war: the Pacific War of 1941–1945. In order to further expedite the progress of nurses onto the battlefield, in 1942 the Society reduced its training curricula, even shortening ‘*Kō*’ class nurses’ qualification period from three to two years (Japanese Red Cross Society 1969: 132; Society to Study the History of the Japanese Red Cross Central Junior College for Women 1988: 86). It also took the unprecedented step of hiring temporary relief nurses (*rinji kyūgo kangofu*) trained at non-JRCS nursing schools. After being hired by the JRCS, these temporary nurses were only required to carry out a 3-month internship at JRCS hospitals before embarking on their mission. (Japanese Red Cross Society 1969: 130–131). Yamashita Mai (2017: 49) has studied the parameters of this reduction in the curricula, and far from diminishing trainee nurses’ medical or battlefield preparedness, she found that the streamlining omitted courses in the liberal arts, such as history, education, psychology, and music—traditionally seen as important means through which the Society’s ideal nurse could demonstrate her humanity. Due to this drastic change, the refined culture of Japanese Red Cross nurses was deemphasised, at the same time as their *de facto* military training obliged them increasingly to focus on the improvement of their practical nursing skills and military discipline. This, ironically, allowed nurses to thrust themselves into great danger during the aftermath of the nuclear bombings, while the idea of treating victims without discrimination became a conditioned reflex.

Along with written testimonies, the JRCS archives on nuclear bomb relief operations remain extant, though they have received limited attention from researchers. Numerous memoirs simultaneously attest to the bravery and skill of the emergency responses carried out by JRCS nurses and doctors after the Hiroshima and Nagasaki bombings. These include: *Kinoko-gumo nisseki jūgun kangofu no shuki* [The Mushroom Cloud: Memoirs of the Japanese Red Cross Military Nurses] (Yukinaga 1984); *Senkō no kage de: gembaku hibakusha kyūgo sekijūji kangofu no shuki* [The Shadow of a Flash: Memoirs of the Atomic Bombing Relief Activities] (Japanese Red Cross Society Nagasaki Chapter 1980); *Inochi no tō: Hiroshima sekijūji, gembaku-byōin eno shōgen* [The Monument of Life: Testimonies of Workers from Hiroshima Red Cross Hospital & Atomic-bomb Survivors Hospital] (Inochi no tō shukishū hensan-i’inkai 1992); and *Hozutsu no ato ni: junshoku jūgun kangofu tsuitō ki Vol. 1* [The Aftermath of Gunfire: Memoirs of War-Dead Red Cross Nurses, Vol. 1] (Kobayashi et al. 1977). The official historical record of Nagasaki City, *Nagasaki gembaku sensai-shi, dai ikkan: Sōsetsu-ben kaitei-ban* [The History of Nagasaki Atomic Bombing, Vol.1: Overview, Revised Edition] collects the testimonies of Director General Nagano of the JRCS Nagasaki Chapter, who simultaneously served as Governor of Nagasaki and assumed command of humanitarian operations in the aftermath of the Nagasaki bombing (Nagasaki Atomic Bomb Museum 2006). This record and the official history of the Nagasaki Police—*Nagasaki-ken keisatsu shi, ge-kan* [The History of Nagasaki Prefecture Police, Vol. 2]—detail Nagano’s emergency meeting to plan mass evacuations prior to nuclear bombing and his management of humanitarian operations during the aftermath (Nagasaki-ken keisatsu shi henshū i’inkai 1979). These accounts paint a consistent picture of bravery and dedication to the JRCS nursing creed during World War II—including a commitment to treat all the wounded without discrimination, even at the climax of a long, bitter, and massively destructive war.

3. Hiroshima Nuclear Bombing Humanitarian Relief Activities

3.1. The Hiroshima Nuclear Bombing and JRCS Workers

At 8:15 a.m. on the 6th of August 1945, a nuclear bomb was dropped on the city of Hiroshima, detonating 580 m above Shima Hospital, which was located close to the Hiroshima Prefectural

Commercial Exhibition Hall—today known as the Atomic Bomb Dome. It detonated with a bright flash that looked like burning magnesium. The explosion released radioactive gamma rays and neutrons ([Japanese Red Cross Society Hiroshima Chapter 1991](#): 86), as well as toxic uranium. As a consequence, 350,000 people were exposed to a high level of radiation, of whom an estimated 140,000 had died by the end of December 1945. The dead included Japanese colonial subjects from the Korean Peninsula, Taiwan, and mainland China, some students from China and South-East Asia, and American POWs ('Shisha-sū ni tsuite' N.D.).

The JRCS Hiroshima Chapter building was located 222 m from ground zero ([The United States Strategic Bombing Survey 1996](#): 392). It was destroyed, leaving just a skeleton and an outer wall. None of the fifteen JRCS staff working in the office that morning survived, according to the official JRCS manuscript. The JRCS Hiroshima Chapter thus lost its administration in a second ([Japanese Red Cross Society Hiroshima Chapter 1991](#): 86–87).

At that time, Hiroshima City had four main hospitals, including the Hiroshima First Army Hospital, the Hiroshima Second Army Hospital, the Mitaki Branch Hospital, and the Hiroshima Red Cross Hospital. In order to be best prepared for mass air raids and to receive casualties from colonial territories, Red Cross workers were dispatched to all these hospitals during the war. The Hiroshima First Army Hospital, which was located 450 m from the hypocentre, and the Hiroshima Second Army Hospital, situated 1 km from the hypocentre, were destroyed in an instant, and almost all medical staff and military patients are believed to have perished. As for the Hiroshima Red Cross Hospital, which stood 1.5 km from ground zero, the nuclear blast destroyed the inside of the building, leaving only an outer wall ([Yoshikawa 2013](#): 69). Dr. Takeuchi Ken, the director of the hospital, lost consciousness after suffering eight fractures, and 51 hospital workers were killed. Eighty-five percent of hospital workers were critically injured, and many of their relatives were also killed or missing ([Shigetō 1958](#): 25). However, in these extreme conditions, a few surviving JRCS nurses and doctors carried out initial humanitarian relief activities at temporary emergency stations ([Figure 1](#)) in the city after escaping from debris, even though many themselves were injured and suffering from radiation sickness ([Yoshikawa 2013](#): 69).

3.2. Testimonies of JRCS Nurses

Yukinaga Masae, one of the JRCS' chief nurses, wrote the official 'Working Report of Wartime Relief Parties' ([The Archival Collection of Japanese Red Cross Society Disaster Relief Division, Disaster Management and Social Welfare Department N.D.](#)) in the course of the nuclear bomb relief operations. On the day of the bombing, she made the following observations:

The nurse residential hall was totally destroyed by fire due to the bombing on the morning of 6 August 1945. The hospital was wholly destroyed. Some patients and three-quarters of the nurses were injured by fire and scattered glass fragments, which were caused by the atomic blast. [...] Thirteen nurses were injured by scattered glass fragments, which were stuck into their bodies, while three others were burnt (*ibid*).

However, the reality of the nuclear bombing relief assistance was worse than Yukinaga's official report. Many nurses were wounded and themselves suffered from radiation-related diseases. According to the JRCS manuscript, 46 nurses were killed on the day of the bombing, while five nurses suffered critical injuries ([Japanese Red Cross Society Hiroshima Chapter 1991](#): 86–87). Twenty-five nursing students were also killed in their dormitory ([Shigetō 1958](#): 25). Due to the chaos, Yukinaga could not write the record in detail. It seems miraculous, in fact, that such an official working report from the day even exists. A former nursing student, who was on duty that day, wrote, 'I will never forget

that extraordinary scene as long as I live' (Yoshikawa 2013: 74). In retrospective anthologies of testimonies, some surviving nurses wrote elaborate memoirs of the explosion and their extreme emergency relief activities:

When I went to the lavatory, I saw a sudden, bright flash of bluish-white light from a small window. In a second, I thought that I was dead—crushed debris threw me to the ground with a great sound. [...] Mounds of victims, including soldiers and civilians, were lain out like pigs at the river bank of the hospital (Kawakami Hatsue) ([Japanese Red Cross Society Nursing Association Hiroshima Chapter 1981](#): 24).

The agonising screams roused me to consciousness after the shock. All nurses were injured but we made an all-out effort to continue rescuing military patients buried under the debris. Our white gowns soon became red with blood (Yamamoto Tsuyako) ([Yukinaga 1984](#): 128–129).

Many nurses had nose and mandible ruptures, abrasive wounds and cuts on their legs and suffered from bruises. However, they continued to rescue their patients without treating themselves ([Yukinaga Masae](#)) (*ibid.*: 113–114).

I brought patients to the emergency shelter from the hospital several times. During each evacuation, I saw that people were walking to the north in a queue. Eyeballs of some victims dropped out of their sockets, while all the skin on the legs of others peeled off like one complete sheet of paper. How unspeakably cruel it was (Hirano Shigeru) ([Japanese Red Cross Society Nursing Association Hiroshima Chapter 1981](#): 117).

One mother, whose whole body was completely covered with blood and whose skull was showing, brought her baby to me. She said, 'please look after my baby...' However, I realised that the baby had already died. In fact, the mother couldn't recognise it, but she made an all-out effort to bring her baby to our hospital in order to give it medical treatment. I took her dead baby from her arms. Finally, the mother seemed relieved, and she died miserably in front of me (Yamamoto Tsuyako) ([Yukinaga 1984](#): 129).

Moreover, a number of nurses wrote about the horror of nuclear bomb syndrome. They felt great anxiety about their own susceptibility to radiation sickness because they saw an enormous number of people who showed no external signs of injury developing high (42°C) fevers and showing symptoms of cerebral palsy. Subsequently, they suffered from purplish subcutaneous haemorrhages, bleeding, and a decrease in white blood cells, and then they died. In Yukinaga's case, over subsequent years her white blood cell count remained lower than 3,000 and her weight less than 40 kg. She had to take medicine for the rest of her life (Yoshikawa 2013: 76). Yukinaga emphasised the pervasiveness of radiation diseases, both in her official working report and in later personal testimony:

The cause of the real horror of the atomic bombing cannot only be seen in the moment of the blast but also in the fact that many victims continued to be plagued by disease. [...] We see many people, who were not injured at all, suddenly get sick and die. Therefore, many of us feel cold shudders. The scene reminds us that we might suffer the same fate soon (Working Report: 1 September 1945) ([The Archival Collection of Japanese Red Cross Society Disaster Relief Division, Disaster Management and Social Welfare Department N.D.](#)).

While taking care of patients, we also measured our level of white blood cells often but feared our deaths would occur in two to three months just like our patients ([Yukinaga 1984](#): 157).

These testimonies show that nurses' actions transcended the official mandate of humanitarian relief missions, as set by the army and the state, and the bombing was beyond the scope of the assumptions made by the International Red Cross and Red Crescent relief measurement. In the face of total administrative chaos without official orders, surviving nurses instantly commenced humanitarian relief activities, even though frequently they were suffering from radiation illness. According to Dr. Shigetō Fumio,⁷ who suffered the effects of the nuclear bomb and provided emergency aid as a Red Cross

⁷ In the postwar period, Dr. Shigetō served as the president of the Hiroshima Red Cross Hospital and the Atomic-bomb Survivors Hospital. He contributed to medical treatment for *hibakusha* and conducted studies about the physical effects of radiation.

doctor in Hiroshima, the JRCS workers did not abandon their duties, even though they recognised that the bomb was a nuclear one and knew about the dangers of radiation. In an interview in later years, Dr. Shigetō attested that Japanese scientists already had knowledge of nuclear fission in 1945, and many Red Cross doctors knew that even a small amount of uranium, the size of a small match box, could create a significant nuclear weapon. He emphasised that this was common knowledge ([Japanese Red Cross Society Hiroshima Chapter 1991](#): 410). Moreover, at the Hiroshima Red Cross Hospital, unused X-ray film that had not been stored in a zinc box showed signs of being exposed, indicating to medical practitioners that the bomb was a nuclear weapon ('Gembaku no hōshasen ...' N.D.).

The extreme humanitarian operations of JRCS practitioners represented medical professionalism alongside humanitarianism, and this was brought about by strict medical and quasi-military training that transcended imperialist ideologies. Their devotion to treating victims of armed conflicts was a conditioned response, like fire fighters trained to run into burning buildings. Thus, they were able to carry out their mandate without fear or hesitation, amidst absolute chaos and extreme danger, sometimes while injured themselves; and, perhaps most notably, they did so without consideration of the race or national origin of the patients in their charge.

4. Nagasaki Nuclear Bombing Humanitarian Relief Activities

4.1. The JRCS' Treatment of Allied POWs in Nagasaki

Despite representing enemy forces that had just dropped a devastating weapon on Nagasaki, Allied POWs were among the beneficiaries of the JRCS' humanitarian activities in the aftermath of the bomb ([Figure 2](#)). Nagasaki City had two major POW camps. One was the Nagasaki Mitsubishi Dockyard Branch Camp, Fukuoka 14-B, which was located 1.7 km from ground zero ('Mitsubishi zōsen saiwai-machi kōjō' N.D.). The other was Fukuoka 2-B in Kōyagi-jima, today known as Kōyagi-chō, 10 km from the hypocentre ([Nagasaki City Atomic Bomb Countermeasures Department 1996](#): 296). The Mitsubishi Dockyard Branch Camp was destroyed. At its peak in April 1943 ([Nagasaki Atomic Bomb Museum 2006](#): 363), the Mitsubishi camp detained at least 465 POWs, according to POW cards provided by the Ministry of Health, Labour and Welfare in 1979 ([Nagasaki City Atomic Bomb Countermeasures Department 1996](#): 292).

The poor conditions in POW camps in Japan are well-documented. However, it should be emphasised that, even before the nuclear bombing, the JRCS made repeated attempts at humanitarian aid, despite the complex circumstances. Though the Empire of Japan did not ratify the 1929 Geneva Convention Relative to the Treatment of Prisoners of War, in 1943, based on that convention, the JRCS deployed an investigation team to the Nagasaki Mitsubishi Dockyard POW Camp, Fukuoka 14-B, to check the conditions of internees. Likewise, the Society offered charity goods and materials to the Nagasaki Mitsubishi Shipyard POW Camp and the Fukuoka 2-B Camp. According to the testimony of Tajima, a pay officer of the Fukuoka B-14 Camp, the JRCS delivered blankets, shoes, sanitation goods, nutritional supplements, butter, cheese, corned beef, milk, biscuits, and cigarettes. In one single delivery, he estimated, the JRCS provided around 500 cardboard boxes of goods to the Nagasaki Mitsubishi Dockyard POW Camp ([Tajima and Inoue 1991](#): 104–106). Some of these items were shipped to Japan via the network of the International Red Cross and the USSR—then a neutral nation—with charity goods, in some instances, loaded onto ships at Vladivostok (*Ibid.* and [The Archival Collection of the Red Cross Information Plaza N.D.c](#)). Surviving POWs similarly testified that they received Red Cross messages via the JRCS ([Tajima and Inoue 1991](#): 104–106)

and were given aid from the American Red Cross (ARC) (*ibid*: 159 and 203), with more than 1,400 charity parcels from the British Red Cross (BRC) reportedly stored at the camp in early 1945 (Clarke 1984: 75). These testimonies indicate that a transnational relief network involving the International Red Cross and Red Crescent Movement managed to retain an active presence in Nagasaki before the nuclear attack.

On Christmas day 1944, the JRCS distributed special Christmas charity goods and food to the camp, and POWs had Christmas lunch together. H.V. Clarke, a former Australian POW detained at the Fukuoka 2-B Camp, recalled that the POWs had a gargantuan lunch and dinner of baked sweet potatoes, thick stew, and items from Red Cross parcels, including chocolate, baked sweet venison, hot sweet syrup of prunes and raisins, and Christmas pudding. Celebrations included both Protestant and Catholic services and a special Christmas concert in a bathhouse. Clarke wrote that he tucked into the Christmas meal. In January 1945, the Red Cross also sent Japanese New Year celebration boxes containing some bully beef and raisins to the camp. Clarke recalled some detainees ate them in a couple of days, while others made them last weeks or months (*ibid*: 63–67). However, according to Tajima, due to the intensification of war, the number of distributions soon dwindled to once or twice a month, and finally in 1945 the camp received only two or three charity parcel deliveries before the city was bombed (Tajima and Inoue 1991: 104–106). On the 9th of August, Allied POW camps were struck by the nuclear bomb (Bryer 1997), and many POWs lost their lives or were affected by radiation. The histories of Allied POWs in Nagasaki testify to the sense of shared universal victimhood that expands beyond the bomb's many Japanese civilian victims to include other underappreciated groups, including the humanitarian workers of the JRCS who trained to provide aid for victims, but not for themselves.

4.2. Mass Evacuation Planning Prior to the Nuclear Attack

It is generally believed that at the time the first nuclear bomb was dropped on Hiroshima, Nagasaki was in a totally defenceless state. However, after the attack on Hiroshima, Japanese authorities made a number of attempts to predict the next city that would be targeted. Surviving testimonies of former Japanese military officials who worked in the military aviation intelligence section (Kuroki 1992) indicate, in fact, that Allied POW camps might have provided a source of intelligence. There is a record of an American POW (Cartwright 1999, 2002), detained at the Chūgoku Military District Headquarters in Hiroshima until the bombing, who told a Japanese military interrogator of an Allied plan to mount a nuclear attack on Hiroshima. During the interrogation, one of the American POWs repeatedly appealed, 'I am scared. I am scared'. A Japanese military interrogator asked him what he was scared of, assuming perhaps he was frightened of being a POW. However, the soldier answered, 'No! I am not scared of being a POW', and revealed:

'Hiroshima City will be attacked by an enormously powerful weapon very soon, which can annihilate this city. It means that if I am here, I will be killed!' (Mori 2008: 88–90).

After the Hiroshima bombing, Ōsako Ichirō (1975: 183–184),⁸ a correspondent of *Chūgoku Shimbun* newspaper, found an almost naked dead body of an American POW at the site of the detention camp; the area all around was completely destroyed. The claims of the American POW indicate that nuclear warfare involved a struggle for military intelligence on many major Japanese cities such as Kokura,⁹

⁸ Ōsako was working with the International Committee of the Red Cross (ICRC) during their mission in Japan.

⁹ Kokura was close to the Yawata Steel Works, which was a key supplier of munitions to the military.

Niigata (Niigata Prefecture Editorial Board of Modern History Group 1994: 206–210),¹⁰ and Kyōto. Focusing on Nagasaki, one of the most significant unknown aspects of the history of the nuclear attack was an attempt at mass evacuation by Nagano Wakamatsu, the director general of the JRCS Nagasaki Chapter and the governor of Nagasaki Prefecture (Suzuki 2017: 208–209). A number of surviving testimonies recall an emergency radio broadcast on the day of the attack warning, ‘Attention to all Nagasaki citizens: Evacuate immediately!’ (Nagasaki Atomic Bomb Museum 2006: 218). Before becoming governor, Nagano worked at the Home Ministry and served in various posts, including chief of the Special Higher Police (*Tokkō*) and head of the General Affairs Bureau in the Air Defence Headquarters. He became the governor of Nagasaki in April 1945 and simultaneously acted as director general of the JRCS Nagasaki Chapter (Watanabe 1974).

According to Nagano’s testimony, on the evening of the 8th of August, the day before his city was bombed, Okazaki Takejirō, a member of the Nagasaki prefectural assembly and president of *Nagasaki Minyū Shimbun* newspaper (now *Nagasaki Shimbun*), came rushing into Nagano’s office just before his departure and disclosed information about the aftermath of the bombing of Hiroshima. Okazaki had seen the consequences of the bombing during a return trip from Tokyo and was shocked by what he witnessed. After their conversation, Nagano had an urgent discussion with the director general of police and collected and analysed information (Matsuki and Yaku 2012: 201–202). According to his testimony in the records of the Nagasaki Prefecture police, Nagano concluded that Nagasaki City was the next target, reasoning that it had not been damaged by previous air raids, just as Hiroshima had escaped attack prior to the nuclear bombing (Nagasaki-ken keisatsu shi henshū i’inkai 1979: 852–853). He thus moved to categorise Nagasaki as facing a state of extreme emergency and considered evacuating the city’s 300,000 citizens as quickly as possible. Aware that this could provoke a negative reaction from the Imperial Japanese Army—which he expected would frame his idea as a form of ‘defeatism’—Nagano tried to devise a strategic plan that would circumvent this possibility (*ibid.*: 853).

The next morning, at the governor’s room in the Tateyama air raid shelter (known as the Tateyama Air Defence Headquarters, located 2.7 km from the hypocentre) (Figure 3), Nagano held an emergency meeting with local authorities, including the army and journalists. It was intended that the meeting would ready the city for the nuclear bombing and provide emergency evacuation advice to all Nagasaki citizens (‘Nagasaki-ken bōkū honbu ato...’ N.D.). However, the nuclear weapon was dropped on Nagasaki at 11:02 a.m., just as he started the crisis meeting. In the following testimony, pieced together from two different sources, we can see how Nagano described the extraordinary moment:

When I said ‘Okay, everyone...’ to start the emergency meeting, Mr. Koura, mayor of Sasebo City, entered the room, [...] and said to me, ‘The events in Hiroshima are hellish’. [...] I said, ‘Yes, that is why we are having this meeting now..’. [...] Just then, suddenly, all the lights in the shelter went out (Nagasaki-ken keisatsu shi henshū i’inkai 1979: 853–854).

The interior of the bomb shelter was exposed to a very bright flash, and I heard an extreme thundering noise. I think that was the moment the bomb exploded. [...] The sound of the blast and the shock wave took a few seconds to reach our shelter. [...] (‘Hibakusha no shōgen dai jūyon kai’ N.D.).

I went out of the shelter and saw the Urakami district (behind Mt. Kompira) was fully covered by enormous black smoke. I did not see fire, but the great quantity of smoke told me that a tremendous fire was burning there. I also saw smoke, like a cloud, rising up and reaching the sky (Nagasaki-ken keisatsu shi henshū i’inkai 1979: 854).

¹⁰ Niigata conducted a mass emergency evacuation on the 11th of August 1945. It may never be possible to ascertain why Niigata was not bombed, but Niigata became a ghost town until Japan’s surrender.

According to this and other statements, Nagano knew that the dropped bomb was of the same general type used in Hiroshima due to the bright flash followed by a roaring sound and great fire (Nagasaki Atomic Bomb Museum 2006: 220–221). He also speculated that the US still held several nuclear weapons and was ready to attack other Japanese cities (*ibid.*: 224). Nagano was in a position to inform the Home Ministry in Tokyo, where the government was considering possible surrender, of the Nagasaki nuclear bombing. He also sent a telegram to the JRCS Headquarters. The Red Cross was focused on providing first aid during the aftermath of disasters. However, the consequences of the bombing were apocalyptic; therefore, preventing and minimising the risk of another attack was deemed the most important action at that point.

Due to Nagano's decision to call the emergency meeting at the air raid shelter behind Mt. Kompira, representatives of all major authorities survived, including the army, police, volunteer guards, and city government. Furthermore, a telecommunications room in the shelter survived, as Mt. Kompira protected the air raid shelter from the great shockwaves of the detonation. As a result, Nagasaki maintained its administration and a communication system, whereas Hiroshima's infrastructure had been destroyed in an instant. Thus, purely by the chance circumstance of Nagano's meeting, Nagasaki was in the relatively advantageous position of being able to establish a rescue operation, even though the consequences of the nuclear attack were beyond words or imagination. The Tateyama air raid shelter became the general headquarters of humanitarian relief activities after the crisis meeting, with Nagano himself commanding aid operations.

On the day following the bombing, Nagano prepared a draft of an emergency telegram to the JRCS Headquarters calling for a critical on-site inspection of Nagasaki by the International Committee of the Red Cross (ICRC). He considered the nuclear bombing to be a violation of the Geneva Conventions and invited the ICRC to Nagasaki for an urgent inspection, as the city conducted intense humanitarian assistance unaided. He wrote (Yasuyama 2007: 63–67):

The atomic bomb that was used on Nagasaki City on the 9th of August caused immense damage. Most victims were non-combatants. Furthermore, some victims, who do not have severe injuries, have started to vomit bile and suffer terrible bouts of diarrhoea with each passing hour. The fatality rate is extremely high. From this, we can acknowledge that the damage caused by this bombing was much greater than that caused by poison gas. Therefore, I strongly urge you to open negotiations with the ICRC in order to conduct an urgent on-site inspection as soon as possible.

For the Attention of: President, Japanese Red Cross Society

From: Nagano Wakamatsu, Director General
Japanese Red Cross Society Nagasaki Chapter

The most crucial aspect of this telegram was the fact that Nagano was not asking the ICRC to provide humanitarian assistance such as medical aid—which, in Hiroshima, Marcel Junod, an ICRC delegate, attempted to provide a month after the initial effort was begun by JRCS staff, supplying medicines that would be largely useless in the face of radiation poisoning. Instead, Nagano was concerned about major violations of the Geneva Conventions and the Hague Convention; he thus appealed for an impromptu on-site inspection by the ICRC. In other words, Nagano considered the most crucial role of the ICRC regarding the nuclear bombing to be not providing medical relief, but appealing to the international community as a defender of the Geneva Convention's ban on nuclear weapons. Whether this urgent appeal was recognised by the ICRC in Geneva remains unknown. However, one point is particularly noteworthy: the ICRC did not carry out an inspection and neither did it provide humanitarian aid to Nagasaki, which was in that respect worse off than Hiroshima. It seems that they did not even enter Nagasaki City, although there is testimony by an Allied POW about a Swedish

Red Cross worker who visited the POW camp in Nagasaki after the bombing (Clarke 1984: 105). The absence of any disclosed information in the ICRC Archive about the Nagasaki nuclear attack indicates that the ICRC might have struggled in negotiations with SCAP with regards to conducting their inspection. This is only further underlined by the fact that SCAP set the nuclear bombings as a military secret.

4.3. Humanitarian Relief Activities Following the Nuclear Bombing of Nagasaki

It has been widely claimed that medical workers in Nagasaki did not survive the bombing. Nagasaki Medical College, which is believed to have raised a Red Cross emblem and was located 600 m from ground zero, was obliterated. It is estimated that all medical workers—around 890 people—were killed; the roughly 30 staff members who survived the immediate bombing died of acute radiation syndrome within two weeks of the attack ('Nagasaki ika daigaku monchū' N.D.). This indicates that the power of the plutonium used in the Nagasaki nuclear bombing was greater than the uranium type bomb used at Hiroshima. According to the records of the [United States Strategic Bombing Survey \(1996: 293\)](#), the JRCS Nagasaki Chapter had not managed hospitals and aid stations in Nagasaki Prefecture before the bombing; therefore, they could do little in terms of nuclear bomb relief operations. More than this, the survey deduced that the welfare services of the JRCS were not well enough established in Japan at that time, in contrast to the American Red Cross (ARC), which was well developed. Therefore, it has been concluded that the JRCS did not provide aid to the *hibakusha* nuclear victims.¹¹

The reality, however, was different. The JRCS Nagasaki Chapter Clinic, located in the suburbs of the city, carried out emergency treatment in the immediate aftermath of the nuclear explosion ([Nagasaki Atomic Bomb Museum 2006: 498](#)). Furthermore, the network around Nagano, the relief commander, allowed the JRCS to carry out intense nuclear relief activities just a few hours after the bombing, and some relief teams approached ground zero to carry out first aid for survivors that day ([Japanese Red Cross Society Nagasaki Chapter 1988: 16–19](#)) and established emergency aid stations and makeshift hospitals at a number of places such as Shinkōzen Primary School ('Rescue and Relief Activities' N.D.). During the war, the JRCS dispatched Red Cross doctors and nurses to several hospitals in Nagasaki Prefecture ([Japanese Red Cross Society Nagasaki Chapter 1988: 16–19](#)). Those who worked at the Sasebo Naval Hospital and the Isahaya Branch Naval Hospital—today known as the Red Cross Isahaya Atomic Bomb Hospital—which stood 25 km from ground zero, carried out intensive medical relief operations ([Yamaguchi 2013](#)). The JRCS also sent staff to several major hospitals in Nagasaki Prefecture, such as the Ōmura Naval Hospital ([Japanese Red Cross Society Nagasaki Chapter 1988: 18](#)), about 20 km from Nagasaki City, to treat victims ([Figure 4](#)).

By midnight on the evening of the bombing, the Japanese National Railway had, in fact, restored the railway system in the nuclear bomb zone and ran four trains, which people called 'Relief Trains'. One train ran close to ground zero, the area still in full blaze, just three hours after the explosion.¹² This immediate restoration of infrastructure allowed the JRCS to deliver a number of medical aid kits to the hypocentre. According to a manuscript prepared by the JRCS Nagasaki Chapter, the JRCS treated approximately 2,500 victims within days of the bombing. Sixty-five medical staff on the 14th of August, and 107 workers on the 15th of August, joined these emergency relief activities, and they

¹¹ A *hibakusha* is a person who suffered the effects of nuclear bombs.

¹² Personal Paper written in 2013 held by Tasaki Hiroshi; 'Haiki deno hibakusha' (N.D.).

had treated a further 172 victims by the 15th of August. By the 16th, the total number of aid workers reached 199 ([Japanese Red Cross Society Nagasaki Chapter 1988](#): 16–18). Almost all JRCs chapters in southern and western Japan, in fact, sent relief teams and staff to Nagasaki during the initial phase of aid operations (*ibid*: 18), and some of these chapters had already participated in the Hiroshima relief activities ([Yoshikawa 2013](#): 70). The level of radiation was high, and plutonium is much more toxic than uranium; the medical records of the Ōmura Naval Hospital state that their case-fatality rate of nuclear bomb diseases was 100% as of the 10th of September 1945 ([Yasuyama 2007](#): 111). However, JRCs workers continued to engage with their mission, and many workers lost their lives days, months, or years later due to radiation illness.

4.4. Testimonies of JRCs Nurses During the Aftermath of the Nagasaki Nuclear Bombing

A number of JRCs records contain testimonies from JRCs relief nurses who entered the nuclear bomb zone just a few hours after the bombing. Many of them even left their wounded or dead family members to respond to the official JRCs call for humanitarian services. These workers testified to the grim reality of the relief operation. Staff were distressed at conveying a mound of dead bodies by truck as though disposing of rubbish; they carried out autopsies by candlelight, seeing the eyeball of a dead person shining in the darkness; they saw victims whose faces were burned so severely that it was impossible to distinguish between the front and the back, and treated a mouth and ear canal full of maggots. Some nursing students lost consciousness when they witnessed such dreadful scenes. Other nurses saw that victims became deranged; one treated the body of a victim who had committed suicide. While they continued to carry out their humanitarian activities at emergency aid stations, tens of thousands of dead bodies were cremated nearby ([Japanese Red Cross Society Nagasaki Chapter 1980](#)). Photographs of the initial nuclear bomb emergency aid operations captured nurses wearing the navy blue JRCs dress uniform with long sleeves, indicating that they did not even have time to change into white nursing gowns. The memoirs of these nurses illustrate the following disturbing incidents:

A Korean male victim was constantly screaming in the Korean language, ‘*Aigō! Aigō!*’ asking to have our treatment. He grasped our legs and the hems of our clothes when we passed his side (Onishima Eiko) (*ibid*: 70).

I saw a baby screaming and suckling his or her dead mother’s breast. The mother, whose eyes were closed, was still embracing her screaming baby in her arms. I didn’t know which was worse—to die or to stay alive (Yamashita Fujie) (*ibid*: 59).

According to an official Nagasaki City record, the bomb targeted the industrial zone and detonated some 500 or 600 m above the Urakami district. The district was known as one of East Asia’s major Roman Catholic holy places. In other words, Nagasaki, which had been exposed to Western civilisation for centuries, became ground zero. According to the record, at that time there were around 20,000 Catholics in the city (‘1945.8.9 at 11:02 a.m. August 9, 1945’ N.D.), including Catholic missionaries from Europe and North America ([Nagasaki City Atomic Bomb Countermeasures Department 1996](#): 291–292). Beyond this, a large number of Japanese colonial subjects and non-Japanese nationals were exposed to the bombing. The official record of Nagasaki City estimates that 12,000 to 13,000 Koreans and 650 Chinese were exposed to the blast, and that many of the 700 Allied POWs detained in Nagasaki were killed or injured. The record presumes that approximately 50 Catholic missionaries—likely including Americans, Canadians, French, and Polish—were exposed, and 18 Taiwanese were killed (*ibid*: 287–296). Some Catholic missionaries based in Nagasaki—including Zenon Żebrowski (1891–1982)—who had been detained in neighbouring

prefectures, including Ōita and Kumamoto Prefectures, survived and returned to Nagasaki a week after the bombing to treat children orphaned in the attack (*ibid.*: 292). Today, the official record of the Nagasaki City Atomic Bomb Records Preservation Committee states, ‘73,884 people were killed and 74,909 injured, and 17,358 of the deaths were confirmed by post-mortem examination soon after the bombing’. (‘1945.8.9 at 11:02 a.m. August 9, 1945’ N.D.) The bomb killed without discrimination for nationality, race, religious belief, or political opinion; in this much, the victim was not simply the abstract Japanese nation state. The JRCS’ intense humanitarian relief activities illustrated the sense of shared universal human misery and sadness and demonstrated that the potential annihilation of the human species was the grim reality of nuclear warfare.

Although Nagasaki did not receive the ICRC’s official international humanitarian aid in the wake of the crisis, its situation, compared to that of Hiroshima, at least was ameliorated by the quick establishment of systematic humanitarian relief, the immediate restoration of infrastructure initiated by Nagano, and the vigorous aid operations of JRCS workers and citizens.

5. Conclusion

The history of JRCS’ emergency responses in Hiroshima and Nagasaki demonstrates a counter-narrative to the military and national history of the Red Cross, which is usually told in terms of the controversial relationship between states and humanitarian organisations, as well as the politicisation of gender roles as women were mobilised by the wartime state. Individual humanitarian actions carried out by each practitioner of the JRCS went beyond wartime institutional ideologies in the initial phase of humanitarian operations. Their humanitarianism was driven, to some extent, by reflexive actions engendered by professional medical training and *de facto* military discipline. One might expect this training, with its quasi-military dimensions and chains of command, to have resulted in the reproduction of an explicitly Japanese imperial military agenda. Yet, paradoxically, it allowed JRCS nurses to treat victims without discrimination or consideration of contemporary political affairs, economic interests, or religious beliefs. In other words, the combination of JRCS training and military indoctrination resulted in a fine balance of discipline and humanitarianism.

However, despite this doctrine, as the case of Dr. Shigetō, the JRCS Hiroshima doctor, illustrates, these medical practitioners’ responses were also often suffused with humaneness and compassion. After the war ended, Shigetō continued to treat radiation diseases until his retirement, and was later credited with saying, ‘I couldn’t just abandon people who I witnessed suffering so cruelly. I couldn’t have possibly thought about myself in the slightest’ (Shigetō and Ōe 1971: 98). His endless struggles against the after-effects of radiation, and his subsequent powerful testimony, indicate that the nuclear bombing relief experiences of JRCS practitioners had a profound impact on their thoughts in both their personal and professional lives in the postwar years. JRCS aid workers were guided to philosophical introspection, asking questions such as, ‘What is the meaning of life?’ and ‘How do we find meaning in our life?’ They discovered the notion of humanitarianism (*jindō*, literally ‘the way of humanity’) in the continuous professional humane action of saving peoples’ lives and reducing the pain of those suffering great anguish. These workers thus integrated their professionalism into humanitarianism through their nuclear responses and humanitarian careers in the postwar years. This was the so-called ‘humanitarian professionalism’ of the JRCS practitioners—an ideology that elevated their desire for peace and non-violence to the quintessence of the humanitarian relief ideal. The great peril and horror that JRCS workers encountered in Hiroshima and Nagasaki motivated them to take this perspective. The nuclear bombings of 1945, to this end, created a transformative

experience for JRCS practitioners, as professional people dedicated to humanitarian missions as ‘the way of humanity’. Ultimately, it transformed them from being mere medical aid personnel to exemplars of humanitarianism (*jindō*).

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