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DRAFT: MEMO - TO: MORSE SALISBURY

4/23/54

D/76

SUBJECT: CHRONOLOGY OF AMERICAN OFFERS OF MEDICAL ASSISTANCE IN RE JAPANESE FISHERMEN.

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1. Following newspaper reports of injury to Japanese fishermen, Dr. Bugher telephoned Dr. John Morton, Director, Atomic Bomb Casualty Commission, in Japan, requesting that he proceed to Tokyo, determine such facts as he could, and offer facilities and services of the staff of the ABCC. (Dr. Bugher talked to Morton by long distance phone on March 16 and March 19).

2. On March 17 Morton cabled Bugher, and "Tsuzuki contacted. He invited our assistance STOP ABCC medical team will arrive Tokyo on Thursday March 18 *✓ further that* American Embassy informed of these plans, *and* Morton *would* return to Tokyo from Hiroshima with this team."

3. Next information was sent March 21. A cable from Morton in Tokyo, giving average white counts on Tokyo patients and patients at Yaizu. Average white count on *both* ~~all~~ patients *at* Tokyo 6133, *the 21* 7000 for less severe cases at Yaizu, As of March 14. Counts on March 17 Tokyo

DEPARTMENT OF ENERGY DECLASSIFICATION REVIEW	
SINGLE REVIEW AUTHORIZED BY: <i>5-113720/1 3/21/94</i>	DETERMINATION (CIRCLE NUMBER(S)) 1. CLASSIFICATION RETAINED 2. CLASSIFICATION CHANGED TO: 3. CONTAINS NO INFO CLASSIFIED INTO THIS CATEGORY 4. COORDINATE WITH: <i>DATE</i> 5. CLASSIFICATION CANCELLED 6. CLASSIFIED INFO BRACKETED
FEWER (ADD): <i>YES</i>	
RE: <i>Cannon</i>	
TE: <i>415714</i>	

DCS memo 9404251, 3/8/96

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patients ^{mean} 4,000 ~~minimum~~ while Yaizu patients 7358. Differential counts within normal Japanese limits. This teletype contains statement "Tsuzuki judgment patients improving STOP". (Note: obviously none of these counts were critical.)

4. Dispatch from Ambassador Allison dated March 17 contains the following: "I informed Okumura that in response to invitation from Tokyo University Hospital, ABCC sending team of three American and three Japanese doctors to Tokyo to consult in treating injured fishermen."

5. March 18 - Ambassador Allison's message contains following statement:
Item 5. Cooperation to date has been complete regarding direct medical treatment, reserved regarding scientific and technical, withheld re custody or transfer of ship.

6. Dispatch from Ambassador Allison, March 19; contains following:
Ambassador ~~called~~ on Vice Foreign Minister March 17 to offer medical assistance well received and has given weight to government's confident assertion that US can be expected "to do the right thing".

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7. March 19 report from Ambassador Allison states Ambassador's meeting with Okasaki treated favorably. U. S. offers of medical aid and co-operation in decontamination and investigation appear well received.

8. March 19: vernacular press featured news of investigations and arrival of Dr. Morton and ABCC group from Hiroshima but stories appear on local news page rather than monopolizing front page. Press demanded US divulge "all information" needed to treat ~~patients~~ victims.

9. Yomiuri speculates on rivalry between Japanese and American scientists. Japanese scientists reported to fear American scientists will use them as mere gatherers of information, meanwhile refusing to give essential scientific facts of ^{bomb} ~~unknown~~ type necessary for treatment of injured.

(Note by B&M staff: Details about bomb type not essential for treatment of injured. *this is first sign of deterioration of relations in fisherman's case*)

10. Dispatch March 19 from Allison contains the following item: Morton and Meek flying to Yaizu to inspect hospitalized sailors and vessel. Preliminary reports ABCC doctors indicate degree injury suffered may be less than Press has reported. Should have better indication nature incident on their return Tokyo March 21. Also

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report states believe it highly important US-Japanese relations we appear as solicitous re Japanese as re South Sea islanders.

11. Dispatch March 19 contains the text of the Embassy's press release put out 6 PM Friday March 19. "I have been pleased to learn of the prompt action which is being taken by both Japanese and American authorities to provide the most effective possible medical and technical assistance to those affected by the accident which befell the Fukuryu Maru. This assistance is being offered out of humanitarian concern for the injured crew members and concern for the public safety. I wish to renew the assurance already given that US civilian and military personnel and facilities in Japan are available to give the greatest possible degree of assistance to the Japanese authorities who have already shown themselves alert and vigorous in dealing with the problem. Our joint investigations of the incident are already well under way, and will, I believe, lead to findings which we can both accept. In advance of those findings I am authorized to make clear that the US is prepared to take such steps as may be necessary to insure fair and just compensation if the facts so warrant." The foregoing was read to Vice Minister Okumura, who expressed gratification and believed statement would have very helpful effect.

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12. Dispatch dated March 20 from Allison: Dr. Morton, Colonel Meek returned from Yaizu inspection today. Examined hospitalized patients and ship. Preliminary report indicates some of Yaizu patients more seriously injured than two patients previously removed to Tokyo. We may wish to recommend to Japanese transfer entire group Tokyo University Hospital. FEC will cooperate in providing facilities. (Later information suggests that this recommendation, which was indeed made, antagonized Yaizu doctors, ^{and civilian magistrates} which may have played an important part in later deterioration of relations with Dr. Morton's group.) This dispatch also contains the following estimate ^{that} the minimum total body radiation dose acquired by boat personnel ^{was} as approximately 50 Roentgens.

13. March 21 dispatch contains following request from Allison: Recommend that I be authorized to inform Foreign Minister that, without prejudice to question of responsibility for accident, US Government will immediately assume full responsibility for medical expenses of injured, and will pay fishermen's wages while they remain hospitalized with perhaps solatium to their families (in accordance with Japanese custom).

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14. March 22: dispatch from Allison quotes Okasaki as saying early indication from US Government that it would at least be responsible financially medical care of fishermen and relief to their families would have great favorable effect. The Embassy again urges prompt US action along these lines.

15. March 22: dispatch from Allison states Japanese Government has not yet authorized movement patients from Yaizu. Accordingly only two patients in Tokyo available for examination. Reviewed ~~xxx~~ blood studies on all cases today. Not summarized yet.

16. March 23. Message from Allison states Morton and ABCC physicians have only limited access to the two patients at Tokyo University Hospital. Have not been permitted to make independent blood counts, analyses, etc., or to take full case histories. The 21 patients have not been moved from Yaizu. The excuse is that some are reluctant to go to Tokyo. Japanese Foreign Office informs us privately re/^{al}difficulty is with hospital officials. Yaizu authorities want to retain patients; Tokyo doctors and bureaucrats cannot agree whether Tokyo U

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or National Health Institute should have custody. Press stories continue allegations US wishes to obtain ship "to destroy the evidence" and interest in patients only as guinea pigs. (Note ^{by Allison:} 21 patients left in provincial hospital at Yaizu and denied US aid, while ~~patients~~ Japanese doctors argue over prescriptive rights to ~~the~~ ^{future monographs})
Dr. Tsuzuki of Tokyo University predicted to the Diet yesterday that two patients would die. Called Japan a victimized country.

17. Dispatch dated March 24 from Allison states Morton's effectiveness handicapped by poor cooperation of Japanese. Statement by Tsuzuki that two fishermen may die inconsistent with facts available to Morton. Tsuzuki's motivations not clear but further direct communication from AEC not advisable for time being.

18. Dispatch dated March 24 includes suggestions made by Allison to Okasaki that there be full access to ill crewmen for US technicians among other things. A central authority for review and control of reports to be published was another item.

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19. Dispatch dated March 24: Refers to morning meeting - discussed care and treatment of patients. Attended on Japanese side by 12 representatives ministries, Foreign Affairs, Welfare, Education, National Health Institute, Scientific Institute, Tokyo University. On US side Embassy, Eisenbud for AEC, Morton for ABCC, Colonels MacNinch and Marx for FEC, Hanna for USIS. Japanese requested fullest possible information re constituents explosion, seemed fairly satisfied with Eisenbud's general statements. Probably will move Yaizu patients to Tokyo March 26 when their arrangements coordinated. Promised ash sample from Fukuryu Maru and 24 hrs urine output all patients. Japanese side favorably impressed Eisenbud's competence and presentations. Japanese have formed Atomic Bomb Injury Investigation Committee, hereafter will be referred to as ABIIC, under Kobayashi of National Health Institute, to coordinate investigations and liaison through Foreign office. Atmosphere afternoon meeting considerably more relaxed and cordial. Meeting opened by presentation by Kobayashi to Eisenbud of ash sample requested in morning. Attribute much of cooperation at this level to excellent impression made by Eisenbud.

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20. Dispatch same date to Bugher from Eisenbud includes request "Japanese want benefit of American clinical experience with EDTA. Please have prepared a concise summary of progress with this and other agents for mobilizing bone seekers. Albert is up to date and can do this if you wish. Today obtained Japanese assurance that urine samples from all sailors will be made available tomorrow. They apparently have been unsuccessful in their own radio-chemical analyses despite press releases to the contrary. I promised Japanese a report on ~~composition of~~ composition of ash in one week. Japanese will want benefit of our estimate of internal dose based on analyses. Please obtain summary of stateside experience with skin decontamination and mail to Embassy. Morton unable to examine patients, has had very limited access to data. Formation of new Japanese committee offers prospects for a better relationship in next day or so.

21. Dispatch dated March 25: Japanese government not yet decided form and amounts financial assistance fishermen and families. As of yesterday both patients Tokyo U hospital felt well. White count on one had fallen from 6,000 earlier in week to 3600. Other stationary

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at 4600 but complained of pain around head ulceration. Tsuzuki reports 21 patients at Yaizu were "okay". Information refers acute radiation effects only. (B&M staff assumes this means external whole body irradiation.) US experts have no knowledge regarding internal emitters or absorption radioactive materials. Eisenbud is acquainting Japanese scientists with unclassified facts regarding general nature air, water, atmospheric contamination.

22. March 27: dispatch identifies air special delivery confidential package as being on way to NYOO (presumably contains fallout material and/or urine specimens).

23. Dispatch March 27: Eisenbud: Morton and I conferred with Kobayashi, Chairman of the ABIIC. ^{hr} 24-urine analyses from each of two Tokyo patients left this date. Instruct Harley undertake analyses immediately for total fission product activity and principal individual fission products. Tsuzuki leaves Japan next week for Geneva via India. In private talk he told me he was avoiding US for fear "visa difficulties". Embassy officials indicate this unlikely. Urges Tsuzuki be invited to visit US. Embassy officials concur in this.

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24. March 27: Bugher from Morton: Two Tokyo patients almost completely worked up by American standards. Last seen by us March 25 and were both improving. (Note: Morton does not use word "examined".) Blood counts up, no constitutional complaints or reactions. Prognosis should be guarded until urine analytical tests completed by you. Yaizu patients seen March 26. All day trip no examinations but patients visited (i.e. seen but not examined). None appeared ill, all ambulatory. One patient with no complaints shows enlarged tonsils and pharyngeal pustules. Will try to watch. No new hematological Yaizu data available to us. Patients supposedly being air transported March 28 to Tokyo hospitals. Cooperation promised again today ~~made~~ by top Japanese doctors. Hope it materializes. Very difficult to study under present circumstances. Will do our best to finish examinations all patients this coming week. Up to now cooperation difficult.

25. Message March 27 Eisenbud: Cooperation Japanese physicians improving. Morton will probably have full access to all patients this week.

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26. March 28, Allison to State Department: Interest Eisenbud, Morton, and Embassy now concentrated on problem of full access to crewmen as their medical histories of major importance. At Japanese request FEC is flying remaining 21 crewmen from Yaizu to Tokyo today. We are currently working both at scientific and government level to remove obstacles which have thus far made it impossible to conduct thorough examinations. Okumura yesterday appeared not to have realized failure of scientists and lower officials cooperate as promised. He agreed full access was both proper and reasonable and I would expect him to take this position in inter-departmental vice ministers committee. Eisenbud and Morton now more optimistic that their contacts will make necessary examinations possible early next week. Until ~~given~~ key problem of access to patients is solved I do not wish to commit us further on compensation question as it may be necessary to take position that amount and nature of compensation cannot be authorized under American practice until American experts had a chance to make their own findings.

27. March 29: Allison to Bugher: Patients arrived by ^{U.S.} army plane Tokyo morning 28 March. Admitted Tokyo and to national hospitals. Waiting official permission Japanese authorities to complete examination.

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28. March 30. Allison to Bugher - I have asked Eisenbud participate tomorrow in my regular off-record briefing of U. S. press representatives Tokyo. They have strongly urged his appearance on grounds Japanese officials and scientists have been issuing continual series inflammatory and inaccurate statements regarding Fukurya Maru incident and they lack background for appraisal.

29. March 30. Allison to Bugher - I saw Okazaki this morning immediately before Cabinet meeting and set forth serious effects continued failure of cooperation may have both for critically ill FM sailors and for medical and scientific knowledge useful to both countries. Okazaki promised to do his best.

Okazaki telephoned this evening to say (A) Eisenbud and Morton will have full access to patients beginning tomorrow. Arrangements should be made by them directly with directors of hospitals concerned. He thought everything would be adjusted to their satisfaction, but if there were any slip, he (Okazaki) should be informed immediately. (B) No tests have been made on patients yesterday because of their extreme nervousness. After day rest tests will begin. (C) At meeting April 2 findings of all participating doctors and technicians will be reviewed. Dr. Morton and Eisenbud are specifically invited attend.

No reports regarding patients available to us today. One measure government's and our difficulty is fact that examination and treatment of the seven patients hospitalized at Tokyo University have been divided among four independent medical services. Okazaki's intervention with Minister Welfare

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may have at last brought some order to medical and scientific confusion which has existed here since FM docked March 14. If he has succeeded he deserves full marks.

30. March 30. Allison to Bugher - Arrangements made by Okazaki failed to provide facilities required for examination patients. At Tokyo University Hospital no official could be found able authorize access. At Dai Ichi Hospital Director National Institute of Health was "uninstructed" and after telephone call to Ministry Welfare reported latter uninformed regarding Foreign Office arrangements. This afternoon Dr. Tszuki called in Dr. Morton, urged him not to insist on seeing patients who were highly disturbed by confinement Metropolitan Hospital and alarmed by examinations of any doctors except those whom they knew. Even strange Japanese doctors were not welcomed, and this applied to non-Caucasians on ABCC staff. Dr. Morton replied in circumstances he would respect wishes doctors and their patients and would return to Hiroshima. He and staff would come back to Tokyo whenever their services were desired.

I sent Okazaki letter at Diet today reciting these facts and concluding that unless Japanese authorities changed their minds and unless invitations issued tomorrow to Dr. Morton and staff to conduct whatever examinations their professional judgment considers necessary they would be returned to Hiroshima. Further to correct misinterpretations some public explanation would probably be unavoidable.

Informed advices regarding patients today, (Biology and Medicine staff uncertain where the informed advice came from) ^{probably Suzuki} indicate blood counts three

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remain dangerously low: one at 2100; one at 1700; and one at 1500 today from yesterday's 800. Tsuzuki reported last of these showed increased coagulation time, and complained of not feeling well. These three patients plus two original patients at Tokyo receive 100-300 cc transfusions daily; lowest blood count patient additionally given 600,000 units penicillin daily.

At this point full and free access to patients for ABCC staff seems to us, on basis Eisenbud and Morton advice, irreducible U. S. interest. Data possibly derivable from these patients and available nowhere else may have highest importance U. S. scientific security and planning. Request Department and AEC evaluation this point.

I would be prepared to go to Yoshida and put case for immediate cooperation on following lines. (A) Continued decline of white blood counts as reported informally by Japanese physicians to Dr. Morton, indicates need for prompt application of best available techniques and therapeutic procedures. (B) Future well-being of FM sailors is being handicapped because Japanese physicians have not chosen to consult with Dr. Morton's staff; (C) Extent to which government will accept liability for this unfortunate accident will depend on extent to which, in our judgment, best available medical techniques have been applied; (D) Japanese government has moral responsibility to assure patients every opportunity to regain health; (E) A friendly attitude towards the U. S. requires our government be given every opportunity to minimize its potential liability by utilization of American-trained medical scientists on staff of ABCC; (F) Potential findings of importance to national interests both countries.

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31. March 31. Allison to Bugher - Please cable your advice as to any new type therapy ~~treatment~~ radiation injuries. Cable urgent within six hours.

32. April 1. Eisenbud to Bugher - Okazaki's secretary telephoned late last night to say Foreign Minister seriously concerned by situation my letter reported and asking to persuade Dr. Morton to stay on. This morning I telephoned again report Foreign Minister had personally persuaded Minister Welfare to authorize access to patients for U. S. doctors. Officials Foreign Office and Welfare would escort doctors to hospital.

Dr. Morton and staff spent afternoon in antechamber Dai Ichi Hospital while officials discussed question and Japanese doctors insisted patients "too nervous" to undergo examinations. Morton repeatedly offered to withdraw. Final resolution late in afternoon was that patients should vote whether they wished to be examined. This will be preceded by discussion among themselves tomorrow with balloting scheduled "probably tomorrow night". Dr. Morton will be promptly informed of results.

Patients at Tokyo Hospital generally same. Patient with white blood count 800 two days ago now 1000; ones at 1700 and 2100 stationary. When temperatures rise they begin experience few subjective complaints. Staff doctor believes one may be bleeding into central nervous system, but has no objective evidence, plans tap tonight. Less than five of sixteen patients at Dai Ichi Hospital reported with white blood count under 4,000. No other information available.

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33. April 2. Allison to Bugher - No developments of substance during day from Japanese side and no change in their failure authorize access to patients. Okazaki sent Prime Minister, who is still recuperating at Oiso urgent personal letter recapitulating background of unsatisfactory situation. I have also discussed letter and implications this evening with his daughter, who is perhaps her father's closest and most influential adviser.

34. April 5. Allison to Bugher - No developments re access to patients over weekend. Japanese doctors inform us patients still discussing whether they wish examination by foreign doctors. Have not yet voted but have sent for home town cooperative leaders to advise them.

Today for first time in three days ABCC staff able reach Dr. Miyoshi, chief hematologist on case at Tokyo Hospital. He stated three patients with lowest white blood counts are now at 1000 and 1500 and have normal temperatures. He felt guardedly optimistic. No information re 16 patients Dai Iti Hospital.

35. April 7. Allison to Bugher - FM situation essentially unchanged. Yesterday afternoon Foreign Office asked Dr. Morton and staff to attend urgent meeting with Japanese doctors to discuss access to patients. One subordinate Japanese doctor at Dai Iti Hospital and one bureau chief Ministry Welfare were present. Foreign Office representative read prepared statement detailing disturbed psychology of the twenty-three patients and proposing examinations of only two patients by U. S. physicians on four conditions. (A) U. S. side

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would designate two desired for examination. Japanese doctors would consider and work out selections by mutual agreement; (B) Examinations would be permitted for twenty minutes for each patient; (C) Examinations would be limited to history and external physical; (D) Examinations would not begin until after April 7. The Japanese stated willingness supply copies all laboratory data they have charted and transmitted charts white blood counts taken all patients since arrival Tokyo March 27. Opinion expressed all patients now have better than even chance survive. U. S. side indicated impossibility make examination in twenty minutes but did not categorically reject offer at this meeting.

This morning Okazaki requested me to call, received presentation yesterday's meeting, said twenty minutes limit obviously insufficient for examination but this was conceived more to break psychological ice and after patients acquired more confidence perhaps longer sessions with more patients would be possible. He bespoke need for additional patience and gradual approach to allay nervous fears of childishly ignorant fishermen. I said U. S. doctors had been demonstrating full measure patients since March 18. Question was not whether they were sufficiently patient but whether Japanese government wished accept U. S. offers assistance. On request for apology I replied official regrets had already been extended. He thought apology might be deleted if he could say in Diet American Ambassador had conveyed regrets.

After reviewing entire situation with Eisenbud and Morton I sent Okazaki letter tonight briefly reviewing background, saying Eisenbud and Morton would be leaving; are willing visit two patients tomorrow, as proposed,

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but only to say goodbye. Letter adds that if Japanese doctors wish ABDC physician left as liaison, arrangements will be made. If situation changes and Dr. Morton and staff invited return, I was sure request would be sympathetically considered. This action was based on Department's 2190 and 2199 altering emphasis of 2167.

36. April 8. Allison to Bugher - Dr. Morton and assistants visited seven patients at Tokyo this afternoon on invitation transmitted through Foreign Office. Visit not professional but "well wishing." Arrangements not extended to sixteen Dai Iti patients. On departure, they were met laboratory group photographers and reporters who did not learn of visit U. S. side. Current white blood counts these seven patients:

			1700;		3,000;
1500;	1000;	3,500;	3,300;		2100; slight

lymphocytopenia and marked granulocytopenia all cases.

37. April 9. Allison to Bugher - Eisenbud and Morton departed Tokyo for JTF-7 at 1860. Japanese Foreign Office given advanced opportunity propose changes in public statement; replied they have no comments. Both Eisenbud and Morton have indicated willingness return if situation regarding their respective interests so warrants.

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38. April 12. Allison to Bugher - In final meeting April 6 at Foreign Office between two teams (Embassy telegram 2442) Japanese, while continuing refusal authorize examinations by U. S. doctors, expressed willingness supply copies all laboratory data they were compiling. Dr. Morton asked for whatever was available, and particularly for complete blood-counts and clinical progress reports. Japanese gave them white blood-count readings March 27-April 6. Since that time no further data supplied.

In April 7 letter to Foreign Minister, Ambassador stated U. S. willingness to leave ABCC liaison physician in Tokyo, if Japanese doctors desire, to receive reports and provide direct channel to Dr. Morton. Or if situation changes so that attending physicians and patients wish ABCC consultative services, arrangements would be so made. Both offers reiterated in Embassy public statement April 9, and U. S. desire for effective cooperation restated in its aide memoire April 10. Okazaki acknowledged receipt April 7 letter, but no affirmative responses re substance forthcoming.

In fact this uncooperative attitude and departure Eisenbud and Morton, our tactic for immediate present seems to leave next move to Japanese. Our working level contacts have been correct, matter of fact, and transactional. First product this official coolness may have come today when Dr. Kakehi, Tokyo Hospital telephoned ABCC saying two week samples urine all 23 patients now ready for delivery to U. S. side whenever government so authorized. University would also be prepared supply regular weekly samples in future every Tuesday.

On basis all present indications, most that Japanese will be prepared to do will be to transmit copies laboratory data and excretory samples. In

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view their level medical and laboratory techniques this will be far less satisfactory than products Morton and staff could derive from direct access. Even this will require continued persuasion from us, both here and in Washington. It would be most useful, if Iguchi were called in, as suggested Embassy's 2476, and given emphatic sense of concern expressed reference telegram.

We doubt, however, as situation now stands and after successive representations to Foreign Minister and Prime Minister, that our further preachments for cooperation will produce more than limited sharing of Japanese medical investigations. If accurate knowledge true condition patients is sufficiently important to our national health interests to make denial of direct U. S. access matter of grave concern, we shall probably have to move to some form or other of coercion and sanctions.

39. April 15. Allison to Bugher - Dr. Morton reports on basis his visit to test area that medical and scientific information being developed within area more complete than would now in any case be possible derive from 23 Fukuryu Maru patients. In his view, importance of Tokyo's patients to U. S. national health interest now minimal.

If Department and AEC concur, it would seem neither possession of vessel (Department's 2107) no direct access to patients is now of significant concern to us. Our interests in situation from this point on would then appear to be: (A) To eliminate it as focus of international agitation; and (B) To minimize its strain on U.S.-Japanese relations. Immediate object for our attention would be compensation question.

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40. April 20. Allison to Bugher - Shipping two urines on each of the twenty-three patients. Will ship another twenty-three specimens tomorrow. Total of urines shipped in these two days will be sixty-nine. Received no answer on cable discussing urines (Embassy telegram 2543). Are twenty-three specimens needed each week? Results not received on last five specimens sent over two weeks ago.

41. April 22. Allison to Bugher - Medical Subcommittee April 21 published long quasi-scientific statement re patients conditions which Dr. Lewis of ABCC thought uninformative. Only passages of interest reported (A) skin lesions of most patients healed; (B) several unnamed patients still have white blood counts around 1000; (C) some bone marrows have shown no evidence of regeneration.

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