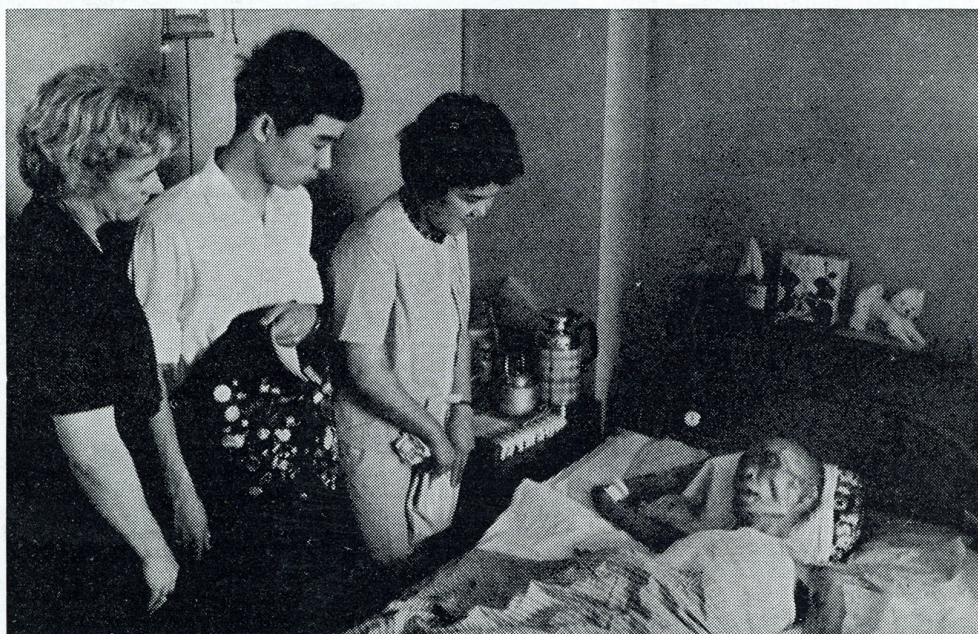


"Hibakusha"...

The explosion-affected people



*Here's how
you can help*



What is it like to survive an A-bomb?

An earthquake in Chile or Iraq—a volcanic eruption in Bali—a flood or famine anywhere in the world—and human beings everywhere open their hearts and respond to the need.

Yet today, eighteen years after one of the greatest disasters of modern times, thousands of victims are still suffering, eking out a miserable existence which is haunted by ghastly memory and shadowed by dread of what is yet to come.

Where is the massive aid that we would extend, ordinarily, to those who have lost their homes—and their hope? Why are the *hibakusha*, the victims of Hiroshima and Nagasaki—more than 100,000 of them—neglected and ignored while their situation, instead of improving, becomes even more desperate with the passage of time? Without a doubt, it is because most people do not know the facts about Hiroshima and Nagasaki today. The majority of those who suffered during World War II, even those who lost everything including loved ones in the bombing and incendiary raids, have now recovered and have built a new life. For Tokyo and Hamburg, for Lidice and Coventry and Liege, the horrors of war are a fading memory.

But what is the situation in Hiroshima today? What is it like to “survive” an atomic bomb?

Mrs. Takada

She is 63 years old. Her heart is not strong. Even slight exertion causes great difficulty in breathing. Sometimes the pain in her chest, the racking cough that refuses to go away, are too much to bear. But she cannot admit that she is tired. If she lies down in the daytime for even a few minutes, her two daughters become frantic with fear. “Don’t die! Don’t die!” pleads Setsue who, at 28, is a helpless cripple. 40-year-old Masae begins to cry in fright. She cannot talk at all and can only grovel on the floor like a baby.

Mrs. Takada’s third daughter, who was working That Day near the center of the city, was able to reach home



after the bombing and survived for a month. Mrs. Takada can never forget how she had to cremate her daughter, using wood from the ruins of their house.

Although her husband did not return from the war, Mrs. Takada managed somehow to survive and to care for her helpless daughters. At first she traveled far afield, trading the few possessions that remained for black market rice which she carried home on her back to sell in the starving city. Later, she was able to get work as a day laborer for the city, doing heavy construction work which provides a bare living for many who are unable to get or hold more desirable jobs. Now, however, Mrs. Takada is too weak to do such labor and must subsist on the old age pension she receives from the government. This, plus disability payments for her two daughters, totals about \$28 a month, and is barely enough to keep them alive. It is impossible to dream of being able to buy a walker for Setsue, who begs piteously to go outside. (Until she became so weak, Mrs. Takada sometimes took her daughters to the public bath, carrying them on her back one at a time and sometimes Setsue, walking with the aid of two sticks, was able to go for a short distance without help. Now, however, when Setsue falls down, Mrs. Takada no longer has the strength to help her up.)

To build up her strength, the doctor recommends medicine—and at least one egg a day in addition to seaweed, rice, and noodles. But this, of course, is impossible. It would be far easier to die—but who would care for her poor daughters. . . .?

Mr. and Mrs. Taniguchi

They are also old—and alone. For sixteen years, they brought up and cared for their grandson, who was left an orphan by The Bomb. Life in the devastated city was not easy right after the war, but somehow they managed to find food to eat—roots and nuts in the hills, shellfish from the mud at the river’s edge or seaweed scraped from the rocks. They cherished their grandson, who gave them a reason to live. Somehow they managed to keep him in school, found the money for him to continue to high school, raised the necessary fee for the highly competitive college entrance examination. It was a joyful day when they learned that he had succeeded in qualifying for the university of his choice.

“I’ll pay you back, Grandfather,” the boy promised them. “I’ll take care of you always.”

But their joy was short-lived. After only a year, Takaya had to drop out of school. He became so easily tired. He became sick frequently—a constant succession of colds, headaches. His eyesight failed. Doctors diagnosed



kidney and blood disorders. He entered the A-bomb hospital "for observation and treatment." There, at the age of 22, he died.

Now the old man, sitting before the Buddhist family altar where Takaya's picture is enshrined, mumbles incessantly to his grandson. "Taka-chan, you look so sad today. Why? Is it that you don't have any money? My poor grandson. . ."

Unable, or unwilling, to bring him back to a comfortable present, the old woman is really alone.

Mrs. Hayashida

A well-groomed woman of late middle-age with a kindly face, Mrs. Hayashida seeks constantly to communicate her concern to mothers all over the world. Although both of her children survived The Bomb, her son bears a horrible keloid scar like a cauliflower which has made his face a travesty and turned him into a morbid recluse. Her daughter, Nanako, escaped without a scratch. At the age of eighteen, she opened a beauty parlor in the rebuilt city and, three years later, married. Twelve years after The Bomb, she suddenly became ill, with much bleeding from the eyes, nose, gums, stomach, and so on. During two years, Nanako kept a very moving diary in which she described her struggle to conquer the disease and live for the sake of her little daughter, Mami, but in April, 1959, she died in the A-Bomb hospital.

Little Mami, now eight years old, is a sweet and docile child. She is not so bright nor so strong as her classmates, but no one can say with certainty that this is because both her parents were exposed to The Bomb. Other children in the world are sickly, others are retarded. Mrs.



Hayashida worries over her, however, perhaps excessively, for the father has married again, and his new wife has no interest in the child. Who, she worries, will look after little Mami if something happens to her? And who will give help and encouragement to her disfigured son

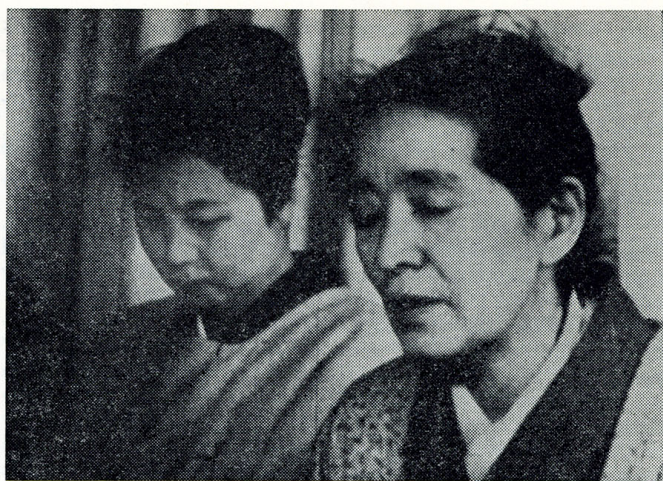
who feels rejected by the world? Without her, she fears he may drink himself to death—or even take his own life.

Mrs. Nii

She is 62 years old, one of the more than 500 like herself who lost all of their family at the time of The Bomb. Since then, life has held much hard work for her, little pleasure. Her first invitation to a "party" came when, after the age of 60, she was invited to meet with other survivors to discuss the messages they wished to send with the Hiroshima Peace Pilgrimage to Geneva.

"Please tell people how lonely it is to be old and to have no one," she said, her eyes filling with tears. (Emotion is very near the surface with the *hibakusha*, especially if they feel that someone really cares about them. Too often they receive harsh judgments from the prosperous citizens who came after the war and who now speak in behalf of Hiroshima. "Unstable," "malingering," "shiftless," they are called. No one stops to consider whether these traits, too, may not be a result of the bomb and, as such, worthy of consideration in any discussion of survival.)

Although she tires easily and is finding it increasingly difficult to breathe after even a little exertion, Mrs. Nii manages to work from dawn until dark during the



busy seasons of rice planting and harvest. Only when it rains is she able to get a little much-needed rest. But when she is too old to work, what will become of her? The farmer's family with whom she lives can't be expected to support someone who can't do her share of the work.

Hundreds of old people like Mrs. Nii face a bleak future in Japan. Social welfare, hospitalization, old-age insurance have traditionally been founded on the assumption that each family looks after its own, but for those who lost all of their relatives eighteen years ago or, as a result of The Bomb, in the years since, old age is cruel. When they become too old or ill to work, they have no one to whom they can turn. A few who have been hospitalized for various radiation-diseases cannot be discharged even temporarily because they have no place to go, no one to care for them. Yet their number is relatively too small, their voices too weak, to arouse concern among those who are operating still in the traditional framework.

Katsuhiko Kaibe

Katsuhiko is one of 8000 orphans who survived the bomb in Hiroshima alone. No one knows how many others died of starvation or lack of medical treatment in the first days or weeks, as there was no one in a completely destroyed city to care for children who had lost their families. In a number of cases, older children took incredible responsibilities for younger ones until, months later, they were picked off the streets and turned over to some institution.

Katsuhiko was cared for by his father, who managed to save the two-year-old boy and his four-year-old sister. He was never able to recover, however, from the shock and horror of having to leave his wife behind in their burning house, pinned hopelessly beneath the wreckage. He never regained his health and when Katsuhiko was in the second grade, his father died. The two children were separated—the sister to live with relatives in Osaka, the boy to be cared for in an orphanage.

There is little hope for an orphan in Japan, especially in a city as super-saturated with orphans as Hiroshima after The Bomb. Without a family or interested sponsor to make recommendations and arrangements and assume responsibility for schooling, employment, or marriage it is very hard for young people to get ahead. There is no scholarship aid for such students and even entrance into high school is on the basis of competitive examinations for which a sizeable fee is charged. There is no special vocational training for orphans and, in a highly competi-

tive economy, few firms or individuals will take the risk of employing someone who comes without a known background or family references. Girls who "graduate" from orphanages at the age of eighteen often end up in low-class restaurants, in a bar, or on the street.

For a boy, it is better. Katsuhiko was able to join the Self Defense Forces and, after completing basic training, has become a driver.

"I am quite satisfied with my present life," he says. "Here, nobody knows I am an A-Bomb orphan. Now I don't have any uneasiness. I am happy when I drive my car."

More fortunate than Katsuhiko are the several hundred orphans who have been helped by "moral adoption" parents in the United States and other countries. Through an exchange of letters, gifts of food parcels, and occasional contributions of money for help in emergencies or to purchase needed clothing, school books, or for tuition fees, these moral adoption orphans have been given a valuable sense of "belonging," a confidence that somewhere there is an individual or a family or an organization that is interested in their well-being and who stands ready to help them in time of need.

Hiromasa Hanabusa

A Rotary club in New York "adopted" Hiromasa Hanabusa at the age of eight, making it possible for him to go to school instead of scrounging for old iron and copper in the streets to supplement the meager earnings of his grandmother. Left, at the age of 64, with a two-year-old baby and her seriously wounded son to care for, Hiro's grandmother had sold soap from door to door, carrying the child on her back on top of her heavy load of soap. (She failed to keep her son alive more than a few months, but the little boy survived and gave her a reason to live.) Now, her health failing, she too is living alone, but not unhappily so, for she gets frequent letters from her grandson at college and regular payments from their American benefactors. "Americans are so kind," she says—but one wonders how often she thinks back to a time when they were not.

The youngest of the orphans who were actually exposed to The Bomb are now in their late teens. Almost all have left the orphanages. Some have been able to complete high school. Many of them are working. But not all the orphans of The Bomb are grown up. A new crop is coming along—children like little Mami and others who have lost one or both parents in recent years by delayed effects of that "baby" bomb. The need for moral adoption parents in Hiroshima is great and will continue for a very long time.



Mr. Koube

One means by which city authorities provide employment for the otherwise unemployable is by the day to day hiring of laborers for construction work on roads and public buildings. Although survivors of The Bomb make up only 19% of Hiroshima's population today, records show that 41% of the day labor battalion is supplied by the *hibakusha*. Assured of twenty days' work a month (and required to work for at least fifteen if they wish to be maintained on the labor rolls), many who are too old or otherwise unable to obtain steady employment can manage to keep alive in this way.

Typical of the "nikoyon" (so named because of the "240 yen" which was standard pay in the early days of the program) is Mr. Koube. He is one of the 72% who are over fifty years old and it is becoming increasingly hard for him to report for the required number of days. At night, after eight to ten hours of heavy labor, he is so exhausted he can scarcely move and must spend the alternate days resting and regaining his strength. Nevertheless, each evening he must prepare and serve a meal to his bedridden wife and, in the morning before he leaves their one-room shack, he does his best to make her comfortable and to leave a cold lunch within her reach.

As a survivor with one of the many forms of radiation disease, she is entitled to free hospitalization and treatment, but "What is the use?" There is no known cure. Probably, like many others, she would be restored to a semblance of health after months of daily transfusions of whole blood and a highly nutritive diet, but once discharged to return to their poverty-stricken home she would soon fail again. Besides, how lonely they would be if they were separated! Koube San dreads the day, which he knows cannot be long postponed, when he will have to let her go.

Miyoko Matsubara

Eighteen years ago, a first year student in junior high school, Miyoko was working with 320 classmates in a school labor battalion a mile from the explosion center. Only 55 of these schoolgirls survived and all were seriously burned. Most of them spent weeks or months in hospitals and missed months or years of schooling. Since



then, the majority have undergone many plastic surgery operations—not to make them beautiful, but to fashion new mouths so they wouldn't have to be fed intravenously or by tube, to restore the use of limbs immobilized byropy keloid scar tissue or contracted muscles, or to cut apart fused fingers and recreate the semblance of a hand so its owner could hold a needle or a pen and thus regain some measure of independence.

Now, the long series of operations completed, what sort of a life do they lead? The casual visitor to Hiroshima would not see them on the street. Those who do go out make sure there is nothing to distinguish them from hundreds of others. One of Miyoko's classmates wears a gauze mask across the lower part of her face—similar to that worn by many Japanese when they have a cold—but she never removes it and, even at a reunion of her *hibakusha* friends, she retires to another room to eat alone. "She has not mouth," Miyoko explains.

Some are able to wear dresses with long sleeves and high necks, even in the hottest months of summer. Others cling to the all-concealing kimono while the more fortunate of their age group can take pride in Western dress.

Still, after eighteen years, Miyoko's classmates tend to cling together, an unwilling sorority of those who share a common memory, a common anguish, a common fate. (And throughout Hiroshima there are hundreds of such groups, in-grown, misunderstood, cut off from the normal world.) Few of them have been able to marry, for even in the absence of disfiguring scars, there is a growing conviction that those who were exposed carry the seeds of early death within them. Many who seem to be healthy and who suffered no ill effects at the time of The Bomb are nevertheless easily tired, given to restless sleep, severe headaches, and are abnormally susceptible to colds and other disorders. They have a reputation for being emotionally unstable, unable to hold good jobs. In a country where most marriages are still arranged by the families concerned and where continuation of the family line is paramount, it is difficult to find anyone to knowingly accept a *hibakusha* except, of course, another who is equally suspect. Such marriages, of course, increase the genetic hazards to future generations, as well as the chances that one parent or the other will die prematurely and leave the children insecure.

Job opportunities, for much the same reason, are limited for the *hibakusha*. Because their education was interrupted, often permanently, or because many of them complain of inability to concentrate, survivors who were of school age in 1945 make up a kind of "lost generation."

Miyoko Matsubara has found a measure of security as an assistant in a school for the blind where she found

a position as a poorly paid helper nine years ago. With enormous perseverance, she carried on studies at night after her charges were in bed until she could qualify for a certificate as a teacher and child nurse. For twenty-four hours a day she works at the school, eating and sleeping with her charges. Holidays are rare and the opportunity to meet other young people is almost nonexistent. Most of the time, she is able to find satisfaction in the knowledge that she is loved and needed. But there are days when, exhausted by the endless round, she looks ahead down the years and sees her future stretching bleakly, if not menacingly, ahead. When she is too old to work, what then? Will she, like so many other victims of The Bomb, join the ranks of the lonely, unemployable old who have no one to turn to, no one who cares?

Sumiko Fukuma

All of us know that we must die, but for most of us there is the hope that we can live a long and useful life and then go quickly. For the *hibakusha*, death is with them always and though they may not know what form it will take, they have reason to fear that it will be long drawn-out and agonizing. Mothers whose children were exposed to the bomb try not to be over-anxious, try not to imagine the worst whenever a child seems tired or complains of a headache. But who can tell? The invisible killer strikes without warning and has shown himself in many ways.

Sumiko Fukuma is twenty years old today. Since the day of The Bomb when she was only a toddler, playing in her front yard, she has been blind. She cannot see colors now, but there is one which she recalls vividly—"the color of goldfish," which fills her head to bursting at night when she cannot sleep.

Because she was young, Sumiko was able to adapt easily to blindness. She mastered Braille. She learned to make artificial flowers. Her sensitive fingers are adept at folding the paper cranes which symbolize prayers for peace and a long life.

A few years ago, new symptoms appeared. Headaches. Tiredness. Pain and swelling of the extremities. She underwent an operation at the atomic disease hospital to remove a growth at the base of her skull. Because she was very weak, only local anesthesia could be used. Sumiko could hear the grating of the saw and hear the doctor's troubled comments as he tried to remove all of the malignant growth. She was discharged, but soon further disorders sent her back to the hospital room, where her cheerful disposition and her appreciation of everything that was done for her soon made her a favorite among other patients and the nurses.



Brief visits home are becoming less and less frequent, the periods in hospital longer. Sumiko and her parents try to cling to hope. On some days, she is able to fold a number of cranes and can receive visits from her friends. At other times, her legs swollen to gigantic size, her body racked with pain, she is allowed to see no one. At such times, it is very hard to hope.

Osora San

The hundred beds at the A-Bomb hospital are always full. Medical examination and treatment are free to *hibakusha* who are suffering from radiation diseases, but for the majority of patients there is little hope of a permanent cure. A highly nutritive diet, massive transfusions of whole blood or a blood-building medicine (often for as much as four hours a day) may build up a patient's condition enough so that he may return to his home. But once out of the hospital, they must work in order to live and this, in turn, usually means a return to exhausting labor and a low-subsistence standard of living. Soon they are back in the hospital, but this time the medicines that worked before are no longer so effective.



Osora San, a survivor from Nagasaki who received the full force of the blast at a distance of less than a mile, was one of the more permanent inmates. His face, seemingly frozen forever in the agony of that moment, was a mask of horror, but he told us that he was more fortunate than others who, like himself, had lost family and possessions in a moment.

"I never have to worry about where I can sleep or how I can eat," he assured us. "Ever since That Day I could stay in some hospital."

He sent a message with the Peace Pilgrimage to carry to the people of the world. "Tell them that if there's a nuclear war, they don't need to worry about how to survive. It's the ones who *don't* die right away that will be unfortunate."

The day after the Peace Pilgrimage returned to Hiroshima, they went to the A-Bomb hospital to report. Osora San, they were told, had been following their progress avidly as reports came back from every country they had

visited. Now he longed to see them again. Only five months had passed, but Osora San had become a living skeleton, incredibly wasted, his parchment skin stretched over stick-like bones. Only his eyes seemed still alive. They misted over as he listened to assurances that his message had been heard.

The next day he died.

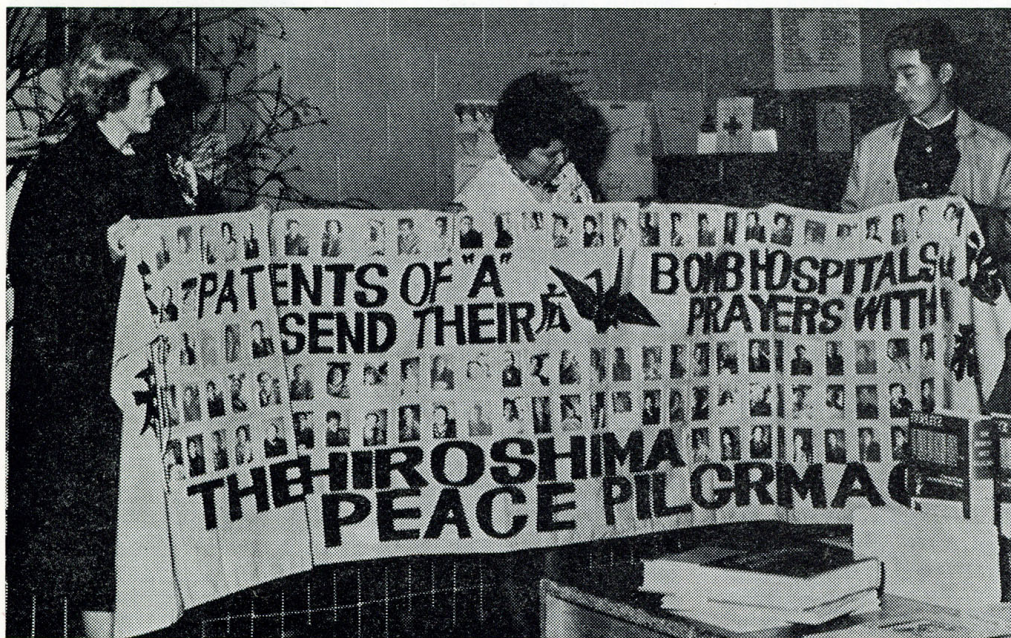
In the A-Bomb hospitals, they come and go. Some leave, walking—only to return. Some leave on crutches or carried on the back of a relative, hoping against hope that amputation has successfully removed the threat. A number of those who underwent the prolonged agony of operations to remove keloid scar tissue have helplessly seen it growing back again, as swollen and unsightly as before. In some cases, the new growth has proved to be cancerous.

Many of those who are entitled to free treatment and who should be getting it are unable to avail themselves of the opportunity. For those who live at a distance (and there are many thousands of *hibakusha* scattered throughout Japan), the cost of traveling to Hiroshima or Nagasaki, where the only hospitals for the treatment of radiation disease are located, may be prohibitive. For some, who are bedridden and have no means of transportation, even the cost of a taxi may be beyond their reach. Hundreds cannot afford to give up a job and leave their families without means of support in order to undergo hospital treatment of doubtful value. Besides, if one becomes labeled as a *hibakusha*, it will be much harder to get employment again. Mothers cannot leave their children with no one to care for them but, without money to pay for a substitute, where can they turn? Torn by financial worries and family problems, many who should seek medical advice do not for fear of what they might be told. No doubt there are many who might be helped, if their disease could be diagnosed early, but who postpone consultation out of dread that they, too, will be advised to enter the A-Bomb hospital, to enter through the "Gates of Death."

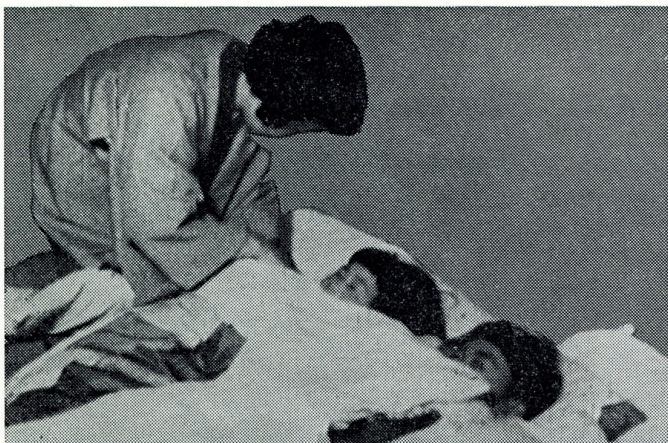
Each year, many *hibakusha* leave the hospitals of Hiroshima—as well as their families and friends—forever. Last year, more than fifty died in Hiroshima alone

of diseases which may have been a result of the bomb. How many of them actually were it is impossible to know, but there is no doubt that the incidence of radiation-linked diseases such as kidney and liver disorders, blood diseases, and cancers of the skin, stomach, bone marrow, and blood (leukemia) are considerably higher among the *hibakusha*—and the closer the victims were to the explosion center, the higher is the incidence of such diseases.

In addition, there are those who came into the city afterwards to give aid to the victims, or who wandered through the ruins or were carried there as helpless infants by others who were searching for those who had died. The list is tragically long, but a few examples will suffice.



Hiroshima Pilgrims took a message of peace around the world.



Mr. Yasuhara

Eighteen years ago, as a rookie policeman, Mr. Yasuhara entered Hiroshima on the day after the bombing, one of the many who came into the destroyed city to give aid to the victims. He was a strong and active man, in excellent health, but he could not forget the horrible memories of that day. In spite of his family's objections, he married a woman who was a survivor of the bomb and tried to conceal his fear and anxiety during each of her pregnancies. Two children were born to the couple, both normal and apparently healthy, but Mr. Yasuhara still worried. His wife did not seem to be strong. He urged her to have an examination at the atomic bomb hospital at the same time that he tried to reassure her that there was no reason to be afraid.

And then, shortly after August 6, 1961, Yasuhara San began to complain of feeling unwell. He had heard rumors of others who had begun to suffer from residual radiation effects, especially in the city of Nagasaki, but he tried to discount his symptoms, his growing uneasiness. Finally, however, it was he who gave in and asked for the advice of a doctor. It was he who was sent to the A-Bomb hospital. There, six months later, he died.

Now his wife is struggling to keep one of the children with her for as long as she can. She is grateful that the other one will be taken by relatives in a distant city. But if something happens to her. . . ? If she too has to pass through the Gates of Death. . . ?

"Tell mothers everywhere in the world that it's not right to make little children suffer for something that happened long before they were born. My husband only came to try to help us! Why did he have to die?"

"Even by nuclear testing, more *hibakusha* will die!" Over and over, the refrain was repeated, but as Mrs. Yasuhara knelt beside her sleeping children, so soon to be separated, we could understand the helpless fury of the *hibakusha* as one nation after another fills the international air with radioactive contamination. For these people who must live always with fear and uncertainty because of an exposure to radiation far in excess of any "permissible" level, additional testing by any nation is a threat and a betrayal. Who can say what nation's series of tests, already completed or in the planning stage, may be the cause of creating more orphans of the nuclear bomb?

Hiroko Nakamoto

Hiroko was thirty days old on August 6, 1945. Her mother carried the infant through the city on her back as she searched for any trace of her missing husband. (To this day it is not known where or in what manner he

died.) Hiroko was a healthy child showing no effects of exposure for sixteen years. In high school, she began to complain of a feeling of tiredness. It was difficult to keep up with her classmates, whether in study or in sports. She suffered from loss of appetite, complained of weakness. Soon she began to have frequent nosebleeds, her gums bled. She entered the hospital "for observation." At the age of seventeen, she died.

Sumie Yukihiro

Sumie was four years old at the time of The Bomb. As her mother writes in a moving account of her daughter's life: "On those hot August days in 1945 . . . I was leading Sumie by the hand, going all about everywhere in the ruins of Hiroshima, searching in vain for the body of our second son, who was at school when the atomic bomb was dropped. . . ."

Sumie died of pernicious anemia at the age of thirteen.

Yoshiko Shimizu

Still alive at this writing, but barely, is Yoshiko Shimizu. In 1945, she was a beautiful young girl, fresh-faced, radiant. Today her mouth is shrunken, toothless, the gums stained with purple medication; the skin stretches painfully across the bones of her face; her arms are pencil thin and as hard to the touch as the bones that lie just beneath the surface; her fingers, swollen and eaten away with disease, are bandaged excrescences. Hard to believe that just a year ago she was able, with tremendous will power, to hold a brush in her painful fingers and inscribe on a silk scarf the message which the Peace Pilgrimage presented to the 18-Nation Disarmament Conference in the name of all the patients of the A-Bomb hospital:

*Though the war has finished,
Though seventeen years have passed . . .
Still, my friend lying in the next bed has died
After such terrible suffering from A-bomb,
And I cannot see her again.*

*It is very mortifying that I myself, after long struggle
Cannot ever stand from my bed again.
Sometimes I feel the coming of death and my blood
Pushes itself out of every part of my body.*

*We patients are crying out—until the end of our life—
"We don't want any more victims like us!
Please don't let us spend our agony in vain."*



They need to know that someone cares

These, then, are a few of the "survivors" of Hiroshima. In Nagasaki and scattered throughout Japan are thousands more as despairing as themselves. They are in need, yes. But they are not beggars asking for a handout from the world. Some of them need basic necessities, to be sure — decent housing, good food, a chance to earn a living. But beyond this, they need to know that their suffering has not been in vain, that the world has learned from the frightening evidence of their fate, that their dead have not died in vain.

If they tell their stories over and over again, it is not to accuse or to stir up hatred, and certainly not to beg . . . for they have a tremendous pride, the *hibakusha*. They wish only to speak to the world, to be listened to with respect as the experts that they are, and to be accorded the love and understanding that we give so freely to the victims of nature's catastrophes.

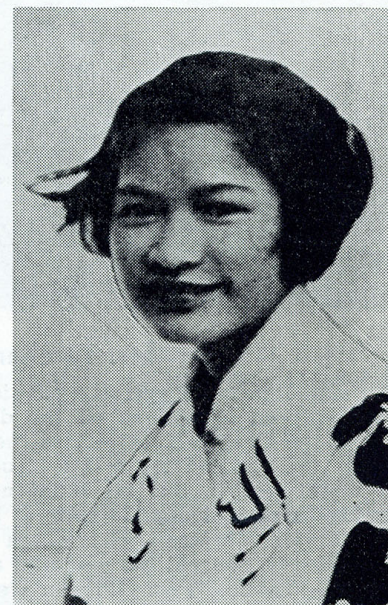
Won't you help them — not just with a gift of money, but with that greater gift which comes from the heart and the spirit — the gift of yourself and your loving concern? Each of these *hibakusha* to whom you have been introduced represents countless others whose condition and circumstances may vary to some degree, but whose need is just as great. Many of them have not the strength or the will to enter into correspondence, but they need to know that someone cares. There is not one of them who would not find strength and hope and a renewed interest in life by the knowledge that somewhere, in some foreign land (or even in their own!) there is an individual, a family, or a group who knows and cares about them and who is working with them to find a way to peace without fear. A name to remember: "Mr. and Mrs. X are my American friends, my sponsor family." Photographs to pore over and share: "This is the Women's Group of the Y church, my sponsor friends."

Gifts received from overseas — inexpensive items, perhaps, but chosen with each individual's needs in mind. A sweater that fits. Outgrown clothes that have been lovingly mended, handed down from children whose names are known and who are passing them on with love to the Japanese brothers and sisters in their "adopted" family. And, above all, the knowledge that somewhere in the



world is a person or a group who stands ready to help.

If you are willing to invest some time and imagination in a continuing relationship whose real impact you may never know, we will assign you an individual or family and send you information about them. We are trying to build up a home-visiting committee to deliver your gifts and letters personally and to report to you directly if your adoptive family is not able to. And we will do our best to keep you in touch with their needs and condition. But please be patient if it takes time to get you in direct touch.



This we guarantee: Send us your letter, telling about yourself and what kind of help you would like to offer. Introduce yourself as if writing directly to some *hibakusha*, and label your letter "Mother" or "Old Person" or "Orphan" or "Unmarried Girl" or any of the others. We will see that the original letter and a translation are delivered to someone who needs to know that someone cares.

In due time, either through us or through them, you will get a report, a name, and an address.

But please, if you do not feel able to enter sincerely into an adoptive relationship which will be dependable and continuing, it would be far better to write a check and let it go at that. The *hibakusha* have been disappointed too many times with promises and false hopes. As one of them expressed it, "Visitors who come to encourage the patients have hearts like dry pine cones. They are quick to catch fire — and very fragrant while they burn — but they soon turn to ashes."

Let us build the fires of our compassion with lasting fuel and tend them well so they may give warmth and comfort for many years to come.

Send inquiries or checks to:

Friends of the Hibakusha
P. O. Box 100, Central Post Office
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Additional copies of this circular are available from:
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