Pandemics, Past and Present:

Influenza, COVID-19, Military Hospital Ships in Japan

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Abstract:

During the Siberian Intervention, the Japanese Army decided not to adopt hospital ships (病院船) but to rely on patient ships (患者船) when transporting 13,800 troops back to Japan and when the fall wave of the 1918 Influenza Pandemic was at its worst. Is it a valuable lesson for the current hospital ship legislative debate in Japan?

Key Terms:
Pandemic *パンデミック*, ***Influenza*** *インフルエンザ*, ***COVID-19*** *新型コロナウイルス*, ***Japan*** *日本*, ***Military Hospital Ships*** *軍用病院船*, ***Siberian Intervention*** *シベリア出兵*

The 1907 Hague Convention (X) Article One stipulated that military hospital ships, fitted solely to assist the wounded, sick, and shipwrecked, should be respected and could not be captured during wars.[1] Naval hospital ships, including Indonesia's KRI *Dr. Soeharso* (late February to early March), USNS *Mercy* (T-AH-19) and USNS *Comfort* (T-AH-20) (late March to early May), and Russia's *Irtysh* (April), have been mobilized in the current coronavirus pandemic.[2] Meanwhile, China announced the concept design for hospital ships capable of

[1] Convention (X) for the Adaptation to Maritime Warfare of the Principles of the Geneva Convention Art. 1, The Hague, 18 October 1907, International Committee of the Red Cross, https://ihl-databases.icrc.org/applic/ihl/ihl.nsf/52d68d14de6160e0c12563da005fdb1b/f7070391ffc670f2c125641e0039d7ff. Currently, Article 22 of the 1949 Geneva Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea defines hospital ships. See https://ihl-databases.icrc.org/applic/ihl/ihl.nsf/Comment.xsp?action=openDocument&documentId=1E5A1F4D6DBD9A08C1258115003C8B8B.

[2] "'Diamond Princess' Evacuees to Start Separate Quarantine on Sebaru Island," *Jakarta Post*, March 2, 2020, https://www.thejakartapost.com/news/2020/03/02/diamond-princess-evacuees-to-start-separate-quarantine-on-

preventing cross-infection based on the analyses of COVID-19 control successes and failures at Wuhan's field hospitals and the cruise ship *Diamond Princess* in mid-March.[3] Curiously, on February 12, 2020, one of the first public discussions on hospital ships associated with COVID-19, if not the first, began in Japan. The discussion was launched before other countries began mobilizing their hospital ships to fight against the virus. At that time, Japan had 174 coronavirus patients on the quarantined *Diamond Princess* off Yokohama in addition to twenty-eight confirmed cases unrelated to the cruise ship.[4] Yet, the proponents of hospital ships, which Japan had not had since 1947, claimed that such ships could be used to isolate and treat infectious disease patients. It could be helpful for occasions like the current COVID-19 crisis, they argued.[5] This essay demonstrates that COVID-19 was used to revive and propel the existing initiatives without drawing lessons from Japan's military hospital ships history. The present study seeks to provide possibly the most relevant historical insight into the current debate: the Japanese Army's decision not to have hospital ships during the Siberian Intervention in the fall of 1918 when the Influenza Pandemic was at its worst.

The World Health Organization declared the novel coronavirus a pandemic on March 11, 2020. A month earlier, on February 12, an explicit link between hospital ships and COVID-19 was made at a Japanese House of Representatives Budget Committee meeting. House member

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sebaru-island.html; Richard Sisk, "Underused Comfort to Leave NYC, Prepare for Another Pandemic Mission if Needed," *Military.com*, April 25, 2020, accessed May 5, 2020, https://www.military.com/daily-news/2020/04/25/underused-comfort-leave-nyc-prepare-another-pandemic-mission-if-needed.html; and "The Irtysh Floating Hospital Returned to Vladivostok, Which Will Be Prepared for the Reception of Uninfected Patients," *VL.ru*, April 14, 2020, accessed May 7, 2020, https://www.newsvl.ru/vlad/2020/04/13/189305/.

[3] Millie Bull, "Coronavirus Latest: China Designs Floating Hospital to Halt Spread of Deadly Infection," *Express*, March 17, 2020, https://www.express.co.uk/news/world/1256184/coronavirus-news-COVID-19-latest-china-hospital-pandemic-wuhan-diamond-princess.

[4] "Shingata Koronauirusu kansenshō no genzai no jōkyō to Kōsei Rōdōshō no taiō ni tsuite," Kōsei Rōdōshō, February 2, 2020, accessed May 9, 2020, https://www.mhlw.go.jp/stf/newpage_09450.html.

[5] Japan has had no hospital ship program since 1947 when some of its hospital ships, which had survived World War II, completed the repatriation of Japanese soldiers and settlers from overseas battlefronts and colonies. See Yanagawa Renpei, "Waga Kuni no byōinsen-shi ni okeru 'Yawata Maru' no sonzai igi: Kokugai ryūshutsu shiryō no saihakken ni yoru Nihon byōinsen-shi no kūhaku-no hokan," *Ikigaku* 88, no. 4 (2018): 61-67, especially 61-62.

Akazawa Ryōsei (Liberal Democratic Party, hereafter LDP) proposed that Japan build and maintain two hospital ships in order to deal with increasingly severe and frequent natural disasters. These ships could be used to isolate and treat infectious disease cases, he added.[6] In his response, Health Minister Katō Katsunobu (LDP) affirmed that hospital ships could be useful in dealing with a case like the evolving coronavirus outbreak on the *Diamond Princess* quarantined off Yokoyama. He then promised to follow up "in an accelerated manner."[7] Remarkably speedy organizing, lobbying, as well as legislative efforts led by such House members as Nukaga Fukushirō (LDP) and Etō Seishirō (LDP) resulted in a small allocation of budget from the Cabinet Office in early April.[8] Etō hopes to discuss the matter based on a feasibility study in a special session of the Diet in the fall of 2020 in order for Japan to have hospital ships by 2023.[9] Earlier, there had been two lawmaker-led hospital ship initiatives, one by the "All-party Parliamentary Group to Build Hospital Ships," created one month after the 2011 Tōhoku Earthquake, and the other by the "Parliamentary Group to Consider the Future of Disaster Medical Care of Japan as a Maritime Nation," established in March 2014. The former was associated with Etō and the latter with Nukaga.[10] At the urge of the "All-party" group, the

[6] Shūgiin, "Shūgiin dai nihyakuikkai kokkai yosan iinkai dai-jūichi-gō," February 12, 2020, accessed May 8, 2020, http://www.shugiin.go.jp/internet/itdb_kaigiroku.nsf/html/kaigiroku/001820120200212011.htm.
[7] Ibid.
[8] Naikaku-fu, "Takeda Naikaku-fu tokumei daijin kisha kaiken yōshi," March 19, 2020, accessed May 9, 2020, https://www.cao.go.jp/minister/1909_r_takeda/kaiken/20200319kaiken.html; Naikaku-fu, "Takeda Naikaku-fu tokumei daijin kisha kaiken yōshi," April 20, 19, 2020, accessed May 9, 2020, https://www.cao.go.jp/minister/1909_r_takeda/kaiken/20200410kaiken.html. Naikak-fu, "Reiwa 2-nendo hosei yosan (an) no gaiyō," April 2020, accessed May 9, 2020, https://www.cao.go.jp/yosan/soshiki/r02/yosan_r2_hosei.pdf, 2. "Byōin-sen, chōsa-hi nanasen man'en kon-nendo hosei yosan-an ni seifu," *Nikkei Shinbun*, April 6, 2020, https://www.nikkei.com/article/DGXMZO57715930W0A400C2PP8000/?n_cid=SPTMG002; and "Kanja ra 1000 nin shūyō, kansenshō taiō no koshitsu kanbi: Chōtō-ha giren no byōinsen kenzō-an," *Mainichi Shinbun*, March 6, 2020, https://mainichi.jp/articles/20200306/k00/00m/040/125000c.
[9] "Byōin-sen, chōsa-hi nanasen man'en."
[10] Daisuke Akimoto, "Japan Should—Like Other Countries—Build and Operate Hospital Ships," *Interpreter*, February 13, 2020. Accessed April 5, 2020 https://www.lowyinstitute.org/the-interpreter/japan-should-build-hospital-ships.

Cabinet Office coordinated a series of expert discussions and published an eighty-page report in 2013.[11] Its section about the history of Japan's hospital ships—not about the history of initiatives to reestablish Japan's hospital ship program—is limited to half a page.[12] Since 2017, Yanagawa Renpei has written empirical studies regarding the Japanese Navy's hospital ship *Yawata-maru* used during the 1915 German-Japanese War, part of the Great War. He finds at least three inaccuracies in the report's brief historical section.[13] Meanwhile, Nukaga's group successfully invited USNS *Mercy* to Tokyo for Japanese lawmakers, government officials, medical experts, and media to tour inside the actual hospital ship in June 2018. In March 2019, eleven months before Akagawa's proposal, Nukaga's group had announced its legislative plan.[14] Factors stalling these efforts included cost and constitutional concerns. According to one observer, "A key sticking point is that Japanese Self-Defense Forces are not classified as 'military' under Article 9 of the Japanese Constitution."[15] Establishing a hospital ship program in Japan can be opening a can of worms. Consider the political background: in early May 2020, Japan's Prime Minister and LDP leader Abe Shinzō "spoke of the need to pass the LDP's 2018 reform proposal, which most notably would add an emergency powers clause to give more power to the government in times of crisis and revise Article 9—the war-renouncing clause."[16] What is clear is that managing a pandemic was not the purpose of the current Japanese hospital ship debate;

[11] Naikaku-fu (Bōsai Tantō), "Saigaiji tamokutekisen (byōinsen) ni kansuru chōsa kentō hōkokusho," March 2013, accessed April 5, 2020 http://www.bousai.go.jp/jishin/sonota/pdf/h24tamokutekisen_houkokusyo.pdf, 17.
[12] Ibid.
[13] Yanagawa Renpei, "Nichidoku Sen'eki ni okeru kaigun byōinsen 'Yawata Maru' no iryō katsudō," *Nihon Ishigaku Zasshi* 63.4 (2017): 407-426, especially 420 and 424 (note 77).
[14] Akimoto, "Japan should." From a US perspective, this visit was part of the Pacific Partnership, "the annual multilateral HA/DR preparedness mission conducted in the Indo-Pacific." See Kelsey L. Adams, "USNS Mercy Departs Japan," *Navy.mil*, June 21, 2018, accessed May 14, 2020, https://www.navy.mil/submit/display.asp?story_id=106082
[15] Akimoto, "Japan Should."
[16] Rintaro Nishimura, "Shinzo Abe is Right about the Need for a Debate, but the Time is not Right," *The Diplomat*, May 7, 2020, https://thediplomat.com/2020/05/japan-should-have-a-serious-debate-on-revising-its-constitution-but-not-now/

rather, it was just a convenient and powerful justification to push forward the existing hospital ship legislative initiatives. But today's hospital ship deliberations stand on shaky ground without proper understanding of how military hospital ships were and were not used in the past.[17] In this context, the present essay provides a valuable look into Japan's hospital and patient ships focusing on the fall months of 1918 when the nation was "fighting on two fronts," the Siberian Intervention and the Influenza Pandemic.[18]

Estimates of the Influenza Pandemic's worldwide death toll range between twenty-one million and one hundred million.[19] Perhaps one third of those deaths occurred from mid-September to early December 1918.[20] After their ally, Russia, dropped out of World War I in March 1918 in the midst of post-revolutionary turmoil, Britain and France urged the United States and Japan dispatch their forces to Siberia. The resulting Siberian Intervention (1918-1925) was designed to aid the Allied effort to support White Russians against the Bolshevik revolution.[21] In August 1918, the Japanese Army began sending more than 70,000 troops to Siberia and Manchuria.

The eleven-volume *Siberia shuppei eiseishi* [*History of Hygiene in the Siberian Expedition*, hereafter referred to as the *Eiseishi*] documented how influenza spread eastward along the Trans-Siberian Railroad. Deployed men and horses fell victim to flu starting in mid-September.[22] In response, Army authorities reopened a quarantine station, operated under the

[17] Yanagawa, "Nichidoku Sen'eki."
[18] Sumiko Otsubo, "Fighting on Two Fronts: Japan's Involvement in the Siberian Intervention and the Spanish Influenza Pandemic of 1918," *The Decade of the Great War: Japan and the Wider World in the 1910s*, edited by Tosh Minohara, Tze-ki Hon, and Evan Dawley (Leiden, Netherland: Brill, 2014), 461-480.
[19] John M. Barry, *The Great Influenza: The Story of the Deadliest Pandemic in History* (New York: Penguin, 2004), 4.
[20] Ibid., 5.
[21] Although the other Allied nations withdrew from the Soviet Union in 1922, Japanese troops continued to occupy the northern part of Sakhalin until 1925. See Izao Tomio, *Shoki Shiberia shuppei no kenkyū: "Atarashiki kyūsei-gun" kōsō no tōjō to tenkai* (Fukuoka: Kyūshū Daigaku Shuppankai, 2003), 3.
[22] Otsubo, "Fighting on Two Fronts."

Navy until recently, in Ninoshima Island off Hiroshima on November 10 just in time for the return of 13,800 soldiers. Ironically, the massive migration of people and horses, part of the army's winterization, took place in the middle of the deadly fall wave of the Influenza Pandemic.[23]

The Army Ministry's Medical Office Director Tsuruta Teijirō was in charge of maritime patient transport planning for the Siberian Intervention.[24] He considered mobilizing both the hospital ships (*byōinsen*) and patient ships (*kanja yusōsen*). Military hospital ships, "fitted solely to assist the wounded, sick and shipwrecked," should be protected but were not allowed to carry military supplies or soldiers. But patient ships were. Tsuruta sought to use the patient ships as cargo ships to Siberia and bring back the sick and wounded to Japan. [25] He also envisioned the use of hospital ships for the seriously wounded. While the hospital ships were fully converted as floating hospitals, the multi-purpose patient ships were not. The Japanese Army and Navy could not afford permanent hospital ships even in Imperial Japan (1868-1945), which was frequently engaged in wars, so much so that some saw blurring of wartime and peacetime mobilization.[26] They simply requisitioned merchant ships and fitted them into hospital ships only during wars.[27] Tsuruta also sought that patient and hospital ships would be supplemented by regular transport ships (*kōtsūsen*) which would carry the slightly ill depending on war situations.[28]

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[23] Otsubo, "Fighting on Two Fronts," 470, 475; and JACAR (Japan Center for Asian Historical Records, hereafter JACAR) Ref.C0706058450, "Sei-uke Dainikki" November 1918 (National Institute for Defense Studies); "Rikugun-shō kokuji dai-sanjū-gō," *Kanpō* 1880 (November 8, 1918), 145, National Diet Library, https://dl.ndl.go.jp/info:ndljp/pid/2953994?tocOpened=1.
[24] "Shōkokan ōrai Rikuji Mishuku chūtonchi Eisei Gakkō sirīzu 94 Rikugun Gun'i Sōkan no shōzō 5," *Jieitai nyūsu* (December 15, 2009), accessed May 15, 2020, http://www.boueinews.com/news/2009/20091215_8.html.
[25] *Shiberia Shuppei Eiseishi*, vol. 1, *Eisei Kinmu*, vol. Ge (Tokyo: 1924), 118-119.
[26] Sheldon Garon, *Moldling Japanese Minds: The State in Everyday Life* (Princeton, NJ: Princeton University Press, 1997), 13.
[27] Yanagawa, "Waga Kuni," 61. See also Usami Shōzō, "'Kasato-maru' maruchimedia-yō sofutowea shisaku shiryō (4): Byōinsen kara gyokōsen made," *Komazawa Joshi Daigaku Kenkyū Kiyō* 7 (2000): 9-29, especially 10.
[28] *Shiberia Shuppei Eiseishi*, vol. 1, *Eisei Kinmu*, vol. Ge, 120.

The patient ship conversion manual for the Siberian Intervention directed that wards for patients be placed on the upper or middle decks. An isolation ward should be prepared to deal with infectious diseases. If possible, it should be placed in the stem or the stern and a separate bathroom should be provided. A disinfection room should be set up near the isolation ward.[29] (The capacity for infectious disease patients in each of the actually converted patient ships was two.)[30] By comparison, the aforementioned naval hospital ship *Yawata-maru* (3,817 tons), active three years earlier, fitted its isolation ward with sixteen beds on the middle deck in the stern. It was used for patients suffering such diseases as dysentery and tuberculosis.[31]

Table: Imperial Japanese Army Patient Ships from Siberia and Manchuria to Japan (Fall 1918)

	Trip		**Total**	**Wounded**	**Ill**	**Serious**	**Mild**
Taichū-maru	1	Oct. 25 - 29	50	5	45	7	43
(Vladivostok Route)	2	Nov. 7 - 11	36	2	34	3	33
	3	Dec. 1 - 5	48	1	47	7	41
	4	Dec. 25- 28	118	5	113	9 (19?)	99
Kayo-maru	1	Nov. 10 - 14	41	1	40	3	38
(Dalian Route)	2	Dec. 7 - 11	21	0	21	5	16
Total			314	14	300	34 (44?)	270

Source: *Shiberia shuppei eiseishi*, vol. 1, *Eisei Kinmu*, vol. Ge (Tokyo: 1924), 124, 127.

[29] Ibid., 120-121.
[30] Ibid., 121.
[31] Yanagawa Renpei, "Byōinsen 'Yawata Maru' zufu," *Nihon Ishigaku Zasshi* 63.4 (2017): 473-494, especially 474, 477, and 492; Yanagawa, "Nichidoku Sen'eki," 410; and Koike Iichi, ed., *Kaigun imu eiseishi* (Kyoto: Yanagihara Shoten, 1986), 74.

In reality, no ships were converted into hospital ships and patient ships brought back most soldiers in need of medical attention in the fall of 1918. Between August 1918 and October 1920, patients with war wounds (1,528) accounted for only one percent of the total number of patients (159,356). In terms of numbers, there seemed little demand for hospital ships, the intended purpose of which was to transport the seriously wounded. Among the hospitalized patients on the battlefront (17,676), influenza patients were the largest (2,943) and 294 among them died (9.99 %). Consider other possibly flu-related diseases and their numbers of patients: pleuritis (2,069) and acute bronchitis (596).[32] In October, the Army did convert privately owned *Taichū-maru* (3,319 tons) and *Kayo-maru* (3,706 tons) in Ujina, a gateway port to Hiroshima, and used them as patient ships (the former for the Vladivostok route and the latter for the Dalian route). As the table above shows, the majority (300 of 314) of patients who traveled home on *Taichū-maru* and *Kayo-maru* between October and December were ill rather than wounded. This seems to confirm the limited demand for hospital ships, at least during the time period. The *Eiseishi* stated the short-staffed patient ships were overwhelmed specifically noting that they were not designed to deal with infectious diseases. The unexpected Influenza Pandemic forced the patient ships to do so.[33] Considering that 13,800 soldiers were directed to return starting in November when western Siberia and northwestern Manchuria saw influenza outbreaks, the number, 300, seems low. Many soldiers might have been convalescents and many others might have come home anyway on regular transport ships.

More than thirty Military Police reports recorded transport ship arrivals and their passengers' behaviors, belongings, and health in fall 1918. All ships returning to Japan after November 10 had to stop at Ninoshima Island, where soldiers and horses with infectious diseases

[32] *Shiberia Shuppei Eiseishi*, vol. 1, *Eisei Kinmu*, vol. Jō (Tokyo: 1924), 20-25.
[33] *Shiberia Shuppei Eiseishi*, vol. 1, *Eisei Kinmu*, vol. Ge, 133.

were quarantined and those cleared were allowed to disembark at Ujina. On November 11, the Imperial Guard's Bridge Platoons arrived on *Fujisan-maru* and *Wakaura-maru*. During their service on the continent, sixty-six fell ill. Forty-seven were hospitalized, two were sent back to Japan, and fourteen lost their lives, all due to illness. Fifty-two horses died as well. Upon arrival, one was quarantined due to flu.[34] Two days later, the Transport Twelfth Battalion units came home aboard *Rara-maru* and *Matsuyama-maru*. They had experienced a flu outbreak in Siberia. While ninety had been infected in Siberia, one died on board. A few arrived at Ninoshima sick with flu. Moreover, half of the ship crew came down with influenza and became unable to perform tasks. Thirty-seven disembarked and were replaced by healthy workers.[35] Moreover, on November 16, the Transport Third Battalion returned on *Mansei-maru* and *Zaisei-maru* from Manchuria. Although all in the Battalion caught influenza in Fengtian, after a few days, all but one recovered without hospitalization. One with pneumonia returned with the fellow troops.[36] *Wakaura-maru*, *Fuji-maru*, *Taichū-maru*, *Meikō-maru*, and *Pusan-maru* arrived on November 21. A reference to *Taichū-maru*, a multi-purpose ship fitted as a patient ship is intriguing. As the table indicates, between the second and third trips as a patient ship, completed on November 11 and December 5 respectively, *Taichū-maru* made an additional trip to bring the Transport Twelfth Battalion from Siberia home as a regular transport ship. We have already seen that the Army preferred patient ships to hospital ships because of the former's flexibility to carry cargo and patients. Here we see that *Taichū-maru* doubled as a patient ship and a transport ship. One of the *Taichū-maru*'s passengers who returned on November 21 was quarantined due to a suspected

[34] JACAR Ref. C06032043800, Military Police Reports on Siberia Expedition, Nishi-Uke Numbers. From 1918 to 1922 (National Institute for Defense Studies).
[35] JACAR Ref. C06032044100, Military Police Reports on Siberia Expedition, Nishi-Uke Numbers. From 1918 to 1922 (National Institute for Defense Studies).
[36] JACAR Ref. C06032032400, Military Police Reports on Siberia Expedition, Nishi-Uke Numbers. From 1918 to 1922 (National Institute for Defense Studies)

case of pneumonia. Nearly all in a ration unit caught influenza while deployed. Five died, and four were admitted to a hospital. Forty-two horses died. All those belonging to the Mountain Artillery First Regiment returning on *Meikō-maru* had been infected with flu in Fengtian, Manchuria. One of them died and two were hospitalized. Ten horses died. Those cleared to land stayed in Hiroshima but were instructed to stay at a hotel as influenza was prevailing in the city.[37]

The information from the *Eiseishi* and the Military Police's Ninoshima reports can be generalized as follows. First, hospital ships were planned but not used. It seemed it was cost-effective to keep the ships multi-purposed (patient, cargo, and transport) rather than single-purposed (hospital) and there was little incentive to seek protection given to hospital ships because no Russian revolutionaries were projected to go after Japanese ships during the Siberian Intervention. In addition, the overall number of the wounded was a fraction of the number of the ill. Second, the Army requisitioned commercial ships (i.e., *Taichū-maru* and *Kayo-maru*) and converted them into patient ships in October 1918. They brought back 314 patients in six trips in two months. A relatively small number of flu cases were found among the soldiers returning on regular transport ships. The separation of the ill from the healthy at the time of embarkation seemed relatively successful though even one soldier with flu could be capable of infecting others without prior exposure to influenza. The flu outbreak among ship crews might be one such example. Third, the prevalence and virulence of fall influenza had not been anticipated. The modest infectious disease facility in the patient ships was wholly inadequate to deal with the pandemic. Even if the Army had a full-fledged hospital ship, similar to the Navy's hospital ship *Yawata-maru*, its isolation ward with sixteen beds must have been insufficient. Fourth, influenza

[37] JACAR Ref.C06032045100, Military Police Reports on Siberia Expedition, Nishi-Uke Numbers. From 1918 to 1922 (National Institute for Defense Studies).

was zoonotic. Both men and horses travelled and fought together passing influenza among them. The question of whether horse transport was a factor for the decision not to adopt hospital ships requires further examinations. What is obvious is that horses are no longer an issue in the hospital ship consideration today.

In sum, this essay has identified that in the "false start" of the current discussion, the advocates for Japan's hospital ship program used COVID-19 in order to resurrect their hospital ship legislative projects. They casually claimed that hospital ships could be effective in isolating and treating infectious diseases and coping with the pandemics like the coronavirus crisis way before the problems of cruise ships and hospital ships began to be critically analyzed. Their projects seem to have proceeded without adequate understanding of Japan's hospital ship history. This essay is an attempt to fill the void by focusing on the crucially important period, the fall of 1918, when Japan was simultaneously engaged in the two battles, in the Siberian Intervention and against the Influenza Pandemic. The most significant lesson is that the nomenclature "hospital ship" came with both privilege and obligation.[38] It looks like the Japanese Army chose not to convert ships into hospital ships as the cost of obligation was not worth the privilege of

[38] The missions of winning wars and saving lives of the wounded at war were often contradictory. The manipulations of hospital ship privileges to pursue military missions in the name of humanitarian relief were frequent and as such attacks on hospital ships were not rare. During the Great War, for instance, the German hospital ship *Ophelia*, suspected to be used to transmit intelligence and carry war-like stores, was captured by the British Royal Navy, which was also accused of moving "merchant ships in and out of medical service," inviting German torpedo attacks. At the very end of World War II, while *Awa-maru*, a Japanese merchant/hospital ship "guaranteed safe conduct by prior arrangement" was torpedoed and sunk by USS *Queenfish*, *Tachibana-maru*, plainly identified as a Japanese hospital ship, was found carrying fuel, munition, and able-bodied combat troops. See Stephen McGreal, *The War on Hospital Ships, 1914-1918* (Barnsley: South Yorkshire: Pen & Sword Books, 2008), Kindle edition, Loc. 439-521; Thomas E. Beam and Linette R. Sparacino, eds. *Military Medical Ethics*, vol. 2 (Washington D.C., Office of the Surgeon General, Borden Institute, Walter Reed Army Medical Institute, 2003), 751; and Oceans Law and Policy Department, Center for Naval Warfare Studies, Naval War College, *Annotated Supplement to the Commander's Handbook on the Law of Naval Operations*, (New Port, RI: Naval War College, 1997), 8-17. Regarding the *Tachibana-maru* incident, see a military tribunal document, Yokohama No. T229 prepared by the Headquarters Eighth Army, United States Army, Office of the Staff Judge Advocate on January 25, 1949 at https://www.uni-marburg.de/en/icwc/documentation/extracts-from-the-icwc-database/extracts-from-the-icwc-database.

protection. Before letting the lawmakers hastily open a can of worms, Japanese citizens should consider why Japan needs “hospital ships” rather than “patient ships” or “disaster-relief ships” now. They should carefully evaluate what the privileges and obligations are in today’s “hospital ships” deliberations.