

Statement by IPPNW Board of Directors on the ongoing nuclear disaster in Japan and the report of the UN Special Rapporteur on the right to health to the UN Human Rights Council

30 May 2013, Villingen-Schwenningen, Germany

We warmly welcome Mr Anand Grover's report, which provides important recommendations on the continuing and long-term health implications of the Fukushima nuclear disaster. If implemented by the Japanese government, the measures recommended would significantly reduce the adverse impacts of the disaster now and for future generations, and improve the lives and health of the many affected people.

We are deeply disturbed by the clear evidence that the government of Japan has not made public health and safety its top priority in its response to the disaster. It has failed in the paramount duty of governments to protect their citizens. There is an urgent need to redress this failure.

The Fukushima nuclear disaster is far from over. Radioactivity continues to leak into the surrounding soil and sea. Vast quantities of contaminated cooling water are accumulating at the site. Failures in the makeshift cooling systems are occurring repeatedly. The damaged nuclear reactors and spent fuel ponds, containing vast amounts of radioactivity, are highly vulnerable to further earthquake, tsunami, typhoon or deliberate damage. Further catastrophic releases of radioactivity are possible at any time. Eliminating this risk will take many decades yet. Many of Japan's other nuclear plants are vulnerable in the same ways as the Fukushima Daiichi plant was.

Ionising radiation poses unique risks to the health of people, plants and animals; to the "One Health" that intertwines the health of humans and other living things. It is indiscriminate, invisible, spreads across borders, causing health harm not only for the rest of their lives to people exposed, but also to future generations. The Fukushima disaster is therefore of global concern. Ongoing independent international engagement with the challenges and needs posed by the disaster, like that of the Special Rapporteur (SR), are vital. We hope the Special Rapporteur, UN Human Rights Council, and other international organisations continue to engage with the public health situation, needs and responses to the continuing nuclear disaster in Japan, and monitor the response of the Government of Japan to the Special Rapporteur's recommendations.

We urge the Japanese Government to implement as a matter of priority the recommendations UN Special Rapporteur, as well as the Fukushima Nuclear Accident Independent Investigation Commission established by the National Diet of Japan (NAIIC).

Specific recommendations

We would make the following specific comments on the Special Rapporteurs' recommendations:

Nuclear emergency response

The SR recommends regularly updated and communicated emergency response plans; immediate release of disaster-related information; prompt distribution of stable iodine; and effective prompt use of radiation monitoring and prediction data.

We agree. An urgent imperative is to prevent further radiation releases from the damaged Fukushima Daiichi plants, utilising the best expertise and equipment available around the world. Removal of as much as possible of the spent reactor fuel into dry cask storage as quickly as possible is needed. Because of the continuing risk of radioactive releases not only in Fukushima, but also the many other nuclear plants in Japan, improved emergency plans and the resources to implement them should be put in place rapidly. This should include pre-distribution of stable iodine to schools and communities in proximity to nuclear power reactors, and planning and exercises for community evacuation.

The permanent shutdown of Japan's nuclear power reactors will be the most effective way to reduce the risk of further catastrophic radiation releases for Japanese people now and in the future. Japan's success in avoiding power shortages over the more than 2 years since the disaster, when essentially all nuclear reactors were shutdown, even in the absence of any preparation, proves that this is feasible.

Health monitoring of the affected population, and policies on radiation dose

The SR's recommendations for health monitoring include comprehensive long-term health screening for all persons residing in areas with additional radiation exposure of more than 1 mSv/year, including for children (currently restricted to thyroid examinations); achieving higher coverage in health surveys; unrestricted access to whole body radiation measurements assessing internal exposure, including outside Fukushima prefecture; ready access of individuals to their health information and to access further medically-indicated thyroid examinations; ensuring availability of mental health services for all evacuees and residents; and monitoring radiation health effects on nuclear plant workers.

The SR's recommendations regarding policies on radiation dose limits are that a national plan for evacuation zones and dose limits should be based on current scientific evidence, and that the annual reference level for the general population should be returned to 1 mSv/year. He emphasises the importance of accurate information on radiation risks and regarding the increased vulnerability of children.

We would comment that the highest immediate health priority for the affected population should be reducing radiation exposure as much as possible, especially for those more sensitive to its dangers – young children and pregnant women. An

estimated 1800 square km are radioactively contaminated to the extent that those resident there can be expected to be exposed to more than 5 mSv in additional radiation exposure per year. This includes substantial areas of the cities of Fukushima and Koriyama, which have a combined population of about 600,000. We find it unacceptable that people are currently even being encouraged to return to some areas where they can be expected to receive up to 20 mSv in additional annual radiation exposure.

We see no adequate alternative to minimise such unacceptable exposures other than much wider relocations than have currently occurred. Decontamination on the scale that would be required to durably reduce radiation exposures sufficiently has not proven feasible. As radioactivity is maximal initially, further evacuations will be most beneficial if undertaken as soon as feasible.

Minimising population radiation exposures requires:

- Comprehensive, detailed mapping of estimated total radiation exposures (external and internal) for people living in all areas affected, validated with surveys of whole body measurements for internal exposure. Such detailed mapping has still not been comprehensively undertaken by government authorities, and the sites of many government radiation monitoring stations have undergone resurfacing or other forms of decontamination, producing falsely low radiation measurements. It is vital that the conduct of radiation measurements be free of conflicts of interest, and independently validated.
- Long-term monitoring of radioactivity in land, sea, animals, plants, food and freshwater across affected areas of Japan.
- Radiation data should be made readily accessible to the public.
- Accurate, independent information on radiation health risks should be readily accessible to the public. The claim that doses of radiation less than 100 mSv pose no risk to health is scientifically incorrect and indefensible and should be withdrawn from all official information and educational material.

These elements are all needed for affected people to be able to make informed choices about their future for themselves and their families.

Radiation respects no boundaries, and radiation fallout has not been confined to Fukushima prefecture. Parts of the provinces of Tochigi, Miyagi, Ibaraki, Gunma and Chiba have also been contaminated. At present government programs responding to the nuclear disaster are confined, artificially, to Fukushima prefecture. We urge a national approach based on contamination levels, not prefectural boundaries.

We strongly agree with the SR that the maximum acceptable exposure limit for the general public should be returned to 1 mSv without delay. Exposures for members of the public greater than 5 mSv per annum more than two years after the disaster, particularly for those under 50 years of age and most particularly for children and pregnant women, should be avoided.

Long-term health monitoring would best be accomplished through the establishment of a comprehensive population register of those significantly exposed, with an estimate of radiation exposure for each person. We agree with the SR that the surveys undertaken to date, with low participation rates, are inadequate. A population register could then enable long-term linkage to national mortality, cancer, birth outcome and congenital malformation data, wherever they live. A particular concern is the current inadequacy of cancer registries in Japan. In 2012, only 10 of Japan's 47 prefectures had such registries.

Health monitoring plans and results should be independently and internationally peer-reviewed, and published promptly in Japanese and English.

We concur with the SR's concern for the health of nuclear workers. It was estimated that by October 2012, at least 24,000 workers had worked at the Fukushima Daiichi plant since the disaster. Tens of thousands more will be required over many decades. In addition to provision of adequate radiation protection and monitoring, and health care, for these workers, a national lifetime radiation exposure register for all workers in the nuclear industry, as exists in other countries, is required in Japan. This must include subcontractors as well as utility employees. Individual workers should have ready access to their results.

Decontamination

We agree with the SR's recommendation that the government's decontamination plan should include specified timelines to reduce radiation levels to less than 1 mSv/year; to plan with communities for storage of the large amounts of radioactive debris accumulating in many sites in an ad hoc way; and to clearly mark such sites. We caution however, that decontamination alone cannot be relied upon to return many heavily contaminated areas to acceptable levels of radioactivity.

Transparency and accountability and effective community participation

While the field of nuclear governance largely lies beyond the health sphere, we strongly agree with the SR that effective participation of affected individuals and communities in decision-making regarding all aspects of the nuclear disaster. This should include all aspects related to health.

Compensation and relief

We support the SR's recommendations that the Victims Protection Law, passed by the Diet in June 2012, needs to be implemented; that health checks and treatment for health consequences of the disaster and radiation exposure should be provided without cost; that compensation claims against TEPCO should be settled expeditiously; and that the relief package to be implemented under the Victims Protection Law should include costs of reconstruction of and restoration of lives, (including addressing social determinants of health such as housing, employment and education), whether people choose to evacuate, stay or return to any area where radiation exposure would exceed 1 mSv/year in additional radiation exposure.

Concluding remarks

Good governance and the realisation of the right to health require that public health and safety should be at the centre of decision-making. The Japanese government has much to do to address and overcome serious deficiencies in this regard in relation to the nuclear industry and the Fukushima nuclear disaster in Japan. The Special Rapporteur's valuable recommendations, if implemented, could substantially address the health needs of those affected by the ongoing nuclear disaster.

The right to health in relation to nuclear power generation

A so-called "inalienable right" of nations to the peaceful uses of nuclear energy, specifically nuclear power generation, involves exposing people worldwide to a risk of indiscriminate radioactive contamination at any time. It erodes the health and rights of future generations, and by providing the tools for nuclear weapons proliferation, exacerbates the danger of nuclear war and its catastrophic humanitarian consequences.

Transitioning to safe, renewable energy sources can promote human rights and health.