On May 31 in 2013, the UN Scientific Committee on the Effects of Atomic Radiation (UNSCEAR) announced a press release entitled "No Immediate Health Risks from Fukushima Nuclear Accident Says UN Expert Science Panel."

Simply put, the press release said that the massive radioactive materials emitted by the Fukushima Daiichi Nuclear Power Plant

“No immediate health risk”

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1 The Press Release is able to be read by the following links.
http://www.unis.unvienna.org/unis/en/pressrels/2013/unisinf475.html
accident posed little risk to the impairment of health. In other words, “No Immediate Health Risk”. This phrase makes Fukushima residents recall that day with bitter experience. It was the same phrase which Chief Cabinet Secretary Mr. Edano (at the time) repeatedly said at press conferences after the earthquake disaster occurred followed by the steam explosions at the nuclear reactor of the Daiichi Nuclear Power Plant. Many people were confused as the information regarding evacuation zones expanded every few hours contrary to the phrase mentioned frequently.

“Why are they telling us to escape right now when there seems to be no immediate danger?”

International NGO “FoE Japan” demanded for public disclosure of the data information used as the basis of the declaration in relation to the press release. Historically, the rate of scientific research mistakes have been reduced and reliability improved by going through the process of disclosing the research itself and having many scientists acting as third parties review them. UNSCEAR has yet to respond to this common demand, and no data has been disclosed.

FoE Japan denounces this by saying that “Issuing a press release stating that there is little concern over radiation exposure in Fukushima based on a research report that a third party cannot even verify, is an act which does not deserve the name of ‘science’” *2

Even at the end of March, children were still in Iitate Village which is 30 kilometers away from the nuclear plant that had exploded. It was not until March 30th that thyroid radiation exposure testing on children was conducted in the village hall, which was located in the middle of the areas contaminated with high level of radioactivity. No exposure was observed among children possibly due to ambient radioactivity level in the areas. (Iitate village, Mar. 2011) © Naomi Toyoda

*2 According to the Press Release, the scientific data and evaluation documents used as the basis of this report are due to be exhibited separately.
Fukushima health management survey

In response to the nuclear power plant accident, Fukushima Prefecture started the so called "Fukushima health management survey" in July, four months after the disaster occurred. Looking plainly at the title, this should be an “investigation for managing health of the citizens in the prefecture” exposed to radiation by the nuclear power plant disaster.

However, the initial objective listed was not “for protecting health”, but was “for taking out the anxiety of the citizens in the prefecture.” Was the problem related to health or anxiety? How did the citizens in the prefecture respond to this kind of objective for this investigation? Obviously, any data that would increase anxiety would not be included in an investigation that is targeting to “take out anxiety”.

It was pointed out as one of the problems by civic organizations in and out of the prefecture. It is unclear if any citizens in the prefecture felt the same way, but up until now only 23% of records regarding their activity after the disaster occurred have been collected.

To reflect the voices of such people the “objective” is to be changed on April 17. It will be change to “for evaluating the dose of radioactivity of the citizens in the prefecture and capturing the health conditions of the citizens which lead to prevention, early detection, and treatment of illnesses, aiming for the future preservation and improvement of the health of the citizens.” It finally became something that the citizens in the prefecture could accept. However, the sequence of events planted distrust in the citizens.

In May 2013, members of the examination committee who perform advice and propose to management of the investigation were changed completely. This was to eliminate insiders and to secure further objectivity. Although always a step behind, the administration is also
making an effort. Even so, the citizens in the prefecture and civic organizations who have been pointing out the problems of the investigation have said that they should change the contents itself.

For about 360,000 citizens in the prefecture who were under the age of 18 at the time of the accident, thyroid checkups (Thyroid Ultrasound Examination) have been scheduled to be done regularly throughout their lives by the prefecture’s administration. For ages less than 20 years once in two years, while for ages 20 and over once in five years.

At the same time, blood tests have been conducted on residents who took refuge from the evacuation zone, and citizens who were deemed necessary to take tests based on their activity records from the investigation carried out which evaluated estimations of the dose of radioactivity.

On the other hand, requests were made by the citizens to raise frequency of the thyroid checkups itself and include thyroid and other types of illness checkups for all the people who are thought to be exposed in high radioactive areas outside the evacuation zones, and as a principle, which can be said for all similar types of investigations, that discloser be properly done towards the subjects.

Having 12 minors in Fukushima already diagnosed as thyroid cancer, citizens are highly concerned about thyroid checkups.

The radioactive contamination spread throughout East Japan. It is not a problem of Fukushima Prefecture alone. It has been pointed out that these measures should be put in at a national level beyond one prefecture, but the government has turned down all these requests and proposals.

In reality, other checkups have been conducted on the residents aged 16 and over who have taken refuge from the evacuation area. According to explanations of the prefectural government, this is not to checkup on radioactive contamination, but to check up on so called “lifestyle-related diseases” which occurs as the refugees incur changes in their living environment. There are also many citizens in the prefecture who feel distrust towards this explanation regarding applying tests for “lifestyle-related diseases” to 16 years or older when the illness is mainly seen in middle aged people.
A Dialogue Meeting on “the Fukushima Health Management Survey”

A dialogue meeting was held in Fukushima City on Saturday, July 27th between the Fukushima Prefectural Government and a citizen’s volunteer group to exchange their opinions on the Fukushima Health Management Survey.

Attendees recommended the Prefectural Government to promptly disclose information regarding thyroid examinations to the subjects including the examination images and findings, and to expand health checkups, as well as provide reduction and exemption on medical expenses.

The first two-way discussion between a citizen’s volunteer group and the Prefectural Government was held by the Execution Committee that mainly consists of the international environmental NGO, Friends of Earth Japan, and the “Network for Protecting our Children and Countermeasures against Radiation”, a local citizens group.

About fifty people attended the meeting, including staff from the Fukushima University, employees of Co-op, medical doctors, NPOs, and people involved in civic movements; from the Prefectural Government, Keiichi Sasa, the Head of Fukushima Health Management Division as a speaker attended.

“Neither the Japanese Government nor the Prefectural Government is being trusted at all. The people who have a strong sense of responsibility such as mothers raising their children feel the most anxiety”, said Mr. Sasa, expressing empathy towards the citizens. “There are no prefectural borders for nuclear accidents. Why should the entire burden be put on the shoulders of Fukushima?” said Mr. Sasa, pouring out the anguish of the employees in the Prefectural Government.

This story is the first of the two parts. To be continued to “Unpredictable Health Hazards in Fukushima (2)” in Stories and Facts from Fukushima vol.4

Toshiyuki Takeuchi: Director of JANIC Fukushima Office
Emiko Fujioka: Information Officer of JANIC Fukushima Office

Translation into English: Nomura Group Translation Volunteer Team

Photo: Noami Toyoda

Mr. Naomí Toyoda is a photo-journalist who has covered the Iraq war, the Palestine struggle, Tsunami in Ache, the Kobe Earthquake, etc. After 3.11 disasters, he has been intensively working on the issue of Fukushima Daiichi Nuclear Reactor’s Accident. He is now editing his first directed documentary film (co-director Masaya Noda) on Fukushima “The Will” (http://yuigon-fukushima.com/), which is to be released in autumn.

More information on his work: http://www.ne.jp/asahi/n/toyoda/
Background Facts

Overview of Fukushima Health Management Survey

In response to the nuclear power plant accident, Fukushima Prefecture started the so called “Fukushima health management survey” in July, four months after the disaster occurred. Here is an overview of the survey including its framework, target, aims and contents.

The figure below and the table next page are created based on the information distributed by Fukushima prefecture and Fukushima Medical University.

For more official information, see the website “Fukushima Radiation and Health” by Radiation Medical Science Center for the Fukushima Health Management Survey, Fukushima Medical University
http://www.fmu.ac.jp/radiationhealth/survey/

Figure 1: Framework of the Fukushima Health management Survey

English sample of the questionnaire (response sheet) of the Basic Survey can be found in the site below;
Table 1: Details of Each Surveys of the Fukushima Health Management Survey

<table>
<thead>
<tr>
<th>Name of the survey</th>
<th>Target</th>
<th>Aims &amp; Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Survey</td>
<td>Roughly 2,050,000 residents of and visitors to Fukushima Prefecture as of 11 March 2011</td>
<td>A questionnaire on “when,” “where,” and how long” they stayed during 11 March to 11 July, 2011. Estimated external radiation doses were calculated based on the recorded movements.</td>
</tr>
<tr>
<td>Thyroid Ultrasound Examination</td>
<td>Roughly 360,000 residents aged 0 to 18 years at the time of the nuclear accident</td>
<td>The initial screening is to be performed within the first three years after the accident, followed by complete thyroid examinations from 2014 onwards, and the residents will be monitored regularly thereafter (every 2 years until becoming 20ys old, every 5 years thereafter).</td>
</tr>
</tbody>
</table>
| Comprehensive Health Check            | • Roughly 210,000 former residents of evacuation zones whose lifestyle changed drastically after the accident  
  • Those who are found necessary to have further checkup as a result of the basic survey                                                                                                           | Aims at early detection and treatment of diseases as well as prevention of lifestyle-related diseases. Additional tests such as differential leukocyte count are performed apart from the routine tests included in the general medical check-up at the workplace or by the local government. |
| Mental Health and Lifestyle Survey     | Mainly for evacuees who are at a higher risk of developing mental health problems                                                                                                                      | A questionnaire on health condition, mental stress, daily life, etc. Aims to provide adequate care for mental health problems such as post-traumatic stress disorder (PTSD), anxiety and stress |
| Pregnancy and Birth Survey             | Mothers who were given a Maternal and Child Health Handbook between 1 August 2010 and 31 July 2011(including those who had a miscarriage or stillbirth) and to their children                                           | Aims to provide appropriate medical care and support to mothers. A questionnaire on prenatal care, anxiety of child-rearing, etc.                                                                                       |
Background Facts

The Recommendation on the Fukushima Health Management Survey submitted by citizens to prefectural government

To: Yuhei Sato, Fukushima Governor
July 27, 2013

The Execution Committee for the Citizen’s Dialogue Meeting on “the Fukushima Health Management Survey”

Recommendations on the appropriate way for “the Fukushima Health Management Survey”

Thyroid examination results reported at the Fukushima Health Management Survey Committee held on June 5th showed that the number of children who have or are suspected to have thyroid cancer reached 27 in total (12 diagnosed and 15 suspected).

At this stage, it is impossible for us to assert that there is no causal relationship with the nuclear accident and there is concern that the explanation given by the Fukushima Medical University may generate renewed anxiety and distrust that appropriate measures may not be taken until it’s too late. Enhancement of the medical and examination system is urgently required in order to expand the scope and speed of the survey.

The current survey focuses on thyroid cancer among children as well as mental health such as lifestyle diseases. However, the cases of thyroid diseases, cataracts, heart or vascular diseases, immune or endocrine disorder, and diabetes increased among children after the Chernobyl accident, on which local doctors gave warnings.

If things remain like this, there is concern that even the extent of health problems that are suspected to be caused by radiation may not be understood, which will result in increased anxiety among the people.

Given the issues above, we have submitted recommendations several times regarding the problems and appropriate way for “the Fukushima Health Management Survey” to be conducted. Once again, we would like to make the following recommendations. Some points of the recommendations are aimed towards the Japanese Government but we hope that the Prefectural Government will work closely with the Government to consider these points.

1. **Objective:**
   The objective of the survey was recently changed from “elimination of anxiety” to “identification of the health conditions of the people in Fukushima for the prevention, early detection, and treatment of diseases, which will enable the preservation and improvement of the health of the people in Fukushima in the future.” Contents of the survey should be reviewed in response to these changes.

2. **Health Management and Research:**
   Clarifying the measures and objectives for the management of the health of individual victims
and identifying the reality of the health damages should both be implemented.

(1) Measures for the management of the health of individual victims (e.g. medical checkups)

(2) Measures for identifying the reality of the health damages to take necessary steps (e.g. epidemiological study)

3. Three-tier Medical and Healthcare System Supported by the Japanese, Prefectural, and Municipal Governments:
The Japanese Government should take responsibility in establishing a health management system based on the Victims Protection Law, while medical and healthcare systems should be administered in three tiers: by the Japanese, Prefectural, and Municipal Governments.

4. Survey Contents:
The current survey focusing on thyroid cancer among children, mental health and the prevention of lifestyle diseases should be reviewed. Also, disclosing inter-regional comparative study data, conducting epidemiological study to grasp the actual state of health management and the extent of health damages for individual victims would help people understand whether their health is affected by radiation, and if there are any effects, how bad they are, and should share basic scientific data that shows what actions should be taken from them.

(1) Medical Checkup/Thyroid Examination: Current medical checkups conducted on evacuees from the nuclear accident evacuation zone and those who are assumed to have been exposed to high-dose radiation should be extended to cover at least the residents of the areas with additional exposure of 1 mSv per year and the evacuees from those areas. It should be also conducted in the controlled areas selected for comparative study.

- Checkup items should be scrutinized to reconsider the inclusion of electrocardiography and examination items related to thyroid hormone.
- Overall health status should be grasped through interviews.
- A system should be established by calling on local medical experts and pediatricians to join the program allowing as many people as possible to have medical checkups quickly or taking the opportunity of normal medical checkups at schools.

(2) Estimation of Internal and External Exposure Dosage

- External exposure dosage should be assessed by checking things such as activity records and internal exposure dosage should be assessed from the effects of a radioactive plume, etc.
- External exposure dosage should be also measured by an integrating dosimeter.
- Internal exposure dosage should be measured by using whole-body counters and urine testing.

(3) Controlled Group Study

- A controlled group study should be conducted in order to identify the actual effects of radioactivity on the health.

(4) Health Consultation and Counseling

Health consultation and counseling should be provided to the residents in Fukushima. As the health issues are linked to their living conditions, support for rebuilding their lives and careers should also be provided.

5. System Structure:

(1) Establishment of a Permanent Health Support Center and Centralizing Data Management: A permanent health support center should be established to minimize radiation exposure and manage people’s health, where the management of medical checkup data will be centralized.
The center will provide the guidelines regarding medical checkups and treatment as well as other necessary support to medical institutions run by prefectural and municipal governments.

2) Review Committee/Ethics Committee: A health management review committee should be set up for the implementation of the above. An ethics committee should also be set up to determine the disclosure of data and to review and monitor epidemiological studies including its ethical aspects. These committees should consist of experts who would not underestimate the effects of low-dose radiation exposure, medical experts, staff of national and local level governments, and a certain number or more of victims and citizen representatives. All the reviews made at these committees should be open to the public.

6. Management and Disclosure of Survey Data:
(1) Issuance of Health Record Certificates: Health record certificates should be issued to record activity, medical checkup results, radiation exposure dosage assessment, daily health conditions, etc. and to guarantee reduction and exemption on medical expenses.

(2) Information Disclosure: Thyroid examination images and findings as well as all the information obtained from medical checkups should be explained and disclosed to the subjects immediately. The reviews on the checkup items and the survey contents should be disclosed to the public. The residents in Fukushima should have opportunities to receive sufficient explanation and discuss those matters.

(3) Data Management: The Japanese government should take responsibility for managing the data while securing its reliability through monitoring by a third-party entity.

7. Exemption on Medical Expenses:
According to the Atomic Bomb Survivors’ Assistance Act currently enforced by the Japanese Government, those who were exposed to radiation of approximately 1 mSv (the person who entered the areas within a range of 3.5 kilometers of the hypocenter) are “entitled to receive Atomic Bomb Survivor’s Certificate upon request” and the owners of these Certificates are legally supported by medical checkups and the government contribution to the out-of-pocket medical expenses. Similar actions should be considered at least for the residents of the areas with additional exposure of 1 mSv per year and the evacuees from those areas due to the nuclear accident based on the Paragraph 3, Article 13 of the Victims Protection Law.

8. Interim Measures:
As an interim measure until the above conditions are met, the expenses for receiving voluntarily thyroid examinations and medical checkups should be subsidized or covered by health insurance.

The Execution Committee for the Citizen’s Dialogue Meeting on “the Fukushima Health Management Survey”

Translation into English: Nomura Group Translation Volunteer Team
On August 20th 2013, Fukushima Prefecture released the result of the thyroid inspections of the children who were aged 18 and under at the time of the TEPCO Fukushima Daiichi nuclear power plant accident.

According to the latest figure, an additional six children were newly diagnosed as having thyroid cancer, and with the twelve who were already diagnosed as such, total patients of a thyroid cancer became eighteen. The number of children with suspicion turned into a total of 25.

Professor Shinichi Suzuki of Fukushima Medical University, the main agent of conducting the survey, explained that “there was almost no possibility of an effect from radioactive contamination by the nuclear accident as usually thyroid cancer develops very slowly.” During the accident of Chernobyl, thyroid cancer showed up four to five years after the radioactive contamination.

Cancers were discovered with one person in about 10,000 and including suspicion of cancer, one person in 4,000 were found. Although it is higher than the usual occurrence of child’s thyroid cancer found in two to three people in a million, the prefecture administration explains it “because of the higher precision inspections that were carried out comprehensively.”

### Table 2: Results of Thyroid examination as of 31 July 2013

<table>
<thead>
<tr>
<th></th>
<th>2011/2012</th>
<th>2012/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for primary examination</td>
<td>41,296</td>
<td>135,586</td>
</tr>
<tr>
<td>Number who required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>secondary examination</td>
<td>214</td>
<td>953</td>
</tr>
<tr>
<td>Number of participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for secondary examination</td>
<td>174</td>
<td>594</td>
</tr>
<tr>
<td>Number who underwent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aspiration biopsy cytology</td>
<td>83</td>
<td>120</td>
</tr>
<tr>
<td>Malignant or suspicious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for malignancy</td>
<td>14</td>
<td>30</td>
</tr>
<tr>
<td>Papillary carcinoma</td>
<td>9</td>
<td>Papillary Carcinoma 9</td>
</tr>
<tr>
<td>Benign thyroid nodules</td>
<td>1</td>
<td>Benign thyroid nodules 0</td>
</tr>
<tr>
<td>Suspicious</td>
<td>4</td>
<td>Suspicious 21</td>
</tr>
<tr>
<td>Male : Female</td>
<td>Male 5: Female 9</td>
<td>Male 13: Female 17</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-20</td>
<td>(11-18 at the time of disaster)</td>
<td>8-21</td>
</tr>
<tr>
<td>6-18 at the time of disaster)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>6.0-33.0mm</td>
<td>5.2-34.1mm</td>
</tr>
</tbody>
</table>

Source: Materials provided in the 12th Prefectural Oversight Committee Meeting for Fukushima Health Management Survey

Results of Thyroid Ultrasound Examination of Fukushima Health Management Survey

⇒ http://www.fmu.ac.jp/radiationhealth/results/
About this news letter

Stories & Facts from Fukushima is a newsletter presenting real stories of Fukushima and its background after the nuclear disaster of Fukushima No.1 Nuclear Power plant happened on Mar.11, 2011.

Having 2 years passed since the disaster, this newsletter aims to introduce present situation of Fukushima people (both living inside and outside Fukushima) and to explain the facts behind their life.

Some of the contents are linked to our website, Fukushima on the Globe (www.fukushimaontheglobe.com). Please see the site as well as this newsletter.

We welcome your feedback.

Acknowledgement

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Our project in Fukushima is funded by organizations as listed below:

- CWS Japan
  (A member of Act Alliance)

- Direct Relief International
- Shinnyo-En
- Rissho Kosei-kai
- Annon Fund

【Reference】Incidence of thyroid cancer in Belarus 1985-2004

Source: IPPNW and GFS Report, Health effects of Chernobyl, April 2011, p.50