



# General Assembly

Distr.: General  
date

English only

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## Human Rights Council

Twenty-fourth session

Agenda item 3

**Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development**

### **Written statement\* submitted by Human Rights Now, a non-governmental organization in special consultative status\***

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[22 August 2013]

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\* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

## **Civil Society calls for immediate action to protect the rights to health and life of people affected by the nuclear accident in Fukushima, Japan.**

### 1. Background

More than two years have passed since the nuclear accident at the Fukushima Dai-ichi Nuclear Power Station, North East Japan on March 11, 2011. The accident released a huge amount of radioactive material—initial government estimates were 168 times of that released by the atomic bomb in Hiroshima—but the magnitude of the contamination is far beyond the initial estimation. This poses serious risks to the health of the local population. The government response has been insufficient to protect people’s rights to life, health and reproductive health, especially for those most vulnerable to radiation, such as infants, children and pregnant women.<sup>1</sup>

### 2. People living in contaminated areas

Many people in Fukushima still live in highly contaminated areas, as the government limited the evacuation zones based on a 20 millisieverts per year (mSv/year) exposure standard, which is 20 times greater than the international standard set by ICRP. There are huge areas with large populations that are not included within the evacuation zone, including large cities such as Fukushima and Koriyama city.

Without sufficient financial support for evacuation from the government, many people who cannot afford to relocate have no choice but to remain in contaminated areas. Relying on the 20mSv/year exposure standard, the government cancelled the evacuation zone in Date City; TEPCO company ceased to provide compensation for evacuees from Date City; and many residents were forced to return to the contaminated area.

### 3. Rights to health of the affected people

The Japanese authorities have taken few measures to protect people’s right to health in contaminated areas.

The administration of free periodic and comprehensive health checks for symptoms related to radiation have not been established for affected people. People living outside evacuation zones have still not been provided with any health check related to radiation except thyroid examinations for children.

The prefectural government conducts thyroid examinations only for school students under the age of 18, and it will take 3 years to finish “preliminary examinations” for all children in Fukushima. The Government has limited follow-up tests to once every two years for children who have thyroid nodules less than 5 mm or cysts less than 20mm.

A recent health survey concluded that 18 affected children were diagnosed with thyroid cancer, and another 25 children are under investigation with serious concerns about their chances for thyroid cancer.<sup>2</sup>

Despite this, the government provides no proper guidance regarding the risks associated with radiation exposure. Instead, it has reiterated its position that there is “no evidence of physical harm

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<sup>1</sup> Human Rights Now is an international human rights NGO based in Tokyo, Japan < <http://hrn.or.jp/eng/>>

<sup>2</sup> Fukushima Health Management Survey, August 20, 2013.

under 100mSv/year” and the national government even published a school textbook containing this assertion. Working under such an assumption, all policy is formulated without citizen participation.

#### 4. Lack of Implementation of the Law

In June 2012, the Act on Protection and Support for the Victims of Nuclear Power Plant Accidents was enacted. The law prescribes that the government take measures to support self-evacuation, provide long-term medical care and medical checkups, and ensure access to information as well as proper risk communication. However, none of these measures have been implemented yet. There is no special program of assistance for self-evacuation yet, and the scope of the affected persons receiving government support has not yet been decided.

Prior to the accident, the Japanese government had various standards set for acceptable radiation dosages, including a 1 mSv/year standard and prohibitions against citizens entering areas with more than 5 mSv/year in radiation. The Government’s actions following the disaster disregard these standards.

#### 5. Recommendations of Special Rapporteur Grover

In November 2012, the UN Special Rapporteur on health, Anand Grover visited Japan in order to investigate the implementation of the right to health after the nuclear disaster in Japan. Upon undertaking the investigation in Japan, the Special rapporteur submitted a report and recommendations to the 23<sup>rd</sup> Human Rights Council in May 2013.<sup>3</sup>

SR Grover expressed grave concern over the right to health of affected people, and recommended the Japanese government to take comprehensive measure to protect civilian from nuclear health hazard.

SR Grover stated that there is no low-threshold limit for excess radiation risk to cancers based on epidemiological studies, and radiation dose limits shall have the least impact upon the right to health of people, taking into account the greater vulnerability of such groups as pregnant women and children. Based on this, SR Grover made concrete recommendations such as to *“Formulate a national plan on evacuation zones and dose limits of radiation by using current scientific evidence, based on human rights rather than on a risk-benefit analysis, and reduce the radiation dose to less than 1mSv/year;”*

Human Rights Now, a Tokyo based international human rights NGO, together with civil society groups in Japan<sup>4</sup> as well as international experts<sup>5</sup> welcomes the SR Grover’s recommendations. It further urges the Japanese government to seriously review ongoing policy and ensure people’s right to live in a safe environment with radiation exposures less than 1mSv/year.

#### 6. The government’s unwillingness to implement the SR recommendations.

The Japanese Government’s response to Special Rapporteur Grover’s recommendations, however, demonstrated a general unwillingness to fulfill its human rights obligations; instead, the Government utilized a cost-benefit approach and relied on claims that many of the

<sup>3</sup> A/HRC/23/41/Add.3

<sup>4</sup> In Japan, More than 100 Civil Society Groups and thousands of Individual joined the petition to support the Grover’s recommendations.

<sup>5</sup> “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” <http://peaceandhealthblog.com/2013/06/05/fukushima-disaster/>

recommendations were unscientific.<sup>6</sup>

In particular, the government strongly rejected the recommendation related to “radiation dose levels of less than 1mSv/year” noting that “*Based on the data from Hiroshima and Nagasaki, it is believed that the effects on health from radiation exposure are less significant than the effects from other causes or nonexistent as long as the exposure is at the level of 100mSv or less.*”<sup>7</sup>

However, this assertion does not reflect recent studies which show the health risks of low levels of radiation on affected people in Hiroshima and Nagasaki. The government also cited the findings of international bodies incorrectly and misleadingly in order to negate the health risks due to low levels of radiation.

Such behavior of the Japanese government demonstrates its unwillingness to take all necessary measures to protect affected people from health hazards unless the population lives within an area with radiation levels exceeding 20mSv/year.

In order to fulfill its obligations under the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Government of Japan should reconsider its use of reference levels, expand its testing procedures, consider establishing national radiation and cancer registries and take greater efforts to provide for accountability and transparency in its response to the disaster.

7. In the two years since the Fukushima disaster, the government’s actions have been insufficient and lag far behind policy carried out after Chernobyl.

The accident at Fukushima is still in many ways ongoing. Individuals are still uneasy about what impacts the accident will have on their health and the health of those they love.

Grave concerns remain about the ability of TEPCO and the Government to contain radiation and to store radioactive topsoil throughout the affected area.

On August 21 2013, Japan's Nuclear Regulation Authority declared a fresh leak of contaminated water from the plant a level 3 "serious incident," the gravest warning issued since the original meltdown. The international community must continue to monitor the accident as continued radiation leaks could have global effects.

HRN urges the Japanese government to immediately implement the SR Grover’s recommendations, in particular the following:

- Establish regularly updated emergency response plans that clearly demarcate the command structures and specify evacuation zones, evacuation centres;
- Release disaster-related information to the public as soon as a nuclear accident occurs;
- Formulate a national plan on evacuation zones and dose limits of radiation by using current scientific evidence, based on human rights rather than on a risk-benefit analysis, and reduce the radiation dose to less than 1mSv/year;
- Provide, in schoolbooks and materials, accurate information about the risk of radiation exposure and the increased vulnerability of children to radiation exposure;
- Incorporate validated independent data, including that from affected communities, to monitor radiation levels;
- Provide funding for relocation, housing, employment, education and other essential support needed by those who chose to evacuate, stay or return to any area where radiation

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<sup>6</sup> See A/HRC/23/41/Add.5/Rev.1 p. 8, response to the 78(a), p14-15, General Remark

<sup>7</sup> See A/HRC/23/41/Add.5/Rev.1 p. 16, Contents 9.

- exceeds 1mSv/year;
- Continue monitoring the impact of radiation on the health of affected persons through holistic and comprehensive screening for a considerable length of time and make appropriate treatment available to those in need;
- The health management survey should be provided to persons residing in all affected areas with radiation exposure higher than 1mSv/year;
- Avoid limiting the health check-up for children to thyroid checks and extend check-ups for all possible health effects, including urine and blood tests;
- Monitor the health effects of radiation on nuclear plant workers and provide necessary treatment.

HRN also requests the Human Rights Council to continuously monitor the situation of rights to health, food and other fundamental human rights of the affected people of the nuclear disaster in Japan and implementation status of the SR Grover's recommendations.

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