

MISSION PERMANENTE DU JAPON
AUPRÈS DES ORGANISATIONS INTERNATIONALES
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The Permanent Mission of Japan to the United Nations and Other International Organizations in Geneva presents its compliments to the Secretariat of the Human Rights Council Advisory Committee and, with reference to Note Verbale ref. Nr. MN/UN/518 dated 16 December 2013 and the latter's Note Verbale dated 25 September 2013, has the honour to transmit herewith the updated information on the questionnaire from the Government of Japan pursuant to the Human Rights Council Resolution No. 22/16 of 21 March 2013".

The Permanent Mission of Japan to the United Nations and Other International Organizations in Geneva avails itself of this opportunity to renew to the Secretariat of the Human Rights Council Advisory Committee the assurances of its highest consideration.

Geneva, 15 August 2014



Enclosure mentioned

OHCHR REGISTRY

21 AUG 2014

Recipients :.....*HRC-AC*.....
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Report of the Special Rapporteur on the right of everyone to the enjoyment of the
highest attainable standard of physical and mental health,

Anand Grover,

Mission to Japan (15- 26 November 2012)

Addendum (Updates)

<Introduction>

The Government of Japan cooperated to its utmost with Anand Grover, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, on his mission to Japan in November 2012 with the involvement of a number of ministries, based on his request and in light of the recommendations of the second UPR (Universal Periodic Review) cycle.

The Government recognizes that the health management for the affected residents is of considerable importance. Therefore, it has been working on their health management taking into account the latest findings of medical experts. rather than approaching the possibility of influence on health in a limited way.

We, the Government of Japan, have been taking various measures to improve situations which were mentioned in Mr. Grover's report. The main points of improvement are described in the following:

While Mr. Grover's report reflects his personal and independent perspective, we made some comments on his draft report in advance concerning misunderstanding of the facts from a scientific and juridical viewpoint in response to his request. It seems that his report which was finally submitted to the Human Rights Council does not reflect our comments sufficiently; therefore, we are attaching those comments to this document.

<Reply to the recommendations>

76. The Special Rapporteur urges the Government to implement the following recommendations in the formulation and implementation of its nuclear emergency response system:

(a) Establish regularly updated emergency response plans that clearly demarcate the command structures and specify evacuation zones, evacuation centres, and provide guidelines for assisting vulnerable groups;

This has been already carried out.

The Nuclear Regulation Authority has established new Guidelines on Nuclear Emergency Preparedness. The Guidelines specify operational and technical matters including the perspectives of evacuation and the off-site emergency zones.

Furthermore, on the basis of law, the central government, local governments and operators of nuclear facilities have developed their emergency action plans respectively.

(b) Communicate disaster management plans, including response and evacuation measures, to residents of areas likely to be affected by a nuclear accident;

This has been already carried out.

In the regional disaster prevention plans crafted by local governments, evacuation plans have been developed, and they have been made open to the public by the local governments.

(c) Release disaster-related information to the public as soon as a nuclear accident occurs;

This has been already carried out.

The central government has been prepared to implement necessary measures in a flexible way to protect residents from radiation caused by a nuclear accident and to disseminate information to the public and news media in a prompt manner.

(d) Distribute promptly iodine prophylaxis before or as soon as the accident occurs;

This has been already carried out.

A distribution and in-taking of stable iodine agent have been described by the Nuclear

Regulation Authority in the new Guidelines on Nuclear Emergency Preparedness.

(e) Provide for prompt and effective usage of such technology as SPEEDI in gathering and disseminating information on affected areas;

The central government has already provided the results of SPEEDI (System for Predictions of Environmental Emergency Dose Information).

Results of SPEEDI, that is a system to predict a diffusion of radioactive materials in the air, are made use of for establishing evacuation plans. And the results are uploaded on the central government's web-site which is open to the public. The results of SPEEDI on the prediction of a diffusion of radioactive materials caused by the accident at Fukushima Dai-ichi Nuclear Power Station have continued to be open to the public.

Furthermore, other information than the SPEEDI results is able to be shared quickly among relevant contact points through a video conference system and others, which connect contact points of the central government, local governments and operators of nuclear facilities.

The central government has been prepared to implement necessary measures in a flexible way to protect residents from radiation caused by a nuclear accident and to disseminate information to the public and news media in a prompt manner.

77. With respect to health monitoring of the affected population, the Special Rapporteur urges the Government to implement the following recommendations:

The Government recognizes that health management for the affected residents is of considerable importance. It also regards that respecting the perspectives of medical experts sufficiently when considering the place and process of health management is important, and understands that expert committees constituted of local doctors and experts, which have been set up in Fukushima Prefecture and other neighboring prefectures, have discussed the policies of health management. On the basis of the governor of Fukushima Prefecture's decision, which states that Fukushima Prefecture should take the initiative on conducting middle- and long-term health management, the Government has been financially and technically supporting the

health management survey of Fukushima Prefecture. Furthermore, it understands that the contents of the health management includes all types of management which is regarded as necessary by the committee on the basis of the accumulation of knowledge of medical experts such as 2008 report of the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR).

The Government will continue to work on health management taking into account the latest findings of medical experts, rather than approaching the possibility of influence on health in a limited way.

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| (a) Continue monitoring the impact of radiation on the health of affected persons through holistic and comprehensive screening for a considerable length of time and provide appropriate treatment available to those in need; |
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This has already been completed. The Government of Japan made a financial contribution (JPY 78.2 billion) for the Fukushima Health Management Survey in order to enable mid- and long-range health-care for the residents of Fukushima prefecture, especially for children and the residents who lived in the evacuation zone.

The Fukushima Health Management Survey consists of a basic survey (estimation of external dose) covering the population of Fukushima (2 million people) and four detailed surveys: a thyroid ultrasound examination (residents between 0 and 18 years), a comprehensive health check (residents of all ages living in the evacuation zones), a mental health and lifestyle survey (residents of all ages living in the evacuation zones) and a pregnancy and birth survey (of around 16,000 women who received maternal and child health care in Fukushima Prefecture) [1].

The Government will continue to manage the health of the residents appropriately.

Reference

[1] Fukushima Medical University, *Fukushima Health Management Survey* (<http://www.fmu.ac.jp/radiationhealth/survey/>)

(b) The health management survey should be provided to persons residing in all affected areas with radiation exposure higher than 1 mSv/year;

This has already been completed. There are not sufficient scientific bases for the claim that health management is necessary for residents who lived in areas where additional radiation dose is 1 mSv/year. Thus, the recommendation of the Special Rapporteur, which does not have scientific bases, is not acceptable without changing the content of the recommendation.

The annual background radiation dose in Japan was estimated at 2.1 mSv. When adding an extra 1 mSv/year due to the nuclear accident, the annual radiation dose increases to 3.1 mSv/year. This value is similar with the background radiation dose of the USA (3.1 mSv) and that of many countries in Europe (2 – 7 mSv/year). When using an effective dose, the effect of the additional radiation due to the nuclear accident is equal to that of the background radiation. If those exposed to a radiation dose of ~3 mSv/year must be included as the subjects of a health management survey, many countries, where residents are exposed to a radiation dose of ~3 mSv/year, should conduct a health management survey for radiation. Medical and scientific bases are necessary for consideration when we discuss if the residents who live in the areas with additional 1 mSv/year should be included among the subjects of the health management survey.

Health management has been performed for residents of Japan regardless of the nuclear accident (e.g. once a year for students at school). Moreover, a person who is aware of a certain symptom can consult a doctor at a medical institution without restriction.

The content of the health monitoring of residents concerning the nuclear accident has been decided based on scientific bases and estimation of radiation exposure. In the areas where radiation dose is relatively high or where long-term evacuation is expected, individual radiation doses are estimated and blood tests are carried out. In the areas where radiation dose is relatively low and the areas which need to investigate health conditions other than health effects of radiation doses, health conditions of residents can be monitored with the data of existing health check-ups and medical institutions, whether or not residents are exposed to an additional 1 mSv of radiation dose over a year. The WHO assessed that the health risk from the Fukushima nuclear accident, and suggested that the increases in the incidence of human disease attributable to the additional radiation exposure from the nuclear accident are likely to remain below

detectable levels [1]. UNSCEAR is now assessing the effect of the nuclear accident on health of residents as well as the WHO reports. The Government will continue to working on measures so that suitable support will be provided to the people who truly need it.

Reference

[1] WHO, *Health risk assessment from the nuclear accident after the 2011 Great East Japan earthquake and tsunami, based on a preliminary dose estimation* (2013), pp.92.

(c) Ensure greater participation and higher response rates in all health surveys;

This has already been completed. Investigators have supported writing questionnaires by visiting makeshift houses and hearing from evacuees to increase response rate of questionnaires for the estimation of individual radiation dose (basic survey). Moreover, various support is being provided to assist formulating questionnaires by municipalities, such as face-to-face instruction and seminars.

The thyroid examination has been conducted since November 1, 2012 in all prefectures so that evacuees can consult the examination at the place they live now. There are 77 institutions where the examination can be consulted, in all prefectures outside Fukushima prefecture. The thyroid screening has been performed for about 150,000 subjects and the consultation rate of the subjects to date is about 85% (summarized data until January 2013) [1].

Reference

[1] Fukushima Medical University, *Proceedings of the 10th Committee Meeting for Fukushima Health Management Survey, Thyroid Ultrasound Examination* (<http://www.fmu.ac.jp/radiationhealth/results/20130213.html>)

(d) Ensure that the basic health management survey includes information on the specific health condition of individuals and other factors that may exacerbate the effect of radiation exposure on their health;

This has already been completed. A considerably wide range of health effects shall be

investigated when combining the data of the health management survey due to the nuclear accident with the existing health check-ups and also from the medical institutions as mentioned at 77(a).

(e) 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;

Although some misunderstandings are in fact included in his opinion, the recommendation has already been carried out. However, his opinion about urine and blood test have little scientific basis, and thus we cannot accept it. A child's health survey is not limited to an ultrasound examination of thyroid. Urinalysis and an electrocardiogram are carried out in the existing health check-ups shown by 77 (b), and also the blood test is carried out in the areas where doses of radioactivity are relatively high. These examinations are chosen because the examination is scientifically required or its necessity is indicated.

On the other hand, the necessity of examination could not be demonstrated scientifically for the examination recommended by the Special Rapporteur. A health survey conducted on normal, healthy people is rare and, therefore, many researchers are interested in conducting research. However, we will not consider the option of forcing unnecessary examination.

(f) Make follow-up and secondary examination for children's thyroid check up available to all requesting children and parents;

This has already been completed under the Fukushima Health Management Survey. As mentioned previously in 77(b), a person who is aware of a certain symptom can seek required medical examination at a medical institution without restriction. Children can also receive medical consultations as well.

(g) Simplify children's and their parents' access to information regarding their test results, while ensuring the protection of private information;

It has already been carried out under the Fukushima health management survey. The results of ultrasound thyroid examination have been provided to all subjects. In addition, the detailed explanation that the Special Rapporteur pointed out was demanded by approximately 200 persons out of 170,000 persons who were examined in relation to the thyroid, and we have explained the results to all of them (summarized data until January 2013).

(h) Refrain from restricting examination for internal exposure to whole-body counters and provide it to all affected population, including residents, evacuees, and to persons outside Fukushima prefecture;

As the Rapporteur's indication has little scientific basis, we cannot accept it.

Though the Rapporteur requests internal exposure investigation by urinalysis widely, whole body counting (WBC), which can examine more easily and accurately, was chosen to examine residents, preferentially children and pregnant women in Fukushima prefecture. As detailed explanation, urine testing requires the labor of collecting urine samples for a whole day because the concentration varies over the course of a day. It is not realistic to force residents (especially children and pregnant women) to collect urine samples for a whole day.

At the beginning of the health management survey, we compared the estimates of internal exposure between WBC and urine tests as a sampling test. However, the results did not correspond well. Basically, the estimation of internal dose by urinalysis is not very reliable relative to the estimation by WBC because there is variability in biological half-life. Thus, urinalysis was not chosen as an alternative method for WBC to estimate the internal dose of residents in Fukushima prefecture.

The Special Rapporteur recommends estimating internal dose of radioactive strontium (Sr-90), which emits beta-radiation, by urinalysis because it is difficult to measure beta-radiation by WBC. Because contamination of Sr-90 is much less than that of radioactive cesium in the Fukushima nuclear accident, it is reasonable to focus on the internal dose of cesium. The concentration of Sr-90 was between 1/19,000 and 1/600 of that of radioactive cesium in the monthly fallout measured by the Ministry of Education, Culture, Sports, Science and Technology (MEXT) [1] Thus, there is no strong incentive to measure concentration of Sr-90 in urine as part of the health management of residents.

Based on these scientific bases, we perform an examination of internal dose by WBC as part of the health management of the residents in the Fukushima prefecture.

Because there is not reasonable cause to force the residents to undergo an examination whose priority is medically low, recommendations which are not based on medical and scientific bases are not acceptable.

In Fukushima Prefecture, 123,050 persons have been examined for the internal exposure derived from this accident as of the end of March 2013. The data from Fukushima prefecture indicate that more than 99.9% of the residents' internal exposure was less than 1 mSv and that their highest internal exposure was approximately 3 mSv [2]. The radiation dose of this result is within the range for a natural radiation dose.

The WHO assessed the health risk from the Fukushima nuclear accident, and their results suggest that the increases in the incidence of human disease attributable to the additional radiation exposure from the nuclear accident are likely to remain below detectable levels. UNSCEAR is now assessing influence of the nuclear accident on the health of residents as well as the WHO reports. The Government will continue to work on measures so that suitable support will be provided to the people who truly need it.

References

- [1] Analysis of strontium-90 in the monthly fallout of each prefecture (http://radioactivity.nsr.go.jp/ja/contents/6000/5808/24/194_Sr_0724.pdf : in Japanese).
- [2] Website of the Fukushima Prefecture (http://wwwcms.pref.fukushima.jp/pcp_portal/PortalServlet?DISPLAY_ID=DIRECT&NEXT_DISPLAY_ID=U000004&CONTENTS_ID=26211 : in Japanese, accessed 2 May 2013).

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| (i) Ensure mental health facilities, goods and services are available to all evacuees and residents, especially vulnerable groups such as older persons, children and pregnant women; |
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As the Great East Japan Earthquake forced many people to live in shelters for a long time, problems associated with shelters' life became evident: Some almost instantly, such as shortage of goods and insufficient installation of barrier-free facilities. Other

issues, such as the need to keep up the physical and mental well-being of evacuees, emerged as the stay prolonged.

In a situation where “lifelines”— gas, electricity, water, transportation and other vital services—were cut off, and supplies of food, medicines and other necessities inadequate, those who stayed at home after the disaster were put into a more severe condition than those who went to shelters. They were often left out and did not receive information such as regarding arrivals and distributions of relief supplies, and were forced into a difficult situation as a result. Based on these lessons learned, the Disaster Countermeasures Basic Act was amended in June 2013 to stipulate the obligation of “emergency response managers”, such as the head of the local and municipal governments, to give “appropriate consideration” to the living environments of evacuees, in shelters as well as locations other than shelters.

Following the amendment in August 2013, the government formulated “Guidelines for Action toward Ensuring Sound Living Environment in Shelters” mainly for the use of municipal governments. These will serve as a reference when they deal with issues regarding the improvement of living environments in shelters.

With regard to the elderly in temporary housing, the Council of Social Welfare provides them regular visits and offers counseling and other activities to support them. In addition, “support centers for care-givers” were set up in the temporary housing areas to provide counseling, care-giving services, and offer places for interaction with local residents at the same time.

Mental healthcare professionals also visit homes and temporary housing units to offer medical services and consultation.

In addition, as part of our efforts to provide children with mental/psychological care, the Government of Japan (MEXT: the Ministry of Education, Culture, Sports, Science and Technology) is implementing the following efforts:

- Emergency dispatch service of school counselors and other specialists

The Government of Japan is dispatching school counselors and other specialists to schools in disaster-stricken areas, and providing continuous mental healthcare support to children suffering from the after-effects of the disaster.

• Mental healthcare promotion project

The Government of Japan provides training sessions to school teachers on mental healthcare, holds various symposiums, etc.

MEXT tries to disseminate information on the project and raise awareness nationwide on proper mental healthcare.

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| (k) Monitor the health effects of radiation on nuclear plant workers and provide necessary treatment. |
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Regarding workers regularly engaged in radiation work such as nuclear plant workers, relevant regulations obligate employers to conduct necessary medical examinations once every 6 months. Necessary treatment will be provided based on the results of medical examinations.

Furthermore, based on governmental guidelines, additional examinations are provided to workers who were engaged in emergency work in Fukushima Daiichi NPP during the period that emergency exposure dose limits were increased to 250mSv (March 14 to December 16, 2011) in accordance with the exposure dose of the said workers. MHLW (the Ministry of Health, Labour and Welfare) has been collecting and recording the results of medical examinations for the said workers in its database. Necessary treatment will be provided based on the results of additional medical examinations.

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| 78. The Special Rapporteur urges the Government to implement the following recommendations regarding policies and information on radiation dose: |
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| (a) Formulate a national plan on evacuation zones and safe 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; |
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The Government of Japan set the evacuation areas based on a globally accepted recommendation of the ICRP and discussion between domestic and foreign experts on radiation.

The ICRP also recommends that the transition from an emergency exposure situation to an existing exposure situation should be managed by keeping exposures as low as

reasonably achievable, taking into account economic and societal factors as well as the distribution of doses and benefits resulting from the implementation of the protection strategies.

(b) Provide, in schoolbooks and materials, accurate information about the risk radiation exposure and about the increased vulnerability of children to radiation exposure;

New supplementary material on radiation for middle and high school students published in February 2014 by the Ministry of Education, Culture, Sports, Science and Technology states that the issue of the ill effects of radiation exposure on human health has yet to be settled scientifically; that there are various opinions regarding whether exposure to low-level radiation, particularly below 100mSv, will lead to cancer and other illnesses; and that it is necessary to bring together a great deal of knowledge and to take prompt, deliberative action in order to secure our safety in regard to low-dose exposure. At the same time, the material includes the International Commission on Radiological Protection's advice that efforts should be taken within reason to minimize exposure, assuming that there is a direct proportional relationship between low levels of exposure and increases in cancer fatalities, despite the lack of scientific certitude. In addition, the material states that the safety standards for radioactive substances in infant foods and milk are set at half those of general foods due to the greater potential sensitivity to radioactive exposure of children.

The safety standards for radioactive substances in milk and baby food are set twice as strictly as other food, since children are believed to be more susceptible, the material notes, and intake of radioactive cesium and other substances released after the nuclear power plant explosion should be kept as low as possible to prevent unnecessary internal exposure. Other topics include safety testing of school lunches and clean-up efforts of contaminated schoolyards in Fukushima Prefecture. Supplementary material for elementary school students carries basically the same information expressed in simpler language.

(c) Incorporate validated independent data, including that from the communities, to monitor radiation levels.

Concerning radiation monitoring, the central government has implemented precise

monitoring activities in cooperation with relevant organizations in line with the Overall Coordinated Radiation Monitoring Plan developed by the central government. Under the plan, it has been required that the quality and validation of monitoring data taken and provided by various relevant organizations should be ensured as open to the public. In this regard, the organizations of radiation monitoring have been required to adhere to the above-described plan. The central government has continued to implement radiation monitoring activities with the ensured quality and validation of monitoring data.

79. Regarding decontamination, the Special Rapporteur urges the Government to adopt the following recommendations:

(a) Formulate urgently a clear, time-bound plan to reduce radiation levels to less than 1mSv/year;

The Cabinet decision in December 2013 on “the policy for accelerating Fukushima's reconstruction from the nuclear disaster” confirmed the following policies:

In order to mitigate fears on the effects of radiation on their health, the individual radiation doses, which vary according to diverse lifestyles and behavior patterns, will be measured. Then the government will have the responsibility to continue implementing policies to reduce additional exposure and to address returnees' anxieties regarding their health.

The government will implement comprehensive and multi-layered protection measures, including the following:

- Promote monitoring and control of individual radiation levels through provision of results with considerate explanations
- Implement measures for returnees to lower radiation exposure, such as introducing a “radiation map” that informs of the differing radiation levels of affected areas; promotion of decontamination activities while giving consideration to reconstruction efforts
- Enhance healthcare activities, such as health counseling and consultation services by public health nurses
- Implement accurate and comprehensive “risk communication” to local residents
- Establish “counselors system” to make counseling service available to returnees in their efforts to reduce radiation exposure; Prepare to establish a focal point to support the counselors.

The government will take local situations into account, with a roadmap made in

consultation with respective local governments and communities when implementing the measures, which may change in accordance with the actual progress and decrease of individual radiation exposure as a result of these policies.

The government's long-term goal is to limit returnees' additional radiation exposure to 1mSv/year and less.

(NOTE: this part is a tentative translation of the Cabinet decision.)

As mentioned above, decontamination activities will be implemented taking into due consideration to the progress of reconstruction.

(b) Clearly mark sites where radioactive debris is stored;

Regarding temporary storage sites, such measures as below are being taken to mark them clearly based on the Act on Special Measures Concerning the Handling of Radioactive Pollution.

- To install an enclosure to prevent any person from indiscriminately entering the sites.
- To set up boards which clearly state, with an emergency contact number, that the space is a temporary storage site.

(c) Provide, with the participation of the community, safe and appropriate temporary and final storage facilities for radioactive debris;

Temporary storage sites are indispensable to conduct decontamination work.

So the Ministry of the Environment as well as related municipalities have been endeavouring to secure storage sites, paying due attention the safety of storage while obtaining local stakeholders' consent.

As for final disposal facility, the government will give this very important issue considerable thought while hearing a wide range of opinions.

80. The Special Rapporteur urges the Government to implement the following recommendations regarding transparency and accountability within the regulatory framework:

(a) Require compliance of the regulatory authority and the nuclear power plant operators with internationally agreed safety standards and guidelines;

The Nuclear Regulation Authority newly developed regulatory requirements for nuclear power reactors, taking into account the lessons learnt from the accident at Fukushima Dai-ichi Nuclear Power Station and the IAEA nuclear safety standards, etc. to a greater extent, which will go into effect in July 2013. The regulatory requirements are opened to the public through the following web-site:

<http://www.nsr.go.jp/english/>

(b) Ensure disclosure by members of the Nuclear Regulatory Authority of their association with the nuclear power industry;

The website of Prime Minister's Cabinet Secretariat

[<http://www.cas.go.jp/jp/genpatsujiko/info/proposals.html>] leads to information (in Japanese) on the past and present association of the NRA Chairperson and Commissioners with the nuclear industry which was uploaded on the Cabinet Secretariat's website on 26 July 2012 prior to their appointment, taking into account the resolution made at the Environment Committee of Representatives House. In this regard, this draft sentence should be corrected to "Public disclosure of past or present association with the nuclear industry was required and made prior to the appointment of its Chairperson and Commissioners."

Furthermore, in this regard, paragraph 80 (b) should be corrected in due course.

(c) Make information collected by the Nuclear Regulation Authority, including regulations and compliance of nuclear power plant operators with domestic and international safety standards and guidelines, publicly available for independent monitoring;

As "independent monitoring" is regarded as monitoring activities by some organizations that are completely unrelated to the Nuclear Regulation Authority (NRA), the NRA is not in the position to be involved in such independent monitoring activities.