



# Human Rights Now

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### **Persisting and Emerging Issues on the Fundamental Human Rights of People Affected by the Fukushima Dai-ichi Nuclear Power Station Accident**

#### **1. Introduction**

Hundreds of thousands of people were displaced by the 2011 Fukushima nuclear accident. Although five years have passed since the accident, much of the surrounding area remains highly contaminated. Yet, the Japanese government now plans to end support for evacuation and enforce resettlement.

The then-United Nations Special Rapporteur on the right to health, Anand Grover, made an official visit to Fukushima in November 2012 and released a report on his findings in May 2013.<sup>1</sup> Yet, the Japanese government continues to ignore recommendations made by SR Grover and the UN Human Rights Committee to reform its policies pursuant to international human rights standards. Many people, including children and pregnant women, still live in highly contaminated areas, as the government declared a “safety” threshold of 20mSv/year. This threshold is twenty times higher than the standard set by the International Commission on Radiological Protection.

There have been thousands of deaths due to inadequate housing, namely due to living conditions in the evacuation centers, and numerous cases of thyroid cancer have been diagnosed in children from Fukushima Prefecture. The fact that new cases of thyroid cancer continue to be diagnosed suggests that it is being caused by radiation. Therefore, the government’s plan to end support for evacuation and enforce resettlement would put the health of thousands of its citizens in danger and is in violation of its obligation to provide adequate housing.

#### **2. Human Rights Situations in Fukushima**

##### **a. Termination of government support for evacuees**

Today, 99,000 people remain displaced as a result of the accident.<sup>2</sup> Regardless of the high contamination levels that remain in the affected areas, the government plans to end support for evacuation and enforce resettlement.

On March 30, 2012, the government reclassified the evacuation zones. Areas with an annual radiation dose of less than 20mSv/year had been divided into zones where “habitation is restricted (yellow)” and where the government was “preparing to lift orders (green).” The third evacuation area was classified as “return is difficult (red)” and referred to “[a]reas where the annual integral dose of radiation is expected to be 20mSv or more within five years and the current integral dose of radiation per year is 50mSv or

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<sup>1</sup> A/HRC/23/41/Add.3.

<sup>2</sup> Japan Reconstruction Agency, *Current Status of Reconstruction and Challenges*, March 2016, [http://www.reconstruction.go.jp/english/topics/Progress\\_to\\_date/image/20160307\\_Current\\_Status\\_of\\_Reconstruction\\_and\\_Challenges\\_rev1.pdf](http://www.reconstruction.go.jp/english/topics/Progress_to_date/image/20160307_Current_Status_of_Reconstruction_and_Challenges_rev1.pdf)

more.”<sup>3</sup> The Japanese government decided to lift the designations of all “green” and “yellow” areas by March 2017.<sup>4</sup>

As a result of this decision, in April 2017, the government will no longer provide free housing for evacuees who choose not to return.<sup>5</sup> By March 2018, the Tokyo Electric Power Company (TEPCO) will terminate the 100,000 yen per month compensation payments that the company currently provides to 54,800 evacuees with homes located in regions with radiation levels as high as 50mSv/year.

The termination of support for evacuees will result in vulnerable groups, such as low-income families and individuals, being forced to return to areas that have a radiation level well above the international standard. Although this will likely cause significant risk to the health, both physical and mental, of those who return, the government does not have a plan to mitigate health risks.

For example, one of the groups that is especially vulnerable is women who evacuated with their children while their husbands remained in zones deemed “safe” by the government. These women face pressure and harassment, especially from family and relatives but also from friends, to return. They also face financial pressure as they often travel between where they evacuated to and their original homes. Some mothers who evacuated with their children have suffered from mental illness or have fallen ill due to these social and financial pressures. Also, as five years have passed since they settled in new communities, evacuees with children especially face difficulties as they have to deal with transfers of schools and its effect on their children if they are forced to return.

## **b. Health effects of radiation**

Health monitoring and treatment policies remain inadequate. Although many health issues are bound to arise with exposure to radiation, the administration of free, periodic, and comprehensive health checks related to radiation have not been established.

Thyroid examinations remain only available to those who were under 18 years old at the time of the accident and resided in the affected area. Follow-up tests are only performed every other year. Additionally, residents outside of Fukushima and adults are excluded from the thyroid examinations, and the government does not conduct other health examinations related to radiation.<sup>6</sup>

To date, 131 cases of thyroid cancer have been identified among affected children.<sup>7</sup> This is an increase from the 113 children who were originally diagnosed as having or believing to have thyroid cancer, as a result of examinations from 2011 to 2013. The fact that new cases of thyroid cancer are being discovered in children not originally diagnosed in the first survey suggests that the cause of the cancer is radiation. However, both the

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<sup>3</sup> Ministry of Economy, Trade and Industry, March 30, 2012, [http://www.meti.go.jp/english/earthquake/nuclear/roadmap/20120330\\_01.html](http://www.meti.go.jp/english/earthquake/nuclear/roadmap/20120330_01.html).

<sup>4</sup> Nuclear Emergency Response Headquarters, June 12, 2015, [http://www.meti.go.jp/earthquake/nuclear/kinkyu/pdf/2015/0612\\_01.pdf](http://www.meti.go.jp/earthquake/nuclear/kinkyu/pdf/2015/0612_01.pdf).

<sup>5</sup> Yuri Kageyama, *Nuclear refugees tell of distrust, pressure to return to Fukushima*, March 11, 2016, <http://www.japantimes.co.jp/news/2016/03/11/national/nuclear-refugees-tell-distrust-pressure-return-fukushima/#.V14TQPI97IV>

<sup>6</sup> While adults and residents outside of Fukushima may go to hospitals and get health checks, they must pay the fees for these examinations, which eliminates economically vulnerable residents from receiving sufficient health care.

<sup>7</sup> Yuri Oiwa, *15 more child thyroid cancer cases found in Fukushima*, June 7, 2016, <http://www.asahi.com/ajw/articles/AJ201606070042.html>

local government of Fukushima Prefecture and the national government of Japan deny this view, underestimating the risks of radiation.<sup>8</sup>

Health issues are particularly concerning as the government is, as noted above, moving to lift evacuation orders for still-contaminated regions where the level of contamination is less than 50mSv/year. The number of cases of thyroid cancer and other health issues can only be expected to increase once the government ends its support for evacuees, essentially forcing those affected by the accident to return to these contaminated areas.

### **c. Persistent failure to implement relevant UN recommendations**

SR Grover, in his report to the 23rd Human Rights Council, expressed grave concern over the right to health of people affected by the accident, and recommended the Japanese government take comprehensive measures.<sup>9</sup>

SR Grover noted that while the Japanese government maintains that it is safe to inhabit areas with radiation dose of up to 20mSv/year, as there is no excessive risk of cancer below 100mSv, there is a scientific possibility that the incidence of cancer or hereditary disorders will increase in direct proportion to an increase in radiation dose below about 100mSv.<sup>10</sup> Additionally, SR Grover highlighted the fact that in setting radiation dose limits, these limits should have the least impact upon people's right to health, taking into account the greater vulnerability of groups like pregnant women and children. Based on this, SR Grover recommended that the Japanese government "[f]ormulate 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."<sup>11</sup>

He also noted that evacuees should be recommended to return "only when the radiation dose has been reduced as far as possible and to levels below 1 mSv/year. In the meantime, the Government should continue providing financial support and subsidies to all evacuees so that they can make a voluntary decision to return to their homes or remain evacuated."<sup>12</sup>

Regarding health surveys, the SR recommended that the Japanese government "[c]ontinue monitoring the impact of radiation on the health of affected persons through holistic and comprehensive screening for a considerable length of time . . . The health management survey should be provided to persons residing in all affected areas with radiation exposure higher than 1mSv/year."<sup>13</sup>

Additionally, in 2014, the UN Human Rights Committee recommended that the Japanese government "lift the designation of contaminated locations as evacuation areas only where the radiation level does not place the residents at risk."<sup>14</sup>

However, the Japanese government persistently fails to implement these recommendations and its recent policies are completely adverse to them.

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<sup>8</sup> Announcement by the Japanese Government, [http://www.kantei.go.jp/saigai/senmonka\\_g62.html](http://www.kantei.go.jp/saigai/senmonka_g62.html).

<sup>9</sup> A/HRC/23/41/Add.3.

<sup>10</sup> Id.

<sup>11</sup> Id.

<sup>12</sup> Id.

<sup>13</sup> Id.

<sup>14</sup> CCPR/C/JPN/CO/6, para. 24.

### **3. Disaster-related deaths**

The government has collected information regarding deaths connected to the March 11 earthquake (Earthquake-related deaths) and deaths connected to the March 11 nuclear reactor accident (Fukushima-related deaths). Earthquake-related deaths include people who died or committed suicide due to the stress and hardships of living in evacuation centers after the earthquake. Fukushima-related deaths include people who died due to their health deteriorating after being forced to evacuate after the nuclear accident. As of September 30, 2015, there have been a total of 1,428 Earthquake-related deaths outside of Fukushima Prefecture.<sup>15</sup> Within Fukushima Prefecture, the number, as of February 8, 2016, is 2,013.<sup>16</sup> Also, as of April 2015, there have been at least 1,232 Fukushima-related deaths in Fukushima Prefecture.<sup>17</sup>

### **4. Recommendations**

Human Rights Now (HRN) is gravely concerned over the persistent failure of the Japanese government to protect the rights of affected people and urges the government to reform all relevant policies based on the UN recommendations. Terminating evacuation support will force vulnerable groups, such as low-income families and mothers who evacuated with their children, to return to still-contaminated areas. Enforcing resettlement cannot be considered to be fulfilling the government's obligation to provide adequate housing because, as noted above, high radiation levels have led to thyroid cancer and will likely result in other health issues. All policies must be formulated with a victims-based and rights-based approach to:

- 1) Revise the 2015 decision to lift evacuation orders;
- 2) Revise the 2015 decision to cease housing support for evacuees from non-designated areas;
- 3) Protect all affected evacuees as Internally Displaced Persons and provide all necessary financial and material support to ensure their rights to housing, health, environment, and family;
- 4) Formulate a national plan on evacuation zones and radiation dose limits to protect those most vulnerable, and reduce the classification of safe radiation levels to that of less than 1mSv/year;
- 5) 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 exceeds 1mSv/year;
- 6) Reform health monitoring policy and conduct comprehensive and long-term health check-ups for affected people living in areas with radiation doses exceeding 1mSv/year;
- 7) Ensure effective consultation with affected people.
- 8) Conduct in-depth-research on the root causes of disaster-related deaths, and establish a national policy to prevent their recurrence.

HRN further requests the UN Special Rapporteur on adequate housing to conduct an official visit to Japan and make an effort to prevent further violations.

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<sup>15</sup> Japan Reconstruction Agency, December 25, 2015, [http://www.reconstruction.go.jp/topics/main-cat2/sub-cat2-6/20151225\\_kanrenshi.pdf](http://www.reconstruction.go.jp/topics/main-cat2/sub-cat2-6/20151225_kanrenshi.pdf)

<sup>16</sup> <https://www.pref.fukushima.lg.jp/uploaded/attachment/150768.pdf>

<sup>17</sup> <http://matome.naver.jp/odai/2142819442165493401>