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**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.

[15 February 2016]

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



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

1. Introduction

Five years have passed since the 2011 nuclear accident at the Fukushima Dai-ichi Nuclear Power Station, Northeast Japan. It released a huge amount of radioactive material—initial government estimates were 168 times the atomic bomb in Hiroshima—but the magnitude of the contamination is far beyond this. This poses serious risks to the environment and local population's health.

Nevertheless, the government response has been insufficient to protect people's rights to life and health, particularly those most vulnerable to radiation such as infants, children, and pregnant women.¹ As of January 2016, 56,338 people remain as evacuees,² and the government has not adequately addressed their housing rights.

2. People living in contaminated areas

Many people still live in highly contaminated areas as the government based evacuation zones on a 20 millisieverts per year (mSv/year) exposure standard, 20 times greater than the standard set by the International Commission on Radiological Protection (ICRP).

Outside the evacuation zone, the government does not provide sufficient evacuation support. It has also not provided sufficient health monitoring nor protective measures for affected people including children. Without sufficient evacuation support, poorer people have no choice but to remain in contaminated areas.

3. Human rights situation of evacuees

(1) On March 30, 2012, the government rearranged the evacuation areas into three areas. The criterion to distinguish Areas 1 and 2 was an annual radiation dose less than 20mSv/year, while Area 3 refers to "Areas 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 more."³

In 2015, the Japanese government decided to lift the designations of all areas except Area 3 by March 2017.⁴ As a result, most evacuee support will be terminated, and compensation by the Tokyo Electric Power Company (TEPCO) will also be terminated in March 2018.⁵ Without any choices, poorer citizens will be virtually forced to return to contaminated areas.

No consideration of affected communities' opinion was taken into account for this decision. Although it will cause significant risk, in particular to infants, children, and pregnant women, the government does not have any plan to mitigate health risks.

(3) Neither the government nor TEPCO has provided sufficient support or compensation for residents evacuated from non-designated areas, and government support has been limited to free housing. Even here the government decided to terminate housing support in March 2017.⁶ Obviously, such decisions virtually force evacuees to return to contaminated areas.⁷ Once again, evacuees' opinions were unconsidered.

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

² Japanese Reconstruction Agency on January 28, 2016, <http://www.reconstruction.go.jp/topics/main-cat2/sub-cat2-1/hinanshasuu.html>.

³ Ministry of Economy, Trade and Industry, March 30, 2012, http://www.meti.go.jp/english/earthquake/nuclear/roadmap/20120330_01.html.

⁴ Nuclear Emergency Response Headquarters on June 12, 2015, <http://www.meti.go.jp/earthquake/nuclear/kinkyu.html>.

⁵ Although the initial plan was until March 2017, they have decided to extend the time for another year. Announcement by TEPCO, August 26, 2015, http://www.tepco.co.jp/cc/press/2015/1258474_6818.html.

⁶ Fukushima Prefecture, February 3, 2016, <http://www.pref.fukushima.lg.jp/sec/16055b/hinansya-shiensaku-tsuikakohyo.html>.

⁷ There is no specific aid for rental housing in the private sector after the termination, while those had been evacuees from designated areas receive it. Fukushima Prefecture Website,

3. Issues on Health

1) Lack of Surveys and Medical Care.

Japanese authorities have taken only a few measures to protect people's right to health in contaminated areas. Although many health issues need to be considered, the administration of free, periodic, and comprehensive health checks related to radiation have not been established for affected people.

People outside evacuation zones do not receive any health check related to radiation except thyroid examinations for children.⁸ The only substantive health check conducted by the prefectural government is thyroid ultrasound examinations every two years; however, it is limited to children under age of 18 who live or used to live in Fukushima prefecture. Adults and residents outside Fukushima are excluded.⁹

2) Survey Results on Thyroid Cancer

As a result of the thyroid examinations in Fukushima from 2011 to 2013, 113 children were diagnosed with or believed to have thyroid cancer.¹⁰ In the second survey in 2014, 39 children were added.¹¹

The fact that the 2014 survey found new cases among children not diagnosed by the first survey suggests that these new cases were caused by radiation. However, both Fukushima Prefecture and the government deny this view, underestimating the risks of radiation.¹²

The government provides no proper guidance regarding radiation risks. Instead, it has reiterated its position that there is "no evidence of physical harm under 100mSv/year."

4. Persistent failure to implement relevant UN recommendations

Mr. Anand Grover, UN Special Rapporteur on the right to health, submitted a report on this issue to the 23rd Human Rights Council in May 2013.¹³ In the report, SR Grover expressed grave concern over the right to health of affected people and recommended the Japanese government take comprehensive measures.

SR Grover noted that epidemiological studies set no low-threshold limit for radiation cancer risks, and radiation dose limits shall 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 made 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."¹⁴

He also stated 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."¹⁵

Regarding health surveys, the SR recommended the Japanese government to "Continue 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 1 mSv/year."¹⁶

In addition, 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."¹⁷

<http://www.pref.fukushima.lg.jp/sec/16055b/hinansya-shiensaku-tsuikakohyo.html>

⁸ The Fukushima prefecture provides "Comprehensive Health Checks" and "Mental Health and Lifestyle Surveys" only for the people who lived evacuation zones at the time of the accident.

⁹ While it may be said that health checks are accessible to those in need when they go to hospitals on their own, people will be charged with fees when they take health checks on their own, which eliminates economically vulnerable residents from receiving sufficient health care.

¹⁰ <http://www.pref.fukushima.lg.jp/uploaded/attachment/129302.pdf>.

¹¹ <http://www.pref.fukushima.lg.jp/uploaded/attachment/143774.pdf>.

¹² Announcement by the Japanese Government, http://www.kantei.go.jp/saigai/senmonka_g62.html.

¹³ A/HRC/23/41/Add.3.

¹⁴ Id.

¹⁵ Id.

¹⁶ Id.

¹⁷ CCPR/C/JPN/CO/6, para. 24.

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

5. 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.

All policies must be formulated with a victims-based and rights-based approach to:

- 1) Revise the 2015 decision to lift the evacuation zone;
- 2) Revise the 2015 decision to cease housing support for evacuees from non-designated areas;
- 3) Protect all affected evacuees as IDPs 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 dose limits of radiation to protect the most vulnerable people and reduce the radiation dose to 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.

HRN requests the Human Rights Council continuously monitor the human rights situation of people affected by the nuclear disaster and the implementation status of relevant UN recommendations.

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 among affected people.
