

(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 air, are to be used as a reference for establishing evacuation plans. The results are uploaded on the central government's web-site for publishing open to the public. The results of SPEEDI on prediction of a diffusion of radioactive materials caused by the accident at Fukushima Dai-ichi Nuclear Power Station have continued to be opened 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 to protect residents from radiation caused by a nuclear accident in a flexible way and 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 the health management for the affected residents is significantly important. It also regards that respecting the perspectives of medical experts sufficiently on considering the place and process of health management is important, and understands that expert's committees constituted of local doctors and experts, which have been set in Fukushima Prefecture and other neighboring prefectures, discussed on the policies of health management. On the basis of the Governor of Fukushima Prefecture's opinion, which states that the Fukushima Prefecture should conduct middle and long-term health management independently,

the Government has been financially and technically supported the health management survey of the Fukushima Prefecture. Furthermore, it understand the contents of the health management includes all types of managements which is regarded as necessity 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 the health management respecting the latest perspectives of medical experts without getting the possibilities of health effect restrictively.

(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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Already 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 in the 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;

Already 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.

Annual background radiation dose in Japan was estimated at 2.1 mSv. When adding 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 effective dose, effect of the additional radiation due to the nuclear accident is equal with that of the background radiation. If residents exposed with radiation dose of ~3 mSv/year must be included as the subjects of the health management survey, many countries, where residents are exposed with radiation dose of ~3 mSv/year, should conduct health management survey for radiation. Medical and scientific bases are necessary when we discuss if the residents who live in the areas with additional 1 mSv/year should be included in the subjects of the health management survey.

Health management has been performed for residents in Japan regardless of the nuclear accident (e.g. once a year for students at school). Moreover, a person who feels a certain symptom can consult a doctor at a medical institution without restriction. 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 area where radiation dose is relatively high or where long-term evacuation is expected, individual radiation dose is estimated and the blood test is carried out. In the area where radiation dose is relatively low and the area which needs to investigate health condition other than health effect of radiation dose, health conditions of residents can be monitored with the data of existing health check-ups and medical institutions whether residents gain additional 1 mSv of radiation dose in a year or not. 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]. The UNSCEAR is now assessing influence 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 the support.

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;

Already 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 supports are provided to support writing questionnaires by municipalities such as facing instruction and seminars.

The thyroid examination could have been consulted since November 1, 2012 in the 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 the all prefectures outside the Fukushima prefecture. The thyroid screening is 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;

Already completed. As mentioned previously at 77(b), when we will merge the data of the health management survey due to the nuclear accident with the data of existing health check-ups and from medical institutions, the health effect due to the accident can be monitored substantially.

(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 carried out. However, his opinion about urine and blood test is deficient in a 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 area where a dose of radioactivity is relatively high. These examinations are chosen because the examination is scientifically required or its necessity is indicated.

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

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

Already completed in the Fukushima Health Management Survey. As mentioned previously at 77(b), a person who feels a certain symptom can consult required medical examination at a medical institution without limitation. Children can also consult medical examination 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 carried out in Fukushima health management survey. The results of ultrasound thyroid examination have been answered to all subjects. In addition, the detailed explanation that the Special Rapporteur pointed out was demanded by approximately 200 persons of 170,000 persons who were examined in relation to thyroid, and we have explained 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;

Because the Rapporteur indication is deficient in a scientific basis, we cannot accept it.

Though the Rapporteur demands to conduct 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 the Fukushima prefecture. In detail explanation, urine testing requires the labor of collecting urine samples for a whole day because the concentration varies over 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 agree well. Basically, estimation of internal dose by urinalysis is not much reliable relative to the estimation by WBC because there is variability in biological half-life. Thus, urinalysis is not chosen as an alternative method for WBC to estimate internal dose of residents in the 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 the health management of the residents. Based on these scientific bases, we perform examination of internal dose by WBC as health management of the residents in the Fukushima prefecture.

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

In Fukushima Prefecture, 123,050 persons have been examined the internal exposure derived from this accident by the end of March, 2013. The data from the Fukushima prefecture indicate that more than 99.9% of the residents' internal exposure was less than 1 mSv and that highest internal exposure of them was approximately 3 mSv [2].

The radiation dose of this result is within the range of the natural radiation dose.

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. The UNSCEAR is now assessing influence of the nuclear accident on 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 the support.

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).

(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;

Due to the problems of structure and management of shelters, some people requiring assistance during a disaster could not stay in shelters. Moreover, some of them obliged to stay at their own homes because establishment of welfare evacuation centers was not well informed, and it prevented receiving enough information and assistance.

Based on these issues, the committee consists of experts was established in FY 2012.

The committee discussed about the contents which should be included in the guidelines for ensuring sound living environment, and compiled the report.

Hereafter, the government will establish “Guidelines for Ensuring Sound Living Environment in Shelters” based on the report.

※厚労英文未提出

As part of our efforts to provide mental/psychological care to children, the Japanese Government (MEXT) is implementing the following efforts.

• Urgent dispatch of school counselors and other specialists The Japanese Government is dispatching school counselors and other specialists to schools in disaster-stricken areas, and providing necessary assistance for continuous mental healthcare to children suffering from the aftereffects of the disaster.

• Mental healthcare countermeasures

The Government is holding training sessions targeting school teachers on mental healthcare as well as various symposiums and other opportunities.

MEXT is aiming to diffuse information and raise awareness nationwide on proper mental healthcare.

(k) Monitor the health effects of radiation on nuclear plant workers and provide necessary treatment.

78. The Special Rapporteur urges the Government to implement the following recommendations regarding policies and information on radiation dose:

(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;

Government of Japan set the evacuation areas based on a globally accepted recommendation of ICRP and discussion between domestic and foreign experts for radiation.

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;

In October 2011, MEXT issued a supplementary reader about radiation. Regarding the

relation between radiation levels and the effect on health, the reader states that no clear evidence has been presented to show that exposure to low levels of radiation at less than 100 mSv for short periods of time leads to cancer and other illnesses. At the same time, however, the reader also includes the International Commission on Radiological Protection's (ICRP) belief that even in cases of exposure to radiation up to 100 mSv, a proportional relationship exists between radiation exposure and cancer death rates, and the ICRP's warning that exposure to radiation should be kept to levels as low as possible. The reader also states that radiation is one cause of cancer, along with smoking, food and dietary habits, viruses, air pollution, and so on, and that it is important to reduce exposure to radiation as much as possible.

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

Concerning radiation monitoring, the central government has implemented careful monitoring activities in cooperation with relevant organizations in line with the Overall Coordinated Radiation Monitoring Plan developed by the central government. In the plan, it has been required that the quality and validation of monitoring data taken and provided by plural relevant organizations should be ensured for publishing them 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;

※環境省（除染）英文未提出

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

※環境省（除染）英文未提出

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

※環境省（除染）英文未提出

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-learned from the accident at Fukushima Dai-ichi Nuclear Power Station and the IAEA nuclear safety standards, etc. to a greater extent, which will get 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 nothing to do with the Nuclear Regulation Authority (NRA), the NRA is not in the position to be involved in such independent monitoring activities.

(d) Ensure that TEPCO and other third parties are held accountable for the nuclear accident and that their liability to pay compensation or reconstruction efforts is not shifted to taxpayers.

Based on the Act on Compensation for Nuclear Damage (Act No. 147 of 1961), TEPCO is responsible to compensate for the damage on the Fukushima Daiichi nuclear power plant accident.

Payment of compensation is made by TEPCO funded by Nuclear Damage Liability Facilitation Fund (NDF), the mutual aid fund consisting of all the nuclear operators, established in accordance with the Nuclear Damage Compensation Facilitation Corporation Act. The nuclear operators including TEPCO are obliged to pay general contribution to NDF every year. In addition to that, TEPCO which caused the accident needs to pay additional contribution to NDF.

According to the Supplementary Provision of the Act, at an early date after the enforcement of this Act, on the basis of verification of the causes of the 2011 Nuclear Accident, the progress situation of compensation for nuclear damage pertaining to the 2011 Nuclear Accident, and economic and financial situations, etc., the government shall review the status of enforcement of this Act including the burden among the nuclear operator receiving the Financial Assistance pertaining to the 2011 Nuclear Accident, the government and other nuclear operators, and the burden on shareholders and any other relevant persons of said nuclear operator, etc., from the view point of minimizing burden on citizens, and shall take necessary measures based on the result of this review.

Under the Basic Act on Reconstruction, Japanese government addresses various measures to achieve reconstruction and revitalization from the Great East Japan Earthquake as soon as possible, which is the top priority of Japanese government. Japan continues to accelerate our reconstruction measures together with private sectors for sure.

(Notes) Japan believes that it is the responsibility of the government to address reconstruction measures. The government's reconstruction efforts should be discussed separately from TEPCO's responsibility and compensation. Therefore, to mention 'reconstruction efforts' in this paragraph is inappropriate.

81. In relation to compensation and relief, the Special Rapporteur urges the Government to implement the following recommendations:

(a) Formulate, with the participation of the affected communities, the implementing framework under the Victims Support Law;

We, the Government of Japan, are currently studying it. In the process, we are listening to the views of victims.

(b) Include cost of reconstruction and restoration of lives within the relief package;

We, the Government of Japan, have taken and will continue to take necessary measures for alleviating the burden on the victims.

(c) Provide free health check-ups and treatment that may be required for health effects from the nuclear accident and radiation exposure;

Already 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 in the Fukushima prefecture, especially for 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).

The Government will continue to manage the health of the residents appropriately, and thus the health survey will provide free health examination to the subjects.

(d) Ensure that compensation claims by affected persons against TEPCO are settled without further delay;

MEXT established the Dispute Reconciliation Committee for Nuclear Damage Compensation on April 11, 2011, in accordance with the Atomic Energy Damage Compensation Law. The Reconciliation Committee formulated guidelines specifying types and scopes of damage for which compensation should be provided immediately and uniformly when the categorization of such damages is possible, as well as mediates settlements of disputes regarding compensation.

Developing the principles of compensation for properties, METI (Ministry of Economic, Trade and Industry) that hold jurisdiction over TEPCO (Tokyo Electric Power Company) reflected the opinion of local communities on it and took measures necessary to accomplish compensation without delay.

82. The Special Rapporteur urges the Government to ensure effective community participation, especially participation of vulnerable groups, in all aspects of the decision-making processes related to nuclear energy policy and the nuclear regulatory framework, including decisions regarding nuclear power plant operations, evacuation zones, radiation limits, health monitoring and compensation amounts.

The members of Advisory Committee for Natural Resources and Energy, which is organized by METI, are now discussing energy and nuclear policy aiming to decide new Basic Energy Policy Plan. One of the governors from the local area with nuclear power facilities is included in the members of the committee. Moreover, the new plan will be decided through the public comment system. In addition, anyone can submit their opinions to the committee for the discussion through the website at any time.

Upon restarting reactor, whose safety is assured, our government will try to get the understanding of local governments with nuclear power facilities and their cooperation.

From the standpoint of transparency in nuclear regulation, the Nuclear Regulation Authority has been making available the opportunities to listen to the stakeholders through soliciting public comments and other ways in development of new regulatory requirements and their regulations.

<Other additional comments>

Regarding paragraph 39,

MEXT has entrusted the Fukushima Prefectural Board of Education to provide lectures and practical advice by physicians and sports trainers in order to remedy the problems affecting children of a lack of exercise and psychological stress as their going outside and activities outdoors are being constrained due to concerns about radioactivity.

Regarding paragraph 53,

“The long-term goal is to reduce radiation levels below 1mSv/year.” should be amended to “The long-term goal is to reduce additional exposure dose below 1mSv/year” for the clarification of the meaning of 1 mSv/y.

Regarding paragraph 54,

As for the sentence of “It is regrettable that there are neither specific measures nor a timeline for decontamination beyond 2013 and to levels less than 1mSv/year.”, the government of Japan is planning to review the result of decontamination in summer 2013, and consequently elaborate decontamination plan beyond 2013.

Regarding paragraph 55,

Children-related facilities such as schools are decontaminated on a priority basis, and surrounding areas are to be decontaminated later according to the plan, if needed. Thus, the expression of “isolated” is not the case, and the sentence “decontamination of school ...hot spots” is not necessary.

Furthermore, it is confirmed that preceding decontamination of schools and playgrounds is sufficient at a certain level.

Regarding paragraph 56,

Decontamination work is undertaken by the contractors of the national government or municipalities. However, if volunteers conduct some decontamination work exceptionally, the venue is limited to the area with relatively low dose, and relevant measures are to be taken such as provision of information regarding radiation protection,

Regarding paragraph 57,

When removal soil, etc. is stored, measures to prevent from human health impact are taken such as radiation shielding.

Regarding paragraph 58,

Basic principles (roadmap) on interim storage sites, etc. were already published in October, 2011.

In addition, when removal soil, etc. is stored, measures to prevent from human health impact are taken such as radiation shielding. Therefore, description such as “posing a health hazard to residents” is not the case.

(end)