

Submission to the UN Human Rights Council by Greenpeace Japan

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The Fukushima Daiichi nuclear disaster and violations of survivors' human rights

Introduction

The 2011 Fukushima Daiichi nuclear disaster is one of only two INES¹ Level 7 events in world history – the other being Chernobyl. The radiological catastrophe has resulted in an ongoing human security crisis due to the failures of successive Japanese governments to protect the human rights of survivors of the Fukushima nuclear catastrophe. While the disaster had an undeniably enormous impact on all those in the affected communities – whether they chose to evacuate or to stay – the burden and consequences have created a disproportionate and continuing impact on vulnerable populations, notably women, children, the elderly, and the disabled.

Greenpeace is particularly concerned with the violations of women's and children's rights, both in the immediate aftermath and as a result of the current reconstruction policies, as they are more vulnerable to both the health effects of radiation exposure and are at greater economic and political disadvantage. These violations include: the right to the highest attainable standard of physical and mental health, including the right to information and participation in matters impacting one's health; the right to a healthy environment; the right to housing; the rights of Internally Displaced Persons – including the unique needs of vulnerable groups, such as the right of women to be protected from gender-based violence; and the rights of the Child to participation, health, survival, and development – including the right to play.

A decade prior to the Fukushima Daiichi disaster, the government of Japan had been warned of serious policy failures regarding its civil nuclear program and emergency planning by the UN Committee on Economic, Social and Cultural Rights.² These issues included a lack of transparency regarding the safety of nuclear installations and a lack of adequate preparation and early response in the event of a nuclear accident. These problems were not adequately addressed, which resulted in numerous human rights violations when the disaster occurred.

While the violations that occurred in the aftermath of the disaster can largely be characterized as systemic policy failure and lack of legislative action on known issues, the current policies of the Abe government on nuclear reactor restarts and the repopulation of the contaminated zones can only be characterized as deliberate, structural violence against the victims of the Fukushima disaster.

In the emergency phase of the accident, the Japanese government redefined the acceptable level of radiation exposure to 20 mSv/year for Fukushima-impacted areas.³ Thus, designations for evacuation zones were quite limited – restricted to areas where cumulative yearly doses would reach 20 mSv or above. Those who evacuated from contaminated areas that fell under this significantly increased limit became so-called “self-evacuees”, as they were not subject to a mandatory order. The current repopulation policy means that Fukushima victims from within the designated areas will lose their already inadequate compensation payments one year after the evacuation orders are lifted. Evacuees from outside the evacuation order area are currently facing with the loss of their housing support. Women, already at a severe economic disadvantage, will be more heavily impacted. Many may be forced to return to Fukushima against their wishes.

This impossible dilemma – whether to return for economic reasons or to try to stay in the uncontaminated community to which they evacuated without any support – is a looming human rights crisis. And, it is but one in a successive list of human rights violations perpetrated by the Japanese government against the Fukushima nuclear victims.

Political & Legal Framework

Japan is party to the International Covenant on Economic, Social and Cultural Rights; the Convention on the Elimination of All Forms of Racial Discrimination; the Convention on the Elimination of All Forms of Discrimination Against Women; the Convention on the Rights of the Child, including its two Optional Protocols; and the International Convention for the Protection of All Persons from Enforced Disappearance. These treaties obligate Japan to uphold citizens' right to health, defined as the: “right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

Inherent in the right to health is the right to knowledge and participation, so that individuals may make informed choices regarding their health.

Japan's constitution, Articles 13 and 25, also enshrines the protection of Personal Rights – so much so that a district court judge ruled in 2014 that the threat to individuals' personal rights, particularly the threat to health and lifestyle, by an impending restart of the Ohi 3&4 nuclear reactors violated Japan's constitution.

In addition, while Japan's Diet unanimously approved a special law, the Nuclear Disaster Victims Support Act of 2012⁴, to ensure long-term support for the disaster victims and to guarantee them necessary information to enable them to make freely informed decisions about where to live, their domestically guaranteed rights under this law are being violated at the same time as their international human rights are denied.

Lack of Participation and Representation

Women were, and continue to be, significantly underrepresented in decision-making bodies for emergency planning, evacuation center leadership, and reconstruction. Thus, in the emergency response in 2011, women had little say in decisions that immediately affected them, as was noted in the 2013 report by the UN Special Rapporteur on the Right to Health⁵ Anand Grover following his visit to Japan to assess the situation of Fukushima disaster survivors.⁶

This lack of representation and opportunity to participate in decisions that directly affect the lives of women has persisted in the Japanese Government's reconstruction efforts. The Reconstruction Agency's senior management, including the federal Minister, State Ministers, and Parliamentary Vice-Ministers are all men.⁷ Further, the regional bureau and branch chiefs and vice-chiefs are also all male.⁸ The national Reconstruction Promotion Council⁹, a Ministerial-level entity headed by Prime Minister Shinzo Abe, which includes all 19 Ministers, eight of the Vice-Ministers, and the Deputy Chief Cabinet Secretary, does have three women out of its total 29 participants. This is solely because it is a cross-agency council, and the Defense Minister, the Minister in charge of the Tokyo Olympic and Paralympic Games, and the Minister for Internal Affairs and Communications/Minister of State for the Social Security and Tax Number System are women. This body is responsible for the coordination and implementation of the reconstruction efforts. Further, the Reconstruction Promotion Committee¹⁰ – which monitors the reconstruction progress and acts as an expert advisory body to the Prime Minister – does include five women on a committee of 15 people. Yet even here, women are outnumbered 2 to 1.

Given this gross underrepresentation of women in the decision-making and advisory bodies that are creating and implementing the reconstruction policies, including the lifting of evacuation orders, the opportunity for women's interests, needs, and concerns to be reflected in formal policies is all but non-existent.

Radiological Contamination and Resettlement

While environmental contamination, even to known carcinogens such as radiation, is impossible to link definitively to individual cases of cancer or other known health outcomes, numerous epidemiological studies of chronic low-dose exposure across diverse populations have demonstrated significant effects on human health. Concern regarding the exposure of vulnerable populations to the significantly raised, post-disaster 20 mSv/year limit was expressed by the Japan Medical Association early on.¹¹ This was echoed in UN Special Rapporteur Grover's 2013 report to the UN.¹²

Despite this, the Japanese government has maintained its post-disaster elevated limit of up to 20 mSv/year as its resettlement standard. It is important to understand that an area with a 20 mSv/year dose rate in 2011 would result in a much lower lifetime dose for someone residing there than an area at 20 mSv/year in 2017. This is because an area with contamination causing dose exposures up to 20 mSv/year in 2011 would include both long- and shorter-lived radionuclides. For these areas, fairly rapid reductions in radiation levels would be expected in the next 5 years due to the fast decay of these short-lived radionuclides. In contrast, in 2017, as short-lived radionuclides have largely decayed, contamination is primarily from long-lived radionuclides that persist in the environment for decades to centuries. Thus, an area with contamination causing dose exposures up to 20 mSv/year currently will remain persistently contaminated at high levels for the foreseeable future, with very gradual reductions largely following the long decay times of the radionuclides present.

Women and children are more vulnerable to the effects of ionizing radiation than are adult men. Further, female fetuses, infants and girls are at far greater risk than their male counterparts (See Annex A). It is particularly important for women who are pregnant or may become pregnant to avoid unnecessary, i.e. excluding medically required, ionizing radiation

exposures, both internal and external. Thus, the violation of women's human rights in the wake of the Fukushima disaster and the Government's resettlement policy is particularly pointed in this area: while radiation exposure poses a myriad of potential health risks for all people, it is women and girls who are most vulnerable to its effects – the same population that is less able, as a whole, to protect themselves from radiation exposure due to unequal power distribution between the sexes within households and in broader Japanese society.

The Greenpeace Radiation Protection Advisors team¹ has conducted numerous radiation monitoring surveys in the contaminated region starting from two weeks after the disaster began, including in Iitate Village where orders will largely be lifted on 31st March 2017, apart from Area 3. Due to significantly delayed evacuation in 2011, the people of Iitate were the most exposed population in Japan to the radiological contamination from the Fukushima nuclear disaster. The lifting of evacuation orders will move forward, despite the fact that only 24% of the total area of Iitate has been decontaminated (5,600ha¹³ out of a total area of 23,013 ha¹⁴). Even after decontamination work is completed, radiation levels remain too high for citizens to safely live there. A year later, former residents of the areas lifted will lose their compensation payments, whether they return or not.

The most recent Greenpeace case study of houses in Iitate where orders will be lifted showed that if residents were to move back, they would receive a lifetime dose over 70 years, beginning from March 2017, of up to 183 mSv.¹⁵ This would be in addition to the unknown, very high doses received in the month or more they resided here after the disaster began in 2011. This also assumes they remain in the areas decontaminated, and do not venture into the untouched and heavily contaminated forests. In this rural community, the forest was an integral part of life for the villagers, including not only livelihoods dependent on forestry, but also providing seasonal wild foodstuffs and wood burned for heating. Further, the recontamination of decontaminated areas is an ever-present risk, and one that increases with spring snowmelt and autumn typhoons.¹⁶

The resettlement policy does not acknowledge this increases risk to women and children living in a contaminated environment, but actively downplays those risks. Children appear to be particularly targeted by this effort. As was noted by UN Special Rapporteur Grover misleading information was presented to children in their textbooks as mandatory reading.¹⁷ This means that decisions taken by children cannot be said to be freely made as they are likely based upon inaccurate or incomplete representations of the facts. Rather than the situation improving, it would appear the desensitization of children to the risks posed by radiation exposure is both systematic and increasing (See Annex B). This lack of accurate information, paired with the loss of housing support for those evacuated from outside the designated zones in March 2017, and the loss of compensation payments to evacuees in the areas where orders are scheduled to be lifted in March 2018, presents an urgent and immediate threat to survivors' right to life, right to health, right to housing, and right to environment.

Mental Health

It is quite clear that the mental health consequences of the Fukushima disaster are pervasive and potentially life-threatening. In a region of Japan that already was economically disadvantaged¹⁸ and had suffered much higher suicide rates before the disaster than the average for Japan, the ongoing radiological crisis has exacerbated the problem.¹⁹ In 2014, the suicide rates in the three hardest-hit prefectures (Fukushima, Iwate, and Miyagi) ranged between 110 -138 suicides per 100,000 people. The average for Japan that year was only a fraction of that at 19.9 suicides/100,000 people.²⁰

Post-disaster mental health assessments of Fukushima victims have shown shockingly high rates of depression and PTSD symptoms. One case study of survivors from Hirono in Fukushima prefecture found that: "53.5% [of participants] exhibited the clinically concerning symptoms of PTSD, and among them 33.2% indicated clinical PTSD symptoms. Additionally, 66.8% reported symptoms of depression, and among them 33.2% showed mildly depressive symptoms, while 19.1% and 14.5% demonstrated moderate and severe depressive symptoms, respectively."²¹ Women, particularly mothers, are also one of the highest risk groups for mental illness resulting from the disaster (See Annex C).

¹ The Greenpeace Radiation Protection Advisor (RPA) is an international team comprised of highly-trained, expert staff members that advise Greenpeace offices working in potentially contaminated environments. In the wake of Fukushima, this team led the Greenpeace emergency response and radiation monitoring work in the disaster zone. It is helmed by Dr. Rianne Teule.

Disproportionate Economic Impacts

Disasters exacerbate underlying social issues within a society²² – and the ongoing Fukushima nuclear disaster is no exception. Women in Japan are at a significant economic disadvantage due to the enormous disparity in earned income between the sexes.²³ As a result, women were in a uniquely disadvantaged position for coping with the impacts of the Fukushima Daiichi disaster according to their own wishes. This disparity was exacerbated in the aftermath of the disaster when initiatives for industrial recovery in the impacted areas were suspended. As funds dried up, temporary workers were targeted for termination – and women made up 70% of those temporary workers. It was their employment and income that faced the greatest insecurity and was most impacted.²⁴

Compounding these economic hardships, the Japanese Civil Code treats each household as a unit. Support and compensation payments are directed solely to the head of household, which is typically the adult male. This worsens unequal household power distribution and decision-making ability and is particularly cruel in domestic violence situations.²⁵ Female Fukushima evacuees thus face a unique set of circumstances that place them at greater risk for poverty, including: significantly less pre-disaster income than their male counterparts; loss of income and property post-disaster; marital discord resulting from differences of opinion on radiation risks and whether to evacuate resulting in a potential split with the primary income earner in the household; lack of access to compensation money and/or inadequate compensation; and relocation and child rearing costs.²⁶

The Japanese government continues to fail to address this problem. According to a 2013 analysis by Y. Ando, of the Fukushima Bar Association, in the disaster recovery efforts: “[t]here is no emphasis however, on assisting women to become financially independent, women’s workplaces and the conditions and foundations for business start-ups by women are not being supported, and many women are now left facing poverty. Single mothers are especially challenged by these conditions.”²⁷

Recommendations

Greenpeace urges the Human Rights Council to call upon the Japanese government to take immediate action to:

1. Ensure survivors are fully compensated for their losses – including continuation of compensation payments and housing support for those who choose to remain evacuated, and compensation for those returning for their loss of community, in order that individuals may freely exercise their right to choose where to live; and,
2. Provide full, complete, accurate, and easily accessible information regarding radiation levels, the scope of decontamination efforts, and radiation risks to the public, including age-appropriate materials for children; and,
3. Provide full, readily available access for Fukushima victims to their own and their dependents’ medical files and test results; and,
4. Reduce the acceptable additional annual exposure level in Fukushima-impacted areas to a maximum of 1 mSv/year, which would reflect the international standard; and,
5. Ensure full and equal public participation and a formal role for women as well as men in all decision-making processes regarding future lifting of evacuation orders, emergency planning schemes, and nuclear restart decisions; and,
6. Ensure the equal representation of women in leadership positions on emergency planning entities, and full consultation and inclusion of the elderly and disabled; and,
7. Develop and support initiatives aimed at helping Fukushima-impacted women achieve financial independence including, but not limited to, supporting women’s startup businesses, addressing income gaps, and improving the conditions and workplaces of women; and,
8. Appoint a public ombudsperson for children, responsible for safeguarding the rights of children and young persons, especially those affected by the Fukushima Daiichi nuclear disaster.

¹ Defined as a “major release of radioactive material with widespread health and environmental effects requiring implementation of planned and extended countermeasures.” INES: The International Nuclear and Radiological Event Scale User's Manual. 2008 Ed, IAEA-INES-2009; 206 pp.; 7 figures; Date Published: 2013. Pg. 3. *International Atomic Energy Agency*. <http://www-pub.iaea.org/books/IAEABooks/10508/INES-The-International-Nuclear-and-Radiological-Event-Scale-User-s-Manual-2008-Edition>

² Japan Federation of Bar Associations. (17 February 2012). “Submission to the Pre-Sessional Working Group of the Committee on Economic, Social and Cultural Rights.” Pg.100. http://www.nichibenren.or.jp/library/ja/kokusai/humanrights_library/treaty/data/Submission_to_the_PSWG_of_CESCR_en.pdf

³ Istituto Internazionale Maria Ausiliatrice (IIMA). (14 October 2012). “The Situation on the Rights of the Child in Japan.” *Submitted to the Human Rights Council: Universal Periodic Review of Japan..*

http://lib.ohchr.org/HRBodies/UPR/Documents/Session14/JP/IIMA_UPR_JPN_S14_2012_InstituInternatioMariaAulistair_E.pdf

See also: Save the Children. (November 2012). “NGO Submission to the Universal Periodic Review of Japan - November 2012.” *Submitted to the UN Human Rights Council*. <http://www.savechildren.or.jp/scjcms/dat/img/blog/864/1340084800334.pdf>

⁴ “Act on Promotion of Support Measures for the Lives of Disaster Victims to Protect and Support Children and Other Residents Suffering Damage due to Tokyo Electric Power Company's Nuclear Accident.” *Act No. 48 of June 27, 2012*. <http://www.japaneselawtranslation.go.jp/law/detail/?kn%5B%5D=%E2&re=02&ky=%E6%96%B3&page=2>

⁵ These failures resulted in a lack of preventative measures to mitigate gender-based violence, a lack of support networks for victims of sexual and domestic abuse, an inability to access resources, as compensation payments were predominantly distributed to male heads-of-household (a particular problem in domestic violence situations), and a lack of basic needs being met in evacuation centers, such as the provision of sanitary materials and privacy for changing clothing and breastfeeding. See, Grover, A. (2 May 2013). “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. Addendum. Mission to Japan (15 - 26 November 2012).” Human Rights Council. United Nations. Twenty-third Session. Agenda Item 3. Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development. http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session23/A-HRC_23-41-Add3_en.pdf

⁶ Unequal Impact: Women's and Children's Human Rights Violations and the Fukushima Daiichi Nuclear Accident. March 2017. *Greenpeace Japan*. <http://www.greenpeace.org/japan/Global/japan/pdf/Uequal-impact-en.pdf>

⁷ Reconstruction Agency: About Us. English. http://www.reconstruction.go.jp/english/topics/About_us/ Accessed 17 March 2017.

⁸ This information was not available on the website or in any readily accessible document. Greenpeace, thus, called the three regional bureaus directly (Fukushima, Miyagi, and Iwate) to request this information for both the regional and branch offices. This statement is based on the verbal information provided by the three regional offices in March 2017.

⁹ 復興推進会議 構成員 http://www.reconstruction.go.jp/topics/main-cat7/sub-cat7-1/20170310_sankoushiryou1.pdf

¹⁰ 復興推進委員会 委員名簿 http://www.reconstruction.go.jp/topics/main-cat7/sub-cat7-2/20170306_fukkokuushin-iinkai.pdf

¹¹ “The scientific basis for choosing the maximum amount of 20 mSv in the band of 1 to 20 mSv is not clear. The government's action should be more carefully deliberated considering the fact that growing children are more sensitive to radiation exposure compared to adults. We as a nation should make the utmost effort to reduce the exposure to radiation of children, as well as adults. We are responsible for the children's health and life. . . We urgently request that the Japanese National government strive to reduce children's exposure to radiation in the fastest and most effective way possible.[translated from Japanese]. See, 文部科学省「福島県内の学校・校庭等の利用判断における暫定的な考え方」に対する日本医師会の見解 (12 May 2011).

http://dl.med.or.jp/dl-med/teireikaiken/20110512_31.pdf *See for translation:* The Fukushima Network for Saving Children from Radiation, et al. (17 August 2011). “Violation of the Human Rights of the Children of Fukushima” NGO submission to the Office of the High Commissioner for Human Rights/OHCHR. <http://www.foejapan.org/en/news/110819.pdf>

¹² The report stated: “However, life span epidemiological studies of survivors of Hiroshima and Nagasaki bombings point to causal links between long-term exposure to low doses of radiation and the increased incidence of cancer. *The Special Rapporteur considers that disregarding these findings diminishes the understanding of and increases vulnerability to health effects of long-term exposure to low-dose ionising radiation* [emphasis added].” *See:* Grover, A. *op. cit.* (2013).

¹³ 住民の皆さまへ 安心できる毎日を。除染情報サイト。飯館村。 <http://josen.env.go.jp/area/details/iitate.html> Accessed 27 Jan. 2017

¹⁴ Ministry of Agriculture Forestry and Fisheries. Iitate Village. *Government of Japan*. <http://www.machimura.maff.go.jp/machi/contents/07/564/details.html> Accessed 27 Jan. 2017.

¹⁵ “No Return to Normal: House Case Studies of the Current Situation and Potential Lifetime Radiation Exposure in Iitate, Fukushima Prefecture.” February 2017. *Greenpeace Japan*. http://www.greenpeace.org/japan/Global/japan/pdf/NRN_FINweb4.pdf

¹⁶ “Radiation Reloaded: The Ecological Consequences of the Fukushima Daiichi Nuclear Disaster – 5 years later.” *Greenpeace Japan*. (March 2016). <http://www.greenpeace.org/japan/Global/japan/pdf/GPJ-Fukushima-Radiation-Reloaded-Report.pdf>

¹⁷ Grover, A. *op. cit.* (2013).

¹⁸ Goto, A., E. Bromet and K. Fujimori (2015). “Immediate effects of the Fukushima nuclear power plant disaster on depressive symptoms among mothers with infants: a prefectural wide cross-sectional study from the Fukushima Health Management Survey.” *BCM Psychiatry (for the Pregnancy and Birth Survey Group of the Fukushima Health Management Survey)*. 15:59. DOI 10.1186/s12888-015-0443-8

See also: Tetsuya, T. (2014, May). “What March 11 Means to Me: Nuclear Power and the Sacrificial System.” *Asia-Pacific Journal: Japan Focus*. Vol. 12, 19:1. <http://apjif.org/2014/12/19/Takahashi-Tetsuya/4114/article.html>

¹⁹ Worland, J. (11 March 2016). “This May Be the Biggest Health Threat From Fukushima—And It's Still Ongoing.” *TIME*. <http://time.com/4256088/fukushima-mental-health/>

²⁰ “TABLE: Suicide deaths in prefectures affected by the earthquake and tsunami of March, 2011.” *Sourced from Cabinet Office, Japan & Japan Reconstruction Agency*. <http://www.thelancet.com/action/showFullTableImage?tableId=tbl1&pii=S014067361560890X>

²¹ Kukihara, H., et al. (2014). “Trauma, depression, and resilience of earthquake/tsunami/ nuclear disaster survivors of Hirono, Fukushima, Japan.” *Psychiatry and Clinical Neurosciences*; 68: 524–533. doi:10.1111/pcn.12159

²² Wisner, B., et al. (2003). “At Risk: Natural hazards, People's Vulnerability and Natural Disasters. 2nd Ed. Pg. 11.

http://www.preventionweb.net/files/670_72351.pdf *See also:* Ando, Y. (30 April 2013). “Fukushima and Nuclear Crisis 2011 with Gender View.” *Fukushima Bar Association, Japan*. Chapter 15. *Healthcare Management and Economics: Perspectives on Public and Private Administration: Perspectives on Public and Private Administration*. Merviö, Mika Markus. IGI Global. <http://www.igi-global.com/book/healthcare-management-economics/72354>

²³ “Data: Gender Wage Gap.” *OECD: Gender Equality*. <https://www.oecd.org/gender/data/genderwagegap.htm>

²⁴ Ando, Y. *op. cit.* (2013).

²⁵ *Ibid.*

²⁶ Greenpeace Japan. *op. cit.* (March 2017).

²⁷ Ando, Y. *op. cit.* (2013).