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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Report of the Special Rapporteur 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: comments by the State on the report of the Special
Rapporteur***

* Reproduced as received.

Comments of Japan on the report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (15- 26 November 2012), A/HRC/23/41/Add.3.

Introduction

The Government of Japan offered its utmost cooperation to 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 last November 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 of the residents affected by the situation involving Fukushima Dai-ichi Nuclear Power Station is of considerable importance. Therefore, it has been working on health management taking into account the latest findings of medical experts beyond examining 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 document.

While Mr. Grover's report reflects his personal and independent perspective, we have made some comments on his draft report in advance concerning a misunderstanding of the facts from 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 attach 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:
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(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;
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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 a conceptual basis for evacuation and off-site emergency zones.

Furthermore, on the basis of the 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 is 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.

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

This has been already carried out.

Distribution and consumption 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, a system to predict a diffusion of radioactive materials in the air, are made use of when establishing evacuation plans. And the results are uploaded on the central government's web-site so they are 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 open to the public.

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

The central government is 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 of 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 on policies of health management. On the basis of the governor of Fukushima Prefecture's opinion, which states that Fukushima Prefecture should take the initiative on conducting middle- to long-term health management, the Government has been financially and technically supporting the health management survey of Fukushima Prefecture. Furthermore, it understands that health management includes all types of management which are regarded as necessary by the committee on the basis of the accumulated

knowledge of medical experts such as in the 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 account the latest findings of medical experts beyond examining the influence on health in a limited way.

(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;

Already completed. The Government of Japan made a financial contribution (JPY 78.2 billion) for the Fukushima Health Management Survey in order to ensure mid- to 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 radiation 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.

(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 is not a sufficient scientific basis for the claim that health management is necessary for residents who live in areas where the additional radiation dose is 1 mSv/year. Thus, the recommendation of the Special Rapporteur, which does not have a scientific basis, 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 to 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, the effect of the additional radiation due to the nuclear accident is equal to that of the background radiation. If residents exposed to a radiation dose of ~3 mSv/year must be included as subjects of health management survey, many countries, where residents are exposed with radiation doses of ~3 mSv/year, should conduct health management surveys for radiation. Medical and scientific bases are necessary when we discuss whether the residents who live in areas with additional 1 mSv/year should be included as subjects of health management surveys.

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

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

The contents of the health monitoring of residents concerning the nuclear accident has been decided on a scientific basis and an estimation of radiation exposure. In areas where the radiation dose is relatively high or where long-term evacuation is expected, individual radiation doses are estimated and blood tests are carried out. In areas where the radiation dose is relatively low and which needs to investigate health conditions other than health effects of the radiation dose, health conditions of residents can be monitored with the data of existing health check-ups and medical institutions, whether residents are exposed to an additional 1 mSv of radiation dose in a year or not. 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 levels². UNSCEAR is now assessing the influence of the nuclear accident on the health of residents, as well as the WHO. The Government will continue to work on measures so that suitable support will be provided to the people who truly need the support.

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

Already completed. Investigators have supported writing questionnaires by visiting temporary housing and hearing from evacuees to increase the response rate of questionnaires for the estimation of individual radiation doses (basic survey). Moreover, various supports are provided to assist the creation of questionnaires in 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 undergo the examination in the place they currently live. There are 77 institutions where the examination can be consulted, covering all prefectures outside Fukushima Prefecture. The thyroid screening is performed on about 150,000 subjects and the consultation rate of the subjects to date is about 85% (summarized data until January, 2013)³.

(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. 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 in 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 this opinion, the recommendation has already been carried out. There is little scientific basis for urine and blood tests, and thus we cannot accept this recommendation. The children's health survey is not limited to an ultrasound examination of thyroid. Urinalysis and an electrocardiogram are carried out

² 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.

³ 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>)

in the existing health check-ups described in 77 (b), and also blood tests are carried out in the areas where radioactivity doses are relatively high. Such examinations are chosen because the examination is scientifically required or its necessity is indicated.

The necessity of the examination recommended by the Special Rapporteur has not been demonstrated scientifically. A health survey conducted on normal healthy people is rare and, therefore, many researchers are interested in conducting research. However, we do not agree with compelling unnecessary examination.

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

Already completed through the Fukushima Health Management Survey. As mentioned previously in 77(b), a person who is aware of a certain symptom can seek consultation through a medical examination at a medical institution without limitation. Children can also seek consultations through 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;

This was already carried out through the Fukushima health management survey. The results of ultrasound thyroid examination have been presented to all subjects. In addition, the detailed explanation that the Special Rapporteur pointed out was requested by approximately 200 persons of 170,000 persons who were examined in relation to 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;

Because the Rapporteur's indication have little scientific basis, we cannot accept it.

Though the Rapporteur recommends to conduct wide internal exposure investigation by urinalysis, whole body counting (WBC), which can be conducted more easily and accurately, was chosen to examine residents, preferentially children and pregnant women in Fukushima Prefecture. To provide a more detailed explanation, urine testing requires the labor of collecting several urine samples over a whole day because the concentration varies throughout the day. It is not realistic to force residents (especially children and pregnant women) to collect several urine samples over the course of a whole day.

In the beginning of the health management survey, we compared the estimates of internal exposure between WBC and urine tests in a sampling test. However, the results were not consistent. Basically, the estimation of internal dose by urinalysis is not much more 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 internal dose of residents in Fukushima Prefecture.

The Special Rapporteur recommends estimating the 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 from 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).⁴ Thus, there is no strong incentive to measure concentration of Sr-90 in urine for the health management of the residents. Based on this scientific basis, we are conducting examination of internal doses by WBC as part of the health management of the residents in the Fukushima prefecture.

There is no reasonable explanation to compel the residents to undergo examination of low medical priority, and recommendations which do not have a medical and scientific basis are not acceptable.

In Fukushima Prefecture, 123,050 persons were examined for internal exposure resulting from this accident by 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 the highest internal exposure among them was approximately 3 mSv⁵. This result is within the range of the 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. The Government will continue to work on measures so that suitable support will be provided to the people who truly need it.

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| <p>(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;</p> |
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Due to problems of structure and management of shelters, some people requiring assistance during the disaster could not stay in shelters. Moreover, some of them were obliged to stay in their own homes because the establishment of welfare evacuation centers was not well publicized, and this prevented them from receiving enough information and assistance.

Based on these issues, a committee of experts was established in FY 2012. The committee discussed the contents that should be included in the guidelines for ensuring a sound living environment, and compiled a report.

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

And, in regard to older persons living in temporary housing, we support activities including comprehensive counseling, observation, etc, with periodic visits by the Council of Social Welfare. In addition, we have located Long-Term Care Support Bases in temporary housing to consult about general matters, provide long-term care services and livelihood support services and places for conversation with local residents, etc.

The mental healthcare professionals visit homes or temporary housing to perform medical assistance or support consultations with the affected people.

⁴ 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).

⁵ Website of the Fukushima Prefecture (http://www.cms.pref.fukushima.jp/pcp_portal/PortalServlet?DISPLAY_ID=DIRECT&NEXT_DISPLAY_ID=U000004&CONTENTS_ID=26211 : in Japanese, accessed 2 May 2013).

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

Urgent dispatch 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 necessary assistance for continuous mental healthcare to children suffering from the after-effects of the disaster.

Mental healthcare countermeasures

The Government is holding training sessions targeting school teachers regarding mental healthcare as well as various symposia 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.

Regarding workers regularly engaged in work that exposes them to radiation such as nuclear plant workers, relevant regulations obligate employers to conduct necessary medical examinations every 6 months. Necessary treatment will be provided based on the results of medical examinations.

Furthermore, based on governmental guidelines, additional examinations are provided for workers engaged in emergency work in Fukushima Daiichi NPP during the period that emergency exposure dose limits had been 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 collected and recorded the results of medical examinations of the said workers in MHLW's database. Necessary treatment will be provided based on the results of additional medical examinations.

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;

The Government of Japan set the evacuation areas based on the 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 relationship between radiation levels and their effect on health, it 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 (ICRP)'s belief that even in cases of exposure to radiation up to 100 mSv, a proportional relationship exists between radiation exposure and cancer death rates, as well as 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 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 is required that the quality and validation of monitoring data taken and provided by relevant organizations should be ensured by making them open to the public. In this regard, the organizations of radiation monitoring have been required to adhere to the plan described above. 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;

It is a long-term goal in the areas with less than 20 mSv/year that additional exposure dose would become less than 1 mSv/year.

When the national government conducts decontamination work in the Special Decontamination Area, the work is implemented in FY2012 and 2013 according to "the Policy for the Decontamination in the Special Decontamination Area (Decontamination Road Map)." The policy after FY2013 will be formulated based on the results of the decontamination work in the first two years.

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

Regarding temporary storage sites, such measures as below are 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 conducting decontamination work.

As such, the Ministry of the Environment as well as related municipalities have been endeavouring to secure storage sites, paying due attention to 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, which will go into effect in July 2013, taking into account the lessons learnt from the accident at Fukushima Dai-ichi Nuclear Power Station and IAEA nuclear safety standards, etc. [to an even greater extent](#). The regulatory requirements are open 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>] provides 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 in the Environment Committee of Japan's House of Representatives. 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 have nothing to do with the Nuclear Regulation Authority (NRA), the NRA is not in the position to be involved in it.

(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 liable for compensation for the damage caused by the Fukushima Daiichi nuclear power plant accident.

Payment of compensation has been made by TEPCO funded by the Nuclear Damage Compensation Facilitation Corporation (NDCFC), the mutual aid fund consisting of all the

nuclear operators, established in accordance with the Nuclear Damage Compensation Facilitation Corporation Act (Act No. 94 of 2011). The nuclear operators including TEPCO are obliged to pay general contributions to NDCFC every year. In addition to that, TEPCO, which caused the accident, is required to pay an additional contribution to NDCFC.

According to the Supplementary Provision of the Nuclear Damage Compensation Facilitation Corporation Act, at an early date after the enforcement of the Act, on the basis of verification of the causes of the accident, the progress on compensation for nuclear damage pertaining to the accident, and economic and financial situations, etc., the government shall review the status of enforcement of the Act including the burden upon the nuclear operator which caused the accident (TEPCO), the government and other nuclear operators, and the burden on shareholders and any other relevant persons of said nuclear operator (TEPCO), etc., from the viewpoint of minimizing the burden on citizens, and shall take necessary measures based on the result of this review.

Under the Basic Act on Reconstruction, the 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 the Japanese government. Japan continues to accelerate our reconstruction measures together with the private sector.

(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;

The Government of Japan is 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;

The Government of Japan has 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 ensure mid- to long-range health-care for the residents of 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 radiation 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 examinations 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 the scope of damage for which compensation should be provided immediately and uniformly when the categorization of such damages is possible. It also mediates settlements of disputes regarding compensation.

In developing the principles of compensation for properties, METI (Ministry of Economic, Trade and Industry) which holds jurisdiction over TEPCO (Tokyo Electric Power Company) reflected the opinion of local communities in 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 the Advisory Committee for Natural Resources and Energy, which is organized by METI, are now discussing energy and nuclear policy aiming at deciding the new Basic Energy Policy Plan. One of the governors from an area with nuclear power plants is included among the members of the committee. Moreover, the new plan will be decided through a public comment system. In addition, anyone can submit their opinions to the committee for the discussion through the website at any time.

With regard to restarting reactor, having assured the safety of so doing, our government will try to obtain the understanding of local governments with nuclear power plants and their cooperation.

From the standpoint of transparency in nuclear regulation, the Nuclear Regulation Authority has been making available opportunities to listen to stakeholders by soliciting public comments and other means 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 problems affecting children from both 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 the additional exposure dose below 1mSv/year.” for clarification of the meaning of 1 mSv/year.

Regarding paragraph 54:

As for the sentence “It is regrettable that there are neither specific measures nor a timeline for decontamination beyond 2013 and to levels less than 1mSv/year.”, the policy after FY2013 will be formulated based on the results of the decontamination work in the first two years.

Regarding paragraph 55:

Children-related facilities such as schools are decontaminated on a priority basis, and, if needed, surrounding areas are to be decontaminated later according to the plan. 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 has sufficiently achieved a certain level.

Regarding paragraph 56:

Decontamination work is undertaken by the contractors of the national government or municipalities. However, if volunteers exceptionally conduct some decontamination work, the venue is limited to an area with a relatively low dose, and relevant measures are to be taken such as the 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 the human health impact are taken such as radiation shielding. Therefore, a description such as “posing a health hazard to residents” is not the case.

Correction of errors from the Government of Japan on the 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

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1.	General remarks			<p><Comment></p> <ul style="list-style-type: none"> - Overall, we consider that the Rapporteur’s understanding of 1 mSv/year contains some inaccuracy. Therefore, we would like to clarify them in this document. For instance, this report sometimes uses the description “1 mSv/y”, which is not correct. Please revise these descriptions to “additional 1 mSv/y in effective dose”. - We request UNHRC to hear the opinions of other UN agencies such as UNSCEAR, IAEA, and WHO, etc. - WHO has already released reports on dose estimation and evaluated health risks for residents and workers. UNSCEAR is now working on evaluating nuclear contamination and exposure among people. WHO estimated doses and health risks conservatively to prevent underestimation, and they concluded that “[t]he present results suggest that the increases in the incidence of human disease attributable to the additional radiation exposure from the Fukushima Daiichi NPP accident are likely to remain below detectable levels.” (1) WHO also concluded that outside of Fukushima prefecture “no increase in cancer risk above variation in background rates is anticipated in the less affected areas of Fukushima Prefecture, neighboring prefectures and the rest of Japan, or countries other than Japan.” (2) A summary of the UNSCEAR reports will be issued to the General Assembly in October 2013. - In addition, we accept the concept of health management as shown in the WHO’s report (3) and we shall carry out examination that is necessary in a scientific manner. Conducting a survey that is not based on scientific evidence is unacceptable because unnecessary examination will lead to an unnecessary burden on residents. - We cannot avoid pointing out that the report lacks sufficient scientific examination. This report makes almost no reference about the actual situation of the exposure of the Fukushima incident, which has already been shown by public organizations and authorities such as the WHO

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				report, Fukushima Health Management Survey, and homepage of the Japanese Government and is to be shown as the UNSCEAR report. - Additionally, this report makes numerous references to medical reports, scientific papers, and the WHO reports incorrectly. Especially when making recommendations that require medical decisions, experts in Radiology or the thyroid should be responsible for the content. <References> (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. (2) Ibid FAQ 7. (3) Ibid, pp.87.
2.	6	P4	Nuclear power reactors at Tokai,	<Comment> Based on the facts, “Tokai” should be corrected to “Tokai Daini”.
3.	7	P4	Tsunami waves as high as 14 metres hit the plant approximately 30 minutes after the earthquake, overwhelming the walls of the plant.	<Comment> Because of the fact that 14-meter high waves reached the plant in 50 minutes after the earthquake occurrence, “30 minutes” should be corrected to “50 minutes”.
4.	7	P4	causing a complete power blackout in units one to four.	<Comment> Based on the facts, this sentence should be corrected to “causing a complete power blackout in units one to five.”
5.	7	P4	spent fuel was exposed and damaged	<Comment> From the viewpoint of clarity, this sentence should be revised to “fuels in the reactors were exposed and damaged”.
6.	8	P4	The amount of radioactive caesium (¹³⁷ C) released due to	<Comment>

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			the nuclear accident at the Daiichi Plant is estimated to be 168 times higher than that released by the atomic bomb in Hiroshima.	Because this comparison (i.e. 168 times higher) between the nuclear accident and the Hiroshima Atomic Bomb does not lead to an objective perspective, this sentence should be revised from a simple form of comparison to a parallel means of description of the respective data of the nuclear accident and the Hiroshima Atomic Bomb.
7.	8	P4	the accident released 900 petabecquerel of radioactive iodine and caesium.	<Comment> From the viewpoint of clarity, the term “(iodine conversion)” should be inserted immediately after the term “caesium”.
8.	9	P5	This regrettably (...) leukaemia	<Point of fact> - UNSCEAR addressed issues including the mentioned possibility of genetic abnormality in a report entitled UNSCEAR 2008. Thus, it is not correct to say that the issue was ignored.
9.	10	P5	However, (...) incidence of cancer.	<Point of fact> - Based on the data from Hiroshima and Nagasaki, it is believed that the effects on health from radiation exposure are less significant than the effects from other causes or nonexistent as long as the exposure is at the level of 100mSv or less.
10.	10	P5	The Special Rapporteur (...) ionising radiation.	<Point of fact> - The ICRP guidelines are based on conclusions arrived at after the analysis of various data including the above-mentioned data from Fukushima and Nagasaki. Thus, it does not ignore the effects of low-dose exposure on health. Please read ICRP publication 103 and ICRP publication 111 carefully and interpret them correctly.
11.	11	P6	The precise health implications of radiation exposure are still not clear, (...)	<Point of fact> - Even though certain aspects of low-dose exposure may remain unknown, there already exist many scientific findings. Thus, it is necessary to make judgments based on them.
12.	13	P6	Further (...) people at the earliest.	<Comment> - While there are comments that emphasize the need of an evidence-based

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				approach to decontamination, a method that relies on health monitoring results in a lack of consistency in reporting because this is not a method based on scientific evidence.
13.	17	P7	Voluntary evacuation was eventually endorsed within the 20-30km radius area.	<Correction> Voluntary Preparation for evacuation was eventually endorsed within the 20-30 km radius area.
				<Point of fact> A 20-30 km radius area is assigned for preparing for evacuation in the event that anything were to occur.
14.	17	P7	People in these areas thus remained exposed to high-dose radiation for a significant period.	<Correction> People in these areas thus remained exposed to relatively high-dose radiation for a significant period.
				<Comment> The external radiation dose for living in these area ranges in distribution is low-dose exposure in general, as far as recognized by health monitoring.
15.	22	P8	increased morbidity and leukaemia...and have been detected among (...) Thee Mile Island.	<Point of fact> - Incorrect quotations from WHO and UNSCEAR reports are suspected. For example, the direct relationship between radiation and leukaemia is denied in the UNSCEAR 2008 report.
16.	22	P9	accurate and long-term health monitoring of people through updated registries.	<Comment> - It is difficult to understand what is meant.
17.	24	P9	lack of capacity (...) budgetary constraints	<Point of fact> - The Fukushima Prefectural Government already received funding of 78.2 billion yen for the Fukushima Health Management Survey from the Japanese Government.

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18.	26	P9	The survey did not (...) from the survey.	<p><Point of fact></p> <ul style="list-style-type: none"> - Soon after the accident, a survey was conducted to determine the thyroid radiation dose for children. The state of health of the children was examined at the same time. - The purpose of the basic survey was to collect data required for the estimation of external exposure dose. Since medical information is highly protected as personal information, diagnostic data and medical treatment records cannot be collected. Moreover, the collection of information for unspecified purposes is found to be ethically problematic. Furthermore, any greater complexity of questionnaires could have resulted in a serious drop in the collection ratio. Therefore, we used a limited number of questions to collect the information we needed for specific purposes. - The indicated health counselling services are offered by municipalities. This research did not only include these services but other services as well.
19.	26	P9	In contrast (...) as smoking.	<p><Point of fact></p> <ul style="list-style-type: none"> - The purpose of the basic survey was the estimation of external exposure dose. The survey included activities that were required for this purpose. - When epidemiological studies are conducted in the future, the radiation exposure history of individuals may require consideration during verifications. However, it is not the kind of data that is needed immediately in a survey conducted immediately after the accident.
20.	27	P9-10	For instance, (...) six weeks.	<p><Comment></p> <ul style="list-style-type: none"> - It is necessary to clarify the difference of the situation between the Fukushima and the Three Mile Island incidents before comparing the response rate of questionnaire. The Fukushima incident includes the multiple disasters of the earthquake, tsunami, and nuclear accident. Therefore it took time to start a health management survey. The survey was conducted on 2 million Fukushima prefecture residents including those living in the low dose areas. The response rate was more than 50% in the high dose area.

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21.	27	P10	Moreover, (...) than Fukushima,	<p><Point of fact></p> <ul style="list-style-type: none"> - There is no scientific evidence that requires health monitoring in the area where additional radiation exposure is higher than 1mSv/year. - This suggestion must be due to the misunderstanding of the ICRP reports (e.g. ICRP-103, ICRP-111). Please base your comments on a precise understanding of the ICRP recommendations.
22.	28	P10	explore other health (...) the Chernobyl accident	<p><Point of fact></p> <ul style="list-style-type: none"> - UNSCEAR 2008 reported that an increase in leukaemia due to radiation exposure was not detected among residents after the Chernobyl incident. We request that the report conform with the view of other UN organizations such as UNSCEAR, WHO, and IAEA. - There is no effective monitoring survey in the case of leukaemia. It is not acceptable to force ineffective examination of children especially when the examination results in pain and stress.
23.	30	P10	It is important, (...) the size of the nodule	<p><Point of fact></p> <ul style="list-style-type: none"> - The paper to which you refer (ref. 62) gives percentages of categories B and C instead of A2. - Classification under categories B and C is based on the size and also other features to detect malignant nodules by doctors who are specialists of the thyroid. A nodule, which requires a complete check-up, is classified as B or C.
24.	30	P10-11	Moreover, follow up (...) risk of malignancy	<p><Point of fact></p> <ul style="list-style-type: none"> - Small nodules and cysts are found among the general population and they do not need to be followed up within a short interval medically. The Ministry of the Environment examined the ratio of the categories A, B, and C in the thyroid examination, which is the same quality as that of the Fukushima Health Monitoring Survey (FHMS). The preliminary examination showed that the ratio of each category is similar with that of the FHMS.

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25.	31	P11	Parents and children will (...) possible thyroid cancer.	<p><Point of fact></p> <p>- A document, asked to explain the medical evaluation of small nodules and cysts categorized as A2 in the health management survey to the subjects, was shared among the members of the Japan Thyroid Association. But some people misunderstood that the document asked the members not to provide a second opinion.</p> <p>- A second opinion is not prohibited for the thyroid examination as well as other medical services. There is no regulation for examination in a clinic or being examined for a thyroid condition, either, when it is medically required.</p>
26.	32	P11	The Special Rapporteur (...) to parents' requests.	<p><Point of fact></p> <p>- The result of the health monitoring survey is informed to each examinee. When giving additional detail information, a certain process of identification is required from the viewpoint of personal information protection.</p>
27.	33	P11	Due to (...) irradiation.	<p><Point of fact></p> <p>- After the nuclear accident, concentrations of radioactive isotopes in food were measured and internal exposures were estimated by whole body counting (WBC). Results of these observations showed that internal exposure is very limited. Internal exposure was estimated in 81, 000 residents by WBC between June 2011 and September 2012; the reported committed effective doses were below 1 mSv in 99.9% of the persons surveyed, and the maximum dose was 3 mSv (4).</p> <p>Reference</p> <p>(4) WHO, <i>Health risk assessment from the nuclear accident after the 2011 Great East Japan earthquake and tsunami, based on a preliminary dose estimation</i> (2013), pp.88.</p>
28.	33	P11	Following the Chernobyl (...) among those affected.	<p><Point of fact></p> <p>- This report insists that the increase of morbidity is due to internal radiation by referring to the WHO report (2006). However, the report mentioned about the increase of morbidity that “[s]tress and economic difficulties following the accident were most likely influencing the</p>

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				results". Thus, it is not appropriate to link diseases of the endocrine, haematopoietic, circulatory and digestive systems with internal exposure referring to the report.
29.	33	P11	The comprehensive (...) exposure.	<p><Point of fact></p> <p>- Recently, internal exposure of the residents in Fukushima prefecture is less than the detection limit of (...)200 Bq/body for cesium estimated by WBC for most of the people because foods are measured and controlled well (this level is much smaller relative to the natural background of (...)7000 Bq/body for adults). This result indicated that internal exposure in Fukushima prefecture is less than that of residents living in such countries as France and Germany.</p>
30.	33	P11	the survey does not include urine tests for people under the age of 16 years.	<p><Comment></p> <p>- It is important to evaluate the level of the concentration of radioactive isotopes rather than the fact that radioactive isotopes are detected in the urine of people. The level of the concentrations of radioactive isotopes in urine is under the level where the influence of radiation exposure on health can be detected.</p> <p>- Internal dose is estimated for residents, preferentially children and pregnant women in Fukushima prefecture by WBC. It is obvious that estimating internal dose by WBC has more benefits and is more reliable than that of urine measurement. Urine testing requires the task 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. We compared the results of internal exposure between WBC and urine tests at the beginning of the Fukushima Health Management Survey as a sampling test. We concluded that WBC is better than a urine test for measuring many residents.</p>
31.	33	P11	Tests (...) leukemia.	<p><Point of fact></p> <p>- Concentration of strontium-90 is also monitored in food and water. The level of Sr-90 concentration is controlled in food and water. Thus it is not necessary to measure concentration of Sr-90 by urine tests. In the Fukushima incident, contamination of Sr-90 was much smaller relative to radioactive cesium. The concentration of Sr-90 was between 1/19,000 and</p>

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				1/600 of that of radioactive cesium in the monthly fallout measurement conducted by MEXT.
32.	33	P11	The target (...) Daiichi plant.	<p><Point of fact></p> <p>- The target population for the survey includes residents who live in Fukushima prefecture as well as the residents who lived in the evaluation zone.</p>
33.	34	P12	The Special (...) Fukushima prefecture.	<p><Point of fact></p> <p>- We wonder if instead of the word “ganma” of the reports intends to say “beta”.</p>
34.	34	P12	He urges the Government (...)	<p><Comment></p> <p>- In the Fukushima incident, contamination of Sr-90 was much smaller relative to radioactive cesium. The concentration of Sr-90 was between 1/19,000 and 1/600 of that of radioactive cesium in the monthly fallout measurement conducted by MEXT. It is not realistic to measure beta radiation emitted by Sr-90 by WBC.</p>
35.	39	P12-13	He calls on the Government to make quality mental health facilities, goods and services available and accessible to residents of Fukushima, evacuees and their families, with a focus on vulnerable groups such as first responders and children.	<p><Point of fact></p> <p>- Mental health survey includes a program to provide medical service by a doctor in a mental health facility when doctors decide that the responder requires mental care.</p>
36.	39	P13	The Government should also provide and support programmes to reduce the stress and anxiety for affected communities.	<p><Point of fact></p> <p>- The health management survey supports programmes of mental care for residents in the evacuated zone. (There are phone services through which people can make inquires related to health and radiation concerns.)</p> <p>- The government has already provided and supported programmes to reduce the stress and anxiety for affected communities.</p> <p><Correction></p> <p>The Government should also provide and support programmes to reduce</p>

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				the stress and anxiety for affected communities.
37.	40	P13	the voluntary evacuation zone	<Comment> - It is not clear which area is included in the area of “the voluntary evaluation zone”.
38.	40	P13	Further, the response rate was less than 50 per cent. Additional efforts are required to ensure that all people participate in the survey.	<Point of fact> - The mental health survey should focus on the support and care for persons who are listed as candidates for medical support. Now we provide face-to-face communication by visiting people who require support. It is not reasonable to make further efforts to increase the response rate of the health management survey.
39.	40	P13	Moreover, the survey asks respondents about their experience during the earthquake but not during the nuclear accident. This should be changed, since respondents’ concerns regarding radiation exposure and evacuation may not get captured otherwise.	<Point of fact> - The surveys of 2011 and 2012 ask questions about the earthquake, tsunami, and nuclear accidents.
40.	40	P13	It is also important to record past experiences with radiation accidents because this may heighten the impact of the accident on mental health.	<Point of fact> - The health survey examines the level of health conditions such as stress and anxiety; therefore it can identify persons who have high stress and anxiety. It is not clear to which radiation accidents you are referring.
41.	41	P13	the Special Rapporteur (...) in-utero leukaemia	<Point of fact> - It is necessary to evaluate the level of dose for residents in Fukushima prefecture when planning appropriate health management. Diseases such as mental disability and in –utero leukaemia are reported as a response to much higher doses than those to which the residents were exposed as a result of the Fukushima incident.

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				- It is not acceptable to force a health survey which is medically unnecessary and impose a burden on pregnant women.
42.	43	P14	The Special Rapporteur was concerned to learn that although the law requires medical check-up of workers exposed to 50mSv/year of radiation, the results do not always get reported to the Government.	<p><Correction></p> <p>The Special Rapporteur was concerned to learn that although the law requires medical check-up of all workers exposed to 50mSv/year of radiation who worked in the controlled area every 6 months,⁶ the results do not are required to be reported to the Government once a year.⁷</p> <p><Comment></p> <p>- Correction of quotation of Article of the Ordinance.</p> <p><Correction></p> <p>Furthermore, the governmental guidelines require additional medical check-ups for workers exposed to 50mSv/year of radiation.⁸</p> <p><Comment></p> <p>- Correction. Additional medical check-ups over 50mSv are required by guidelines, not the Ordinance.</p>
43.	43	P14	(deleted)	(deleted)
44.	44	P14	A significant number of workers are employed through layers of sub-contractors, for short periods of time, with improper and ineffective monitoring of their health.	<p><Correction></p> <p>A significant number of workers are employed through layers of sub-contractors, for short periods of time, with improper and ineffective monitoring of their health, except compulsory medical check-ups as they are hired.⁹</p> <p><Comments></p> <p>Correction. Compulsory medical check-ups at hiring are obligated to</p>

⁶ Article ~~5644~~(1), Ordinance on Prevention of Ionizing Radiation Hazard.

⁷ **Article 58, Ordinance on Prevention of Ionizing Radiation Hazard.**

⁸ **Guidelines on Health Promotion for Emergency Workers in TEPCO Fukushima Diichi APP.**

⁹ Article 56(1), Ordinance on Prevention of Ionizing Radiation Hazard.

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				workers.
45.	45	P14	Areas with radiation dose exceeding 50mSv/year were designated as restricted areas; entry in such areas continues to be prohibited through legal sanctions. Entry has been restricted to areas with radiation dose between 20mSv/year to 50mSv/year, and residents have been temporarily allowed to return, however eating and sleeping are prohibited. In areas where radiation exposure is below 20mSv/year, the Government has recommended evacuees to return.	<p><Correction></p> <p>Areas with radiation doses exceeding 50mSv/year were designated as restricted areas; entry into such areas continues to be prohibited through legal sanctions for 5 years. Entry has not been restricted to areas with radiation dose between 20mSv/year to 50mSv/year, and residents have been temporarily allowed to return, however eating and sleeping staying overnight is prohibited. In areas where radiation exposure is below 20mSv/year, the Government has recommended evacuees to return restriction is only for staying overnight.</p> <p><Point of fact></p> <p>Revised rules and operation about designating and rearranging the areas of evacuation.</p>
46.	46	P14		<p><Comment></p> <p>1. Ordinance on Prevention of Ionizing Radiation Hazard in Japan, which is applied for labor in a planning exposure situation, (ex.1 limiting to 100 mSv for 5 years, ex.2) limiting to 50 mSv in a year, ex.3) radiation dose exceeds 1.3 mSv/quarterly is the primary standard value for being designated as controlled zones.</p> <p>2. The standard of 20 mSv/y is applied to public persons in emergency exposure situations.</p> <p>- These standards (above 1. and 2.) are different in terms of their meaning and property. Therefore, comparison of these standards simply is misunderstanding.</p> <p>- In the case of checking the existing exposure situation, should refer to ICRP Pub.103</p>
1.			The dose limit of 20mSv/year is, however, contrary to the limit set	<Correction> The dose limit of 20mSv/year is, however, contrary to the limit set under

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			under the Ordinance on Prevention of Ionizing Radiation Hazards in Japan (article 3), which requires that areas where radiation dose exceeds 1.3mSv/quarterly be designated as controlled zones.	<p>the Ordinance on Prevention of Ionizing Radiation Hazards in Japan, which requires that areas where radiation dose exceeds 1.3mSv/quarterly be designated as controlled zones the radiation exposure dose shall not exceed 50mSv/year and 100mSv/5years.</p> <p><Comment></p> <p>Correction. Dose limits for workers are prescribed in Article 4. Article 3 prescribes the minimum level to set up a controlled area for starting exposure monitoring, which is not a dose limit.</p>
47.	47	P14		<p><Point of fact></p> <p>- Under the ICRP recommendation for cases of taking radiation protection, in the existing exposure situation, protection strategies carried out to reduce individual exposure should achieve sufficient individual or societal benefit to offset the detriment that is caused. However, justification of protection strategies goes far beyond the scope of radiological protection as they may also have various economic, political value of reducing exposure and limiting inequity in the exposure received by those living in the contaminated areas needs to be included when justification of protection strategies is being carried out. Therefore, optimisation involves keeping exposures as low as reasonably achievable, taking into account economic and societal factors as well as the distribution of dose and benefits resulting from the implementation of the protection strategies.</p>
48.	48	P15		<p><Point of fact></p> <p>- From our strategy based on data from Hiroshima and Nagasaki, it is believed the effects on health from radiation exposure are less significant than the effects from other causes or non-existent as long as the exposure is at the level of 100 mSv or less. Regarding the decision making about radiation protection, it is to keep exposures as low as reasonably achievable and use the LNT-model for estimating the effect on health. It is in the point of view to compensate for the scientific uncertainty about the effect on health from radiation exposure.</p>
			Furthermore, epidemiological	<Point of fact>

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			studies (...) or non-solid cancers such as leukaemia.	<p>- The content of reference 94 is not consistent with the content of the sentence. Please refer to papers precisely.</p> <p>- It is common among scientists that the increase of excess relative risk (ERR) of cancers can be observed at the radiation exposure of 100 mSv in epidemiological studies. Under the level of exposure, it is likely to be difficult to detect the increase of ERR in epidemiological studies because the degree of the increase is very small relative to the variation of the background risk. Recently, analysis of the ERR of cancers under low radiation exposure is a hot topic of research on radiation health effects, among which the research of the Japanese atomic bomb survivors in the Life Span Study (LSS) is one of the cases of instant exposure. On the other hand, health effects are not detected among residents in high background areas such as Kerala in India even if the residents are exposed to over (...)500 mSv as an accumulated dose for decades (1). It is believed that the factor of dose-rate is also important as well as the amount of dose. The French Academy of Sciences (<i>French</i>: Académie des sciences) released a comment that it is questioning that there exists a linear no-threshold relationship (LNT) under a few dozen mSv (2).</p> <p><References></p> <p>(1) Nair et al., Health Phys 96, 55, 2009; Preston et al., Radiat. Res. 168,1, 2007.</p> <p>(2) French Academy, La relation dose-effet et l'estimation des effets cancérigènes des faibles doses de rayonnements ionisants, French Academies Report, 2005</p> <p><Point of fact></p> <p>- Under the ICRP recommendation, we should not intend to excessively restrict for people's lives and social activity, they suggest to make radiation protection for living, monitoring, decontamination, and health care. In that case the reference level for the optimisation of protection of people living in contaminated areas should be selected from the lower part of the effective dose 1-20 mSv/year band recommended in Publication 103 for the management of this category of exposure situation.</p> <p>- This Government implements supportive actions such as decontamination for reducing radiation exposure, restoring infrastructure,</p>
49.	49	P15		

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				and employment measures, for the returning residents. Before the decision making for returning residents, the government consulted with the cities.
			As the possibility (...) general public.	<p><Point of fact></p> <p>- Residents in Japan receive radiation of (...)2.1 mSv/year from the natural environment. An additional 1 mSy/year is a long-term target, under which efforts for reducing radiation exposure are not necessary, but not a border, above which radiation health effects may be expected. Please refer to the idea in ICRP 103 and 111. The Japanese government accepts 1 mSv as a target, which is the minimum of the standard of radiation protection in the recovery phase after radioactive contamination (ICRP recommends 1-20 mSv/year).</p>
50.	50	P15	Such incidents have regrettably led many people to doubt the reliability of Government monitoring stations.	<p><Comment></p> <p>- From the viewpoints of clarity to ensure people's appropriate understanding, it is strongly suggested to add the following sentences after the current last sentence:</p> <p>- For the purpose of monitoring the air dose, more than 3,200 units of radiation monitoring stations and portable monitoring equipment have been installed in Fukushima Prefecture. In addition to monitoring activities with the radiation monitoring stations, wide-area monitoring activities by using airplanes and vehicles have been implemented, and the information on the air dose rate has been provided to the residents in Fukushima Prefecture.</p> <p>- The following websites lead to samples of the information on the air dose rate which has been provided to the public including the residents in Fukushima Prefecture:</p> <p>http://radioactivity.nsr.go.jp/ja/contents/7000/6749/24/191_258_0301_18.pdf</p> <p>http://ramap.jmc.or.jp/map/map.html</p> <p>http://www.meti.go.jp/earthquake/nuclear/pdf/130313/monitor01_01.pdf</p> <p>http://www.jaea.go.jp/fukushima/kankyoanzen/tyouki-eikyoku/giji/01/pdf/1-2_3.pdf</p>

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51.	51	P15-16	“text book”	<p><Comment></p> <p>In regard to Paragraph 51, we believe that the textbook indicated in the report refers to a supplementary reader and that this supplementary reader does not provide erroneous information about radiation.</p> <p>Since, based on internationally accepted understanding, the effect of radiation exposure of 100mSV or less is small enough so that it may be hidden by the carcinogenic effects of other factors, the supplementary reader explains the fact that it is difficult to scientifically verify whether there is a clear increase in the risk of contracting cancer from radiation. However, at the same time, it is believed that radiation is one cause of cancer, and accordingly, the supplementary reader explains that reducing the amount of exposure to radiation as much as possible is important.</p>
52.	52	P16	(deleted)	(deleted)
53.	52	P16	(deleted)	(deleted)
54.	53	P16	(deleted)	(deleted)
55.	55	P17	(deleted)	(deleted)
56.	57	P17	(deleted)	(deleted)
57.	58	P17	(deleted)	(deleted)
58.	61	P18	the Special Rapporteur was informed that public disclosure of past or present association with the nuclear industry is not required prior to the appointment of its Chairperson and Commissioners.	<p><Comment></p> <p>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.”</p> <p>And furthermore in this regard, <u>paragraph 80 (b) on page 22</u> should be corrected in due course. “Nuclear Regulatory Authority” should be</p>

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				corrected to “Nuclear Regulation Authority”.
59.	63	P18	However, (...) , for which TEPCO should solely be liable.	<p><Correction></p> <p>However, the Government’s The Nuclear Damage Compensation Facilitation Corporation (NDCFC) acquired the ownership of TEPCO’s majority stakes in July ne 2012 has arguably helped TEPCO to effectively avoid accountability and liability for damages. Payment of compensation is made from government funds by TEPCO funded by taxpayers. The Special Rapporteur was informed that TEPCO would have to repay the Government eventually. Nevertheless, under the current arrangement, the taxpayers may have to continue bearing the liability of the nuclear damage, for which TEPCO should solely be liable. NDCFC, the mutual aid fund consisting of all the nuclear operators. The nuclear operators including TEPCO are obliged to pay general contributions to NDCFC every year. In addition to that, TEPCO, which caused the accident, must make an additional contribution to NDCFC.</p>
60.	65	P19	After the nuclear accident, (...) in August 2011.	<p><Correction></p> <p>After the nuclear accident, TEPCO provided USD 137 million 120 billion yen in financial security for claims, even though compensation costs estimated by the TEPCO Management and Finance Investigation Committee were around USD 38 billion 4500 billion yen at that time. The Government, therefore, established the public-private Nuclear Damage Liability Facilitation Fund NDCFC in August September 2011.</p>
61.	67	P19	, whose relief needs were previously neglected.	<p><Comment></p> <p>It should be deleted because the government has been offering necessary support to those people since the Great East Japan Earthquake.</p> <p><Correction></p> <p>, whose relief needs were previously neglected.</p>
62.	68-69	P19	The Special Rapporteur believes that (...) the cost of rebuilding lives.	<p><Comment></p> <p>The sentences described above should be deleted because they are based on prejudice. As we have already noted, there has been international controversy over the radiation level which affects health and it is still</p>

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				under much consideration from various perspectives. <Correction> The Special Rapporteur believes that (...) the cost of rebuilding lives.
63.	68	P19	The 20-year time limit contained in the Compensation Act should not apply to financial assistance for medical care related to the nuclear accident.	<Correction> The 20-year time limit contained in the Civil Code Compensation Act should not apply to financial assistance for medical care related to the nuclear accident. <Reference> Civil Code Article 167 (2) Any property right other than the claim or ownership shall be extinguished if not exercised for twenty years.
64.	77 (a)	P21	Continue monitoring of the impact (...) provide appropriate treatment to those in need	<Comment> - Examinations for the screening purpose should be conducted sufficiently as far as they are needed for scientific and ethical reasons. Beyond that, however, examinations should not be forced on the local citizens because they are unnecessary burdens. <Correction> (Red characters are correction.) Continue monitoring the impact of the affected persons through scientific, ethical , holistic and comprehensive screening for a considerable length of time and provide appropriate treatment to those in need
65.	77 (b)	P21	The health management survey ... including workers at the nuclear power plant;	<Comment> - The term “Survey” should be changed to “monitoring”. - We regard that there is no evidence to make health survey in areas with radiation exposure higher than 1mSv/y. <Correction> The health management survey monitoring should be annually provided to persons residing in affected areas with radiation exposure higher than 1mSv/year , including workers at the nuclear power plant;

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66.	77 (d)	P21	Ensure that the basic health management survey (...) of radiation exposure on their health;	<p><Comment></p> <p>- Such is done in the cases of other programs of the Survey for the Management of the Health of the People of the Prefecture and other health examination programs for citizens. The idea is acceptable, therefore, if it is not regarded as something specific to the basic survey.</p> <p><Correction></p> <p>Ensure that the basic health monitoring includes information on the specific health condition of individuals and other factors that may exacerbate the effects of radiation exposure on their health;</p>
67.	77 (e)	P21	Avoid limiting the health check-up (...) including urine and blood tests	<p><Comment></p> <p>- Intervention trial should be done scientifically and ethically. Why is blood testing or urine testing required? Because of the possibility of what type of disorder is such testing justified? The idea is unacceptable because, we should not unnecessarily burden the local citizens by forcing medically unjustified examinations on them.</p> <p><Correction></p> <p>Avoid limiting the health check-up for children to thyroid checks only and extend check-ups for all possible health effects, including urine and blood tests</p>
68.	77 (f)	P21	Provide follow up (...) to all requesting children and parents	<p><Comment></p> <p>- This recommendation is based on a misunderstanding of facts. Please verify the facts and withdraw this recommendation.</p> <p><Correction></p> <p>Provide follow up and secondary examination for children's thyroid check up to all requesting children and parents</p>
69.	77 (g)	P21	Simplify children's and their parent's access to information regarding their test results	<p><Comment></p> <p>- We basically agree with the suggestion. Please accept, however, that certain measures will be taken to ensure the protection of personal information.</p> <p><Correction></p>

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				Simplify children's and their parents' access to information regarding their test results by giving consideration to protection of personal information
70.	77 (h)	P22	Refrain from restricting examination for internal exposure (...) to persons outside Fukushima prefecture;	<p><Comment></p> <p>- This recommendation is based on a misunderstanding of facts. We have already examined the scientific validity of other methods. Even though the equipment servicing would be time-consuming, based on this examination process, we have chosen WBC as the most accurate method for the determination of internal exposure dose. Anyone who insists on the need for another type of examination method should justify such need with medically reasonable arguments. Moreover, we have conducted a sampling survey on the internal exposure of citizens outside the prefecture and verified that the internal exposure incurred to them was not of a level that would have effects on health. It should also be noted that the WHO has expressed a negative viewpoint concerning the possibility of effects on health. Anyone who insists on the need of repeating a survey on internal exposure should justify the need with scientific arguments.</p> <p><Correction></p> <p>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;</p>
71.	78 (a)	P22	applying the recommended safe limit of (...) 1 mSv/y	<p><Comment></p> <p>- Misunderstanding of the ICRP guidelines is suspected. Critics should refer carefully to ICRP publication 103 and ICRP publication 111.</p> <p><Correction></p> <p>applying the recommended safe limit of ... 1 mSv/y</p>