

## The Government Must Expand Medical Examinations for Victims of the Fukushima Nuclear Disaster

### 117 children in Fukushima have been suspected of having thyroid cancer: the second round of medical examination found 8 children

On February 12, 2015, the Oversight Committee for Fukushima Prefecture Health Management Survey held a meeting. According to the committee, the total number of children suspected of thyroid cancer reached 117. Of them, 86 already went through surgery and were confirmed to have suffered thyroid cancer. Since April 2014, the second round of medical examination has been conducted on 75,311 children. 8 of them had shown “no abnormality” at the first round, but they were newly suspected of thyroid cancer after the second round. One of them went through surgery and indeed had thyroid cancer.

#### Details of the 8 children suspected of thyroid cancer after the second round

Sex: 4 boys and 4 girls

Age: 6 to 17 at the time of the disaster

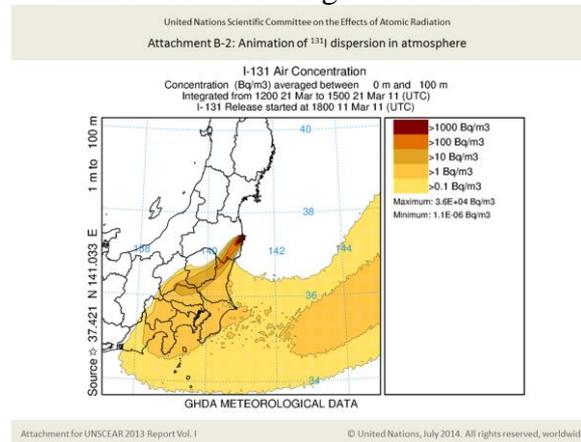
Size of tumour: 6-17.3 mm

Residence: Namie, Date, Tamura, Ōkuma, Fukushima

Estimated dose: less than 1 mSv (2), 2.1 mSv maximum, unknown (2)

First-round results: A1 (5), A2 (3)

Every time a child in Fukushima was diagnosed with thyroid cancer, Fukushima Medical University and the Japanese government insisted on “screening effects” – namely, an early ultrasound scan simply detected thyroid cancer that would have been otherwise found much later. The university and the government also argue that thyroid cancer develops slowly: Since the number of paediatric thyroid cancers began to increase only five years after the Chernobyl Nuclear Disaster, the cases of paediatric thyroid cancers in Fukushima so far are unlikely to have been caused by the Fukushima Daiichi Nuclear Disaster. But if their argument had been correct, they would not have found any thyroid cancer after the second round of medical examination. Nonetheless, Hokuto Hoshi, chairman of the oversight committee, stated, “Of course, we cannot completely preclude the possibility of causal relationship between the nuclear disaster and thyroid cancer. But, given the results of medical examinations, we don’t think it’s necessary to change our position, that is, the causal relationship is unlikely.”

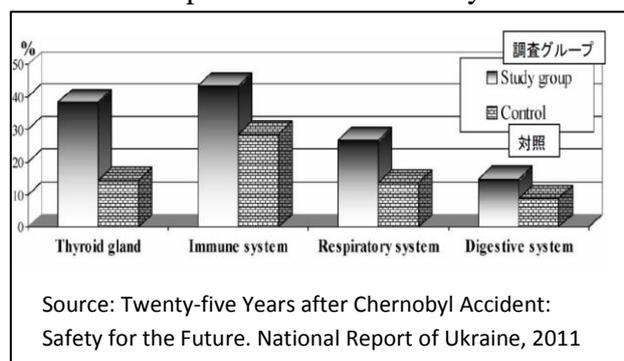


### 74% chance of lymph node metastasis

Not only is the number of thyroid cancers large, but also the symptoms are serious. Last year Fukushima Medical University published 55 cases of thyroid cancer in Fukushima: 2 of them were anaplastic carcinoma, and 74% of them lymph node metastasis. Normally, the prognosis of thyroid cancer among adults is good: little metastasis and slow progression. But this is not true of thyroid cancer found in Fukushima. Moreover, the nuclear fallout contaminated not only Fukushima but also adjacent prefectures, as suggested by UNSCEAR’s report. In light of the real extent of nuclear pollution, the government must expand the coverage of medical examinations for areas outside of Fukushima Prefecture.

### Treatment for other diseases than thyroid cancer

While we tend to focus on thyroid cancer, we also should keep in mind the necessity of systematic medical examinations for thyroid malfunction and other illnesses. According to longitudinal surveys on A-bomb survivors, radiation dose exceeding 1 mSv (with regard to a particular organ) is statistically correlated with the increased likelihood of uterine fibroid, thyroid diseases, cataract, kidney and ureteral stones (among men), hypertension, and heart attack. The national report, published by the Ukraine government 25 years after the Chernobyl disaster, also describes thyroid malfunction and many other illnesses related to immune, respiratory, and digestive systems.



### Problems with MOE’s “Expert Committee” and “Current Policy”

Victims of the nuclear disaster and NGOs demanded the government to (1) improve medical examinations and (2) extend them to municipalities outside of Fukushima Prefecture. The Ministry of Environment (MOE), responsible for the health of disaster victims, established the “Expert Committee” in November 2013. The committee is chaired by Shigenobu Nagataki, emeritus professor at Nagasaki University, one of the longstanding defenders of the “radioactivity-is-safe” ideology who helped to underestimate health effects of the Chernobyl disaster. The committee also includes members who received monetary contributions from the Federation of Electric Power Companies of Japan, sit on radioactivity, nuclear safety, and emergency response commissions, and are responsible for the failures to distribute potassium iodine tablets and use SPEEDI in the aftermath of the nuclear disaster. Put another way, those who helped to create disaster victims deliberated on policy for victims’ health management.

The selection of committee members, as well as the way the committee’s deliberation was framed, was therefore meant to defend the foregone conclusion, not to expand the current medical examinations for disaster victims. Indeed, the mid-term report published by the expert committee in December 2014 not only failed to offer epidemiological analysis of thyroid cancer and other illnesses in Fukushima Prefecture, not to mention case studies, but also concluded that the level of radiation exposure outside the prefecture is too low to warrant any medical examination. Given this report, MOE announced its “current policy” on February 28, 2015, to promote “nationwide cancer registration” as well as “risk-communication projects” to educate citizens with “accurate” information about health effects of radioactivity, instead of expanding medical examinations for disaster victims inside and outside of Fukushima.

### Conclusion

Article 13.2 in the Act on the Protection and Support for the Children and other Victims of the TEPCO Disaster guarantees lifelong medical examinations for victims residing in areas where radiation doses are estimated to exceed a certain level, whereas Article 13.3 promises to subsidize medical expenses for illnesses related to the nuclear disaster. However, these measures are yet to be implemented. At this rate, we are concerned that adequate investigation and prevention of thyroid cancer and other illnesses, both inside and outside of Fukushima, will not take place. We therefore demand that the government effectively implement the Act, given that our knowledge of health effects of radioactivity is very much incomplete at present.

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