Fukushima Fallout Is Still Damaging People’s Health Especially our Children

Save us!

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Citizens’ Network for Evacuation from Radiation Japan
http://fukushima-evacuation-e.blogspot.jp/
1. The government is Trying to Conceal the Real Picture of the Child Thyroid Cancer Outbreak in Fukushima and to Deny its Correlation with the Nuclear Accident

   - The child thyroid cancer incidence in Fukushima reached 193!
   - An uncounted patient was discovered! Should there be a lot more?!
   - After this omission was pointed out, the Fukushima Medical University Hospital decided to reinvestigate the number of thyroid cancer patients.

The Health Management Survey Exploratory Committee of Fukushima Residents held on October 23, 2017, found that three children were newly diagnosed with suspected or confirmed thyroid cancer, bringing the total cases to 193.

The committee admitted that there is “a noticeable increase in child thyroid cancer cases.” Oddly enough, however, their conclusion was that this “cannot be possibly related to the Fukushima nuclear accident.” They say that what has unusually increased the number of child cancer cases is the screening method of examining all children, which has found the cases unnecessary to be found, leading to unnecessary treatment and operations, in other words, overmedication. Now, based on this theory, the committee is planning to “scale back” the current medical examination scheme itself, claiming that this outbreak results from “screening effect” or “overmedication.”

Many experts are rightly opposing this officially endorsed theory. They think that these results are not due to the “screening effect” or “overmedication” and have been caused by nothing else but the effects of radiological irradiation. This is evident because:

(1) while child thyroid cancer is generally very rare except as the result of irradiation, the incidence rates of child thyroid cancer in Fukushima are extremely high, tens to hundreds of times higher than usual, and are higher in the more contaminated areas;
(2) in many cases cancers have already metastasized by the time they detected, and concerning thyroid cancer this kind of early malignant transformation is usually very rare;
(3) some of those diagnosed as A1 (no symptoms) at the primary (first) screening have developed cancers at the next (second) round of examination in such a short period of time as two to three years (see the flow chart);
(4) the incidence rates in the second round have conspicuously risen compared to those in the first round;
(5) the recurrence rates are also extremely high (about 10%); and so on.

In a Diet interpellation session, Taro Yamamoto, a member of the House of Councilors, revealed the fact that a child, four years old at the time of the Fukushima accident, who had undergone thyroid removal surgical operation in the Fukushima Medical University Hospital, was not listed in the records announced by the committee.

He also cited another fact, namely that 1,082 patients in Fukushima have had thyroid cancer operations at nine hospitals over a period of four years. Based on this fact he stated that this number (1,082) would naturally be regarded by the public as including children under 18 years old at the time of the accident. The committee should have counted them as child thyroid cancer cases. He criticized the committee, saying that if the committee intentionally omitted or excluded this data, the public would inevitably interpret it as the committee falsifying the real picture of child thyroid cancer occurrence in order to underestimate the total number of cases.

In Fukushima prefecture, as many as 2,523 children were recommended for subsequent “medical follow-ups” (see the flow-chart, encircled in red) based on their confirmatory examination results. The Fukushima prefectural government has a responsibility to
immediately report how many of these cases (2,523 children) were diagnosed as “malignant or suspicious.”

Receiving a flood of criticism since this issue surfaced, the Fukushima Medical University Hospital publicized the plan to reinvestigate the actual conditions and statistics of thyroid cancer patients. Their words must be matched by deeds.

The hospital spent about 30 billion yen (about 357 million AUD [280 million USD]) building the Fukushima Global Medical Science Center (see the photo, the white building in the foreground), the construction of which was completed by the end of 2016. The center is equipped with totally state-of-the-art medical facilities including a thyroid examination division, a pregnant/parturient checkup division, and the Japan’s largest radiation therapy ward.

The Fukushima Medical University Hospital has built its new annex building: red-color encircled part of the photograh. The extention construction work was started after the Fukushima nuclear power plant accident and completed in December 2016.

This fact strongly implies that people with diseases and health problems are increasing so rapidly that accounts of radiation-induced health damage is NOT “harmful rumors” BUT evidence of “actual harm.”

Hospital records certainly suggest increases in various diseases in Fukushima. After the accident, conspicuous rises appeared in incidences of some kinds of cancers with relatively short latent periods such as blood cancers, death rates from myocardial infarction,
neurodegenerative diseases such as Alzheimer's disease, Parkinson's disease and dementia, and so on. But these are only a tiny part of the examples.

The defunct Fukushima Daiichi nuclear reactors are still releasing radioactive materials into the environment, and the situation is very far from being put under control.

What the central and prefectural governments should do now is to responsibly organize large scale evacuation of residents, especially children en masse, such as those organized in Japan during the Pacific War to save them from the United States air raids on Japanese cities. As children are the incarnation of future, the authorities should move them to safe and secure environments in order to prevent irradiation from victimizing them further. This should be the first priority. There is more than enough justification for the government policy to be designed and executed in accordance with the internationally established “precautionary principle.” But in reality the Japanese government has done and is doing the opposite by forcing the residents to return to live in more radio-contaminated areas and to be exposed to more doses of radiation.

2. The Government Launched Legal Action Against Evacuees, Effectively Forcing Them to Return to Radio-contaminated Areas

There are about 20,000 evacuees on a voluntary basis (voluntary evacuees) outside of Fukushima prefecture who wanted to protect their own family from being exposed to radiation. Japan has been and still is under the “nuclear emergency declaration” issued by the government since at the time of the Fukushima accident.

Despite this, at the end of March, 2017, we witnessed the government slashing evacuees' lifelines, their housing subsidies, in spite of strong opposition from many evacuees and their supporters. Such a ruthless and shameless measure was executed despite the fact that financially this expense is utterly insignificant for the government. The housing compensation expenses for evacuees -- about seven billion yen (about 83 million AUD [65 million USD]) annually -- only accounted for 0.7% of the total government budget allocated to addressing the earthquake and the nuclear accident, which was more than one trillion yen (about 12 billion AUD [9.3 billion USD]).

Then on October 25, 2017, the eight evacuee families living in public housing units in
Yamagata prefecture, tenaciously fighting against the authorities’ demands to vacate the premises, were eventually sued by the government to move out.

In Fukushima, the levels of radioactive contamination are still too high, especially near and around the damaged nuclear power plant. The exhaust stacks of the defunct plant, extremely contaminated inside and seriously cracked by the earthquake, are in danger of collapse at any time. The total amount of radioactivity accumulated inside one of the stacks is estimated at about 100TBq (Tera Bq=$10^{12}$Bq), comparable to the amount of cesium-137 released by the Hiroshima atomic bombing (89TBq).

In Fukushima a radiation report is broadcasted every day on TV (see the photo). In such circumstances, there is no way people would return to live in the long term.
These evacuees sued by the authorities are simply the victims who lost their houses due to the nuclear accident and what forced them to evacuate is clear: the nuclear disaster that the government’s and Tokyo Electric Power Company (TEPCO)’s gross negligence caused. Had they not evacuated, they would have lost themselves’ or their families’ health, or at worst their lives.

The government and TEPCO ought to compensate them for their loss of home, deteriorated health, lost community, and the toll of lives. Such perverse legal action by the authorities against the victims, causing them excruciating suffering on multiple levels, is unspeakably cruel and inhumane, blatantly violating their human rights.

Many other evacuees have come from outside of the designated evacuation zone. They are also fighting against the authorities’ demands to leave public or publicly-subsidized houses.

The government is planning to totally abolish the housing subsidies for the evacuees from the designated evacuation zone soon. So a lot of evacuees are destined to go through the same hardship. The developments in the court struggle will also be crucial for these people’s futures.

Our group has launched a protest postcard-sending campaign against the plaintiff, the Japan Organization for Employment of the Elderly Persons with Disabilities and Job
Seekers (JEED) to demand the withdrawal of the suit. https://fukusima-sokai.blogspot.jp

3. Tokyo, Prefectures Surrounding Fukushima, and Eastern Japan as a Whole Are Seriously Radio-contaminated

The map illustrates marine cesium-137 concentration data on the waters near Japan. This is extracted from the 2012 radiological survey conducted by the Japan Coast Guard in March 2012. With a relatively long half-life of 30 years, cesium-137 still remains serious concern. Even in 2017, cesium was detected in fish caught off the coast of Choshi (Chiba prefecture) and in the Tonegawa River estuary.
The contamination of Tokyo Bay is very serious. This is the result of several rivers flowing into the bay such as Arakawa River have been bringing and concentrating radio-contaminants into the bay. These rivers originate in heavily contaminated mountain forests and flow along through many “hotspots”, highly contaminated small areas, widely scattered over the river basin.

The mouth of Tokyo Bay is narrow, so contaminants are easily accumulated within the bay. And in fact the radiation levels in the bay, compared to those soon after the accident, became higher and higher in the following years.

The photo shows one scene broadcasted by NHK (Japan Broadcasting Corporation) in June 2017, telling that the higher levels of radiation (0.24-0.72µSv/h) than the government decontamination standard (0.23µSv/h) were detected in five different prefectural high schools in Chiba prefecture and decontamination was to be done. Even this government standard was raised from the pre-accident one of about 0.17µSv/h.
In 2015, Tokyo’s Adachi ward office was notified November 13 that there were areas with high levels of radiation in the ward. Several places were measured for radiation, and six areas including parks were detected and subsequently decontaminated. Many places in the Kanto area (Tokyo and the surrounding prefectures) were also decontaminated. The decontamination waste was left untreated even in nursery, primary and middle schools in Yokohama city. The issue of how to store and address these contaminated materials also remain unsettled, the subject of serious dispute.

**Kashiwa city in Chiba prefecture: At six spots in five prefectural schools, higher radioactive contaminations than the government decontamination standards were recently detected in 2017.**

Photo: Nighttime decontamination work in Adachi ward, Tokyo
4. Is the Government Food Radioactive Standard of 100Bq/kg Really Safe?

The map illustrates food radiation contamination indexes in 2016, which is created by Whitefood Co. based on the data of the Japanese Ministry of Health, Labor and Welfare. Extremely high levels of radiation have been recorded in the flesh of birds/animals and mushrooms.

![Food Radiation Contamination Map](https://news.whitefood.co.jp/news/foodmap/)

*Whitefood Co. provided the detected food radio-contamination map, based on nearly 300,000 cases a year disclosed by the Ministry of Health, Labor and Welfare of Japan. They added up 131, Cs134+137 values to totals and presented them in column graphs (above).*

It is true that the food contamination levels are generally declining because of the decaying of short half-life radio-nuclides and the washing away of radioactivity by rainfall, etc. but there is a distinct possibility that food from eastern Japan is contaminated to some significant extent.

Examples:  
Wild boar:  317.9Bq/kg/avg  
Wood blewit:  551.5Bq/kg/avg
As shown in the table, the current government standards of radiation in food is too high or too loose. Compare them to what we used to consume before the 2011 Fukushima nuclear disaster. The 10-100Bq/kg levels clearly indicate surprisingly high doses of radiation, say at maximum 250 thousand times the pre-accident level.

<table>
<thead>
<tr>
<th></th>
<th>Unit</th>
<th>Before the accident radioactive contamination levels* in 2008</th>
<th>Current food radioactive limits** set by Japanese govt in 2012</th>
<th>Ratio (times) shows how loose the standards are set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking Water</td>
<td>Bq/L</td>
<td>0.00004</td>
<td>10</td>
<td>250,000</td>
</tr>
<tr>
<td>Rice</td>
<td>Bq/kg</td>
<td>0.012</td>
<td>100</td>
<td>8,300</td>
</tr>
<tr>
<td>Root vegetables</td>
<td>Bq/kg</td>
<td>0.008</td>
<td>100</td>
<td>12,500</td>
</tr>
<tr>
<td>Leaf vegetables</td>
<td>Bq/kg</td>
<td>0.016</td>
<td>100</td>
<td>6,300</td>
</tr>
<tr>
<td>Milk</td>
<td>Bq/L</td>
<td>0.012</td>
<td>50</td>
<td>4,200</td>
</tr>
<tr>
<td>Fish</td>
<td>Bq/kg</td>
<td>0.091</td>
<td>100</td>
<td>1,100</td>
</tr>
<tr>
<td>Tea (dried)</td>
<td>Bq/kg</td>
<td>0.240</td>
<td>100</td>
<td>420</td>
</tr>
</tbody>
</table>

* Average concentrations of Cs137 (half-life 30 years) detected in various products of food nationwide. No government standards existed before the Fukushima accident.

** By the Ministry of Health, Labor and Welfare, values of Cs137+Cs134.

Bq: The unit of radioactivity corresponding to one disintegration per second.

Radioactive materials enter the body and continue emitting radiation, damaging cells, DNA, genome, mitochondria, organs and systems in the body until excreted. Only one beta ray can cut 25,000 molecules while it travels one centimeter. Furthermore, once radioactive materials have invaded the body, the excretion processes of these have been shown slower than the official theory predicts, not following the exponential declining curve. Internal radiation, especially in the form of insoluble micron-or-nano-sized particles, stays for an extremely long time inside our bodies.

Another important point for us to bear in mind is that the damaging effects of irradiation are not only a one-time event, but also accumulate in our bodies. So the key word is always the smaller the better.

We are now living in circumstances which human-beings have rarely experienced before,
where harmful artificial radioactivity is ever present, around us and in us.

In order to keep living healthily, we must be careful about internal exposure, prevent radioactivity from invading our body through food or breathing, and avoid consuming radiation contaminated food.

Contact us if you are interested in the real post-Fukushima-accident picture of the heavy contamination of radioactive materials in Fukushima and Japan, and wide-range serious health damage as a result of the nuclear disaster.

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