

Response from the Government of Japan to the Joint Communication by the United Nations Human Rights Council

Regarding the request for information from the Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes and the Special Rapporteur on the human rights of internally displaced persons to the Permanent Mission of Japan to the International Organizations in Geneva on 5 September, the response from the Government of Japan (GoJ) is as follows.

(Quote from the Joint Communication)

1. Please provide any additional information and/or comment(s) you may have on the above-mentioned allegations.

In January 2018, the Japanese Government initiated a process to revise the current long term decontamination target of 0.23 $\mu\text{Sv/h}$ (1 mSv/y) on the basis that this threshold remains unachievable.

(Response of the GoJ)

The description that “the Japanese Government initiated a process to revise the current long term decontamination target” has factual errors. The Radiation Council, the GoJ’s advisory body, is reviewing and analyzing lessons learned from the Tokyo Electric Power Company (TEPCO) Fukushima Daiichi Nuclear Power Station (NPS) accident in the process of establishing future technical standards under an emergency exposure situation and an existing exposure situation. However, such process is not related to discussions on reviewing the current standard of protection from radiation formulated in connection with the TEPCO Fukushima Daiichi NPS accident.

(Quote from the Joint Communication)

As of May 2018, the Government has approved and has been implementing the Plans for Specified Reconstruction and Revitalization Bases for six municipalities: Futaba Town, Okuma Town, Namie Town, Tomioka Town, Iitate Village and Katsurao Village.

(Response of the GoJ)

The Plans for Specified Reconstruction and Revitalization Bases are drawn up by each municipality and have been implemented by related authorities following approvals by the GoJ. The timing of their approvals ranges from September 2017 to May 2018.

(Quote from the Joint Communication)

The decontamination program has allegedly failed to reduce radiation to a level acceptable for the safe return of evacuees.

(Response of the GoJ)

One of the requirements for lifting the evacuation order is that “it should be confirmed that annual accumulative dose estimated by air dose rate is 20 mSv or less”. In addition to this

requirement, the GoJ set a level of 1 mSv/y as a stricter target considering safe and secure lives of Fukushima residents in light of the viewpoint of the International Commission on Radiological Protection (ICRP), which has stated that the “Reference level of exposure dose for the long-term target should be chosen from the lower level of between 1-20 mSv/y in order to optimize a plan of people’s protection living in affected areas”.

The effect of decontamination is still being maintained. For example, in the Special Decontamination Areas, where decontamination works were conducted directly by the GoJ (excluding the Difficult-to-Return zones), the average accumulative dose per hour on all land categories was reduced by 53% from 1.31 μ Sv/h to 0.62 μ Sv/h by decontamination works, and by 67% to 0.44 μ Sv/h at a time of subsequent monitoring. In addition, according to an estimate of average air dose rate, about 59% reduction effect was obtained by decontamination works, compared with the case where decontamination was not carried out. It would have taken 18 years to lower the air dose rate to the current level if we had not implemented decontamination works.

Based on the verification results as mentioned above, the indication that “[t]he decontamination program has allegedly failed to reduce radiation to a level acceptable for the safe return of evacuees” is completely contrary to the facts.

(Quote from the Joint Communication)

The average dose rates around homes in the radius of 25 - 30 km northwest of the Fukushima Daiichi Nuclear Power Plant range from 1.3 to 3.4 μ Sv/h, with higher levels reported in nearby forests and farmlands. At the meantime, scientific evidence suggests serious health risks, including development of cancer, for persons exposed to low-dose radiation, including in the range of 1 to 5 mSv/y.

(Response of the GoJ)

With regard to the radiation dose in Fukushima prefecture, detailed radiation monitoring information is open to the public on the following website: <http://radioactivity.nsr.go.jp/en/>.

It is internationally recognized how difficult it is to prove obvious increase of cancer risk due to exposure to radiation doses of not more than 100 mSv since cancer risk from radiation exposure is so small as to be concealed by carcinogenic effects from other factors in the living environment.

The above-mentioned case of radiation exposure dose of 100 mSv is based on an evaluation in the case of exposure over a short period. However, in a case where a person is continuously exposed over a longer period of time at a low dose rate and the person was exposed to the total dose of 100 mSv as a result, it is considered that the health effects on the person are smaller than those in a case where the persons is exposed over a shorter period of time.

Meanwhile, the GoJ recognizes the importance of properly conducting risk management of low dose exposure as part of the measures taken after the Fukushima Daiichi NPS accident, and is continuing its efforts related to the issue. Regarding the risk of low dose exposure and its management, the GoJ held a working group on risk management of low dose radiation exposure under the Advisory Council on Radioactive Matter Pollution Countermeasures in 2011 as a forum to

examine scientific knowledge and evaluation at home and abroad as well as to identify challenges on the ground, and it presented the recommendations.

The Radiation Council has been continuously gathering scientific knowledge at home and abroad thus far. Furthermore, the GoJ is implementing policy measures such as research projects on radiation health effects to formulate health management policies, and risk communication projects to disseminate accurate and easy-to-understand information on radiation risks including the risk of low dose exposure.

(Quote from the Joint Communication)

In addition, nuclear waste generated from decontamination work is being stored at Temporary Storage Sites (TSSs) and other locations in Fukushima Prefecture, including allegedly in residential areas. As of June 2017, there existed 862 TSSs in the Intensive Contamination Survey Areas inside Fukushima Prefecture and as of October 2017 there were 255 TSSs in the Special Decontamination Areas.

(Response of the GoJ)

As for the latest data, the number of Temporary Storage Sites (TSSs) is 755 as of the end of June 2018 in the Intensive Contamination Survey Area in Fukushima Prefecture, while it is 216 as of the end of September 2018 in the Special Decontamination Areas (SDAs).

(Quote from the Joint Communication)

In August 2017, the Government of Japan announced its plans to extend the housing support for officially designated evacuees until March 2019. As of 2 October 2017, the officially designated number of evacuees was reported to be 53,275 according to the Fukushima Prefecture. This figure does not include the number of voluntary returns or self-evacuees from outside government-designated evacuation zones, which according to various reports is between 27,000-32,000 persons.

(Response of the GoJ)

According to the data collected by the Fukushima Prefectural Government, the total number of evacuees who are staying in or outside of Fukushima Prefecture was 43,786 as of September 2018 (this number includes 10,437 evacuees who are in Fukushima Prefecture). These numbers do not distinguish evacuees who were evacuated from the areas under evacuation orders from those who were not.

In addition, the number of evacuees by evacuation orders, who are listed based on residence registration, is 23,718 as of April 2018.

The accurate description and the latest information are as follows.

In August 2018, Fukushima Prefecture announced plans to extend the duration of emergency Temporary Housing based on the Disaster Relief Act until March 2020.

(Quote from the Joint Communication)

In March 2017 housing subsidies reportedly stopped to be provided to self-evacuees, who fled from areas other than the government-designated evacuation zones. A survey conducted in March 2017 indicated that 80 percent of households who had evacuated outside the Fukushima Prefecture had no intention of returning.

(Response of the GoJ)

Regarding housing support to voluntary evacuees, the Fukushima Prefectural Government continues to provide supports such as financial assistance for renting private housing. Therefore, the claim that “housing subsidies [...] has stopped” is not accurate.

(Quote from the Joint Communication)

Victims of the nuclear disaster can seek compensation before the Nuclear Damage Claim Dispute Resolution Centre (Dispute Resolution Centre). The Alternative Dispute Resolution Committee (ADR Committee) issues the decisions on compensation. It is alleged that the ADR Committee has failed to adequately provide the necessary support to Fukushima survivors, particularly to self-evacuees. It is further alleged that the ADR Committee determines damages and compensation without input from medical experts for the reason that such consultation would slow down the process of evaluating claims.

(Response of the GoJ)

The Nuclear Damage Compensation Dispute Resolution Center (ADR Center) mediates disputes over compensation of nuclear damage. The victim can file a request to the ADR Center for mediation for reconciliation, not a claim for compensation. Victims can claim for compensation vis-a-vis TEPCO.

As for the indication that “[t]he Alternative Dispute Resolution Committee delivers a decision on damage compensation”, the ADR Center mediates disputes on neutral and impartial grounds, and if both sides come to agreement, TEPCO will pay compensation to the victims based on that agreement.

The ADR Center mediates disputes on fair and neutral grounds based on applications from victims (petitioners), including those who evacuated voluntarily. The ADR Center does not treat such evacuees in any way disadvantageously.

In mediating disputes, the ADR Center examines whether there is a legally sufficient cause for the accident, and addresses disputes with fairness, neutrality, and celerity, based on specialized knowledge of legal experts. As for the claim that “the ADR Committee determines damage and compensations without input from health care specialists, as a delay of the process of assessing the claims,” the GoJ is not aware of any alleged case, but at the time of dispute resolution by the ADR Center, the ADR Committee uses documentary evidence to determine if there is a probable legal causation for the accident, including medical reports from physicians.

(Quote from the Joint Communication)

On 10 October 2017, the district court in Fukushima Prefecture recognised self-evacuees as equal

victims of the Fukushima Daiichi accident, affirming their right to compensation. Moreover, on 7 February 2018, the Tokyo District Court ordered TEPCO to pay 3.3 million yen in damages to each plaintiff who was forced to flee their hometown in the Fukushima Prefecture after the 2011 nuclear disaster.

(Response of the GoJ)

With regard to the judicial decision in the Fukushima District Court on 10 October 2017, the GoJ lodged an appeal on 23 October 2017 as a result of consideration within the government, because some of the findings of the facts and judgement by the court were at odds with the opinions of the GoJ. Therefore, this judicial decision is not final.

In addition, the GoJ is of the view that there is no indication that “the district court in Fukushima Prefecture recognised self-evacuees as equal victims of the Fukushima Daiichi accident, affirming their right to compensation” in the judicial decision.

(Quote from the Joint Communication)

Currently the combination of the Government’s decision to lift evacuation orders and the prefectural authorities decision to cease the provision of housing subsidies, places a large number of self-evacuees under immense pressure. Many of them have to live under the persisting threat of eviction, with several families having legal action initiated against them. The affected persons and families find themselves in a situation where they are not able to participate in or be heard in the process of making decisions, which are seriously impacting their lives, their mental and physical well-being and their future.

The termination of housing subsidies puts a heavy financial strain on affected households, many of which consist of mothers and children who have fled the disaster area, whereas the fathers and husbands continue to live and work in the affected zones. Families fear exposure to radiation if they are forced to return and the impact of past exposure that may materialize after a period of latency. These concerns are magnified by existing poor living conditions in their temporary housing, grief from loss of their homes and anxiety about their future.

(Response of the GoJ)

The Fukushima Prefectural Government has shifted its housing support to voluntary evacuees from the provision of temporary housing to Comprehensive Support Measures toward Return and Reconstructing Livelihoods announced in December 2015. Under the measures, various forms of support have been offered such as financial assistance for renting private housing and relocation. According to the survey conducted in December 2017 by the Fukushima Prefectural Government, 99.3 % of evacuees secured their housing under the measures.

The Basic Framework on the Promotion of Support Measures for the Lives of Disaster Victims, decided by the Cabinet in August 2015, based on the Act on Promotion of Support Measures for the Lives of Disaster Victims to Protect and Support Children and Other Residents Suffering Damage due to Tokyo Electric Power Company’s Nuclear Accident, (hereinafter referred to as the

“Nuclear Disaster Victims’ Support Act”), was drafted based on various feedbacks including through public comments. In addition, the GoJ is aware that the Comprehensive Support Measures toward Return and Reconstructing Livelihoods by the Fukushima Prefectural Government was formulated taking into consideration the feedback received through holding explanatory meetings in Fukushima for the evacuees concerned.

As stated earlier, with regard to the housing support to voluntary evacuees, the Fukushima Prefectural Government continues to provide financial supports such as assistance for renting private housing. Therefore, the indication of “[t]he terminations of housing subsidies” is not accurate.

Moreover, the claim that evacuees “find themselves in a situation where they are not able to participate in or be heard in the process of making decisions” contains errors. One of the conditions of making a decision to lift evacuation orders is to conduct extensive talks between prefectural and municipal governments and residents. Based on the condition, the GoJ decides to lift evacuation orders after hearing views of residents in a careful manner through having dialogues between city assemblies, ward mayors and evacuating residents (for example, the GoJ held talks 20 times in Naraha Town and 15 times in Minamisoma City), consulting with each municipality beforehand.

Lifting of the evacuation order is a measure to make return possible for those who prefer to return, and not a measure to force evacuees to return. One of the requirements for lifting the evacuation order is that “the annual cumulative dose estimated by air dose rate is confirmed to be 20 mSv/y or less”, based on the recommendations by ICRP and discussions with experts in Japan. According to scientific findings among international faculties for radiological protection, including the United Nations Scientific Committee on the effects of Atomic Radiation (UNSCEAR), increased risk of cancer from low-dose radiation exposure at 100 mSv or less is so small as to be concealed by carcinogenic effects from other factors. In the areas where evacuation orders have been lifted so far, the annual individual exposure dose estimated by observed value falls well below 20 mSv.

Furthermore, in the Report of the Working Group on Risk Management of Low-dose Radiation Exposure compiled by the Cabinet Secretariat in December 2011, the health risks as a result of the criteria of 20 mSv/y to lift the evacuation order are considered to be sufficiently lower than risks caused by other carcinogenic factors such as smoking, drinking, obesity, and diet lacking in vegetable intake. In addition, the GoJ aims to limit the individual additional exposure dose to 1 mSv/y or less as a long-term target. To achieve this long-term target, the GoJ is making efforts for comprehensive and multi-layered protection including measures for reducing exposure such as decontamination and safety control of foods, monitoring and management of individual doses through development of a system to distribute personal dosimeters, and support for developing a counselling system by counsellors.

(Quote from the Joint Communication)

The needs of particularly vulnerable groups of evacuees are difficult to address since the data collected by the Fukushima Prefectural Government is not disaggregated. Lack of statistics concerning numbers and localisation does not allow to analyse how many children, women, persons

with disabilities and elderly persons were affected by the nuclear disaster and consequently by the resettlement plans. Therefore it is particularly challenging to address their specific needs by providing targeted treatment and medical services, including psychological and social support and counselling.

(Response of the GoJ)

In April 2018, the GoJ conducted a survey for all households in the evacuated areas concerning how well our treatment address evacuees' needs, so that the quality of support for evacuees should not be influenced by the situation of governmental aid. Furthermore, the GoJ has shown our actions for various treatments for evacuees, based on the statistics of the survey and interviews with supporting organizations.

In addition, the GoJ and the Fukushima Prefectural Government are making efforts to gain better understanding on the situations of evacuees through such means as conducting house-to-house visits to the evacuees and offering consultation services at the support centers for rebuilding the livelihood of evacuees stationed nationwide.

The GoJ is now strengthening efforts through reinforced cooperation with the relevant support organizations, for addressing evacuees' needs by providing several treatments including medical services, psychological and social support and counselling.

(Quote from the Joint Communication)

Persons with disabilities are at increased risk while facing nuclear accidents due to contextual vulnerabilities. Yet evacuation plans designed for nuclear accidents do not seem to address their needs to a full extent. The present national Emergency Guidelines only provide a one route option for evacuation for persons with disabilities, in contrast to the two routes available for abled persons. Furthermore, the potential exposure of children and pregnant women to radiation continues to remain an issue of utmost concern, as both groups are particularly vulnerable to the impacts of ionizing radiation exposure.

(Response of the GoJ)

In the Nuclear Emergency Response Guidelines, it is stipulated that protective measures such as evacuation should be taken in an earlier phase of accident for the “people who need to evacuate in the phase of site area emergency” (i.e. those who need support in evacuation as it takes more time for them to evacuate in comparison to normal evacuees, and whose health risks are not affected by evacuation).

The GoJ and related local governments are working together to specify and reinforce the Local Plans for Disaster Risk Reduction and the Evacuation Plan with Nuclear Emergency Response Measures based on the Basic Plan for Disaster Risk Reduction and the Nuclear Emergency Response Guidelines. As part of this process, the GoJ and the local governments are preparing detailed measures for persons requiring special care, as the GoJ recognizes the importance of securing the safety of such persons.

(Quote from the Joint Communication)

While we do not wish to prejudge the accuracy of these allegations, concern is expressed over the continuing health and safety risks resulted by radiation exposure in the context of the decontamination program in the Fukushima Prefecture, Japan. The impact of the decontamination programme places a great number of persons, including persons belonging to vulnerable groups, under considerable constraints and could result in violations of their basic human rights.

(Response of the GoJ)

The decontamination contractors are required to secure the safety of workers who deal with decontamination works, based on the provisions of the Industrial Safety and Health Act as follows: 1. To monitor the external exposure dose of the workers, 2. To provide special education for the workers, 3. To take necessary protection measures.

The exposure dose of such workers is centrally controlled by the Radiation Workers Registration Center of the Radiation Effects Association using a number registration system to record workers' exposure doses in an Individual Dose Record Book. According to the Record Book, a total of 76,951 workers engaged in decontamination works between 2012 and 2016, with their average exposure dose of 1.0 mSv over five years. Even the highest figure of exposure dose marked just 20 mSv/y.

The Ministry of the Environment (MOE) requires contractors to strictly comply with relevant laws and regulations so that measures to ensure occupational safety and health are duly taken. Additionally, the MOE requires contractors to submit a report if the worker's exposure dose exceeds 20 mSv; however, there has not been a single report to date.

(Quote from the Joint Communication)

Particular concern is expressed over the impact of the terms and modalities of ongoing resettlement programmes on the enjoyment of human rights, in particular the right to life, health, physical integrity, housing, and food. The decision to not reflect the actual number of evacuees and recognizing these as internally displaced persons in the official records of the prefectural government, undermines the ability of local authorities to provide vital services and financial assistance to a number of self-evacuees.

(Response of the GoJ)

In the survey of the number of evacuees nationwide conducted by the Reconstruction Agency, the number of evacuees is tallied based on reports from the municipalities where evacuees live. The Agency has asked each municipality to count those who moved into each municipality in the wake of the Great East Japan Earthquake and are willing to return to live in the original places that they evacuated from.

The Fukushima Prefectural Government has shifted its housing support to voluntary evacuees from the provision of temporary housing to Comprehensive Support Measures toward Return and Reconstructing Livelihoods announced in December 2015. Under these measures, various forms of support such as financial assistance for renting private housing and relocation have

been offered.

For disaster victims who actually need relief under circumstances where housing and meals etc. are scarce due to the disruption caused by disasters or procurement thereof is difficult, the Governor of Fukushima Prefecture responds to emergency relief based on the Disaster Relief Act as the implementing entity, we provide necessary emergency relief.

(Quote from the Joint Communication)

While welcoming your Excellency's Government's initiative to extend housing support for designated evacuees to March 2019, we are deeply concerned that the decision to lift evacuation orders in areas where radiation levels remain high, and withdrawing housing support previously provided to a large number of households, create significant pressures for internally displaced persons to return to their previous homes, where their life, safety or health would be at risk from exposure to hazardous levels of radiation.

(Response of the GoJ)

Needless to say, the decision of the evacuees as to whether to return to their original places to live or not is entirely up to them. The GoJ does not force them to return nor put any pressure on them to do so.

Lifting of the evacuation order is a measure to make return possible for those who prefer to return, and not a measure to force them to return. One of the requirements for lifting the evacuation order is that "the annual cumulative dose estimated by air dose rate is confirmed to be 20 mSv/y or less", based on the recommendations by ICRP and discussions with experts in Japan. According to scientific findings among international faculties for radiological protection, including the United Nations Scientific Committee on the effects of Atomic Radiation (UNSCEAR), increased risk of cancer from low-dose radiation exposure at 100 mSv or less is so small as to be concealed by carcinogenic effects from other factors. In the areas where evacuation orders have been lifted so far, the annual individual exposure dose estimated by observed value falls well below 20 mSv. Furthermore, in the Report of the Working Group on Risk Management of Low-dose Radiation Exposure compiled by the Cabinet Secretariat in December 2011, the health risks as a result of the criteria of 20 mSv/y to lift the evacuation order are considered to be sufficiently lower than risks caused by other carcinogenic factors such as smoking, drinking, obesity, and diet lacking in vegetable intake.

In addition, the GoJ aims at limiting the individual additional exposure dose to 1 mSv/y or less as a long-term target. To achieve this long-term target, the GoJ is making efforts for comprehensive and multi-layered protection including measures for reducing exposure such as decontamination and safety control of foods, monitoring and management of individual doses through development of a system to distribute personal dosimeters, and support for developing a counselling system by counsellors.

(Quote from the Joint Communication)

Returning evacuees, as well as those already living in municipalities of Fukushima, face additional health risks posed by large scale, heavy transportation and storage of nuclear waste as well as the radiation that could be released by waste facilities. We remain concerned by the fact that this practice is expected to increase during the coming years, along with the long-term psychological effects associated with living in a nuclear waste industrial zone.

(Response of the GoJ)

With regard to the transportation and storage of radioactive waste, the GoJ conducts environmental monitoring of trucks transporting the waste as well as the areas around the waste facilities. In transporting and storing radioactive waste, the GoJ has formulated plans which clarify what to do for the safety management at normal times as well as during emergency responses. The GoJ is steadily and safely implementing these plans.

As for disposal of waste apart from those generated due to decontamination works in Fukushima Prefecture, the GoJ has constructed a final disposal site and implements multiple safety measures such as controlling elution of radioactive cesium and percolation as well as radiation shielding.

As a result of the safety measures mentioned above, the additional exposure dose of the residents is expected to be kept within 2 μ Sv/y. No specific rise in the air dose rate around disposal sites is observed in monitoring results observed both before and after the start of depositing waste.

While the GoJ has no clear idea of what is meant by “living in a nuclear waste industrial zone”, the GoJ had already explained to the local residents about the results of the monitoring before the waste disposal facility started its operation. Even after the commencement of the project, the GoJ has been conducting a monitoring survey around the facility and on transport routes in the vicinity. The GoJ also continuously evaluates the exposure doses of the workers closest to the site, and shares the outcome with a public committee consisting of local residents and experts.

Furthermore, the GoJ opened an information center on the disposal facility in August 2018 in order to disclose information on the facility to the public and demonstrate the safety of the facility. Through these measures, the GoJ is making every effort to secure a sense of safety and trust among the local residents.

(Quote from the Joint Communication)

2. Please provide further information regarding the measures taken to minimise the Fukushima Daiichi offsite releases, the revised long term decontamination radiation target level and the expected timetable for its implementation.

(Response of the GoJ)

Regarding environmental pollution caused by radioactive substances released by the Fukushima Daiichi NPS accident, the GoJ and municipalities have conducted decontamination projects to remove radioactive materials from the contaminated soil for the purpose of promptly mitigating the impact on human health or the living environment.

The GoJ aims at limiting an individual additional dose to 1 mSv/y or less as a

long-term-target by taking comprehensive radiation protection measures, including decontamination. In light of a decision by the Nuclear Safety Commission to select the lowest limit of 1 to 20 mSv/y as additional exposure dose, the GoJ's long-term goal is set to 1 mSv /y.

This goal is not targeted just for decontamination, but is a long-term target that the whole GoJ tries to achieve together with other elements such as radioactive decay, weathering effects, management of exposure doses, and safe management of food. Therefore, the indicated “revised long term decontamination radiation target level” does not exist in the first place.

As explained earlier, the decontamination of the whole area was already completed at the end of March 2018 in 100 municipalities located in eight prefectures, except for the Difficult-to-Return zones. The GoJ plans to develop Specified Reconstruction and Revitalization Bases (SRRBs) based on the revised version of the Act on Special Measures for the Reconstruction and Revitalization of Fukushima. As for decontamination work in the SRRBs, among 6 municipalities whose SRRB plans were approved, dismantling and decontamination work started in Futaba Town in September 2017. As of today, such work is being conducted in five municipalities (Futaba Town, Okuma Town, Namie Town, Tomioka Town, and Iitate Village). The GoJ is preparing to start dismantling and decontamination work in the remaining village of Katsurao by the end of March 2019.

(Quote from the Joint Communication)

3. Please provide information concerning any measures aimed at minimizing the risks for and protecting the rights of groups of persons who are particularly vulnerable to the consequences of the nuclear disaster and ongoing resettlement programs, including women, children, elderly people 5 and persons with disabilities. Please provide information, where possible statistics, regarding affected groups and their localisation.

(Response of the GoJ)

The GoJ has made contributions to the Fukushima Residents Health Management Fund, established by the Fukushima Prefectural Government in FY 2011, in order to manage the health conditions of the residents of Fukushima Prefecture over the mid to long term. By utilizing this Fund, the Fukushima Prefectural Government has implemented the Fukushima Health Management Survey. The Survey consists of: a Basic Survey for all residents in Fukushima Prefecture, examining their behavioral records to comprehend their dose of external radiation exposure; a Thyroid Ultrasound Examination for all residents in Fukushima Prefecture who were 18 years old or younger at the time of the accident and for children born after the examination's introduction and before 1 April 2012 (covering approximately 380,000 children in total); a Pregnancy and Birth Survey for those eligible including holders of Maternal and Child Health Handbooks distributed from municipal offices in Fukushima Prefecture; and a Comprehensive Health Check and Mental Health and Lifestyle Survey for those eligible, including residents in the designated evacuation zones at the time of the accident.

The Reconstruction Agency compiles related measures on each field based on the Nuclear Disaster Victims' Support Act. These measures include support for securing housing and

consultations, surveys on the impact of radiation on health, offering activities such as nature experience programs to maintain mental and physical health for children, and employment support. Such measures have been implemented by related ministries and agencies.

For those who return to their original places to live, support has been offered to nurture an environment where they can live their lives with a sense of security. For those who continue their evacuation, various forms of support have been offered so that they can sustain their livelihoods while maintaining a connection with their hometowns.

The Reconstruction Agency conducts a survey for evacuees across the country with the assistance of each municipality, and publishes monthly reports on the number of evacuees by municipality and by facility.

Our survey shows the data about the age and geographical distribution of the owners of households (See the attachment).

School counselors and other trained staff have been dispatched to schools in disaster-stricken areas to provide psychological care and other necessary support to students affected by disasters.

(Quote from the Joint Communication)

4. Please elaborate on the state of implementation of the recommendation, made at the third cycle of UPR in November 2017, which suggested to respect the rights of persons living in the area of Fukushima, in particular of pregnant women and children, to the highest level of physical and mental health, notably by restoring the allowable dose of radiation to the 1 mSv/year limit, and to continue providing support for the voluntary evacuees from the high-radiation areas of Fukushima, with housing, financial and other life-assisting means and with periodic health monitoring of those affected. Since the Government of Japan 'agreed to follow-up' on this recommendation, we would appreciate to know more about the possible actions and implementation measures which this commitment entails, according to Japanese authorities.

5. Please indicate what measures your Excellency's Government is taking to provide support for self-evacuees, who also constitute internally displaced persons (IDPs), and specifically how you will ensure that durable solutions according to international standards are achieved for these IDPs meaning they no longer have specific assistance and protection needs linked to the evacuation and can enjoy their human rights without discrimination resulting from their displacement.

(Response of the GoJ)

Regarding the recommendations that the GoJ "accepted to follow up" at the 3rd cycle of the Universal Periodic Review (UPR) of Japan in November 2017, the GoJ is planning on reporting the follow-up situation to the UN Human Rights Council. Having said that, a description of the current situation is provided below.

The GoJ aims at limiting the individual additional radiation exposure dose to 1 mSv/y or less as a long-term target. To achieve this long-term target, the GoJ is making efforts for comprehensive

and multi-layered protection, including measures for reducing exposure such as decontamination and safety control of foods, monitoring and management of individual doses through development of a system to distribute personal dosimeters, and support to develop a counselling system by counsellors.

Regarding the recommendation to “continue providing support for the voluntary evacuees from the high radiation areas of Fukushima, with housing, financial and other life-assisting means and with periodic health monitoring of those affected, in particular those who were children at the time of the accident,” the Reconstruction Agency helps facilitate evacuees’ move into public housing in cooperation with the Ministry of Land, Infrastructure, Transport and Tourism in order to secure housing for them as well as provide support for consultations in coordination with the Fukushima Prefectural Government. In addition, the Fukushima Prefectural Government is providing various forms of support, including financial assistance for renting private housing as well as conducting the Fukushima Health Management Survey.

As a general maternal and child health policy based on the Maternal and Child Health Law, municipalities provide prenatal checkups and checkups of infants, regardless of whether recipients are residents in the area of Fukushima or not. Costs of more than 14 prenatal checkups are subsidized in every municipality. Also, municipalities are obliged to provide health checkups for 18-month and 3-year old children. In addition, they provide health checkups for infants of other ages as necessary.

In order to support the affected children, the GoJ implements measures as follows: consultation and support services on physical and mental health through visiting families with children; creation of an environment where the children who live in temporary housing can spend time peacefully; setting up playgrounds; and providing physical and mental care to children.

Also, the GoJ provides financial assistance to Fukushima Prefecture in establishing the Fukushima Center for Disaster Mental Health, which complements the administrative function of municipalities regarding mental health services, in order to provide mental care support to the victims in Fukushima Prefecture. Experts, for example, provide support for victims who claim to have mental disorders by visiting their homes and temporary housing as well as support for the health-promotion activities of health centers and municipalities.

The GoJ has made contributions to the Fukushima Residents Health Management Fund, established by the Fukushima Prefectural Government in FY 2011, in order to manage the health conditions of the residents of Fukushima Prefecture over the mid to long term. By utilizing this Fund, the Fukushima Prefectural Government has implemented the Fukushima Health Management Survey. The Survey consists of: a Basic Survey for all residents in Fukushima Prefecture, examining their behavioral records to comprehend their dose of external radiation exposure; a Thyroid Ultrasound Examination for all residents in Fukushima Prefecture who were 18 years old or younger at the time of the accident and for children born after the examination’s introduction and before 1 April 2012 (covering approximately 380,000 children in total); a Pregnancy and Birth Survey for those eligible including holders of Maternal and Child Health Handbooks distributed from municipal offices

in Fukushima Prefecture; and a Comprehensive Health Check and Mental Health and Lifestyle Survey for those eligible, including residents in the designated evacuation zones at the time of the accident.

In addition, in accordance with the Act on Special Measures concerning the Handling of Pollution by Radioactive Materials, the GoJ conducted decontamination work in the SDAs. With regard to the ICSA areas estimated to exceed 1mSv/y of additional radiation exposure dose, the relevant municipalities formulated plans for decontamination and conducted decontamination works.

As mentioned above, school counselors and other trained staff have been dispatched to schools in disaster-stricken areas to provide psychological care and other necessary support to students affected by disasters.

The Reconstruction Agency compiles related measures on each field based on the Nuclear Disaster Victims' Support Act. These measures have been implemented by related ministries and agencies.

The GoJ is determined to take responsibility for reconstruction and revitalization of Fukushima. The GoJ will support those who want to rebuild their hometowns including children and women, as much as possible.

(Quote from the Joint Communication)

6. Please also provide details regarding any possible support measures and vital services which your Excellency's Government plans to assume following the termination of housing support for evacuees in March 2019, in line with the 2012 Nuclear Disaster Victims Support Act and the UN Guiding Principles on Internal Displacement.

(Response of the GoJ)

Regarding the housing support for evacuees, in August 2018 the Fukushima Prefectural Government has decided to extend such support for evacuees in the areas where it would be deemed necessary after March 2019.

In addition, the Fukushima Prefectural Government is constructing public housing for evacuees, and 5,060 houses are scheduled to be provided by March 2019. The Fukushima Prefectural Government is also reducing the rent of the public housing to secure a stable supply of evacuees' housing, and is further lowering the rent for low-income households who are in need of housing. Furthermore, the Fukushima Prefectural Government is offering counselling services, including conducting house-to-house visits to evacuees towards rebuilding their livelihoods.

Based on the Interim Guidelines formulated by the Dispute Reconciliation Committee for Nuclear Damage Compensation, TEPCO has been providing compensation for individual and property damages caused by evacuation carried out in accordance with the GoJ's evacuation orders, taking into consideration the individual situation of those affected.

(Quote from the Joint Communication)

7. Please indicate whether any consultation has been held with self-evacuees and what efforts have

been made to ensure their meaningful participation in the decision-making.

(Response of the GoJ)

The Basic Framework on the Promotion of Support Measures for the Lives of Disaster Victims, decided by the Cabinet in August 2015, based on the Nuclear Disaster Victims' Support Act, was drafted based on various feedback including through public comment. In addition, the GoJ recognizes that the Comprehensive Support Measures toward Return and Reconstructing Livelihoods was formulated by the Fukushima Prefectural Government in December 2015, taking into consideration the feedback provided through consultation meetings with the evacuees concerned.

(Quote from the Joint Communication)

8. Please provide information about the measures taken by your Excellency's Government to provide, with the participation of the community, safe and appropriate temporary and final storage facilities for radioactive debris.

(Response of the GoJ)

As for specified waste generated in Fukushima Prefecture due to the TEPCO Fukushima Daiichi NPS accident, it has been stored and disposed of, depending on the degree of concentration of radioactive materials in such waste, in the Interim Storage Facility (ISF) operated in the towns of Okuma and Futaba, Fukushima Prefecture, and in the Specified Waste Landfill Facility operated in the towns of Tomioka and Naraha, Fukushima Prefecture, respectively.

The ISF is a facility intended to safely and comprehensively manage and store the soil and waste generated from decontamination works in Fukushima Prefecture until their final disposal. The operation of the ISF is based not only on a framework for its routine safety management and emergency response, but also on guidelines concerning building structure and conditions necessary for maintaining safe storage in the ISF, consistent with the outcome of the Committee consisting of experts from relevant fields such as radiation protection.

The following are some examples of safety measures taken at the ISF:

- covering soil for prevention of dispersion and discharge in the Soil Storage Facility (SSF);
- installation of impermeable sheets and low-permeable layers of soil that prevent leachate as well as establishment of a leachate treatment facility in the SSF to remove radioactive materials from leachate in order not to contaminate groundwater and public water areas; and
- sealing of waste in shielded containers for prevention of dispersion and discharge and the storing of those containers in a building with shielding effects for prevention of external exposure.

At the Specified Waste Landfill Facility (SWLF), landfill of waste is conducted, with full consideration for safety by means of multiple safety measures for elution prevention of radioactive cesium, percolation control of rainwater, and radiation shielding, in compliance with standards specified by the Act on Special Measures concerning the Handling of Pollution by Radioactive

Materials.

The following are some examples of safety measures taken at the SWLF:

- cement solidification of waste that is prone to elution (such as fly ash) before the landfill;
- installation of zeolite mixed soil in the lower or inner layer of the landfill waste for adhesion of radioactive cesium;
- installation of impermeable soil layers in the inner layer of the landfill waste for prevention of invasion of rainwater in the lower layer;
- covering with capping sheets over the areas where the landfill has not been implemented for prevention of invasion of rainwater;
- sloping in the impermeable layer to quickly drain water even in case of invasion of rainwater;
- covering with doubled impermeable sheets over the whole landfill site to avoid leakage of leachate outside the site; and
- measurement and confirmation of the degree of concentration of radioactive cesium in leachate that has been treated at the leachate treatment facility before its release in order to ensure compliance with the designated standards.

The GoJ is continuously conducting monitoring surveys at the two facilities mentioned above. Based on the data obtained, the GoJ confirms that storing and treating of the waste at the two facilities are safely conducted.

Current distribution of evacuees and returnees by age

(as of 2018)

- 17% of households live in the same municipalities they lived when the accident occurred, 54% live in municipalities in Fukushima Prefecture and 19% live outside of the prefecture.
- The rate of elderly people living in the same municipalities they lived when the accident occurred (among persons aged 60 years or over) is higher than that of younger people. On the other hand, the rate of younger people living in other municipalities (among persons aged under 60 years) is higher than that of elderly people.

