



INTERNATIONAL PHYSICIANS FOR THE PREVENTION OF NUCLEAR WAR

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The Hon. Naoto Kan
Prime Minister
Cabinet Secretariat
1-6-1 Nagata-cho, Chiyoda-ku
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Japan

Dear Prime Minister Kan:

IPPNW has been closely following the tragic events in Japan following the earthquake and tsunami of March 11. We would like to express our heartfelt sympathy for the victims of this terrible disaster and for all the Japanese people. At this time of year you commemorate the atomic bombings of Hiroshima and Nagasaki with a national appeal for peace and the abolition of nuclear weapons to prevent the possibility they will ever again be used. We regret that you must mark these anniversaries this year while struggling to recover from a new nuclear disaster at Fukushima. All of us at IPPNW share your grief over these events.

We have been particularly concerned for the past several months with the nuclear power plant disaster at Fukushima Daiichi and with the effects of radiation exposure on the most exposed populations. From the earliest weeks of the crisis, we have expressed our regret that the Japanese public and the international community do not seem to have been fully informed about the nature and extent of radioactive emissions from the crippled reactors; that affected populations may not have been monitored adequately for exposure to radiation; that residents may not have been evacuated from a wide enough area around the reactors; and that exposure limits seem to fall short of what is needed to protect the Japanese people—in particular vulnerable populations such as children and pregnant women—according to international best practice.

We were disturbed to learn from recent reports that questions have been raised about whether government agencies responsible for nuclear safety might have put political and economic interests ahead of the public's health.

As an international organization of physicians concerned first and foremost with the threats to health and survival posed by both nuclear weapons and by nuclear plant disasters such as Fukushima, we urge you to increase the priority given to the health and safety of the Japanese people as you make complex and difficult decisions about how to handle the ongoing crisis. Because nuclear disasters have such severe long-term consequences; and radioactive contamination respects no boundaries and has spread globally from Fukushima through the atmosphere and ocean, the Fukushima disaster has global health impacts and relevance far beyond Japan.

As you have stated, the situation is not yet stable. Until the damaged reactors and spent fuel ponds have their structural integrity restored, stable cooling sustained and are in cold shutdown, there remains a possibility of further releases of radioactivity from the extensively damaged plant, especially in the context of continuing frequent aftershocks. It is therefore vital in our view

that comprehensive plans be in place for prompt, large-scale further evacuations within at least 80-100 km of the Fukushima Daiichi plant, should the need arise.

Even without any further widespread airborne releases of radioactivity, however, we urge that the following steps be taken to unequivocally place public health above all other interests without delay, where they are not already underway:

1. A comprehensive, consistent, best-practice approach to radiation protection and care for the population in areas significantly contaminated is urgently needed. Essential elements should include:
 - a. Detailed spatial mapping of radioactive contamination.
 - b. Management based on actual levels of contamination and anticipated total exposures, both external and internal, not simply distance from the Fukushima Daiichi plant.
 - c. Ongoing long-term monitoring with timely, full public reporting of radioactive contamination of the terrestrial and marine environment, and of food, plants and animals and water.
 - d. A comprehensive population register of those in significantly contaminated areas and all workers at the Fukushima Daiichi site, with early evaluation of exposures and long-term (life-time) health monitoring. We understand that the Japanese and Fukushima prefectural governments, with the National Institute of Radiological Sciences and Fukushima Medical, Hiroshima and Nagasaki Universities, have recently begun to collaborate on comprehensive population health checks of people in Fukushima. This is welcome, and such data can be important to provide optimal care for individuals, understand and document the long-term consequences of the disaster, and plan and target services to best meet the affected population's health needs. These plans and progress could usefully be shared in detail internationally. We would urge that comprehensive population register - based health monitoring should be long-term, independent, and that all procedures, data and findings should be internationally peer-reviewed and available in a timely fashion in the public domain. The lack of such a rigorous process after the Chernobyl disaster still constitutes a major unmet gap that for example the International Agency for Research on Cancer seeks to address. Ongoing evaluation of internal radiation exposures should be an important element of population monitoring.
 - e. The maximum acceptable additional non-medical radiation exposure limit for the general population should be returned to 1 mSv per year in total (i.e., including both internal and external exposures to all radioactive isotopes). This is especially important for children and pregnant women and should occur without delay.
 - f. In keeping with the growing weight of evidence of health risks associated with chronic low-level ionising radiation exposure, and radioactive contamination management practices elsewhere, no avoidable non-medical population exposures above a total 5 mSv per year of additional radiation should be accepted. We further recommend that no population exposures greater than 1mSv should be accepted for adults under 50 years beyond the first year after the nuclear disaster.
2. We see no alternative but that additional evacuations will be required to implement best-practice international standards of radiation protection. In order to minimize further avoidable exposures, these evacuations should be planned and undertaken expeditiously, and completed well before the end of 2011, to address the period of highest environmental radioactivity.

3. Relocation assistance should be made available to all likely to receive more than 1 mSv/year additional radiation exposure as a result of the nuclear disaster were they to remain in their normal place of residence, in order to facilitate health protection and avoid additional financial and mental health burdens for many who have already lost a great deal.
4. We remain profoundly concerned that the 20 mSv annual radiation dose limit for members of the public, including children and pregnant women, set by your government in April, unfortunately represents the greatest willingness to accept radiation-related health harm for the general population of any government around the world in recent decades. As physicians, we have an ethical responsibility to state that such a level is associated with unacceptable health risks where these can be avoided.
5. Authoritative information on how citizens can reduce their own and their family members' radiation exposure should be widely promoted. However, it should also be recognized that significant decontamination measures, particularly on a large scale such as in farming areas, will require the resources of government.

We believe that these measures are medically necessary for safeguarding as much as possible the health of those exposed to Fukushima's radioactive fallout, and future generations who will also be at risk. Such clearly articulated and acted-upon priorities would also go a long way to restore confidence, in Japan and internationally, that vested interests are not compromising people's health and well-being. We would greatly welcome assurances from you, Prime Minister, that you not only share this perspective but will also act decisively to put these measures into effect.

Sincerely,



Vappu Taipale
Co-President



Sergey Kolesnikov
Co-President



Robert Mtonga
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