

Comments on the ICRP Draft Report:
Radiological Protection of People and the Environment in the Event of a Large Nuclear Accident
Update of ICRP *Publications 109 and 111*

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The real radiation protection is achieved by a complete cancelation of nuclear utilization.

We, the members of “Chernobyl-Hibakusha Support Kansai”, visited the affected areas of the Chernobyl accident for the first time in 1991, five years after the accident. Since then, we have been supporting the people affected by the Chernobyl accident and exchanging with them for 28 years. We witnessed that the severe nuclear accident totally changed each people’s whole life, forced various difficulties on the communities and brought irreparable damages to the society and environment. In such a serious situation after the Chernobyl accident, we have been making effort to protect people’s health and life in cooperation with the people in the affected areas. Through our activities with the Chernobyl victims, we leaned the lesson that a severe accident of nuclear power plant should never be repeated in the world. We also became convinced that the use of nuclear energy should be stopped to avoid further sever accidents, and we appealed the message to the world.

However, the countries and the nuclear industry continued to utilize nuclear energy even on the condition that further sever accidents might occur. Giving support to the nuclear industry, ICRP published Publications 103¹, 109², 111³, which include the recommendations actually to force extremely higher dose of radiation on workers and public in case of severe nuclear accidents. ICRP newly proposed the “reference levels” for large nuclear accidents, which is exceptionally higher dose than “dose limits” of “planned exposure” for normal operation. As the consequence of such nuclear policies, they repeated another severe nuclear accident in Fukushima.

Furthermore, ICRP issued a statement⁴ on March 21, 2011, soon after the Fukushima Daiichi Accident, which recommend to use the “reference levels” in Japan to “ensure an adequate degree of protection with respect to exposure to ionising radiation in emergency and existing exposure situations” based on their three publications above. Following the recommendations, Japanese government actually adopted the “reference levels” in their policies after the Fukushima accident⁵ though such radiation standards were not yet officially introduced into the Japanese legal system. The Japanese government and Tokyo Electric Power Company (TEPCO), which should be responsible for the accident, did not provide adequate radiation protections to the people in the affected areas nor gave proper compensation to the victims of the Fukushima accident.

It is outrageous that ICRP has drafted the report to update Publications 109 and 111, which recommend just a deceptive “radiation protection” at sever nuclear accidents, and continues to support the nuclear industry without reflecting their commitment towards the repeated accidents. They ignore the suffering of the victims of Chernobyl and Fukushima by drafting such

recommendations, which might lead to additional severe accidents. Their act is also criminal for the future generations. We insist again that the real radiation protection cannot be achieved without a complete cancellation of nuclear utilization, before repeating another severe nuclear accident.

The ICRP's recommendations support the benefit of nuclear industry and violate the human rights of radiation victims.

The basic ideas of the ICRP's recommendations stated in the draft report are the principles of "justification" and "optimisation"^{6,7}, which support the benefit of nuclear industry and violate the human rights of radiation victims. We cannot accept these principles.

"Justification" is defined by ICRP that "Any decision that alters the radiation exposure situation should do more good than harm."⁸ This really means that only the protective measures, which produce "net benefit" to the nuclear industry can be "justified".

"Optimisation" is "the likelihood of.... magnitude of their individual doses should all be kept as low as reasonably achievable, taking into account economic and societal factors."⁹ This principle, called "ALARA", means to balance "cost and benefit" and manage to get the biggest benefit for the industry.

Just after the Chernobyl accident, not only the nuclear workers but also the general public was exposed to higher dose of radiation. During the following years, a large number of residents in the contaminated areas have been exposed to the continuous low dose of radiation. ICRP approved the situation and supported the nuclear industry which continued to utilize nuclear energy even forcing such a radiation exposure on people. They expressed in Publication 60 (1990) that they would make an additional guideline for the interventions after severe nuclear accidents¹⁰ and published series of reports.¹¹ In Publication 103 (2007), ICRP newly proposed the "Emergency exposure situation" and "Existing exposure situation" in addition to "Planned exposure situation" and applied the principles of "justification" and "optimisation" to each exposure situation. They abandoned quantification of the risk of stochastic health effects of radiation and fully introduced the "reference levels" as a kind of standards for the "Emergency" and "Existing" exposure situations, which would substantially loose the regulation of radiation exposure in these two types of situations, in comparison to the regulations based on the "dose limits" in "Planned exposure situation".¹²

The draft recommendations endorse the policies of Japanese government, which force more radiation exposure on people to promote the nuclear power plants in Japan.

After the Fukushima accident, in April 2011, we, members of "Chernobyl-Hibakusha support, Kansai", started to visit the affected areas of the Fukushima accident every month. We tried to transfer the experiences of Chernobyl to protect the people in Fukushima from additional radiation exposure. We were also involved in the various activities, in cooperation with many citizens and specialists, including radiation protection, health consultation, measuring ambient radiation dose rate, measuring radionuclides of food and soil and supporting the children's "summer camps" in non-contaminated areas. We also shared the experiences of people in Fukushima through the mutual exchange. We have been seeing and hearing in detail, for these eight years, the wide range and complicated impacts of the Fukushima accident, accompanied with the earthquake and tsunami.

“If the nuclear accident had not occurred,” “Give me back our life before the accident.” “I really wish nobody would experience again in the future such a painful life which we have after the accident.” “We have had enough of nuclear power plants.” “The government and TEPCO should take responsibility for the accident.”...these are really direct voices from the people affected by the Fukushima accident. The serious situation and strong opinions of the Fukushima victims expressed by these voices are not described at all in the Annex B of the ICRP’s draft report.

Currently in Japan, the victims of Fukushima accident have been fighting against the government and TEPCO requesting them to take responsibility for causing the serious accident and to restore and establish the human rights of victims. In such a situation, ICRP’s attempt of publishing the updated recommendations in the event of large nuclear accident is considered really intentional and political, as it actually speaks for the nuclear industry which is responsible for the accident. We should note that the report was drafted by the Task Group 93, which is chaired by the Japanese members of ICRP.¹³ Therefore, we concern very much the possibility that the updated recommendations again endorse the policies of Japanese government, which force more radiation exposure on the people in the affected areas of Fukushima and promote the nuclear power plants which might bring further nuclear accidents in Japan.

In Publication 111, it is mentioned that the reference levels in existing exposure situation for “people living in contaminated areas should be selected from the lower part of the 1-20 mSv/year bandPast experience has demonstrated that a typical value used for constraining the optimisation process in long term post-accident situation is 1mSv/year. National authorities may take into account the prevailing circumstances and also take advantage of the timing of the overall rehabilitation programme to adopt intermediate reference levels to improve the situation progressively.”¹⁴ Furthermore in this draft report, ICRP recommends the reference levels for the long-lasting existing exposure “with the objective to reduce exposure progressively to levels on the order of 1 mSv per year.”¹⁵ This means that achievement of the dose limit for the public, 1 mSv per year, is shelved as the “long-term goal”¹⁶ and “levels on the order of 1 mSv per year”, that is “levels from 1 mSv to under 10 mSv”, can be actually adopted as “reference levels” for a long term.

In the present Japanese legal system of radiation protection, the “public dose limit of 1 mSv per year” is officially secured¹⁷. However, after the Fukushima accident, about four million people in the contaminated areas in Fukushima and neighboring prefectures were exposed by the additional radiation dose over 1mSv for the first year. This situation is actually illegal and the human rights of exposed people have been violated. Therefore, people have been strongly requesting Japanese government and local authorities to observe the Japanese law which actually secures the “public dose limit of 1 mSv per year.” The ICRP’s recommendations of reference levels in existing exposure situation might allow the Japanese government and local authorities not to take responsibilities to protect and support the residents living in the contaminated areas of more than 1 mSv per year, in spite of the strong public requests to the authorities to observe the present Japanese legal system of radiation protection. We cannot accept such recommendations.

The draft recommendations lack concrete consideration for children and pregnant women (fetuses).

The residents in the affected areas of the accidents are not only adult people. ICRP emphasizes repeatedly in the draft report that “commission recommends paying particular attention to children and pregnant women, for whom radiological risks may be greater than for other groups of individuals.”¹⁸ It is true that children and fetuses are more sensitive to radiation than adults and children might get higher accumulated dose living in the same dose rate situation with adults as they could live longer than adult people. In spite of recognizing the higher risk of radiation for children and fetues, it is unreasonable that ICRP does not recommend any particular “reference levels” specific to children and pregnant women (fetuses).

ICRP downplays the contribution of radiation protection considering the radiation effect relatively small among the wide range of negative influences from the nuclear accidents.

ICRP explains in the draft report that “large nuclear accidents generate complex situations that affect all dimension of individual and social life”, including health, social, economic and psychological consequences¹⁹. However, ICRP does not mention any critical assessment nor reflection on the utilization of nuclear energy which actually brought such serious disasters. On the contrary, ICRP considers as if the issue of radiation exposure is relatively small among the wide range and variety of negative influences from the nuclear accidents and downplays the contribution of radiation protection based on the principle of optimisation (ALARA) in line with the ideas of nuclear industry to protect industry’s economic benefit²⁰. Such a viewpoint of ICRP is not acceptable because it is totally counter to the benefit of victims of the accidents.

ICRP does not refer to the most recent epidemiological studies on the health impacts of low level of radiation.

It is mentioned in the draft report that ICRP takes into account the “most advanced scientific knowledge on the health effects of radiation.” However, ICRP does not refer to any of the recent papers of epidemiological studies on the health impacts of low level of radiation²¹. They do not revise the radiation risk assessment of cancer after Publication 103 (2007) and still state that “Below 100 mSv, the evidence (for the increased risk of cancer) is less clear.” In addition, they underestimate the risk of cancer induction by using the “dose and dose rate factor” (DDREF) of 2 and describe, “a dose of 100 mSv ...adds approximately 0.5%.”²² They should refer to the most recent papers, which were published after 2007, to promote radiation protection and improve the health care and livelihood support for the affected people by the nuclear accidents.

The problems of the thyroid examination in Fukushima

In the Annex B, ICRP reports that “childhood thyroid cancer cases found in Fukushima Prefecture are unlikely to be the result of radiation exposure after the accident.”²³ It is wrong to make such a statement because the relationship between radiation exposure from the accident and induction of

thyroid cancer cases are not yet sufficiently assessed in Fukushima. In the case of the Chernobyl accident, direct thyroid measurements had been performed for more than 400,000 people within two months after the accident, while in Fukushima, direct thyroid measurement was not conducted properly²⁴ (except dozens of cases measured in Namie town²⁵). It should be noted that a lack of reliable estimation of individual thyroid dose based on proper direct measurement is one of the reasons for difficulties of analyzing possible radiation induction of thyroid cancer cases in Fukushima.

The recommendation written in the draft, “a long-term thyroid health monitoring programme should only be conducted for those individuals exposed in utero or during childhood or adolescence with 100-500 mGy absorbed dose to the thyroid”, may violate the right to health of affected people, because nobody can deny the possibility that the exposure of absorbed thyroid dose below 100 mGy could induce cancer.

ICRP’s activities in the affected areas are deceptive as they replace the responsibility of government and industry to the self-responsibility of individual victims.

In the Annex B, it is also mentioned that “despite all the protective actions implemented by local and national authorities, the negative effects arising from consequences of.....and counting concerns about radiation exposures had a large detrimental effect on the well-being of individuals and the quality of living of affected communities.”²⁶ Under such circumstances, ICRP emphasizes the importance and effectiveness of “ICRP Dialogue Initiative” “discussion between stakeholders” “co-expertise process” “self-help protective actions” and recommends developing a “practical radiological protection culture”. However, ICRP’s activities in the affected areas are deceptive as they replace the responsibility of government and industry to the self-responsibility of individual victims. Such interventions do not lead to the real protection of the public and workers against radiation exposure from the accidents. ICRP is just trying to spread the “expertized knowledge” which underestimates the health risk of radiation, without reflecting the nuclear policies which brought the sever nuclear accidents. ICRP should realize that most of the people in the affected areas are feeling great distrust against such attitudes of ICRP.

From the reasons mentioned above, we think the draft report does not protect the human rights of the victims of the serious nuclear accidents, though we do not make every comment in detail on the numerous problems in the draft report. ICRP should withdraw the whole of the draft report because it does not really protect the public and workers from the radiation exposure.

¹ ICRP, 2007. The 2007 Recommendations of the International Commission on Radiological Protection. ICRP Publication 103, Ann ICRP 37 (2-4).

² ICRP, 2009a. Application of the Commission's Recommendations for the Protection of People in Emergency Exposure Situations. ICRP Publication 109, Ann ICRP 39 (1).

³ ICRP, 2009b. Application of the Commission's Recommendations to the Protection of People Living in Long-term Contaminated Areas after a Nuclear Accident or a Radiation Emergency. ICRP Publication 111, Ann ICRP 39 (3).

⁴ ICRP ref: 4847-5603-4313

⁵ For example, the Japanese government ordered people to evacuate only from the areas where the radiation dose was estimated to exceed 20mSv/year, as the upper dose of “reference level” for the “existing exposure level” was set to be 20mSv/year by ICRP. Those who evacuated from less contaminated areas were not officially conceded as “evacuees” by the government and local authorities and called as “voluntary evacuees”, and were treated as if they themselves decided to move against the government’s decision. After a year from the accident, the government started to promote people to return to their home in condition that the estimated radiation level went down below 20mSv/year. On the other hand, the government gradually started to stop supporting people who would not come back home. The government also set up the standard for cleaning-up schoolyards as 20mSv/year just after the accident. (They reduced the level to 1mSv/year later after facing to the strong objection from citizens, especially from mothers.) The tentative goal for cleaning up the contaminated areas was set to be 20mSv/year with the long-term goal of 1 mSv/year. Moreover, the government does not accept the citizen’s request that the “Support Law for Children” should be applied to all the residents in the contaminated areas of 1mSv/year or more. Note that 1mSv/year is the present dose limit for the public in the Japanese laws of radiation protection.

⁶ Draft report (42) – (83), Principles for protection of people and the environment

⁷ ICRP proposed the “System of Dose Limitation” in Publication 26, 1977, with its three principles of justification, optimisation of protection and individual dose limitation. They extended the principles to the “System of Radiation Protection” in Publication 60, 1990.

⁸ Publication 103, Executive Summary (o)

⁹ Publication 103, Executive Summary (o)

¹⁰ Publication 60, (223)

¹¹ Publication 63, 82, etc.

¹² In “planned” exposure situation, the dose limits are “1mSv/year for the public” and “20mSv (average of 5 years) for nuclear workers”. However, in “emergency” exposure situation ICRP proposes the “reference levels” of “100mSv first year for the public” and for occupational exposure, “no dose restriction if benefit to others outweighs rescuer’s risk, for life-saving (informed volunteers), and 1000 or 500 mSv for other urgent rescue operations.” In the “existing” exposure situation after the radiation source becomes under control, ICRP recommends to choose reference levels in the band of 1 to 20 mSv per year, with the long-term goal of reducing reference levels to 1 mSv per year.

¹³ The chair of the Task group 93 is Mr. M. Kai, a member of the Radiation Council of the Nuclear Regulation Authority (NRA) of Japan, and the vice chair is Mr. T. Homma, a staff member of the NRA.

¹⁴ Publication 111 (50)

¹⁵ Draft report (80)

¹⁶ Draft report (Table 6.1)

¹⁷ The Radiation Council under the NRA of Japan, reported the “Opinions on the introduction of the ICRP Recommendation 1990 into the Japanese legal system”, in June 1998. In the report, they stated “as for the limit for the public, the effective dose of 1 mSv per year.....should be secured in the regulation system.”

¹⁸ Draft report (65),(102),(198)

¹⁹ Draft report: 2.2. Consequences of a large nuclear accident

²⁰ Draft report: EXECUTIVE SUMMARY (n), (222)

²¹ The following recent papers which show the scientific evidence of the health impacts of low level of radiation under 100 mSv and DDREF=1:

1) Ozasa, et al., Studies of the Mortality of Atomic Bomb Survivors, Report 14, 1950-2003: An Overview of Cancer and Noncancer Disease, Radiation Research, 177(3), 229-243, 2012.

2) Richardson, et al., Risk of cancer from occupational exposure to ionising radiation: retrospective cohort study of workers in France, the United Kingdom, and the United States (INWORKS), BMJ. 2015 Oct 20;351:h5359. doi: 10.1136/bmj.h5359.

3) Laurand, et al., Ionising radiation and risk of death from leukaemia and lymphoma in radiation-monitored workers (INWORKS): an international cohort study, Lancet Haematol. 2015 Jul;2(7):e276-e281.

4) Pearce, et al., Radiation exposure from CT scans in childhood and subsequent risk of leukaemia and brain tumours: a retrospective cohort study. Lancet. 380(9840):499-505, 2012.

5) Mathews, Cancer risk in 680,000 people exposed to computed tomography scans in childhood or adolescence: data linkage study of 11 million Australians. 346:f2360, 2013.

²² Draft report (22)

²³ Draft report (B42)

²⁴ Kim, et al., Internal thyroid doses to Fukushima residents-estimation and issues remaining. J Radiat Res. Vol. 57, No. S1, pi118–i126, 2016 [Measurement was conducted with non-spectrometric devices under the elevated background level at least more than 0.1μSv/h.]

²⁵ Tokonami S, et al., Thyroid doses for evacuees from the Fukushima nuclear accident., Sci Rep. 2012;2:507. doi: 10.1038/srep00507. Epub 2012 Jul 12.

²⁶ Draft report (B36)

ドラフト「大規模原子力事故における人と環境の放射線防護」へのコメント

「チェルノブイリ・ヒバクシャ救援関西」 振津かつみ

真の「放射線防護」は、重大事故を二度と起こさないように、原子力利用をやめること

私たちは、チェルノブイリ事故5年目からチェルノブイリ被災地に入り、毎年、被災地を訪問し、チェルノブイリ事故被害者への支援と交流を28年間にわたって行ってきました。チェルノブイリ事故により広大な地域の放射能汚染と多くの人々の被ばくによって、被害者ひとりひとりの人生が一変し、地域社会が様々な困難を強いられてきたこと、重大事故が取り返しのつかない被害を社会と環境にもたらすことを目の当たりにしてきました。その中で、私たちは被災地の人々と協力しながら、被害者の健康と生活を守るために努力してきました。これらの活動の経験を通じて私たちは、被害者とともに、チェルノブイリのような原発重大事故を繰り返してはならないことを学び、そのために原子力利用をやめるべきだと確信し、世界に訴えてきました。

それにもかかわらず原子力を推進する国々や産業は、重大事故が起こることを前提に、原子力利用を続けてきました。そして原子力産業の意向にそってICRPは、重大事故時には、通常運転時の「線量限度」をはるかに超える被ばくを、労働者と多くの市民に押しつけることを勧告するPublication 103 (2007年勧告), 109¹, 111²を出しました。そのような原子力政策の結果として、原発重大事故を再びフクシマで招いたのです。

さらに、フクシマ事故の直後にICRPは、これらの勧告にそった「緊急時と現存被ばく状況の参考レベル」を用いて「放射線防護」策を行うようにとの「声明」を出しました(2011年3月21日)。その結果、ICRPが勧告した事故時の「参考レベル」は、日本の法律には未だに導入されていないにもかかわらず、国の事故後対策の「基準」として事実上用いられ³、事故を引き起こした加害者である国や東電が、被災地で当然行うべき被ばく防護や被害者への補償を十分に行わないことの根拠のひとつとされてきたのです。

ICRPが、これらの経緯の中で原子力産業に加担した自らの役割に対する反省もなく、未だに重大事故を前提に、欺瞞でしかない「放射線防護」を勧告する本ドラフトを発表したことは、言語道断で

¹ 「緊急時被ばく状況における人々の防護のための委員会勧告の適用」(ICRP刊行物,2009年)

² 「原子力事故または放射線緊急事態後の長期汚染地域に居住する人々の防護に対する委員会勧告の適用」(ICRP刊行物, 2010年)

³ 例えば、事故後、日本政府は「年間20ミリシーベルト」以上の追加被ばくが推定される地域にのみ避難指示を出し、それ以下の被ばく量が地域からの避難は公には認めず「自主避難」としました。一年後には、「年間20ミリシーベルト以下になれば帰還できる」として帰還促進策を打ち出し、帰還しない住民への支援が次第に打ち切られました。事故直後に学校の校庭の除染を行うかどうかの判断も、当初は「年間20ミリシーベルト」が基準とされました。(親や支援運動の反対で、文部科学省は後に基準を「年間1ミリシーベルト」へ修正しました。)汚染地域での除染は、「年間追加被ばく線量が20ミリシーベルト以上の地域を段階的かつ迅速に縮小することを目指す」として、「年間1ミリシーベルト以下」は「長期目標」とされてしまいました。(「除染に関する緊急実施基本方針」2011年8月26日、原子力災害本部)「少なくとも年1ミリシーベルト以上の被ばくをする地域には『子供被災者支援法』の適用をすべきだ」との被害者の要求を、政府は受け入れようとしていません。(「東京電力原子力事故により被災した子どもをはじめとする住民等の生活を守り支えるための被災者の生活支援等に関する施策の推進に関する法律」2012年6月27日)

す。このような勧告は、チェルノブイリやフクシマの事故被害者の苦しみを蔑ろにし、原発重大事故をさらに繰り返す危険に繋がるものであり、将来世代への犯罪でもあります。真の「放射線防護」は、重大事故を二度と起こさないように、原子力利用をやめることです。

ICRP の「放射線防護」体系は原子力産業の利益を代弁し 核被害者の人権を侵害するもの

本ドラフトの基礎にある ICRP の「放射線防護」体系の考え方⁴、「最適化」「正当化」⁵は、原子力産業の利益を代弁する「原則」（論理）であり、核被害者の人権を侵害するものです。このような ICRP の考え方を私たちは決して受け入れることはできません。

「正当化」は「放射線被ばくの状況を変化させるいかなる決定も、害より便益を大きくするべきである。」⁶というものです。被ばくを伴う行為や被ばくを避けるための対策は、「正味でプラスの利益を生む」ときに「正当化」できるというのですが、ここでの利益とは、事実上、原子力産業の利益のことです。

「最適化」は「被ばくする可能性、被ばくする人の数、及びその人たちの個人線量の大きさは、すべて、経済的及び社会的な要因を考慮して、合理的に達成できる限り低く保たれるべきである。」⁷

(as low as reasonably achievable: ALARA) というものです。これは、利益と損益を天秤にかけ、被ばく人数や線量が原子力産業の利益を損なわない範囲内であれば「合理的」とであるとみなし、その範囲内で「低く保つ」べきだということです。

チェルノブイリ事故によって、多くの労働者や市民が、事故直後の高線量被ばく及び、その後の長期にわたる追加被ばくを強いられるという状況が現実になりました。ICRP は、このような状況を追認し、重大事故による被ばくを人々に押し付けながら原子力利用を続けるため、Publication 60(1990年勧告)では事故後の介入の計画のための追加方針を刊行する計画であると表明し⁸、その後の検討を経て⁹Publication 103 (2007年勧告)では、「計画被ばく状況」(通常運転時)に、「緊急時被ばく状況」「現存被ばく状況」という「被ばく状況のタイプ」を新たに加え、それぞれに「正当化」「最適化」を適用しました。そして、「緊急」「現存」被ばく状況では、被ばくによる確率的影響(ガン・白血病等の放射線後障害)の量的評価を完全に放棄し、「計画被ばく」の「線量限度」を大幅に上回る目安線量としての「参考レベル」を本格的に導入したのです¹⁰。

⁴ ドラフト(42)～(83) 2.3 人と環境を守るための原則

⁵ ICRP は Publication 26(1977年勧告)で、「行為の正当化」、「防護の最適化」(ALARAの原則)、「線量限度」を「線量制限体系」の3原則として導入した。その後、Publication 60(1990年勧告)で「放射線防護体系」に拡張された。

⁶ Publication 103, 総括(o)

⁷ 7に同じ

⁸ Publication 60, (223)

⁹ Publication 63「放射線緊急時における公衆の防護のために介入に関する諸原則」, 82「長期放射線被ばく状況における公衆の防護」, 等

¹⁰「2007年勧告」では、原発の通常運転時(計画被ばく)の「線量限度」が「一般市民に対して年間1mSv、労働者に対して年間20mSv(5年間の平均)」であるのを、重大事故の緊急時には「参考レベル」に置き換えて一挙に引き上げ、「一般市民に対して年間100mSvまで」「労働者に対し、緊急救助活動では1000または500mSv、他者への利益が救命者のリスクを上回る場合は、情報を知らされた志願者について線量制限なし」とすることを勧告した。そして「事故収束後に線源がコントロール」されれば、「一般市

ドラフトはフクシマ事故後も人々に被ばくを押しつけ 原発を推進する日本政府の政策を支持するもの

私たちは、フクシマ事故後の2011年4月から、毎月、事故被災地を訪問し、チェルノブイリ事故被災地での経験を伝え、様々な市民や専門家と協力し、被ばく防護、健康相談、空間線量測定、食品・土壌汚染の測定、子どもたちの保養支援、被災地との相互交流、等々にも取り組んできました。広範な領域にわたる、複雑な被災地の事故被害(しかも地震と津波の被害も加わった)の状況も、この8年余、つぶさに見聞きしてきました。「事故さえなければ」「事故前の生活を返してくれ」「自分達のような苦しみは二度と繰り返してほしくない」「原発はもうたくさんだ」「国と東電はちゃんと責任を取れ」という多くの被害者の体験から出た言葉に込められた、切実な現状と思いは、本ドラフトの附属書 Bには全く描かれていません。

現在、日本では、フクシマ事故被害者が加害者である国と東電の責任を問い、人権の回復・確立を求めて様々な闘いに取り組んでいます。そのような中で、ICRPが(しかも日本の委員が中心になって)¹¹原子力推進の加害者の利害を代弁するこのような勧告を改めて出すのは、極めて意図的で政治的といわざるを得ません。この勧告が、今後のフクシマ事故被災地の施策にも大きく影響を与え、人々にさらなる被ばくが押しつけられ、さらに次の事故を前提に原発を推進することにお墨付きを与える危険性があると私たちは危惧します。

Publication 111 では「現存被ばく状況」の公衆の「参考レベル」は、「1~20mSv のバンドの下方部分から選択すべき…過去の経験は、長期の事故後の状況における最適化プロセスを拘束するために用いられる代表的な値が 1mSv/年であることを示している…国の当局は、その時点で広く見られる状況を考慮に入れ、また、復旧プログラム全体のタイミングを利用して、状況を徐々に改善するために中間的な参考レベルを採用してもよい」¹²とされています。さらに、本ドラフトでは「1mSv のオーダーへの段階的な被ばく低減をめざす」¹³とされています。これらは、公衆の被ばく限度 1mSv/年を重大事故後には「長期目標」¹⁴に棚上げにし、「1mSv のオーダー」つまり「1mSv 以上 10mSv 未満」の範囲での被ばくを「参考レベル」として人々に押しつけることを意味します。

日本の現行法では「公衆の被ばく線量限度 1mSv/年」が担保されています¹⁵。しかし、フクシマ事故によって、福島県及びその周辺県では約 400 万人にもものぼる人々が 1mSv/年を超える追加被ばくを被るという「違法状態」が生じました。これは明らかな法律違反の人権侵害です。人々は当然の権利として、法律で担保されている「公衆の被ばく線量限度 1mSv/年」を遵守すべきであると国や

民に対して、年間 1~20mSv の範囲」とし、通常運転時の「年間 1mSv」は「長期目標」として棚上げした。

¹¹ 本ドラフト改訂作業グループの議長は甲斐倫明氏(放射線審議会委員)、副議長は本間俊充氏(原子力規制、放射線防護企画課 放射線防護技術調整官)。

¹² Publication 111 (50)

¹³ ドラフト(80),

¹⁴ ドラフト(表 6.1)

¹⁵ 「ICRP1990 年勧告の国内制度等への取入れについての意見具申」(1998 年 6 月,放射線審議会)には、「公衆の被ばくに関する限度は、実効線量については年 1mSv、組織に対する線量限度については、眼の水晶体に対する線量限度を年 15mSv、皮膚に対する線量限度を年 50mSv とし、これを規制体系の中で担保することが適当である。このためには、施設周辺の線量、排気・排水の濃度等のうちから、適切な種類の量を規制することにより、当該線量限度が担保できるようにすべきである。」と記載されている。

行政に求めています。本ドラフトの「現存被ばく状況」の「参考レベル」の勧告は、このような人々の強い要望を退け、事故による汚染のために実際に住民被ばくが 1mSv/年を超えている地域で必要とされている様々な防護・支援策を、政府や行政が責任持って行わないことを支持するものであり、私たちは容認できません。

ドラフトでは子供や妊婦・胎児の被ばくへの具体的な配慮がされていない

事故被災地の住民は、成人だけではありません。ドラフトにも「放射線学的リスクが他の個人グループよりも大きい可能性がある小児および妊婦に特に注意を払うよう勧告する」等¹⁶、繰り返し記載されているように、大人と比べて小児と胎児は放射線に対する感受性が高く、また将来の寿命も長いので、同じ線量率でも生涯の総被ばく線量は高くなってしまいます。それにもかかわらず、勧告の「参考レベル」には子どもや妊婦（胎児）に配慮した別の線量レベルがなんら提示されていないのは筋が通りません。

ドラフトは 重大事故による広範な影響を理由に被ばく防護の重要性を相対化し対策を限定している
ドラフトでは、重大事故の影響が、健康、社会、経済、精神的影響、等、広範囲に及んでいるものであることが述べられています¹⁷。しかし、このような甚大な被害を及ぼした、原子力利用そのものに対する批判や反省が全くみられません。それどころか、被害が様々な領域に広範囲に及んでいることを理由に、その中で放射線被ばくの問題が相対的に小さいことであるかのように捉えて、原子力産業の経済的利益に基づく ALARA の原則に従って「防護策」を限定的なものとしています。¹⁸そのような視点は被害者の利益とは相容れないものであり、受け入れられません。

ドラフトには 低線量被ばくのリスクを評価する最新の研究が引用されていない

ドラフトでは「最も新しい科学的知見に基づく」としながら¹⁹、低線量被ばくの影響を明らかにした最近の疫学データ（原爆被爆者の寿命調査[LSS]14報、世界の核施設労働者の調査[INWORKS]やCTによる小児ガンの調査など）²⁰は引用していません。がんの発生については、2007年勧告での評価から変ることなく「100mSv 未満では証拠はそれほど明らかでない」とし、しかも線量線量率係数（DDREF）2を採用して「100mSv で 0.5%の過剰発症」としてリスクを過小評価しているのは誤りで

¹⁶ ドラフト (65) (102) (198)

¹⁷ ドラフト 2.2.大規模原発事故の影響

¹⁸ ドラフト EXECUTIVE SUMMERY (n), 本文(222)

¹⁹ ドラフト(225)

²⁰ 100mSv 以下の健康影響や DDREF=1 を示す以下の最近の疫学調査の論文は引用されていない。

1. Ozasa, et al., Studies of the Mortality of Atomic Bomb Survivors, Report 14, 1950-2003: An Overview of Cancer and Noncancer Disease, Radiation Research, 177(3), 229-243, 2012.
2. Richardson, et al., Risk of cancer from occupational exposure to ionising radiation: retrospective cohort study of workers in France, the United Kingdom, and the United States (INWORKS), BMJ. 2015 Oct 20;351:h5359. doi: 10.1136/bmj.h5359.
3. Laurand, et al., Ionising radiation and risk of death from leukaemia and lymphoma in radiation-monitored workers (INWORKS): an international cohort study, Lancet Haematol. 2015 Jul;2(7):e276-e281.
4. Pearce, et al., Radiation exposure from CT scans in childhood and subsequent risk of leukaemia and brain tumours: a retrospective cohort study. Lancet. 380(9840):499-505, 2012.
5. Mathews, Cancer risk in 680,000 people exposed to computed tomography scans in childhood or adolescence: data linkage study of 11 million Australians. 346:f2360, 2013.

す。²¹その後の新しいデータも含めて低線量被ばくの影響を正しく評価し、「放射線防護」と被害者の健康管理や支援に活かすべきです。

ドラフトの福島県民調査・甲状腺検査に関する問題

附属書 B では、福島の県民健康調査の甲状腺検査の結果について、「事故後の被ばく影響である可能性は低い」と述べられています²²。事故による被ばくと甲状腺ガンとの関係については、未だ評価が十分になされていないにもかかわらず、このような結論を記載するのは間違いです。チェルノブイリでは事故後の 2 ヶ月間に 40 万人以上もの人々の甲状腺被ばく線量の実測が行われたにもかかわらず²³、福島では事故直後に（浪江町で行われた数十人の測定²⁴以外は）甲状腺被ばく線量の正しい実測がほとんど行わなかった²⁵ことも、被ばくの因果関係の評価を困難にしている要因のひとつであることを明記すべきです。

また、低線量でもガンが誘発される可能性は否定できないにもかかわらず、「長期の甲状腺検査調査は、甲状腺線量 100-500mGy の被ばくした個人に対してのみ行われるべき」²⁶と勧告するのは、被ばくを強いられた事故被害者の健康権への侵害です。

ICRP の被災地での活動は国・東電の加害責任を被害者の「自己責任」にすり替える欺瞞

附属書 B では「地方自治体及び政府当局によってあらゆる防護措置が講じられたにも関わらず、…放射線被ばくに対する継続的懸念が、被災地の福祉や QOL に多大な悪影響を及ぼした。」²⁷として、そのような状況の下での「ICRP のダイアログ」「ステイクホルダー間の議論」「専門知識の共有プロセス」「自発的防衛措置」を高く評価し、「放射線防護文化」の発展を促しています。しかし、このような ICRP の被災地での活動は、事故を起こした国や原子力産業の責任を個々の被害者の「自己責任」にすり替える欺瞞です。重大事故をもたらした原発推進政策への反省もなく、被ばく被害を過小評価する「専門知識」を普及させることは、市民や労働者にとっての本当の意味での「放射線防護」には繋がりません。そのような ICRP の姿勢そのものに、被災地の人々は強い不信感を抱いていることを知るべきです。

以上、ドラフトが含む多くの問題点の全てを詳細に挙げることはこのコメントではしませんが、本ドラフトは、被害者の人権を守る立場に立った、真の「放射線防護」と言えるものではなく、その全てを撤回すべきです。

(2019 年 10 月 9 日提出)

²¹ ドラフト (22)

²² ドラフト(B42)

²³ ドラフト(A17)

²⁴ Tokonami S, et al., Thyroid doses for evacuees from the Fukushima nuclear accident., Sci Rep. 2012;2:507. doi: 10.1038/srep00507. Epub 2012 Jul 12.

²⁵ Kim, et al., Internal thyroid doses to Fukushima residents-estimation and issues remaining. J Radiat Res. Vol. 57, No. S1, pi118-i126, 2016 (空間線量が 0.1 μ Sv/h 以上の場所で、しかも放射性ヨウ素の γ 線スペクトルを特定できない機器での測定を行ったのみ。)

²⁶ ドラフト(201)

²⁷ ドラフト(B36)