今回の勧告改訂にあたって、福島の原発事故の経験を踏まえるということなので、主に付属書 B について意見を述べる。事故による被害の実態や、事故が住民の生活に及ぼした多大な影響を正確に理解したうえでの勧告であって欲しいと願うからである。その意味で、なぜ原発事故が収束せず、被害は未だに広がり、被害者の救済がまるで不十分なこの時期に改定するのか理解しがたい。また、付属書 B での記述は、福島県在住で事故を経験したものとして、事故の被害の捉え方があまりにも表層的であると感じる。次に例を挙げる。

B.2.1（B3）では、20km の避難区域内の病院や老人ホームから患者を非難させる際に重大な困難に遭遇したという旨記述されているが、この内実は、放射性物質の拡散により防護服が必要となったが揃えるのに時間がかかり救助の出発が遅れたことや、救助に向かった救助隊が放射線量の上昇により戻らざるをえなかったこと、長時間の避難の間治療もケアも受けられずに多くの方が亡くなったこと、避難指示のために救助隊が活動できず助けられたはずの津波被害者が亡くなったことなどであり、それを前提とした記述にして頂きたい。

B.2.1.（B5）の安定ヨウ素剤の配布については、福島県も含め各自治体に放射線とヨウ素剤についての知識が欠落していたこと、住民の安全を守る意識を持って決断することができなかったこと、マニュアルに従ったスクリーニングの実施がされなかったことが原因だと考える。

B.2.の中に、SPEEDI についての記述がないのはなぜか。SPEEDI が有効に使用されなかったことで、放射線量の高い方向へ多くの住民が避難してしまった浪江町の例があり、放射線防護の観点から大きな失敗だったのではないだろうか。

B.4.4.（B35）の、除染廃棄物は、事故 8 年後の今も河川敷や公園、家庭の庭の土の中に埋められている。仮置き場のフレコンバックから大雨や川の氾濫などのより除染土の流出が何度かあり管理が難しい。また、環境省が除染土を再生利用するとの提案をし、実際に堤防や農地での使用が始まっている。このようなことが、放射線防護上適切であるのか大変疑問である。

B.4.5.では福島における ICRP ダイアログの取り組みをもって、学校での教育や市民の防護活動に成果があったと書かれているが、現在、福島で行われている放射線教育は、今も現存する自分の周りにある放射性物質の危険性を理解し、そこから自分の身体を守る学習というよりは、放射線の日常性や有用性に偏り、汚染の実態や子どもの被ばく感受性、LNT モデルなどを取り上げず、むしろ放射性物質をあまり怖がらなくても良いという学習となっている。特に子どもの放射線防護が適切になされているとは思えない。また、食品の測定は、各自治体に測定器が設置され初期段階では多くの市民が訪れたが、現在はまだ放射能の濃度が高い山菜やきのこなどに対する警戒が薄れ、事故前のように食している人々も多い。

B.4.7.健康調査では、福島県で発見された小児甲状腺がん症例は事故後の放射線被ばくの

影響である可能性は低いという旨の記述があるが、現在 4 巡目までの検査で、甲状腺がんとその疑いが 200 人を超えており、多発とされるその原因が明らかにされていない。正確な罹患者の数もはっきりと把握されていない。男女比についても通常は 1:6、若年層でも 1:4 程度のところが、1:1 に近い比率となるなど、結論を出すには早い段階である。

避難者に対しての適切な精神的なケアや生活支援が提供されたという記述についても、現在福島の災害関連死は 2200 人を超え、そのうち自殺者が 100 人以上となっていることから、ケアや支援が十分であったかには疑義がある。

以上のように、今回の原発事故における放射線防護には多くの問題があり、成功しているとは言い難い。ICRP は福島現地へ赴き多くの被害者の生の声を聞き、福島原発事故の被害の実相を長期段階の分析を含め十分に把握し直し、一般公衆、特に子ども、事故収束作業員のできうる限りの被ばく低減のための立場に立って頂きたい。

Given that the ICRP draft document is said to be based on the experience of the Fukushima nuclear accident, this comment will focus primarily on Annex B. This stems from the wish that these recommendations be grounded on an accurate understanding of the reality of the damages incurred and the enormous impact they have had on residents. It is difficult to understand why a revision of previous recommendations is being undertaken now, when the accident has not been contained, when damage continues to spread, and relief measures for victims are hardly adequate. Moreover, for one who experienced the accident as a resident of Fukushima, Annex B seems to be an utterly superficial account of the damages incurred.

Examples follow.

B.2.1. B3) notes that “significant difficulties” were encountered in evacuating patients from nursing homes and hospitals within the 20-km evacuation zone. In actuality, evacuation was delayed because the dispersal of radionuclides necessitated protective gear, which took time to assemble; rescue teams were compelled to turn back because of rising levels of radiation; the lengthy time required for evacuation meant that patients could not receive care, and many died as a consequence; evacuation orders directed at rescue teams meant that they were unable to proceed with their assignment, resulting in the death of tsunami victims who could otherwise have been saved. This passage should be revised to reflect these realities.

B.2.1. B5) As for failure to distribute stable iodine, the following reasons can be given: insufficient knowledge on the part of the prefecture and local administrative units with regard to radioactivity and stable iodine; an inability to make decisions prioritizing the safety of residents; and screening practices that deviated from prescribed procedure.

B.2. Why is there no reference to SPEEDI (System for Prediction of Environmental Emergency

Dose Information) in this section? We have the example of many residents, such as those of Namie Township, who fled in the direction of high radiation doses because SPEEDI was not used effectively. This must surely be counted as a significant failure in the practice of radiological protection.

B.4.4. B35) To this day, eight years after the accident, waste generated by decontamination continues to be buried next to river banks, in parks, and in the gardens of individual homes. On more than one occasion, contaminated soil has flowed out of flexible container bags subjected to heavy rains and flooding rivers. In other words, this waste is difficult to manage. Moreover, the Environment Ministry has proposed the reclamation and reuse of contaminated soil, and efforts have in fact begun to use such soil in levees and farmland. This is a highly dubious practice from the standpoint of radiological protection.

B.4.5. notes that ICRP-led dialogues have led to "tangible results" in the areas of education and radiological protection activities on the part of citizens. With respect to education, however, rather than provide instruction on understanding the danger represented by the radionuclides present in the environment, or the means of protecting oneself from them, the radiological education practiced in Fukushima today inclines toward pointing out the pervasiveness of radiation in the environment as well as its usefulness, all the while ignoring the realities of decontamination, the radiosensitivity of children, or the LNT (linear no-threshold) model. Instruction is directed at making the point that radiation isn't something to be much afraid of. It is certainly hard to conclude that children are being provided with appropriate radiological protection. As for foodstuffs, it is true that in the early days, local governments provided the facilities and equipment for measurement, and many citizens made use of them, but at present, despite the fact that levels remain high for mushrooms and wild plants, many have let down their guard and begun to eat them as before.

B.4.7. includes the statement that it is unlikely that the childhood thyroid cancer cases found in Fukushima Prefecture resulted from accident-related exposure. At present, after the fourth round of screening, more than 200 hundred confirmed or suspected cases have been found, but the cause for such high numbers has yet to be explained. Nor has the number of cases been accurately grasped. The male-female ratio is also distinctive, approaching 1:1 rather than the more usual 1:6 or 1:4 in lower age ranges. It is certainly premature to present decisive conclusions.

As for providing adequate mental care and lifestyle support for evacuees, the number of disaster-related deaths in Fukushima Prefecture exceeds 2200, of which suicide accounts for over 100. There is reason to doubt that the care provided has been adequate.

For the reasons indicated above, there are numerous problems with the radiological protection provided following this accident, and it would be difficult to say that the program has been successful. The ICRP should make site visits to Fukushima, listen to multiple voices of those who have suffered

from the disaster, and grasp the actual conditions, while also engaging in long-term analysis. It is on that corrected basis that we would like the ICRP to situate itself in order to engage in the promotion of exposure reduction to the lowest possible level for the general public, most especially children, and for workers struggling to contain the accident.