UN Experts ‘Deeply disappointed’ by Decision to Discharge Fukushima Water

By the United Nations News

Three independent UN human rights experts expressed deep regret on [April 15] over Japan’s decision to discharge potentially still radioactive Fukushima nuclear plant water into the ocean, warning that it could impact millions across the Pacific region.

“The release of one million tonnes of contaminated water into the marine environment imposes considerable risks to the full enjoyment of human rights of concerned populations in and beyond the borders of Japan,” said Marcos Orellana, Special Rapporteur on transboundary environmental harm. “While Japan claimed that the tritium levels are very low and steady. No cancer cases, no cancer deaths. As the reactors exploded, as thousands streamed out of the area, and as enormous volumes of contaminated water poured into the Pacific Ocean, the party line has remained unchanged.

Is there any proof, any data, any evidence, supporting this belief? Only one study is under way in Japan, which identified several hundred local children who developed thyroid cancer since 2011. But researchers at the Medical University of Fukushima are quick to explain that the big number, in a disease rarely seen in children, is due only to more extensive testing, not radiation exposure.

Any objective researcher would not accept this as "proof" and would call for studies that go beyond childhood thyroid cancer. The meltdown is arguably the worst environmental disaster in history. Fallout affected all of Japan, and traveled thousands of miles. But studying effects on human health is left to independent researchers.

Fukushima and the United States

The Radiation and Public Health Project (RPHP) has published 38 peer-reviewed journal articles on health effects of nuclear power emissions. RPHP members believe relatively small doses of exposure affect human health — a fact supported by hundreds of studies in the National Academy of Science’s Committee on the Biological Effects of Ionizing Radiation (BEIR) reports.

While Japan was the site of the disaster, and thus hardest-hit, the exposure data from that nation has been largely unavailable. I and my colleague Dr. Janette Sherman (who died in 2019), have responded by building a database in the United States for the past 10 years.

Exposure data was first. Airborne fallout arrived on the US west coast four days after the meltdown, and moved across the continent. Environmental Protection Agency measurements of gross beta radiation levels from March 17 to April 30 were highest in Alaska, California, Hawaii, Oregon, and Washington (7.35 times higher than the year before, vs. just 2.38 times higher for the rest of the US).

Precipitation was next. Airborne radiation enters the food chain and human bodies from rain and snow. National Oceanic and Atmospheric Administration data showed that in Washington state, precipitation rose from 7.76 to 12.49 inches from March/April 2010 to March/April 2011. In Oregon, the jump between the two periods was from 7.46 to 10.31 inches. These large increases made these two states the rainiest area of the country, in an area hardest-hit by Fukushima fallout.

Large rises in radiation and precipitation made the five Pacific states the focus of our studies.

Quick Publication, Quick Backlash

Finding health data was next. Most official statistics require several years to be made public; but with the constant "no cancers at Fukushima" in our ears, Dr. Sherman and I moved quickly.

One immediately available source was the Centers for Disease Control’s weekly estimate of deaths in 38 US cities, 30% of the nation. In the 14 weeks after Fukushima, suicide rates, deaths rose 4.6% compared to the same period in 2010. The change for the prior 14 weeks was 2.34%.

Projecting these changes to the entire US, suggested 14,000 additional deaths had occurred. Our article on the findings was published in the International Journal of Health Services in December 2011. We noted that RPHP founders Jay Gould and Ernest Sternglass had shown a similar spike after the Chernobyl meltdown of 1986, and estimated 15,000 excess deaths in the United States (American Medical Association News, August 1988).

The response was immediate and strong. Angry responses were published in the journal — none of which explained the unusual increase. Some took to blasting the research on social media. Final figures showed 9,000 excess deaths — with the greatest gaps in the hard-hit Pacific states.

Infant Deaths and Child Cancers

In addition to immediate effects on newborns, higher numbers of infant deaths and child cancers would be expected. We plan to continue our work by focusing on these populations in the five Pacific states.

The study of Fukushima casualties is just beginning. A full review will eventually include adults, which will take decades. Of course, Japan will have the most serious hazards, as its people received the greatest radiation doses. Studies will be needed there, and throughout the world, before the full health story of the 2011 meltdowns is known.