

**Deutsche Sektion der Internationalen Ärzte
für die Verhütung des Atomkrieges/
Ärzte in sozialer Verantwortung e. V.**

International Physicians for the Prevention
of Nuclear War (IPPNW)



Körtestr. 10
10967 Berlin
Telefon: 030/698 07 40
Telefax: 030/693 81 66
E-Mail ippnw@ippnw.de
www.ippnw.de

Vorstand
Dr. Sabine Farrouh
Susanne Grabenhorst
Matthias Jochheim
Christoph Krämer
Dr. Martin Sonnabend
Reinhold Thiel
Ursula Völker
Dr. Jens Wagner
International Councillor
Dr. Helmut Lohrer
Deputy International Councillor
Dr. Eva-Maria Schwienhorst
Ehrenvorstandsmitglied
Prof. Dr. Ulrich Gottstein

Wissenschaftlicher Beirat
Dr. Jan van Aken
Prof. Dr. Andreas Buro
Dr. Dieter Deiseroth
Prof. Dr. Dr. Hans-Peter Dürr
Dr. Heinz Loquai
Prof. Dr. Götz Neuneck
Prof. Dr. Norman Paech
Prof. Dr. Inge Schmitz-Feuerhake
Prof. Dr. Otmar Wassermann

World Health Organization (WHO)
Dr. Margaret Chan, Director-General
Avenue Appia 20
1211 Genf 27

SCHWEIZ

Berlin, November 2, 2012

Dear Dr. Chan,

on August 28, 2012, a delegation of thirty members of International Physicians for the Prevention of Nuclear War (IPPNW) and experts from Germany, the USA, Canada, United Kingdom, Finland, Israel, India, New Zealand and Australia visited the Fukushima prefecture. Two of this letter's signatories belonged to that delegation. We were able to glean a picture of what the authorities, as well as a section of the physicians' community, estimate the risk posed by the consistently increased levels of radiation to be, through personal conversations with mothers' groups and evacuees, on the one hand, and with independent Japanese experts on the other. Unfortunately, we found that neither the real extent of the reactor catastrophe has been sufficiently examined, nor has the population been adequately informed about it. Many Japanese people – all over the country and in all social classes – are feeling misled by the systematic downplaying of the situation by the nuclear industry and the government. They no longer believe the falsehoods in the media and think that the announcement of an abandonment of nuclear energy is an electoral tactic.

In summer 2012, the Japanese central government began decontamination and rehabilitation of radioactively contaminated soil in 11 civic parishes within the Fukushima prefecture. These parishes are either within the 20km zone or in peripheral zones north-west of the exclusion zone. But even outside of this area there are a further 104 civic parishes in 8 prefectures where radiation levels of higher than 1 mSv p.a. can be found – the highest level that is recommended by the ICRP for the protection of the civilian population. The Japanese government and local authorities are soliciting a speedy return of the evacuated population, with their children, in spite of these increased radiation levels.

In the heavily contaminated civic parish of Itate we measured levels of between 1.9 $\mu\text{Sv/h}$ and 43.85 $\mu\text{Sv/h}$. Iodine tablets were not distributed in Itate, nor in any of the radiated areas, which, as you know, is the only chance of reducing the rate of radiation-induced thyroid carcinomas if taken before inhaling air irradiated with J131. In the city of Fukushima, where many evacuees from the contaminated region fled, the current levels of radiation fluctuate from 0.25 $\mu\text{Sv/h}$ to 2 $\mu\text{Sv/h}$. This amounts to a level of additional ionising radiation of between 2.25 and 18 mSv p.a.. Added to this is internal radiation caused by the ingestion of contaminated food.

We find it completely impossible to understand the remarks made by Prof. Shunichi Yamashita, the health consultant for the prefecture and Vice-President of the Medical University of Fukushima,

when he states that radioactivity up to a level of 100 mSv is not dangerous. He states that the results presented by his own research group in April 2012, that found thyroid nodules and cysts in 35% of the 38,114 examined children from the Fukushima region through ultrasonic scanning, are normal. These children are supposed to return for routine examination in 2 ½ years. Several mothers from Fukushima prefecture who turned to other doctors for a second opinion were turned away. This attitude cannot be justified by fear of a panic reaction.

In September 2012, Prof. Yamashita published a second study in which he had carried out ultrasonic scans on a further 42,060 children, all of whom were from Fukushima city. Again 43.1 % of the children's thyroid glands showed nodules and cysts.

IPPNW Germany fears that there may be an increase in thyroid cancer in Fukushima prefecture. Our fears are confirmed by a study carried out by Dr. Michiyuki Matsuzaki, Director of the Department for Internal Medicine in the General City Clinic in Fukagawa. He compared the results of the health study conducted in Fukushima with earlier studies. A study from the year 2000 of 250 7-14 year old children from the Nagasaki prefecture showed that only 0.8% had thyroid cysts. Another study, by Mazzaferri et al. (1993) showed that US-American infants had practically no deformities in their thyroid glands. Nodules and cysts usually appeared late in life.

Moreover Dr. Matsuzaki's results contradict the assessment made by the authors of the WHO report entitled "Primary Dose Estimation" of June 2012. In this it is claimed that the radioactive fallout from Fukushima would cause hardly any ill-effects at all. We have enclosed a critical analysis of this report by Dr. Alex Rosen, paediatrician and IPPNW member for your information.

IPPNW Germany therefore appeals to the World Health Organisation to substantially expand medical research on the health effects of the Fukushima nuclear disaster.

Apparently, the planned study by UNSCEAR will only take rough estimates by Japanese and international experts into account in order to theoretically extrapolate expected health effects. Independent epidemiological studies are, however, urgently needed, as well as the speedy establishment of a comprehensive registry that includes everyone that is estimated to have received more than 1 mSv radiation from various sources due to the Fukushima disaster.

Such studies should not be restricted to the scanning of children's thyroid glands but should include more extensive data from studies of other possible illnesses, as have been observed since the Chernobyl disaster. In particular, we believe that deformities, stillbirths, miscarriages and the phenomenon of "lost girls" should be studied, since these effects on the reproductive health were found in contaminated areas in many European countries (please refer to enclosed studies by Körblein, A. Scherb, H. et al, Wertelewski, W. and Lazjuk, G.I. et al).

Looking forward to your early reply, we remain

Yours sincerely,

Dr. med. Angelika Claußen

Dr. med. Dörte Siedentopf

Dr. med. Martin Sonnabend