April 18, 2014

Disaster Management and Social Welfare Department, JRCS

Minutes Summary of the 1st Meeting

-Committee for "(Tentative) Guidelines for Red Cross Activities during Nuclear Disasters"-

(Translation)

1. Date and time: Monday, March 24, 2014; 15:00 – 17:00
2. Venue: Audio-visual Meeting Room at the National Headquarters of the Japanese Red Cross Society (JRCS)
3. Attendees:

Committee members: Masao Tomonaga, Shuichi Nishijima, Yurina Aikawa, Makoto Akashi, Kazuhiko Amano, Satoshi Ishibashi, Kazuko Uno, Hisayoshi Kondo, Masafumi Naito

Representative member of the JRCS: Hiroki Tomita, Executive Director General of Operations Sector

Secretariat: Staff of the Nuclear Disaster Resource Center, JRCS

Observers: Director Generals and Directors of the JRCS related departments/divisions

4. Summary of discussion

The 1st meeting of the Committee for (tentative) Guidelines for Red Cross Activities during Nuclear Disasters (hereinafter referred to as "the Committee") was held. The summary of the discussion follows below.

- Committee meeting
  - Dr. Tomonaga and Mr. Nishijima were selected as chairperson and deputy chairperson, respectively.
  - The future meeting schedule was presented. The Committee members should contact the secretariat if absence is likely.

- Agenda 1: Confirmation of the purpose and expected output of the Committee and items to be discussed at the meetings
  - The significance of the (tentative) Guidelines for Red Cross Activities during Nuclear Disasters (hereinafter referred to as "the Guidelines") was shared and confirmed.
  - The following opinions came from the Committee members:
    - Opinions from staff who were involved in relief activities in Fukushima such as those of the JRCS Fukushima Chapter and the Fukushima Red Cross Hospital should be reflected in the Guidelines.

- Preparation process of the Guidelines needs to be transparent.
- The Fukushima Daiichi Nuclear Power Plant disaster was responded to without correctly understanding the risks from radiation. As a result, other risks were increased such as impractical evacuations. It is better to discuss risks from general point of view at the Committee meetings.
- If there are any issues which are unable to be resolved by only the JRCS, it may be an option to summarize those issues and disclose them to outside the JRCS for opinions.
- Preparing the Guidelines is important. In addition, it is also necessary to create guidelines that allow smooth enactment of smooth relief activities in case of a nuclear disaster.

■ Agenda 2: Consideration of the Guidelines

- The Committee members basically agreed to the index draft. If any problems with the index arise, it will be re-considered.
- The following opinions came from the Committee members as matters to be considered at the Committee meetings:
  - Rather than chasing an ideal plan, it may be more effective to start from compiling the responses to the nuclear disaster in Fukushima. During that process, issues will naturally come to light.
  - During a disaster, relief teams may not be able to conduct their activities according to rules due to various constraints. Therefore, it is also necessary to create guidelines that allow smooth enactment of relief activities in case of a nuclear disaster.

5. Discussion

■ Agenda 1: Confirmation of the purpose and expected output of the Committee, and items to be discussed at the meetings

The agenda was explained by the secretariat. The explanation summary is as follows:

- The Guidelines will be utilized for the purposes of: (1) course of action for the JRCS relief activities during nuclear disasters; (2) providing it to the International Federation of Red Cross and Red Crescent Societies (IFRC) as their reference for the Operational Guidelines which the IFRC is preparing now. Also, the JRCS expects to see the Guidelines to serve as a trigger for nuclear disaster preparedness among the public.
- The JRCS assumes that each JRCS department and Japanese Red Cross hospital will start to specify its practical activities in case of nuclear disasters and prepare a manual after the Guidelines are published. Each manual should be consistent with the Guidelines and fit the circumstances of each department and hospital.
- The IFRC is preparing their Operational Guidelines to be utilized by Red Cross and Red Crescent Societies worldwide. The JRCS will provide the Guidelines to the IFRC to share the JRCS findings with the IFRC and each Red Cross and Red Crescent Society as well.

- The preparation of the Guidelines is scheduled to be completed in December 2014 as Version 1 based on discussions at the committee meetings. After being published, the Guidelines should be revised continuously based on discussions within the JRCS.

Following the explanation, discussion was made by the Committee members as below.
(Note: CM = Committee member)

- CM: There have been no general guidelines for nuclear disasters prepared in both Japan and the international community. The International Atomic Energy Agency (IAEA) published guidelines to respond to an acute phase of a nuclear disaster. However, it assumes on-site responses. The IAEA guidelines do not refer to activities during a recovery phase.
- CM: Opinions from staff who were involved in relief activities in Fukushima such as those of the JRCS Fukushima Chapter and the Fukushima Red Cross Hospital should be reflected in the Guidelines.
- CM: During the nuclear disaster in Fukushima, human resources and equipment in Japan were not able to be utilized sufficiently. They need to be listed so that they can be used if a nuclear disaster occurs.
- CM: Radiation exposure has these characteristics: Not immediately life-threatening and no specific medical therapy or response.
- CM: While radiation is invisible, it is quantifiable.
- CM: The issue regarding nuclear energy has had an unfortunate history. This issue has never been shared in an easy-to-understand way. Therefore, this gave an impression to the public that the issue is technical and very difficult. Information providers have provided the information about nuclear energy without taking their audience into consideration. As a result, the public does not trust the information provided. In addition, discussions regarding nuclear power generation have not been aimed at any social agreement. As a result, the public think that being involved in this issue does more harm than good. As long as they live in Japan, the public cannot escape from this issue. Given that, the current situation is not good to anyone.
- CM: The Fukushima Nuclear Accident Independent Investigation Commission of the National Diet of Japan made their conclusions and recommendations in their official report. I think that those conclusions and recommendations were generated with recognition that complete transparency and disclosure are essential for the public to trust discussions about nuclear energy which have had such an unfortunate history. Likewise, the process of the preparation and discussions of the Guidelines may also need to be disclosed to make it transparent.
- CM: The Guidelines need to be consistent with the existing JRCS guidelines for relief activities. This will lead to discussion of the Guidelines from the perspective of to which extent the risks should be accepted in conducting relief activities during nuclear disasters.

- CM: If the discussion is made based on the traditional framework, some issues will be missed. They are, for example, how to respond to nursing care for elderly people and physically-challenged people. In addition to medical relief activities, such specific issues should be discussed.
- CM: The Fukushima Daiichi Nuclear Power Plant disaster was responded to without correctly understanding of the risks from radiation. As a result, other risks were increased such as impractical evacuations. I hope that the risks can be discussed from a general point of view at the Committee meetings.
- CM: Information on the activities done by the JRCS in Fukushima will be useful as reference for the discussions. Lack of knowledge causes fear. During the nuclear power plant disaster in Fukushima, the JRCS was not able to conduct medical relief activities that should have been done. The preparation of the Guidelines has significance in creating an environment which allows relief team members to provide relief activities with proper knowledge and protective gear and equipment against radiation.
- CM: If there are any issues which are unable to be resolved by only the JRCS, it may be an option to summarize those issues and disclose them to outside the JRCS for opinions.

■ Agenda 2: Consideration of the Guidelines

The agenda was explained by the secretariat. The explanation summary is as follows:

- The first part of the Guidelines will consist of its purpose and scope. The Guidelines are to describe what should be done at each phase before and after a disaster.
- The specific content is to be discussed at the Committee meetings.

Following the explanation, discussion was made by the Committee members as below.

(Note: CM = Committee member)

- CM: There are several possible approaches for creating the Guidelines including preparing it based on each location (hospital) and each phase, but I suggest that the Committee follows the current index draft for discussions and reviews the index draft if any problems arise during the discussions.
- CM: Rather than chasing an ideal plan, it may be more effective to start from compiling the responses to the nuclear disaster in Fukushima. During that process, issues will naturally come to light.
- CM: The Guidelines assume a complex disaster. It may also be necessary to pay attention to a possible independent nuclear disaster and compile possible cases. JRCS roles and role sharing with the Japanese central and local governments and fire departments in such an independent nuclear disaster may not be clear at the moment.
- Secretariat: Currently, JRCS roles in non-natural disasters are not clear.
- CM: It may be important to go back to and confirm activities that the JRCS should do during disasters according to the original goal and mission of the JRCS.

- CM: I think that the JRCS can be involved in personnel training. For example, the Nuclear Safety Research Association provides education and trainings for hospital medical personnel.
- CM: Relief activities that the JRCS should provide need to be consistent with the Japanese government's system.
- CM: Psychological care for relief team members after they conduct relief activities is also important. The withdrawal from Fukushima caused strong stress in the JRCS relief team members, in addition to fears of radiation exposure.
- CM: The Guidelines draft refers to people's evacuation to evacuation centers. During the nuclear disaster in Fukushima, there were people who got sick after fleeing to evacuation centers. People in need of nursing care and other care need to be provided with special response at evacuation centers. I think that the extent of future involvement by the JRCS will need to be discussed.
- CM: As part of measures to tackle disuse syndrome, programs such as farm work are introduced these days. Support for rebuilding lives including this kind of program is also seen in support activities provided at refugee camps overseas. Findings from international relief activities may help in preparing the Guidelines.
- CM: During a disaster, relief teams may not be able to conduct their activities according to rules due to various constraints. Therefore, it is also necessary to create guidelines that allow smooth enactment of smooth relief activities in case of a nuclear disaster.
- CM: During the nuclear disaster in Fukushima, an off-site center was set up. However, additional medical relief teams were not dispatched to the center. Therefore, instead of the intended care recipients, residents in medical needs living around the area used it as an alternative to hospital. As a result, the original function of the off-site center was reduced.

<u>Discussion of operational criteria</u>

- CM: There is no description in other organizations' guidelines or manuals about operational criteria of radiation dose for relief personnel. The criteria range to be set in the Guidelines should allow relief personnel to provide adequate medical relief.
- CM: The IAEA criteria will find it difficult to be accepted in Japan. I think that 100mSv is a limit in Japan. For on-site workers including fire fighters, the limit of 100mSv is adopted in Japan, but this limit is practically operated by taking safety factor into consideration. This will lead to discussions about planned exposure dose, control of exposure and protection from exposure.
- CM: The dose criteria mentioned in the Guidelines draft should be verified as to whether or not the criteria could have allowed relief teams to conduct relief activities without any problem during the Fukushima Daiichi Nuclear Power Plant accident.
- CM: Relief personnel should conduct their relief activities with awareness of not only personal radiation dose but also transition of air radiation level.

- CM: JRCS relief teams, which are a massive power, are needed at evacuation centers where a large number of evacuees stay. Those evacuation centers can be basically believed to be in a low radiation level area.
- CM: The limit of 1mSv is the same standard value as for ordinary people. So, the residents in Fukushima may feel uncomfortable with the value. It may be better to review the value also with opinions from the Fukushima Medical University Hospital and others.
- CM: During the nuclear disaster in Fukushima, there were some cases of exposure to high radiation levels in some locations during the acute phase, but they were exceptional cases. In other locations, the radiation dose did not exceed 1mSv and there was no problem for the relief teams to conduct their activities.

Discussion of risk communication

- CM: In order to ensure that residents feel safe and secure, the Guidelines should include a perspective of risk communication.
- CM: Relief team members are often in contact with residents while providing relief activities and they are sometimes asked for information by those residents. From the viewpoint of risk management, how relief team members should respond to such requests from residents needs to be included in the Guidelines.
- CM: When crisis communication is considered, the communication stage is usually divided into some phases: normal phase before disaster; emergency response phase after disaster; post-crisis phase (recovery/reconstruction phase).
- Secretariat: Risk communication was not enough in every disaster in the past. Also during the nuclear disaster in Fukushima, the Japanese government could not retain trust sufficiently from the public.
- CM: The way of sharing information with the public also needs to be considered. During the nuclear disaster in Fukushima, various kinds of information shared with the public by individual persons caused confusion. This decreased trust of scientists. Instead of individuals, organizations need to disseminate information to the public.
- CM: The JRCS is trusted by the public due to its history of relief activities. Contrary to the government, the Red Cross principle of neutrality is widely recognized. Dissemination of information by the JRCS from that stance has a great significance.
- CM: I would like to suggest discussing necessity of a spokesperson for the JRCS.

End of the minutes summary