

February 4, 2015

Minutes Summary of the 4th Meeting
- “Guidelines for Red Cross Activities during Nuclear Disasters” Committee -
(English Translation)

- Date and time: Monday, December 15, 2014; 14:00 – 17:30
- Venue: Audio-visual Meeting Room at the National Headquarters of the Japanese Red Cross Society (JRCS)
- Attendees:
Committee members: Masao Tomonaga (Chairperson), Shuichi Nishijima (Deputy Chairperson), Kazuhiko Amano, Satoshi Ishibashi, Kazuko Uno, Masafumi Naito
Committee observers: Takeyoshi Saito, Yoichi Watanabe
Representative of the JRCS Headquarters: Hiroki Tomita, Executive Director General, Operations Sector
Committee secretariat: Staff of the Nuclear Disaster Resource Center, JRCS (M. Yamazawa, K. Shiba, S. Sugai, J. Takahashi, G. Tsujita, K. Ujihara, C. Takahashi, K. Sakakibara)
Observer: Director, Disaster Management Division, JRCS Headquarters

1. Summary of discussion

The 4th meeting of the “Guidelines for Red Cross Activities during Nuclear Disasters” Committee (hereinafter referred to as “the Committee”) was held. The summary of the discussion follows below.

- Agenda 1: Activity report by the Committee secretariat
 - Activities completed by the Committee secretariat after the 3rd meeting were reported with regard to the Guidelines for Red Cross Activities during Nuclear Disasters (hereinafter referred to as “the Guidelines”) and related areas.
 - The Committee secretariat explained key points of the Operational Guidelines of the International Federation of Red Cross and Red Crescent Societies (hereinafter referred to as “IFRC”) which are under preparation, and the relationship with the Guidelines.
- Agenda 2: Confirmation of the final draft of the Guidelines
 - It was agreed to revise the final draft of the Guidelines based on comments about expressions and wordings from the Committee members given during the 4th meeting.
 - The comments given by the Committee members are as follows:
 - In preparing a manual for implementing the Guidelines, attention will need to be paid to possible situation changes over the course of disaster phases.

- The expressions for safety standards should be corrected in order to avoid confusion.
 - Some other expressions are used inconsistently such as: “nuclear disaster experts” and “radiological experts”. They need to be looked into and corrected.
 - The details of equipment and materials to be deployed for nuclear disaster preparedness should be described.
 - The Committee members agreed with the final draft of the Guidelines on the condition that necessary corrections will be made to the draft in terms of the content, expressions and wordings based on the above comments.
- Agenda 3: Confirmation of the draft for “Matters for Discussion Based on the Discussions by the Committee” (hereinafter referred to as “Matters for Discussion”)
- The Committee members shared their thought about challenges based on the current situation in Fukushima. They also shared their views about what the JRCS should do in the future.
 - The views shared by the Committee members are as follows:
 - The matters should not be discussed simply for the sake of discussion. Action needs to be taken for solution of the challenges.
 - The JRCS has been able to flexibly provide assistance in the recovery phase in Fukushima for the affected population according to their needs. We expect the JRCS to continue to provide mid- and long-term assistance for the affected people in a wide range of areas.
 - The JRCS also needs to raise problems such as hospital evacuation to the national and local governments and take action towards the solution.
 - The Committee members agreed with the Matters for Discussion draft on the condition that necessary corrections will be made to the content, expressions and wordings based on the above views.

2. Discussions

■ Agenda 1: Activity report by the Committee secretariat

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

- Activities completed by the Committee secretariat after the 3rd meeting were reported with regard to the Guidelines and related areas as follows:
 - A nuclear disaster response basic training session was organized and held.
 - The Third Reference Group Meeting on Nuclear & Radiological Emergency Preparedness was organized and held in Fukushima Prefecture.
- The Committee secretariat explained key points of the IFRC Operational Guidelines which are under preparation, and the relationship with the Guidelines.

■ Agenda 2: Confirmation of the final draft of the Guidelines

Discussion about the agenda was made by the Committee members as below.

(Note: CM = Committee member)

- CM: The “Considerations during Activities” section mentions collaboration with other organizations during an initial phase of a disaster. However, the collaboration should refer to all phases of the disaster. Also, collaboration should be conducted not only in the area of information gathering but also in other areas more broadly.
- Committee observer: As for safety standards, JRCS relief team activities are restricted both by areas of evacuation order and a personal cumulative radiation dose limit in the Guidelines draft. Which is prioritized? If the personal cumulative dose limit is prioritized, activities in areas of evacuation order are possible under the current circumstances in Fukushima.
- Secretariat: We think that the safety standards need to be flexibly operated depending on disaster phases. In a response phase, entry to any evacuation order area should be restricted because of unstable conditions in the affected area. In Fukushima, the ambient dose rate was high in some areas even outside of the evacuation order areas. Given that, we need both management of personal cumulative doses and restriction of activity areas. Therefore, we think that limitation in both activity area and personal cumulative radiation dose should be established in the Guidelines.
- CM: During the Fukushima Daiichi Nuclear Power Plant accident (hereinafter referred to as “Fukushima Daiichi accident”), the JRCS did not have any safety standard for a response phase or any guidelines for a nuclear disaster. For this reason, the JRCS had no option but to order JRCS relief teams to leave Fukushima during the initial phase. The Guidelines under discussion by the Committee originated in the regret of that experience. The Guidelines will make it possible for JRCS relief teams to begin their relief activities from the initial phase. The Guidelines have significance in this way. It should be appropriate to think that the safety standards are to be established to allow JRCS relief teams to provide activities from the initial phase but will not strictly restrict activities during a recovery phase. The personal cumulative radiation dose limit mentioned in the Guidelines draft has been confirmed to not hamper relief team activities in a response phase if a situation similar to the Fukushima Daiichi accident occurs. For this reason, we think that the safety standards set in the Guidelines draft are appropriate.
- Chairperson: Situations vary according to disaster phases. This has not been fully considered yet. In preparing a manual which reflects the Guidelines, this matter will need to be considered.
- Committee observer: The safety standard values set in the Guidelines draft are different between general relief team members and radiation emergency medical staff.

Do you mean that their activities will be different?

- Secretariat: We, the secretariat, hope radiation emergency medical staff to take a different role from that of general relief team members. For example, the radiation emergency medical staff member may give orders to relief team members in an affected area as a JRCS relief team leader. In that case, we want them to lead as many JRCS relief teams as possible as an expert. Also, we have to take into consideration that the safety standard values should not limit their activities for radiation emergency treatments at hospitals. The value of 50 mSv per year for the radiation emergency medical staff is a statutory value, and our view is that it will convince physicians of Japanese Red Cross (JRC) hospitals who are also licensed radiation protection supervisors. However, what they should do has not been fully considered yet. We hope to consider it further and obtain an internal understanding to describe their specific activities in a manual.
- CM: The Guidelines draft refers to the safety standard value for general relief team members at an annualized rate. This description could give people a perception that the JRCS allows general relief team members to be exposed to more radiation than radiation emergency medical staff in a short period of time. This standard value should be referred to in an expression to avoid misunderstanding also by using a footnote.
- Chairperson: The assumption of radiation exposure in JRCS's response to nuclear disasters is not acute exposure but chronic exposure. The manual should be considered by taking it into account.

- CM: In the Guidelines draft, there are descriptions such as "nuclear disaster expert" and "expert in radiation emergency treatment". How do you define them? If there are inconsistent expressions with the same meaning, the wordings should be corrected and integrated.
- Secretariat: We will review other wordings as well as these ones to make necessary corrections.

- Committee observer: What do you mean by equipment and materials to be deployed as part of preparedness for nuclear disasters?
- Secretariat: These are the equipment and materials which were already deployed and purchased by the JRCS Headquarters: measurement equipment such as personal dosimeters and survey meters, and protective gear.
- Deputy chairperson: The definition of the equipment and materials should be footnoted in order to avoid misunderstanding.
- CM: I would like to suggest that the preparation of measurement equipment is one of the roles of JRCS chapters and facilities in an affected area.
- Secretariat: We think that the content, quantity and deployment of the equipment and

materials that JRCS chapters and facilities are supposed to prepare should be described not in the Guidelines but in the manual. Therefore, we prefer to not mention them in the Guidelines. The measurement equipment and personal protective gear were already purchased by the JRCS Headquarters and distributed to each JRCS chapter. We think that sufficient measures were already taken in this regard.

■ Agenda 3: Confirmation of the Matters for Discussion draft

Discussion about the agenda was made by the Committee members as below.

- Chairperson: What do you mean by “continued preparedness”?
- Secretariat: This refers to JRCS’s efforts to continue to prepare for nuclear disasters.

- CM: The Matters for Discussion draft repeatedly mentions “to consider how to respond”, but this description will have no meaning if something is considered for the sake of consideration and no step is taken. After having discussions, concrete actions should be taken.
- Chairperson: Do you also plan to include training and exercises in the manual?
- Secretariat: Yes, training and exercises will be part of the manual. We have already implemented training for JRCS relief team members. After further details are considered, the content will be included in the manual and other related documents. We plan to revise the Guidelines, and after further consideration, we will reflect it in the Guidelines.

- CM: Are you planning to include international dissemination of information about the current situation in Fukushima in JRCS activities?
- Secretariat: We are considering disseminating information regarding what is happening in Fukushima to other countries as part of our contribution to the international community.
- CM: We were able to include a course of action based on our experience in Fukushima in the Guidelines draft. For example, we indicate that it is one of the options to think about comprehensive risks and to stay in a hospital or welfare facility instead of evacuation depending on patients’ conditions, even if the government issues an order for evacuation. This is part of the course of action based on the experience in Fukushima. This information will also be helpful in the event of a nuclear disaster in other countries. I think that it is important for the JRCS to convey this kind of findings to the international community.

- CM: A very important point during a recovery phase is to focus on changing conditions of affected people. In particular, there are many affected people in Fukushima who are psychologically stressed due to their unsettled future in their lives and changed living environment. This leads to Fukushima’s higher rate of deaths indirectly caused by the Great East Japan Earthquake than other prefectures. Activities are provided for the affected people in Fukushima on the recognition that psychological recovery will require

revitalization of local communities. When the affected people move from temporary housing to permanent public housing constructed for them, communities tend to be divided because the moving means change in their living environment. This is broadly recognized as a problem. For this reason, assistance for community building will continue to be needed. I expect the JRCS to take a role for assistance in this regard.

- CM: The Fukushima Daiichi accident also affected how children in Fukushima think. To support the children, I think that some education should be provided to help them to learn how to cope with prejudices or biases and become independent, as well as disaster prevention education. There are some cases that we can learn from Minamata disease.
- CM: Recovery from the Fukushima Daiichi accident will need a mid- and long-term response. I strongly hope that the JRCS staff will visit the affected areas in Fukushima on a regular basis to feel the progress of the recovery and revitalization. It is important to know the current situation of the affected areas by interviewing local volunteers and local education board officials.

- Chairperson: The Guidelines draft refers to collaboration between the JRCS, the national and local governments and specialized organizations. I would like to know if the JRCS cooperated with the national and local governments after the Fukushima Daiichi accident.
- Committee observer: To try to respond to the recovery phase, the JRCS asked the local governments in Fukushima for information about the needs of the affected people in Fukushima. Based on that information, the JRCS provided assistance for them. In this way, the JRCS cooperated with the local governments. On the other hand, there was no case where the JRCS suggested an action to the local governments based on information that the JRCS collected in Fukushima for needs of the affected people.
- Secretariat: The JRCS has been conducting a health consultation program for people evacuated from Namie. The program activities are provided by JRCS nurses. We think that the program is one of the examples where the JRCS identified needs of the affected people and made suggestions to a local government.

- Committee observer: Some people voluntarily evacuated from areas in Fukushima where they used to live before the Fukushima Daiichi accident and have not yet returned, even though the areas are not designated as evacuation areas. In particular, the affected people who voluntarily evacuated to other prefectures have not returned. I recognize that encouraging these people to come back to Fukushima is one of our challenges.

- Committee observer: Fukushima Red Cross Hospital responds mainly to patients. We do not provide assistance activities outside of our hospital. Just some nurses at our hospital voluntarily participate in a visit program to temporary housing organized by the JRCS Fukushima Chapter for health consultation for the residents there. It is known that many

residents living in temporary housing develop life-style related diseases. We know that there is a need for health management. However, we have other routine tasks, and we cannot actively work on the need.

- CM: We cannot cope with this kind of problem also for people affected by natural disasters, and it is about how the JRCS will design their activities in the future.
- CM: This is also the case for natural disasters. When it enters a recovery phase, JRC hospitals will be busy with routine operations. JRCS chapters have no medical personnel. The combination of those factors prevents sufficient assistance for affected people and cooperation among the JRC hospitals and chapters. Maybe the JRCS should provide assistance for affected people by arranging standby medical staff.
- CM: The JRCS's support in education has significance. Requested by schools, we have been providing lectures about disasters. The students gave us a positive feedback. This activity was not provided before, and there may be some negative opinions. However, I think this is a good activity and any other party than the JRCS may not be able to take the initiative for this kind of activity.
- Chairperson: Learning about disasters from childhood may interest people more in how to respond to disasters. Such education is also a matter which should be considered including the positioning of a nuclear disaster in all disasters.
- CM: Currently in Fukushima, the prevention of life-style related diseases for temporary housing residents needs to be addressed. It would be good if the topic of life-style related disease prevention is included in health education.
- CM: In the recovery phase in Fukushima, the JRCS has been able to flexibly provide assistance according to the needs of the affected people. I expect the JRCS to continue to provide mid- and long-term assistance for them in a wide range of areas.
- Deputy chairperson: It is important for the public to think on their own. The JRCS should help the public to think by themselves during a disaster. Maybe the JRCS could help communication during a disaster in terms of two approaches: to encourage specialized organizations to disseminate information and to convey information to the public in an easy-to-understand way.
- CM: Views on radiation effects differ among scientists. This confused the public after the Fukushima Daiichi accident.
- Chairperson: During a disaster, it is required to disseminate information in a well-balanced way. What kind of steps would draw trust from the public while sharing information during a disaster? This should be considered. Maybe disaster prevention education should be one of the steps in a preparedness phase. We should be careful about disseminating

information during a disaster. A team dedicated to that needs to be arranged in the event of a disaster.

- CM: In the event of the Fukushima Daiichi accident, communication about science failed. I would like to suggest that the Guidelines should be created based on the assumption that the public trust in such communication was lost and still remains lost.
- Chairperson: At that time, there was a gap in perception between science and humanities experts. It was necessary to properly explain the scientific facts to the public.
- CM: The information failed to be communicated to the public that the health risk from low-level radiation dose is as little as being unable to be identified. Without any consent that the risk is very low, the only information which was sent to the public was: "health effects from low-level radiation are unknown". That was the problem.

- Chairperson: Does the JRCS administer questionnaires to the affected people to know about their needs for the recovery phase?
- Committee observer: We have been administering questionnaires to participants in our activities, but we really feel that it is difficult to identify their needs.
- Chairperson: From our experience in assistance to the atomic bombing survivors, we feel there is a strong need for our health consultation program. It could also be the case for the people affected by the Fukushima Daiichi accident. A health consultation program could work.
- Committee observer: We are cooperating with the health consultation program for the people evacuated from Namie, which is a similar program. The program meets the needs in the affected area, but we feel that it is difficult to expand the program in terms of securing human resources to work on the program.

- CM: Assistance for people from other countries may be part of assistance activities for people requiring special care. For example, the JRCS may need to provide support for foreign people at medical frontlines in affected areas during a disaster in collaboration with medical translators.

- Chairperson: The Matters for Discussion draft refers to "assistance to facilities for people requiring special care", but the scope is broad and it may be difficult to work on the assistance?
- Secretariat: We recognize the necessity of providing assistance to facilities for people requiring special care. However, it is difficult for the JRCS to respond to it independently. We hope to try to solve this problem by asking the national and local governments to consider how to respond together.

- Chairperson: The Matters for Discussion draft mentions considering paying compensation to JRCS personnel, but maybe it will be difficult?
- Secretariat: Implementing a compensation program only by the JRCS is expected to be difficult. We think that it is preferable that assistance activities to affected people who temporarily stay in evacuation areas will be provided within the governmental framework. We would like to encourage the government to establish an organization to provide this kind of assistance and also a system for paying compensation to personnel who engage in activities in evacuation areas.
- Committee observer: At the time of the Fukushima Daiichi accident, Fukushima Red Cross Hospital did not have any evacuation plan for a nuclear disaster. The hospital would not have been able to cope with evacuation of inpatients. So, we decided to stay inside the hospital building if our hospital was included in an evacuation area.
- Committee observer: Fukushima Red Cross Hospital planned to evacuate the pregnant inpatients to Aizu Area for fear of possible radiation effects on them, but the Fukushima Prefectural Government was concerned about a possible confusion among citizens which the evacuation might cause and asked us not to evacuate them.
- CM: The national and prefectural governments are supposed to lead evacuation of hospitals and welfare facilities. During the Fukushima Daiichi accident, evacuation of those facilities located in areas designated as evacuation areas were led by DMATs and firefighter teams. It is impossible for each hospital or welfare facility to evacuate without governmental help. Hospitals and welfare facilities need to prepare for evacuation on the assumption that they would stay inside the buildings until rescue teams come to them.
- CM: In reality, although it is difficult for hospitals to evacuate on their own, how to cope with it is left to each hospital. It may be necessary to encourage the government to take action for the solution by raising this problem.
- CM: The “Evacuation from JRC Hospitals and Welfare Facilities” section in the Matters for Discussion will need to clearly state that “evacuation of JRC hospitals and welfare facilities is impossible only with the JRC capacities and capabilities”.
- CM: People evacuated from Fukushima to other prefectures are supposed to be responded to by public health nurses. This means that we cannot respond to them without collaboration with public health nurses and local governments. The Guidelines should mention that assistance to people evacuated to other prefectures should be provided in cooperation with local governments and public health nurses.
- CM: We are seeing the needs of the people evacuated to other prefectures changing. Soon after the Fukushima Daiichi accident, they needed knowledge about radiation. At the moment, they need implementation of physical checkups more than the knowledge. I think that the nationwide network of JRC hospitals will help the needs to be met.

- Committee observer: The JRCS is concluding agreements for assisting people evacuated to other prefectures. Some JRC hospitals are cooperating with the health survey for Fukushima citizens which the Fukushima Prefectural Government is conducting. We expect more JRC hospitals to follow suit.

- Chairperson: Should we conclude the committee by agreeing with the drafts of the Guidelines and the Matters for Discussion? Do you agree that the task of correcting expressions and wordings for the final Guidelines draft should be left to the chairperson?
- Rest of the Committee members: Agree.
- Executive Director General, JRCS Operations Sector: I sincerely appreciate the contribution by the Committee members including Dr. Tomonaga in preparing our Guidelines over the four meetings despite busy schedules. Based on the Guidelines draft that we have received today, the JRCS will immediately begin the procedures for authorization of the Guidelines and internal discussions. Furthermore, we will start to work on the Matters for Discussion internally for solution. Also, we will discuss the matters which the JRCS cannot solve independently with the related agencies and organizations.

End of the minutes summary.