

# Fukushima Collaborative Clinic Monthly Bulletin

**Issue 2**

January 15, 2014

## What is Our Clinic to Do?



# What is Our Clinic to Do?

*FUSE Yukihiro*

Physician at the Fukushima Collaborative Clinic

As the Fukushima Collaborative Clinic opened on December 1, 2012, I put forward seven primary tasks to do as follows:

1) Ultrasound thyroid examination for early detection of thyroid cancer as well as various health problems from internal exposure to radiation and treatment of such disorders;

2) Free health counseling at temporary housing complexes for health protection of evacuees living in temporary housing units and other dwellings;

3) Activity to protect health and life of workers exposed to radiation, including the Fukushima Daiichi nuclear plant workers who have been struggling to minimize and contain the disaster;

4) Educational campaign, prevention and treatment of various diseases for residents who have been forced to live in areas with high level of radiation;

5) Collaboration building with various occupations including experts of food,

cooking and other living necessities in order to establish independent and effective methods and means of medical examination, disease prevention and radiation prevention;

6) Advice on the choice of organizations and locations for long-term evacuation or short-term recuperation to avoid external and internal radiation exposure; and

7) Activities to abolish all nuclear power plants in the country.

As a first step of the clinic, which opened in December 2012, we began thyroid ultrasound examination. In January next year, free health counseling started at temporary housing.

## Free health counseling at temporary housing

There are a multitude of temporary housing facilities in Fukushima Prefecture. To begin with, we have launched free health counseling once or twice a month at four temporary housing complexes in Fukushima City for evacuees from the town of Namie.

The town of Namie is located just north to the town of Futaba, the base of the Fukushima Daiichi Nuclear Power Plant. As the reactors exploded from March 12 through 15, the residents of the town of Namie were forced to evacuate and they took the Route 114 without knowing that this was the very direction along which the radioactive plume drifted on the wind.

The outrageous fact is that the government had been informed of this serious danger of the Route 114 through the forecasts provided by the SPEEDI (System for Prediction of Environment Emergency Dose Information) and intentionally concealed this critical information at the very moment of evacuation; thus almost all of the evacuees run away from the nuclear plant in vain, daily and hourly exposed to the fallout.

The evacuees had to move several times from one shelter to another before they finally settled in temporary housing at the period beginning from June 2011.

Owing to this confused situation, it was hardly possible to get detailed data by the health counseling, we report for now some of our findings there.

We counseled six to eight people at a time; about 79 people in total, 62 women and 17 men. Overwhelming majority were women.

Almost all were the elderly. The age range was 57 to 90, averaging 76. No younger persons, breadwinners, came to the health counseling; majority of younger evacuees live in public funded rented houses, not in temporary housing units.

During our first half year, we checked blood pressure and mainly listened to the counselees' complaint and answered them. After two cycles of such counseling, we changed the style: 30 minutes for a lecture on diseases and 30 minutes for health counseling.

In health counseling, there were not many health complaints proper but a lot of stories about their experience of fleeing from the tsunami, evacuation after the nuclear accident or their living conditions now.

In terms of their latest occupation when living in the town of Namie, only 22 filled the interview sheet: 10 farmers (crop growers), 3 self-employed, 2 employees in nuclear related companies, 2 fishers, 2 carpenters, 2 drivers and 1 cattle farmers. As for current occupation, no one had a job, perhaps because aged women were the majority of the counselees. Only 5 wrote in about their child's occupation, of which 2 have jobs related to the TEPCO and 1 was engaged in decontamination work.

## Living in temporary housing

I interviewed the evacuated residents of the town of Namie now living in temporary housing to obtain their medical histories (from 60 persons): 33 cases of high blood pressure, 13 cases of orthopedic disease such as low back pain, 7 cases of heart disease such as irregular pulse, 5 cases of hyperlipidemia, 5 cases of respiratory disease, 5 cases of digestive disease such as reflux esophagitis, 4 cases of mental disease such as insomnia, 3 cases of diabetes, 3 cases of brain disease such as cerebral infarction, 3 cases of cancer, 2 cases of eye disease such as cataract and 2 cases of hypothyroidism. There were only 4 persons who have not received any treatment.

I inquired about the illness they have started treating after they moved to temporary housing (including the worsened cases): 15 cases of orthopedic disease such as low back pain, 12 cases of mental disease such as insomnia, 8 cases of high blood pressure, 8 cases of hyperlipidemia, 7 cases of digestive disease (including taste disorder) such as reflux esophagitis, 5 cases of eye disease such as cataract, 3 cases of diabetes, 3 cases of otological disease such as dizziness, 2 cases of heart disease such as irregular pulse, 2 cases of overactive bladder, 1 case of cerebral infarction, 1 case of cancer and 1 case of respiratory disease.

As a result, my conclusion includes the followings:

1) There are lots of people who suffer from sleeplessness or low back pain after their

evacuations. It seems to be connected with the fact that they have been completely out of work (such as farming) since they moved to the temporary housing units. They are jobless and have nothing to do in Fukushima City. Besides, they couldn't receive any medical treatment while they were moving from shelter to shelter, which made their original illness worse.

2) Many young people are engaged in recovery work at the Fukushima Daiichi nuclear power plant (20,000 yen per day) or decontamination work (10,000 yen per day) in Fukushima City. Many of the residents in the town of Namie were originally employed in nuclear-plant-related work; a lot of their sons are still working for TEPCO.

3) The size of the room in a temporary housing unit is too small. The single person has only one room of about 7.5 square meter (about 81 square feet), hardly a space for a bed. The resident is forced to lead a hard life.

4) The temporary housing limit, originally scheduled up to the end of March 2013, has been extended by 2 more years. But very few of the residents have no prospect to leave temporary housing after another 2 years.

5) Most of the evacuated residents from and around Ukedo District in the town of Namie to which evacuation order is lifted as the designation of Evacuation-Prepared

Areas have no intention to return to their hometown. Their houses were destroyed and carried away by the Tsunami, and they lack the money to rebuild their own houses. Even if they could build a house, it would certainly be carried away by Tsunami again. TEPCO have not at all paid compensation money to those who lost their houses by the Tsunami.

6) In Fukushima Prefecture there are several tens of temporary housing areas. Therefore there is scarce possibility to be acquainted

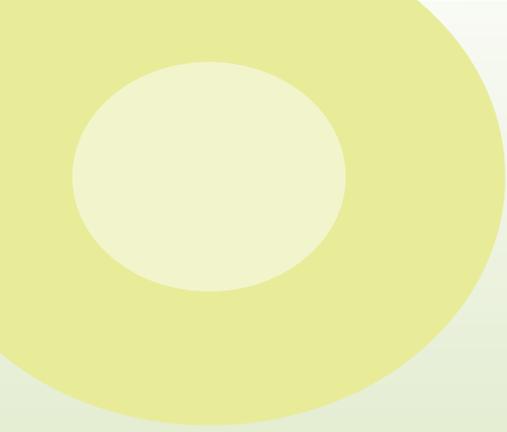
with each other and develop neighborly ties even among the residents coming from the same town, for example the town of Namie and living next door. That is why it happened that a resident was found dead alone unnoticed for three days.

7) The participants who come up to health counseling are mostly active old women in good health. Those who are really suffering from disease cannot come to receive counseling.

## **Temporary housing is epitome of nuclear accident**

Temporary housing is the epitome of the nuclear accident. It represents the reality of Fukushima. In face of this alarming situation, I decided to quit my current job at a hospital, which did not allow me to take enough time for health counseling. I will start working as a full-time doctor at Fukushima Collaborative Clinic from this coming spring in order to be fully engaged in the work as a reliable consultant of

the people living in temporary housing. I am planning to do home visiting of the people who cannot come to the Clinic for health counseling. I also intend to do health counseling at the temporary housing complexes not only for the residents of the town of Namie but also the town of Futaba, the town of Tomioka, Iidate Village and others.



## Fukushima Collaborative Clinic Monthly Bulletin

**Issue 2**

(January 15, 2014)