

The 7th Public Meeting of the Veterans' Advisory Board on Dose Reconstruction
(VBDR)

Activities of the Atomic Bomb Survivors (HIBAKUSHA)

Health Care Commission Based on HIBAKUSHA Protection Law

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9:40-10:00, on 2 April. 2008, San Diego, USA

C o n t e n t s

- Who are HIBAKUSHA?
- Law to support A - bomb survivors
- Various allowances to support HIBAKUSHA
- Special medical care allowance (procedures for approval)

- New directions

“HIBAKUSHA”

- Officially those who possess “HIBAKUSHA health certificate,” issued by local governments, which approves the following individuals:
 - (1) who were present in a city of Hiroshima or Nagasaki or officially designated vicinities at the time of the bombings
 - (2) who entered designated areas within 2 weeks after bombings (by Aug. 20 in Hiroshima and Aug. 23 in Nagasaki)
 - (3) who were in other situations that may have caused radiation health effects
 - (4) who were unborn babies of pregnant mothers applicable to any of the above

Legislation

- 1957 Law concerning medical care of A- bomb survivors (HIBAKUSHA)
medical check up, and medical benefits provided by the government
- 1968 Law of special measures to support A-bomb survivors - special medical allowance, etc.
- 1995 The two laws were combined to form law to support A-bomb survivors

Report of Advisory Panel in 1980 on Fundamental Problems Dealing with HIBAKUSHA (1)

1. Basic Philosophy

- Health hazards for A-bomb survivors represent a special sacrifice different from general damage received during the war
- Certain degree of compensation by Japanese government is feasible

Report of Advisory Panel on Fundamental Problems Dealing with HIBAKUSHA (2)

2. Basic Attitude

- Priority should be put on support for those who really need health care
- Inequity with general war victims must be avoided

3. Further studies on health and hereditary effects of radiation are needed

HIBAKUSHA

are eligible to receive:

- (1) Annual health check up for general, cancer and other specific medical examinations
- (2) Medical benefit : necessary medical care at home or in a hospital received under national health insurance system free of charge
- (3) Various allowances

251,834 HIBAKUSHA as of March 2007

Various Allowances (1)

1. Special medical care allowance : ¥137,430/M
(about \$1,300)
2. Special allowance : ¥ 50,750/M
3. A-bomb microcephaly allowance : ¥ 47,300/M
4. Health management allowance : ¥ 33,800/M

Various Allowances (2)

5. Health allowance : ¥16,950/M or 33,800/M
6. Nursing care allowance : ¥104,500/M
or ¥ 69,720/M
maximum
7. Care by family allowance : ¥ 21,570/M
8. Funeral fees provided to the bereaved : ¥155,000
for one time

Approval Process of Special Medical Allowance

1. Submission of application by HIBAKUSHA to Minister of MHLW through local governments
2. Application includes :
 - Situation of A-bomb exposure age, distance from hypocenter, shielding conditions
 - Disease conditions
 - Opinions of attending physicians
 - Related medical examination data

Authorization

- Minister of Health, Labor and Welfare provides authorization when
 - (1) Disease or injury is caused by A-bomb radiation or residual radioactivity
 - (2) The condition needs to be treated medically
 - (3) Items (1) and (2) are not applicable but the curability of the condition is judged affected by A-bomb radiation
- The Minister consults with the Sub-Committee for Medical Care of HIBAKUSHA

Approval Process of Special Medical Allowance (2)

1. Preliminary check of application forms to confirm if they meet the requested items
2. Discussion of each case by the subcommittee (closed), based on the guidelines for discussion made by the subcommittee (open to the public)
3. Decision making : approve, decline, suspend
4. Notification to each applicant by the Minister through a local government office

HIBAKUSHA Health Care Commission

- Officially runs as a subcommittee of the Examination Committee of Certification of Sickness and Disability established in the Ministry of Health, Labor and Welfare (MHLW) of Japan
- Consultative committee to Minister of MHLW
- Mandate : to examine applications for the special medical care allowance submitted by HIBAKUSHA

Subcommittee

Members : A maximum of 20 specialists

(at present 16 M.D.s from various specialties, one epidemiologist, and one health physicist)

Frequency : Once a month, 10:00 a.m.- 5:00 p.m.

Number of new applications : 40-70

Protests against disapproval : 10-20

Guidelines for Discussions (1)

(May 25, 2001)

A. Judgment if disease conditions are caused by A-bomb radiation

1. Basic principles

- 1) Using probabilities of causation for cancers and the threshold exposure dose for cataract, judgments are made if the applied disease conditions are attributable with high probability to A-bomb radiation
- 2) If probability of causation is over 50%, it is estimated that the applied disease condition is attributable to A-bomb radiation with certain likelihood.

If it is less than 10%, it is estimated to be unlikely that the disease is caused by A-bomb radiation

Guidelines for Discussions (2)

- 3) Judgment should be made on the basis of a comprehensive evaluation of past history, environmental factors, and life style, etc. of the applicant
- 4) When probability of causation is not available, judgment should be made on the basis of a comprehensive consideration of exposure dose estimates, past history, environmental factors, and life style, etc. of each applicant

Guidelines for Discussions (3)

2. Probabilities of causation (PC) for cancer :

PC are calculated based on epidemiological studies of A-bomb survivors

Tables for leukemia, cancers of the stomach, colon, thyroid, breast, lung and hyperparathyroidism are available to estimate PC for a person whose exposure dose estimate, sex, and age at exposure are known

3. Threshold :

The threshold for radiation induced cataract is regarded as 1.75 Sv with a range of 1.31 to 2.21 Sv

Guidelines for Discussions (4)

4. Exposure radiation dose estimates

- 1) The initial external dose is estimated by the distance from the hypocenter on the basis of DS86
- 2) The exposure caused by residual radiation is estimated by the matrix of distance from hypocenter and the time elapsed after bombing ranging from 1 hour to 72 hours

3) Radiation exposure to fallout

If an applicant claims to have been in specific places in Hiroshima or Nagasaki, a certain dose is assigned as “fallout dose”

5. Necessity of treatment is judged by the individual disease conditions

Example of PC Table

PC applied for male colon cancer (%)

ATB (yrs)	Estimated Dose (cGy)							
	3	6	9	12	15	18	21	24
0	8.5	15.6	21.7	27.0	31.6	35.7	39.3	42.5
1	7.8	14.4	20.2	25.2	29.7	33.6	37.1	40.3
2	7.2	13.3	18.8	23.6	27.8	31.6	35.0	38.1
3	6.6	12.3	17.4	21.9	26.0	29.7	33.0	36.0
4	6.0	11.4	16.1	20.4	24.3	27.8	31.0	33.9
5	5.5	10.5	14.9	19.0	22.6	26.0	29.1	31.9
6	5.1	9.7	13.8	17.6	21.1	24.3	27.2	29.9
7	4.6	8.9	12.8	16.3	19.6	22.6	25.4	28.1
8	4.3	8.2	11.8	15.1	18.2	21.1	23.7	26.3
9	3.9	7.5	10.9	14.0	16.9	19.6	22.1	24.5
10	3.6	6.9	10.0	12.9	15.6	18.2	20.6	22.9
11	3.3	6.3	9.2	11.9	14.5	16.9	19.1	21.3
12	3.0	5.8	8.5	11.0	13.4	15.6	17.8	19.8
13	2.7	5.3	7.8	10.1	12.3	14.5	16.5	18.4
14	2.5	4.9	7.2	9.3	11.4	13.4	15.2	17.1

Difficulties faced

1. Non-cancer diseases
2. Judgment of necessity to be treated
3. Timing of guideline revisions based on newly developed scientific knowledge
4. Precise dose estimates based on the actions of an applicant 60 years ago
5. HIBAKUSHA living abroad
6. Ever-lasting dissatisfaction among those whose application is declined

New Trends (1)

- Many dissatisfied HIBAKUSHA have taken legal action in groups.
- About 10 lawsuits claiming for approval of special medical care allowance have been taken place in district courts (Osaka, Hiroshima, Nagoya, Nagasaki, Tokyo, Chiba, Sendai). Each lawsuit involves 2 to 50 plaintiffs.
- In several courts decisions were made, mostly in favor of plaintiffs (100/112), although reparations by the defendant (MHLW/Government) were not approved.

New Trends (2)

- MHLW appealed for the High Court. Comments were submitted by chair and vice chair of Subcommittee.
- Prime minister Abe promised to review and revise the present system. (Aug. 2007)
- The review committee including scientists and radiological experts submitted a report to Prime minister Fukuda. (Dec. 2007)
- A task group consisting of representatives of ruling parties submitted a report to Prime minister. (Dec. 2007)

New Trends (3)

Subcommittee approved new guidelines for approval of Special Medical Care Allowance. (March 17, 2008)

1. Use of DS02 for dose estimation
2. Relief of suffering: more important than scientifically based reasoning
3. PC will not be used
4. Speedy decision making is promoted