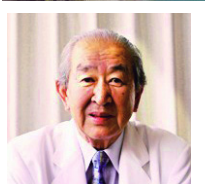


## Fukushima Collaborative Clinic Opens on December 1, 2012

*Sun Rise* No.3 (January 1, 2013)

[Fund Raising Committee for Fukushima Clinic](#)



Dr. MATSUE Hiroto,  
Director of the Clinic

On the day of this season's first snow in Fukushima, December 1, the Fukushima Collaborative Clinic was set up at the west exit of JR (Japan Railways) Fukushima Station.



The Fukushima Clinic Opening reception on December 1



Ms. OCHIAI Keiko, the owner of a famous picture book store Crayon House and also an anti-nuclear activist, donated 250 picture books



We are the staffs of the Fukushima Collaborative Clinic.  
Everyone is welcome!

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## Take Back True Medical Care

SATO Sachiko, (Director of an incorporated non-profit organization)

*Sun Rise* No.1 (March 11, 2012)



### To Save the Lives of Our Children

There are lots of things we have to do to save the lives of our children. I earnestly thought what we should do first and I felt that the children's evacuation from Fukushima was the most urgent and crucial thing. However, only a few people can make a decision and react in such a way to a sudden disaster. Most people have their own personal family circumstances and it is difficult to do the best thing.

### Reliable doctors are needed

A great many children are still now staying in Fukushima. They are forced to live everyday worrying about the effects of radiation and the anxiety for the future. So, it is urgently needed for those children and their mothers to have reliable doctors to whom they can talk about everything. The preventive care not to become sick is needed. But if someone gets ill, it is important to provide him treatment by maximizing the natural healing ability of human beings. This kind of clinic we really wish to build.

The current medical system structurally favors, as is the case with nuclear power plants, the highest priority on profits. The doctors fill prescriptions of drugs for the profits of their hospitals. People tend to think, "The good doctors give us lots of drugs" or "The good hospitals have expensive medical equipment". We have to change such a way of thinking. Otherwise our medical expenses become bigger and bigger. Only drug companies, medical equipment manufactures and hospitals make lots of profits.

We wish to build a reliable clinic reflecting the needs of the residents. At the same time, we want to restore a medical care that fulfills its primary function.

(About the official "medical care" in Fukushima, read IPPNW' [letter to WHO](#))

## One Day in Fukushima

# Japan and US Governments Along With Nuke Industry Push “Decontamination” as a Solution to the Fukushima Daiichi Nuclear Power Plant Meltdowns

Counterpunch, November 9-11, 2012

by STEVE ZELTZER

When a doctor told a Fukushima mother recently that the chance of her child having cancer was only 1 in 100. This mother had let her children evacuate to Yamagata after two of her children had gotten 3 millimeter thyroid cists in their throats had answer to the doctor. For her she said, it is not 1 in 100, but it is 1 in 1.

This epitomizes the continuing nightmare the people of Fukushima

face as Tokyo Electric Power Company TEPCO, the Japan and US government and the International Atomic Energy Agency (IAEA) continue a full press campaign to convince people that the three Fukushima nuclear plant meltdowns can be “overcome”. This was the statement in fact of a politician last year running for parliament in the city of Sendai, which is about 60 miles from the plant meltdowns.

This past week, I went to the city of Fukushima to see how this plan is working.

Despite the appearance of “normality” and the national effort to convince the Japanese people that things are getting better in the region, the reality is not as it appears. [read more](#)

## Japan offers to aid Saudi Arabia in nuclear power development

February 11, 2013, Ashashi Shinbun  
By TAKASHI FUKUYAMA

RIYADH, Saudi Arabia--The Abe administration has agreed to assist Saudi Arabia in nuclear power development, Japan’s first such offer overseas since the onset of the

Fukushima nuclear disaster in 2011.

The agreement was reached after industry minister Toshimitsu Motegi met with Waleed Hussain Abulfaraj, vice president of the

King Abdullah City for Atomic and Renewable Energy, on Feb. 9 in the Saudi capital. [read more](#)

## Aid Cut for the Nuclear and Earthquake Evacuees and the Poor

On January 29, the Abe administration decided to cut the budget for *Seikatu Hogo*—social welfare system for people under the poverty line—from FY 2013 on, although historic increase of the general budget. This neoliberal assault on the poor is aimed to lower the living standard and wages of working class as a whole. But Abe’s biggest target are the of nuclear and earthquake afflicted areas and evacuees.

## Welfare payments to be slashed 74 billion Yen to root out the comfortably poor

Japan Times, January 29, 2012

Welfare benefits will be slashed by 74 billion Yen over a three-year period starting from fiscal 2013, after a government panel found that some people are making more on the dole than the average low-income person who is not spends on living costs, it was learned Sunday.

The decision to lower standard benefit payments by 6.5 percent was made by welfare minister Norihisa Tamura and Finance Minister Taro Aso. The reduction will hit in August.

Since the standard benefit payment provides the basis for determining other levels of public assistance,

such as subsidies for school expenses, reducing it may also affect low-income earners even if they are not on welfare.

Tamura said after the meeting that he will implement the measures so the decision does not adversely affect such earners.

The actual amount doled out per

household will be slashed by a maximum of 10 percent from the current level, which is based on age, number of family members and area of residence.

Welfare recipients hit a record high of 2.14 million in October 2012 and the state budget for benefits, including medical assistance, stood

at around 2.8 trillion Yen for fiscal 2012 ending in March.

Later Sunday, the government and ruling parties approved the fiscal 2013 budget proposal, with expenditures in the general account budget totaling 92.61 trillion Yen. The Cabinet will sign off on the budget on Tuesday and send it to the Diet.

At the approval meeting, Prime Minister Shinzo Abe called for the swift enactment of the budget because it “will enable us to implement economic measures in a seamless manner and tackle major challenges, such as reconstruction (from the 2011 quake and tsunami) and disaster prevention.”

## Health problems in the temporary housing in Fukushima

The Lancet, [Volume 379, Issue 9833](#), Pages [2240 - 2241](#), 16 June 2012

Keitaro Harasawa a, Tetsuya Tanimoto b c, Masahiro Kami c, Tomoyoshi Oikawa a, Yukio Kanazawa a, Hideki Komatsu d

We thank Justin McCurry for providing an excellent report (March 10, p 880)<sup>1</sup> on the Great East Japan Earthquake 1 year on. We would like to add some comments based on our experience in Fukushima.

Since November, 2011, we have been stationed near the temporary housing in Minamisoma City, in Hamadouri district, which is close to the evacuation zone of 20 km from the Fukushima nuclear power plant. Here we have been providing health checks and services such as vaccination programmes for more than 4000 evacuees.

One of the most tragic aspects of the disaster is the break-up of communities and families because

of the fear of radiation exposure. The population of 72 000 in Minamisoma City dropped to about 10 000 just after the nuclear disaster and only recovered up to about 43 000 in March, 2012. Of note, the proportion of those aged 65 years or older has increased from 25.9% to 32.2%. Many young families moved out of the city, which resulted in a sudden increase in the number of frail elderly people living alone in temporary housing. For example, we saw a 75-year-old man who was found in a hypovolaemic state in his small and chilly temporary accommodation; he died 2 weeks later. In Fukushima, 1323 of 10 664 evacuee households in January, 2012, were aged 65 years or older and

lived alone, and officials reported that there were 22 cases of solitary death (15 of whom were aged 65 years or older) in temporary housing in three devastated prefectures; there were at least 1465 deaths in evacuees by February, 2012.<sup>2, 3</sup>

Fear of radiation exposure is also no exception among medical professionals and their families. In Minamisoma district, the number of staff doctors and nurses in December, 2011, decreased from 120 to 61, and from 1219 to 938, respectively. Because radiation doses measured so far are relatively small in Minamisoma City, more support is needed to increase the number of medical staff for this vulnerable area.

**Stop restart of Nuclear Power Plants! Rise up for our future!**

**March 11**

**Fukushima Anti-NPP Action**



**Location:** [Fukushima Prefectural Education Hall](#)

**Date:** Monday, March 11, 2013

**12:30 p.m. Pre-event**

**1:30 p.m. Rally**

**3:15 p.m. March to the Prefecture Government**

You can find the archive of Doro-Chiba Quake Report: <http://dorchibanewsletter.wordpress.com/>