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First Meeting of States Parties to the Treaty on the Prohibition of Nuclear Weapons

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Policy Proposal for providing support to radiation victims in accordance with the Treaty on the Prohibition of Nuclear Weapons (TPNW)

Working paper submitted by the Research Center for Nuclear Weapons Abolition, Nagasaki University

I. Introduction

1. In view of the historical background of Nagasaki University, once devastated by atomic bombing, the **Research Center for Nuclear Weapons Abolition, Nagasaki University and the Atomic Bomb Disease Institute at Nagasaki University** jointly drafted a proposal to provide a practical contribution toward the first Meeting of States Parties (MSP) for advancing the cause of supporting radiation victims.

II. Executive Summary

2. The following agenda concerning the support for radiation victims will be discussed at the first MSP on the Treaty on the Prohibition of Nuclear Weapons (TPNW):

(a) to devise a support system in time for the next meeting, two working groups will be established, including those tasked with (i) examining medical issues (health care working group) and (ii) solving institutional design and legal issues (institutional support system working group);

(b) The health care working group will be tasked with the following;

- List areas that are potentially damaged by nuclear testing and create and share a database providing an accurate picture of the current situation based on the results of field surveys
- Collect and share information related to support systems for radiation victims in various countries, including Japan
- Formulate international support criteria and guidelines for support policies.

(c) The institutional support system working group will be tasked with the following;

- Establish a permanent coordination system that will facilitate participation between states parties, states not party, international organizations, and civil society.

- Devise diverse fundraising strategies to secure the financial resources needed for victim support.

(d) Both working groups will also be jointly tasked with the following:

- Develop and adopt avenues for technical cooperation to implement national policies for victim support.

- Develop and run human resources training programs for victim support.

III. Contents of Proposal

3. While the TPNW outlines the main goals and directions for policies aimed at victim support, it does not provide detailed or concrete advice on the contents of those policies, nor does it discuss their implementation. In this respect, the TPNW provisions on victim support follow a pattern similar to those found in the Convention on Cluster Munitions (CCM) and the Convention on the Prohibition of the Use, Stockpiling, Production, and Transfer of Anti-Personnel Mines and on their Destruction (also known as the Anti-Personnel Mine Ban Treaty, or simply the MBT). Looking at the status of obligation fulfillments under the CCM and the MBT, the basic frameworks and strategies for developing victim support policies have historically been discussed and formulated during MSP. Similarly, for the TPNW, it is extremely important to determine whether and how the first MSP can concretely contribute to the establishment of a support system. Based on this understanding, it is crucial to aim for a consensus on the following points:

(a) Establish the framework for an international support system;

- From the perspective of realizing a support program that is congruent with the basic goals and directions provided in the treaty, the mission entrusted to the first MSP is crucial. However, due to time constraints, it is unlikely that the discussions will result in substantial progress or a comprehensive policy for victim support. Upon convening, the first MSP should therefore begin with the aim of creating a framework for an international support system that will be tasked with selecting priority issues that emerge during the session and formulating work plans. The first MSP should immediately work to create the framework for an international support system, thus facilitating actual discussions and future strategic implementation.

(b) Promote actual discussions by establishing international cooperation between working groups;

- Even within the limited timeframe dictated by the meeting conditions, this initiative would be a major step toward the concrete development of victim support policies. However, many other issues should also be addressed at the meeting. If we reflect on the actual state of affairs, the first MSP to the TPNW is only an entry point to the discussion. The support system framework suggested above highlights the need to establish working groups that can draft concrete proposals for subsequent discussion. As reflected by current needs, two working groups should be established, including a health care working group, which will examine medical issues (e.g., how to provide adequate medical support based on the status of damage by collecting and analyzing necessary scientific data), and an institutional support system working group, which will tackle institutional design and legal issues related to the implementation of

international victim support policies. These working groups should comprise members from a variety of countries and organizations, including states parties, states not party (participating as observers), experts in relevant fields, and NGOs.

4. The health care working group will be tasked to handle the following:

(a) List areas that are considered to be affected by nuclear testing, provide a clear picture of the current situation, and share the collected information;

• Field studies on nuclear victims after the atomic bombings of Hiroshima and Nagasaki and nuclear reactor accidents at Chornobyl and Fukushima taught us that it is critically important to evaluate exposure doses in victims. In this respect, the result of an epidemiological survey conducted on A-bomb survivors in Hiroshima and Nagasaki can still be regarded as the scientific gold standard for modern investigations into radiation exposure and its health effects.

By contrast, it is more difficult to assess internally incurred exposure from radioactive fallout caused by nuclear accidents, such as those at Chernobyl and Fukushima. Because of this, estimated doses based on location and age at the time of the accident (exposure) were used as indexes in place of individual exposure doses. Since the majority of the radiation exposure observed around nuclear test sites has been through radioactive fallout entering the body, there is a higher risk of internal exposure (as in the case of nuclear reactor accidents) than external exposure; this is a major concern, especially for residents of the surrounding areas.

In all nuclear testing areas, it is difficult to measure radioactive nuclides and exposure doses once a certain amount of time has elapsed since the exposure episode. Regardless, major efforts should be concentrated on developing an estimation system linked to individual exposure doses. Despite the difficulties confronted therein, the establishment of such a system may also be necessary for designing the aforementioned support system. The following preliminary arrangements must be made: (i) list areas where individuals have incurred radiation exposure and provide a clear picture of the current situation (this should include dose surveys, pollution status, and a health survey of residents); (ii) continuously collect and store relevant data and biological materials, which are needed to objectively assess the health effects of nuclear radiation exposure; and (iii) enter all information gathered through these procedures into a database that is shared (under certain conditions) with the concerned countries, international organizations, support groups, and experts.

(b) Conduct case studies on relief policies for A-bomb survivors in Japan, support policies for individuals exposed to radiation in countries with nuclear test sites, and share the collected information;

• In a country such as Japan, which has experienced the effects of nuclear radiation through the atomic bombings of Hiroshima and Nagasaki, there are three main pathways for supporting survivors: developing and implementing a medical examination system, enhancing social welfare, and providing medical assistance. Compensatory and medical support systems have also been established for radiation victims living in areas around nuclear test sites in such countries, including the Republic of Kazakhstan and the Republic of the Marshall Islands.

Each system is constructed against a specific background, reflecting the local environment, relevant modes of exposure, and practical conditions. Thus, it is not feasible to simply apply any of these systems to another area. However, these cases can often be used as reference points by considering their various similarities and differences. For this reason, it is essential to promote information sharing based on data from case studies aimed at supporting policies in countries where individuals have incurred radiation exposure from nuclear testing.

(c) Develop international criteria and guidelines for victim support;

• In a country such as Japan, which has experienced the effects of nuclear radiation through the atomic bombings of Hiroshima and Nagasaki, there are three main pathways for supporting survivors:

There is a need to establish goals and criteria for victim support policies as well as to create implementation guidelines and schedules that can be used in international settings. These elements should be developed based on data from case studies conducted in various countries (including Japan) and the results of basic surveys in designated areas. In doing so, (i) due care should be taken (depending on the actual conditions in designated countries and areas) not to impose excessive burdens on states parties that have committed to providing victim support; concurrently, (ii) vigilant efforts should be made to ensure that effective, efficient, fair, and balanced guidelines allow victims to receive adequate support as quickly as possible.

(d) Select a support approach;

• There are three main ways for the development of victim support policies, namely, the medical examination system approach, the victim-centered approach, and the local healthcare system-building approach.

The medical examination system approach would be designed based on Japan's experience of supporting A-bomb survivors. Since it is well-known that malignancies are long-term health effects of radiation exposure, it is necessary to establish and implement a system of regular medical examinations aimed at the early diagnosis of cancer in individuals whose exposure is thought to have exceeded a certain dose.

The victim-centered approach entails providing support based on both the actual conditions that occur due to certain doses of radiation exposure and the presence of any radiation-induced diseases. In its consideration of the relationship between various exposure doses and diseases, this approach aims to establish exposure dose standards for specific diseases in order to determine the appropriate amount of support for each radiation victim.

The local healthcare system-building approach promotes specific interventions in designated areas where past exposure conditions have not adequately been ascertained. In such cases, it is necessary to determine appropriate support levels and content based on the designated area and local conditions.

Victim support policies that are based on international criteria and guidelines must employ approaches that are suitable for the characteristics of each country and area in which interventions are required. Depending on the case, this may entail either a single or multiple approach(es). These factors are of crucial importance when developing support criteria and implementation guidelines.

5. The institutional support system working group will be tasked to handle the following:

(a) Quickly develop an international cooperation system;

• The World Health Organization (WHO) has established the Radiation Emergency Medical Preparedness and Assistance Network (REMPAN), which is designed to help international health experts share information and advice on diagnosing and treating patients who have been exposed to radiation from nuclear disasters and workplace radiation incidents. Similarly, the International Commission on Radiological Protection (ICRP) has established guidelines for the protection of individuals living in long-term contamination areas (due to nuclear accidents or after radiation emergency situations), as well as guidelines aimed at protecting people and the environment from radiation following large-scale nuclear accidents. However,

there is currently no international cooperation system for supporting the victims of radiation exposure due to nuclear testing or the use of nuclear weapons. In this regard, the implementation of a support system for nuclear explosion victims should take advantage of the vast experience accumulated by the WHO, ICRP, and other relevant organizations, which must be leveraged through widespread international cooperation. This is critical, as many states parties would be burdened by the requirement to provide victim support in the absence of effective international cooperation.

(b) Establish a permanent coordination mechanism (possibly a secretariat) for the participation of states parties, states not party, international organizations, and private sectors;

• The TPNW does not mention a specific system for supporting radiation victims. However, the establishment of an effective and efficient international cooperation system for victim support requires a clear understanding of what each country that implements relevant policies will need. Moreover, this will ensure appropriate coordination between those countries and donors that can supply the necessary resources.

To recruit a wide range of donors and appropriately allocate assistance measures, it is therefore advisable to establish a permanent coordination mechanism to ensure that states parties, states not party, international organizations, and private sectors can actively participate in victim support policies. While it is certainly difficult to establish a new international organization from scratch, the Switzerland-based NGO Geneva International Center for Humanitarian Demining (GICHD)'s role in the implementation of the MBT might be a model. The first step toward fulfilling the obligations of the TPNW is to promote the coordination of international cooperation activities between various countries, international organizations, and private sectors. This point highlights the urgent need to establish an organization such as the GICHD, which can thus, enforce appropriate and adequate support provisions.

(c) Raise funds from a wide range of investors and pool the economic resources needed to implement victim support policies;

• Under the terms of the treaty, any costs related to the implementation of victim support policies should be borne, in the first place, by the countries that provide assistance. However, it is impractical (and inadvisable) to impose heavy burdens on their public finances. We should also avoid situations where potential states parties hold back from ratifying the treaty for financial reasons. There are currently no specific fundraising plans for this purpose. To address this, (i) contributions should be sought from a wide range of donors, including not only states parties, but also relevant international organizations, states not party, and private sources; and (ii) any collected funds should be temporarily pooled while the design and establishment of a system for promoting the efficient management and utilization of financial resources is urgently undertaken.

6.. Both working groups will jointly handle the following:

(a) Medical technology cooperation for the domestic implementation of victim support policies;

• It is important to establish an international cooperation system among relevant parties that can provide support at the requisite medical, technological, and institutional levels, thus delivering prompt assistance to victims residing in all affected states parties. In concrete terms, it is necessary to forge close cooperation among highly skilled professionals who can provide the medical support needed to gain a firm grasp of the realities of radiation exposure and to better understand the types of medical examinations that will be required. The same type of support is

needed to establish a system for improving the administration of medical insurance. To effectively promote this type of cooperation, it is preferable to utilize the coordination mechanism formulated by the institutional support system working group. It is also advisable to establish a worldwide roster from which qualified personnel can be secured to provide consulting services for medical technology support.

(b) Develop the health care personnel needed for victim support;

• While prompt and direct provisions are essential for sustainably supporting radiation victims, it is even more critical to improve radiation-related education and develop qualified personnel in the affected areas. Whatever support approach is adopted, the personnel who conduct interventions must be recruited from the countries in which the victims reside. Training programs should be launched as soon as possible, as it takes considerable time to develop qualified personnel. To accomplish this goal, some key issues must be addressed quickly, including the development of curricula, institutions, and organizations that can provide qualified training, as well as the establishment of an ideal fellowship system. In this regard, Nagasaki University has already collaborated with several universities in Japan and abroad, including Fukushima Medical University and is ready to share our experiences in this field. In the future, this will produce trained experts to manage exposure cases resulting from weapons usage and nuclear disasters alike.

7. You may view and download a complete and comprehensive version of our Policy Proposal from the URL below:

https://www.recna.nagasaki-u.ac.jp/recna/en-topics/40291