Activities at the Atomic Bomb Survivors Health Care Commission

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The Hibakusha Health Care Commission is a commission which officially runs as a subcommittee for the Examination Committee of Certification of Sickness and Disability, which itself is a commission in the Ministry of Health, Labor and Welfare (MHLW) of Japan. This subcommittee is constituted by law to support A-bomb survivors called Hibakusha. The subcommittee is a consultative committee to the MHLW with a mandate to examine applications for the special medical care allowance submitted by Hibakusha.

In order to approve an application, the following issues have to be clarified:

1) The claimed diseases or injuries should have been caused by A-bomb radiation
2) The condition needs to be treated, and when (1) (2) are not applicable,
3) The curability of the condition should have been affected by the A-bomb radiation.

The judgment of the sub-committee is reported to Minister (MHLW), who authorizes the allowance. When the special medical allowance is authorized, the Hibakusha receives a monthly support of approximately USD 1,260 for a period of 3 years, when health condition is reevaluated.

The subcommittee consists of a maximum number of 20 specialist members. At present there are 16 MDs from various specialties, an epidemiologist and a specialist in health physics. The subcommittee members meet once in a month in a closed session from 9:00 am to 5:00 pm to review and examine around 40-70 new applications and an additional 10-20 number of appeals against non-approval. The guidelines for discussion are decided in the subcommittee open to the public. The present guidelines were revised on May 25, 2005.

The Japanese word Hibakusha literally means a survivor of atomic-bombings in Hiroshima or Nagasaki. Officially, those who posses the Hibakusha health care certificate are regarded as Hibakusha. The certificate is issued by the local governments after examining the submitted application for Hibakusha. By issuing the certificate, the government approves the following conditions for the individuals who

1)Were present and directly exposed in the cities of Hiroshima or Nagasaki or officially designated vicinities of those cities at the time of bombing. We call these individuals “directly exposed.”
2) Entered within 2 kilometers of the hypocenter and designated areas within two weeks after the bombings (by August 20 in Hiroshima and August 23 in Nagasaki) for aid and medical care of the victims or to look for relatives and friends.
3) Were in other situations that may have caused radiation health effects. This group of Hibakusha includes those who were engaged in the disposal of corpses and support of the victims.
4) Were unborn babies of pregnant mothers; these are also applicable to the definition of Hibakusha.

Hibakusha are eligible to receive health checkups for general, cancer or other specific medical examinations for a maximum of twice annually, and medical benefits to receive health care under the national insurance system when they need medical care at home or a hospital. At such cases, the 30% co-payment is exempted. Also there are various allowances such as the special medical allowance which may be applicable.

The application should include the applicant's description of the situation of A-bomb exposure, age, distance from the hypocenter, shielding conditions, disease conditions accompanied by the opinions of the physicians in charge. The related medical examination records including the pathological records have to be attached to the application (Table 1).

Table 1. Approval process of special medical allowance

<table>
<thead>
<tr>
<th>1. Submission of application by HIBAKUSHA to Minister of MHLW through local governments</th>
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<tbody>
<tr>
<td>2. Application includes:</td>
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<tr>
<td>· Situatiion of A-bomb exposure</td>
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<td>· Age, distance from hypocenter, shielding conditions</td>
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<tr>
<td>· Disease conditions</td>
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<tr>
<td>· Opinions of attending physicians</td>
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<td>· Related medical examination data</td>
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</tbody>
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The MHLW provides authorization when injury or disease is caused by A-bomb radiation or residual activity and the condition needs to be treated medically. When neither is applicable, the curability of the condition is judged to have been affected by the A-bomb radiation. The MHLW consults with the subcommittee before its authorization (Table 2).

In cases of cancer, probabilities of causation calculated for each type of cancer are used as an indication for the decision if the disease condition is attributable to A-bomb radiation. The subcommittee uses the probability of causation (PC) of cancer as an indicator for the discussion. Probabilities of causation are calculated on the basis of epidemiological studies of A-bomb survivors by RERF. 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. If the probability of causation is over 50%, the applied disease condition is regarded as attributable to A-bomb radiation with certain likelihood. If it is less than 10%, it is unlikely that the disease condition is caused by A-bomb radiation. 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. 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. The threshold for radiation induced cataract is regarded as 1.75 Sv with a range of 1.31 to 2.21 Sv.

The exposure radiation dose estimate is also a very important task to be done. The initial external dose is estimated by the distance from the hypocenter on the basis of DS86. The exposure caused by residual radiation is estimated by the matrix of distance from the hypocenter and the time elapsed after bombing ranging from 1 hour to 72 hours. If an applicant claims to have been in specific places in Hiroshima or Nagasaki, a certain dose is assigned as the "fallout dose." The necessity of treatment is also judged by the individual disease conditions.

The legislation issue also needs to be discussed. In 1957 the law concerning medical care of A-bomb survivors (Hibakusha) was enforced, which covered the medical check up, and medical benefits provided by the government. In 1968 the law of special measures to support A-bomb survivors was issued covering the special medical allowance, etc. In 1995 the two laws were combined to form the present law to support A-bomb survivors. The present law is based on the recommendations made by the advisory panel who discussed the fundamental problems in dealing with Hibakusha.

The essence of the recommendations as the basic philosophy or principle (Table 3) is that health hazards for A-bomb survivors represent a special sacrifice different from general damage received during the war. Therefore a certain degree of compensation by Japanese government is feasible. The basic attitude is that priority should be put on support for those who really need health care. At the same time inequity with general war victims must be avoided, and also it was recommended that further studies on health and hereditary effects of radiation are needed.

The special medical care allowance that Hibakusha are eligible to receive (Table 4) is about USD 1,260 per month for a period of three years after which the condition must be reevaluated. If the condition has improved, then the special allowance is reduced to about USD 460 per month. Other allowances include the A-bomb microcephaly

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**Table 2. Approval process of special medical allowance**

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

**Table 3. Report of advisory panel in 1980 on fundamental problems dealing with Hibakusha**

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
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
Table 4. Various allowances

<table>
<thead>
<tr>
<th>Items</th>
<th>Approximate amount of money in USD per month</th>
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<tbody>
<tr>
<td>1. Special medical care allowance</td>
<td>1,260</td>
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<tr>
<td>2. Special allowance</td>
<td>460</td>
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<tr>
<td>3. A-bomb microcephaly allowance</td>
<td>430</td>
</tr>
<tr>
<td>4. Health management allowance</td>
<td>300</td>
</tr>
<tr>
<td>5. Health allowance</td>
<td>150 or 300</td>
</tr>
<tr>
<td>6. Nursing care allowance</td>
<td>650 or 980</td>
</tr>
<tr>
<td>7. Funeral fees provided to the bereaved</td>
<td>1,700</td>
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</tbody>
</table>

allowance which is about USD 430 per month, and the health management allowance which is about USD 300 per month. The latter is received by Hibakusha who are affected by any of the 11 diseases including hematological, hepatic and cardiovascular diseases and so on, excluding diseases clearly not caused by A-bomb radiation.

Hibakusha who were within 2 kilometers of the hypocenter receive a basic health allowance which is doubled when there is suffering from a disease. If a Hibakusha passes away, the bereaved family receives a funeral support fee of about USD 1,700.

Difficulties remain in the cases of non-cancer diseases, judgment of the necessity to receive treatment, adoption of newly developed scientific knowledge and the timing of guideline revisions based on such new knowledge, precise dose estimates based on the actions taken by an applicant 60 years ago, handling of Hibakusha who live outside Japan, ever-lasting dissatisfaction among those whose application is declined, and so on.