Kitaku Nanmin, Returning Refugees: Fukushima Daiichi response and the Ethics and Aesthetics of Biomedical Citizenship in Japan

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Rushed footprints "now frozen in the [fortified] mud" hauntingly expose the evacuees' stamp imprinted sharply—yet delicately—against the paved, sludge road immortalizing the disaster that hit the Tohoku region of Japan on 11 March 2011 at 14:46 JST (Guttenfelder, "Japan's Nuclear Refugee" for *National Geographic Magazine*)[1]. David Gunttenfelder, Associated Press Chief Photographer (Asia), documented a photo narrative of the subsequent events following the double disaster—that is, the earthquake and the tsunami that severely damaged the Fukushima Daiichi nuclear plant causing not only a widespread radioactive contamination of the Japanese mainland amidst the nuclear meltdown crisis, but also massive confusion and chaos in the surrounding island region. Guttenfelder's visual record of the aesthetics of destruction reveal the devastation of the abandoned town of Namie and the toxic severity, which is not immediate to the naked eye.

However, there is also a third dimension to the already stated environmental tragedies: the triggering of substantial human geographical displacement. The displacement caused by the tsunami and by the nuclear accident had many "dissimilar" qualities (Hasegawa 5). In particular, the different causes—one that is a *natural* disaster, while the other is an *industrial (or man-made) disaster*—strategically induced (1) *the evacuation process*, (2) *the prospects of return*, and (3) *the related socio-cultural impacts*. The magnitude 9.0 earthquake that struck off the Pacific coast in northeastern Honshu, the main island of Japan, was described as the "worst crisis Japan had to face since the Second World War" according to then Japanese Prime Minister, Naoto Kan (Hasegawa 15). As reported by the National Police Agency, "15,871 people lost their lives, with 2,778 people missing (or

feared dead) and 6,114 people injured…[with] Nearly 400,000 houses…
either severely damaged or completely destroyed." (Hasegawa 15). Fur-
thermore, the Cabinet Office estimates the direct financial damage from
the disaster at approximately 16.7 trillion yen (or $169 billion). Initially,
the tsunami and the nuclear accident caused a total of 386,739[2] people to
be displaced. As of March 2012, recent numbers indicate the number was
still as high as 344,290[3], which suggests that most of the evacuees (or so-
called "nuclear refugees" or "environmental refugees") had not yet returned
to their home or resettled in permanent shelters. Thus, the number of
evacuees who left "on account of the earthquake and tsunami alone can be
estimated at around 170,000 people" (Hasegawa 15). More importantly,
half of the evacuees who were displaced following the Daiichi nuclear inci-
dent originate from the Fukushima Prefecture.

      Indeed, the triple disasters represent the greatest challenge of not
only institutionally dealing with the residential and infrastructural land-
scape of the Tohoku region, but also ways in which to effectively aid the
evacuees who resorted to the nuclear zones of 'exclusion'. More broadly,
I situate the notions of biomedical citizenship in the Fukushima Daiichi di-
saster context within the values and mores of *planetary humanism* as well as
the spatial dimension of risk in critical theory and *ecoambiguity* (Thornber
2012). How does it redefine environment refugees or nuclear refugees?
How do refugees of environmental disasters establish relations with each
other? How does the aesthetics dimension and ethics dimension justify a
sense of utter loss that question into planetary humanism? How can Japa-
nese citizens feel assured that private interests will be adequately regulated
to prevent a similar situation in future? In this paper, I am particularly
concerned with the reports that survivors are being stigmatized for not
returning home, while others have stayed behind in the periphery of the
nuclear zones of exclusion—that is, a form of zone of social abandonment.
I also assess the social costs, consequences, and cultural pressures of the
internally displaced Japanese citizens as well as ways in which to address
(1) *perceptions of disaster risk management and vulnerability*, (2) *the ethics and*

1. Source: Guntterfelder, David. "Japan's Nuclear Refugee." http://ngm.nationalgeographic.com/2011/12/
japan-nuclear-zone/craft-text.
2. Source: Cabinet Office (http://www.cao.go.jp/shien/1- hisaisha/pdf/5-hikaku.pdf).
3. Source: Reconstruction Agency (http://www.recon- struction.go.jp/ topics/ 120413hinansya.pdf).

aesthetics of biomedical citizenship, (3) *prospect of returning and resettling*, and (4) *democratic ways to deal with the social containment of disaster*.

Ethical Perceptions of Risk Management Versus Vulnerability

Japan is no stranger to responding to and being prone to natural catastrophes, especially considering the high perceptions of tsunami and earthquake risks. The evacuation from the tsunami can be characterized as *an evacuation with warning, preparation and knowledge* (Hasegawa 5). In fact, the affected coastal cities of the Tohoku region have been preparing for a "99 [percent] probability" of comparable risks for the next thirty years (Hasegawa 17). A tsunami alert was immediately issued and the population knew how and where to evacuate. Japan's geological and cultural geographical conditions—both visible and invisible— has allowed for the capacities to develop an advanced system of disaster prevention and coping mechanisms against earthquakes and tsunamis. The affected communities of Tohoku region were particularly aware of the risk; the lessons from such experiences "had been passed down by the older generations" (Hasegawa 5). Thus, the communities had prepared themselves by building high breakwaters along the coastal cities as well as clearly identifying expected flood zones with hazardous capacities with regular conduction of disaster drills.

Notwithstanding its promptness, the tsunami alert lacked in light of the actual threat. "[A]s early as three minutes after the earthquake", tsunami alert was issued advising the local population to evacuate and the disaster prevention system was accordingly initiated correctly (Hasegawa 6). The location of the emergency evacuation points and the shortcoming of "hazard maps" designs assert an inadequate ability for the residents to adapt to the (Hasegawa 18). It is commonly assumed that local knowledge and experience of the older generation are a key factor in reducing the population's vulnerability in the face of disasters. Yet in the case of the Fukushima Daiichi disaster, "previous experience proved to be the key factor in creating their vulnerability." (Hasegawa 17).

Precisely, this presumptive reassurance of the severity of the threat proved wrong for some residents who thought that the "breakwater was high enough to stop the tsunami decided to stay on the second floor of their house rather than evacuate to higher ground…" (Hasegawa 17). The

"tsunami anecdotes" from the older generations embedded in the minds of the local populace misled people to surprise with the arrival of the actual and underestimated tsunami triggered by the massive earthquake in spite of the evacuation protocol that was organized in "total chaos" (Hasegawa 18). In fact, the affected municipalities were not officially informed about the evacuation order issued by the Japanese government at the time of the disaster, and therefore, had no choice but to improvise an evacuation on their own.

In one tragic account, schoolteachers of Okawa primary school in Ishinomaki City decided to take the children to the emergency evacuation point located on the riverbank instead of climbing the hill juxtaposed to the school, because it was the evacuation point designated in the contingency manual. As a result of this unfortunate decision, "70 [percent] of the school children and teachers lost their lives when the tsunami travelled up the river (Hasegawa 18). Survivors of Ishinomaki City, which had the highest death toll of 3,471[4] of all the affected towns, "accuse the shortcomings of the municipality's disaster preparation as a main cause of this high fatality rate" (Hasegawa 18). One of their accusations targets the location of emergency evacuation points. These intended gathering points, in the case of fires or earthquakes, were generally designated at schools, public parks, fields, and public buildings proximate to flat grounds and riverbanks. As a result, many inhabitants gathered at these emergency points instead of taking refuge on higher ground, quite simply because these places were regularly used during disaster drills as the first assembly points.

Alexandre Magnan argues that "in the context of adaptive capacity to climate change", societies regularly exposed to natural hazards experience of risk may "confer" a certain ability to respond to a changing climate and to integrate its consequences (2010: 8). Yet in the case of the Fukushima Daiichi disaster, the fixed notion of a feeling of "reassurance with respect" to the perception of risk made some of the inhabitants more vulnerable (Hasegawa 19). Hence, in the face of an extreme disaster that exceeded all assumptions in terms of its degree, it also produced the "reverse effect" by creating false assumptions as to the level and realized

4. Source: Miyagi Prefectural Government (http://www. pref.miyagi.jp/kikitaisaku/higasinihondaisinsai/pdf/09071600.pdf).

perception of risk (Hasegawa 19).

These circumstantial instances indicate that the evacuation points were not necessarily "adapted to tsunami disasters" and that the residents were "not adequately informed or trained" for tsunami evacuations in the coastal cities (Hasegawa 18). The residents were thus forced to flee in a situation where no information on the severity of the tsunami accident or radiation risk was not envisaged—let alone employed—before the disaster. In both cases, the risk perception prior to the disaster developed a significant role in determining the vulnerability of the inhabitants at the time of the crisis.

Aesthetics and Ethics of Planetary Humanism, (Biomedical) Citizenship, and "Nuclear" Zone of Social Abandonment

Gayatri Chakravarty Spivak posits the underlying ethos of *planetary humanism* and *planetary consciousness* as: "To be human is to be intended toward the other…If we imagine ourselves as planetary subjects rather than global agents, planetary creatures rather than global entities, alterity remains underived from us; it is not our dialectical negation, it contains us as much as it flings us away." (2003: 73). Spivak genuinely challenges the critical task to respect the "dignity" and "worth" of all persons so as to function in a planetary root of commonality (Kurtz 35). Winfried Fluck's concern for the aesthetic practice that is not separate from the ethical dimension, compliment each other—that is: ethics is a form of aesthetics, and aesthetics is a form of ethics. Or put simply: the aesthetic is infused with ethics (or vice versa) that create a condition of possibility of life in a built and natural environment. In certain aspects, the "aesthetic attitude" mirrors the ethical dimensions (or universal) of planetary humanism in a post-colonial age as a potential transformative condition (Fluck 88). These two approaches are imperative, exceptionally in the case of the Fukushima Daiichi disaster and Japan's rhetoric of public health discourse and medical response to those excluded to the nuclear zones.

The notion of a zone of social abandonment, according to Marrow and Luhrmann (2012), is a life in which the "fundamental goods of a social life do no exist" (495). In João Biehl's ethnographical and social epidemiological account of Brazil's public and private response to AIDS policy of

free and universal distribution of antiretroviral therapy (ARV), the author reveals the judicialization and pharmaceuticalization of the right to live.[5] This specified model was associated with a form of healthcare delivery that was "pharmaceutically mediated" as a result of a change in the concept of public health form clinical care and prevention to *medicamentation* (Biehl 113). The phenomenon of medicamentation, defined by Mbongue et al. (2005), is "the use of drugs for social problems previously not requiring drug utilization" (309). Thus the aesthetic involvement of different social actors (e.g. patients, physicians, pharmaceutical industries, etc.) enables the activity of medicamentation as a means to ethically obtain the remedies for medical problems. It is a primary example of the way in which markets can be innovated for human needs. Yet, the program obscures and mediates itself as a bio-political exploitation with the emergence of "selective forms of biomedical citizenship" (Biehl 114).

Similarly, the nuclear refugees—as the abandonment of the impoverished population—explicate a "moral indifference" in which the "apparent invisibility…and paradoxical coexistence with the national" program locally structures the nuclear refugee sufferer, who finally had access to treatment, yet were left with public health concerns such as hygiene problems and privacy issues (Biehl 118). Borrowing from this example of a zone of social abandonment that is powerfully illustrated by Biehl in Cassah[6], the zone of social abandonment in the Fukushima Daiichi disaster can likewise be designated as a *nuclear zone of social abandonment*.

The nuclear zones of social abandonment (or exclusion) can also be conceptualized as a form of *biocommunity* in which the nuclear refugees are a "selective group of poor and marginal…have access to novel social an biomedical inclusion" (Biehl 122). This form of biomedical citizenship is articulated through "disciplinary practices of self-care, and monitored biomedical treatment… extending life, of being medically treated, and of surviving economically as a diseased but cost-effective citizen." (Biehl 122). The fundamental bio-political paradigm emerged in positions where other forms of citizenship could not confidently secure the very entity of being.

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5. See also Biehl, João Guilherme. "The activist state" Global pharmaceuticals, AIDS and citizenship in Brazil." Social Text, 22(3), (2004): 105-132.

6. See also Biehl (2004), p.120.

Yet, the reality of the operationalization of medical dispensation in the associated evacuation zones have the considerable task to resolve acute radiation sickness and increased long-term cancer risks. There is really no safe level of radiation. The nuclear evacuees informed about the risk of radiation exposure or instructed on how to protect themselves against radioactivity during their flight. The central government later admitted that it had had such information from the outset, but did not disclose it to the public in order to "avoid panic among the population"[7]. The Fukushima Prefecture—divided by mountain ranges into three regions (from west to east): Aizu, Nakadori, and Hamadori had a population of approximately 2 million. As of July 2011, the number drastically decreased to 35. 776 outside the prefecture refuge (Irisawa 6). The current situation of in the Fukushima Prefecture is pronounced as a "shrinkage situation"; whereby, the population escaped radiation exposure (Irisawa 6). Children wore "long sleeves and masks in hot weather and have been limited in terms of outside playing" and parents have considered temporary refuge during the summer to "decrease the cumulative radiation dose"; nevertheless, those who stay in Fukushima face numerous difficulties such as exposure to radiation…" (Isawara 6). Soon after the nuclear plant disaster, the Japanese government issued instructions that people within a 20 kilometers zone around the Daiichi Nuclear Plant must leave; they urged that those living between 20 kilometers and 30 kilometers from the site to stay indoors. Today, many refugees cannot return to their homes.

The Aizu region, the agricultural center of the prefecture, includes Aizu General Hospital. The Aizu medical staff at the facility fell into the same confusion as the nuclear evacuees on ways to treat the radioactive contaminated. The medical staff was "afraid of the radioactive substances that adhered to the people"; however, radiation screen was deemed necessary (Isawara 5). Although nuclear evacuees received radiation measurements that extended outside of the hospital[8], they received a *Certificate of no radioactive contamination* so as to make a "decontamination" measure—as a form of medicamentation—for cases of external exposure (Irisawa 6). The certificate allowed residents—who were previously restricted from access to "hotels, taxis and medical examinations at some clinics"— to enter the public domains as a form of permit. Irisawa (2012) notes, "this policy was discriminatory. However, most people had no accurate knowl-

edge related to radioactive contamination." (5). Although the aesthetical certificate issued allowed the nuclear evacuees to access the public sphere, can the ethical exclusionary means of discriminatory behavior from a medical perspective be justified?

One survivor, Miki Nakamura, reports her mistrust in the Japanese authorities, noting that the "The Fukushima disaster is not just an economic problem, but a problem of our children's future…Our kids have the right to safety and to a good and long, peaceful life. These are not 'poor kids.' They have a future. The most important part of reconstruction after the accident is the restoration of people's trust and sense of security."[9] Many survivors have similar sentiments that has "generated cracks in what we might call the 'social containment vessels' around nuclear energy" in which the comprehensively systematic discourses and scientific assumptions assure the population that nuclear reactors are "safe neighbors" (Gusterson 4). However, the notion of a "safe" nuclear technology is far from one.

In another account, Guntterfelder (2011) captures residents of Namie in white protective masks and suits who are bused to the zone on "rare occasions to retrieve valuables and check on their homes…The trips are brief—roughly two to three hours—to minimize radiation exposure."[10] As a result, many residents crammed into shelters with minimal essentials (e.g. food, clothing, toiletries, etc.). The explosion on 15 March 2011 sent them fleeing farther west to Nihonmatsu. The mayor's aide in Namie, Naka Shimizu, states: "We weren't forgotten…We were ignored." (Guntterfelder 2012). Most of the former residents of the exclusion zone are still waiting for proper compensation to be negotiated with the government and TEPCO, the operator of the Fukushima Daiichi plant. Many nuclear evacuees are insulated in temporary accommodations. The stigma of being seen as "assisted persons" by the wider community only adds to their despair.[11] Seig and Hamada (2011) report that the Japanese

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7. Asahi Shimbun Special Reporting Unit, 2012: p.76; Joint Government/TEPCO Press Conference held on 2 May 2011 (http://www.cas.go.jp/jp/genpatsujiko/pdf/ godokaiken_110502.pdf).
8. See Figure 6a, Irisawa (2012).
9. Source: http://somatosphere.net/2013/03/fukushima-is-not-chernobyl-dont-be-so-sure.html#_ftnref
10. http://ngm.nationalgeographic.com/2011/12/japan-nuclear-zone/craft-text
11. Source: http://photoblog.nbcnews.com/_news/2013/03/07/17210527-nuclear-refugees-visit-their-home-near-stricken-fukushima-plant?lite

Government may be considering a $13 billion or up to $27 billion bailout for the Tokyo Electric Company, to help repair the Fukushima assets. This would effectively "nationalize the energy giant…but more funding is likely to be sought from banks and private industry."[12] In spite of these private investments deemed necessary so as to rebuild TEPCO's infrastructure, the proposal does not sufficiently address the daily struggles of the nearly 70,000 (and counting) nuclear evacuees who remain displaced, unemployed or underemployed. With the evacuee resettlement plan at a standstill, the reconstruction of socio-economic activities for the region is delayed. Under these environments, the frustration of a delayed reconstruction urged the younger generation to leave the prefecture to larger cities in order to rebuild their own lives. It should be noted that prior to the Daiichi nuclear disaster, the Tohoku region was already a marginalized region in which with the "chronic problems" of a dwindling economy and an aging population (Hasegawa 7). Consequently, the nuclear evacuees' *habitus* (or socialized norms) is distorted and disposed. It culturally and symbolically creates a living situation in which new socio-cultural processes shift the nuclear evacuees' social condition in the zones as not fixed or permanent but rather re-legitimized as a mode of functionality (Bourdieu 1993).

Thus, the human value that the nuclear refugees embrace is reduced to callous exclusion. In effect, the "fragmented and stratified concept" of biological citizenship in Japan's current structural reformations consolidates forms of biosocial inclusion and exclusion in which "the diseased biology of these abandoned is not simply an embodiment of marginalization and exclusion to be policed, but also a technical means of inclusion…into a sophisticated form of…control" and social containment (Biehl 123). The patients are deprived of any mark of citizenship in which the limits of health delivery infrastructure and space are stripped away.

Conclusion: Prospect of Returning and Resettlement

Kitaku Nanmin means "Returning Refugees" in Japanese. The phrase topped as one of Japan's most utilized "buzzwords" in 2011, according to *Japan Times*[13]. Two years after the disaster, the implications of resettlement for the tsunami evacuees are a key priority in the affected communities.

The displacement caused by the tsunami and the subsequent displacement as a result of the nuclear accident put the nuclear refugees in a moral and ethical predicament. The question of returning has become a "highly politicized issue as the authorities have encouraged evacuees to return", while the evacuees themselves remain concerned about the radioactive contamination (Hasegawa 6). In March 2012, the government proposed a plan to restructure the evacuation zone according to radiation dosage levels with negligible consultation with the affected municipalities or nuclear evacuees. This caused a division among the displaced communities "between those who wished to return and those who hesitated to do so" (Hasegawa 7).

As the return is regarded as a symbol of "community survival and resilience", those who are reluctant, often from fear of radiation effects, are considered "selfish and disloyal" towards other community members (Hasegawa 7). Similarly, the concern of evacuation is isolating communities affected by the radiation. In these communities, the authorities are emphasizing that it is "safe to live in the area despite significantly high radiation levels" (Hasegawa 6). In this context, those who voluntarily evacuated by their own means, so-called *self-evacuees*, are regarded as "cowardly, selfish or disloyal" towards their respective communities (Hasegawa 7). Thus, the ethical dilemma of not following the policy set-forth by the Japanese authorities complicates the personal wishes of the nuclear evacuee.

Moreover, the values of urban environmental ethics also need to take consideration the value of discussing environmental crisis as not merely politicized, but rather on a planetary ground; thereby, disclosing the ethical discrepancies in human ecological attitudes (or aesthetics), behaviors, and knowledge vis–à–vis in non-human environments. The *ecoambiguity* that is created as a result of the Fukushima Daiichi disaster conflicts with the beliefs, perceptions, and emotions towards the rhetoric of the environmental scape (Thornber 26). Thus in a sense, the nuclear refugees/evacuees can be considered environmental refugees because of the decontamination in the exclusion zones is proving futile. Efforts to clean up

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12. Source: http://www.reuters.com/article/2011/12/08/us-tepco-idUSTRE7B70CP20111208
13. Source: http://www.japantimes.co.jp/news/2011/12/03/national/nadeshiko-buzzword-of-year-311-terms-next/#.UhpBHWTXi3M

highly contaminated areas are failing because "melting snow and rainwater run off the contaminated hills and return to [re-contaminate] homes and land (Hasegawa 8). This results in a failed revitalization of vital agricultural crops.

Sociotechnical disasters evoke the horror of not only realizing the chaos and human suffering visible, but also problematizing the shocking disentanglements of creating constructive knowledge amidst the failure to act on communication and available knowledge. The nuclear zones of social abandonment, as chronicled by Guttenfelder, preserve a planetary consciousness that goes beyond the geographical characteristics of the Tohoku region. Inasmuch it is recognition of the specificity of aesthetics, it is also an ethical obligation that exceeds the biopolitics of exclusion and the recognition of a refugee/evacuee identity. Grassroots organizations ought to strive to promote bio-political mobilization that demand making visible the reversible exclusionary effects on the ailing politicized and social bodies. Treating refugees—in any context—requires a critical force to contest dominant forms of biopolitics and biopower so as to not foster normalization, not produce dichotomies, and fracture the tension between modes of governance and (medical) control of the population.

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