

Overview 2

Fifty Years of Minamata Disease, Origin of Japan's Environmental Problems

2006 is the 50th year since the government officially acknowledged Minamata disease.

In affected areas, various stakeholders are working on relief activities for victims and regional revitalization programs, but a lot of people are still applying for official certification as Minamata disease victims in accordance with the “Law concerning Compensation and Prevention of Pollution-related Health Damages” (LCPPHD) or filing lawsuits for damage compensation. In this sense, Minamata disease is an ongoing problem.

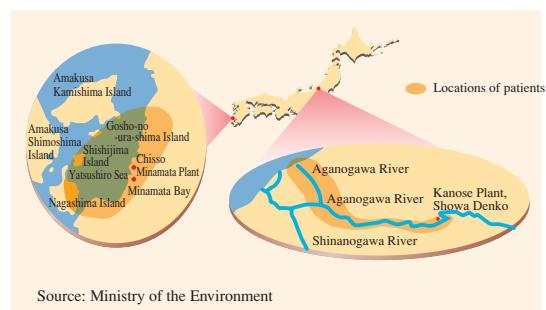
Taking the opportunity of the 50th year since Minamata disease occurred; this section describes the historical background and the current situation of Minamata disease so that we will think again what kind of policy actions are necessary to prevent a problem like Minamata disease occurring again.

Section 1. What is Minamata Disease?

Minamata disease is a toxic nervous disease caused by eating seafood contaminated with methyl mercury compounds discharged from the Minamata plant (in Kumamoto Prefecture) of Shin-Nippon Chisso Hiryo K.K. (subsequently renamed “Chisso Corporation” at a later date) or the Showa Denko K.K. plant in Kanose Town, Niigata Prefecture.

Its major symptoms include sensory disturbance, ataxia, concentric constriction of the visual field, and auditory disorders. If a mother is highly exposed to methyl mercury during pregnancy, her baby might suffer from fetal Minamata disease, which is clinically different from the adult condition.

Location of Minamata Disease Patients



Section 2. Emergence and Expansion of Minamata Disease

On May 1, 1956, the Minamata Public Health Center was informed that a patient in the Tsukiura district of Minamata City had been hospitalized due to a brain disorder of unknown cause. This was when the government officially acknowledged Minamata disease for the first time.

After that, Kumamoto University and some other institutes started projects to identify the root cause of Minamata disease, but it was impossible to immediately identify the causal substance and the responsible company due to conflicts of opinions between scientists and the company.

At the end of 1959, Chisso installed coagulation sedimentation equipment and signed an agreement with victims to make consolation payments. (The mass media reported that the equipment would purify wastewater, but it was not designed to remove mercury, failing to remove water-soluble methyl mercury compounds.) As a result, disputes surrounding Minamata disease in the Minamata area calmed down, without a call for clear social responsibility.

On May 31, 1965, the Sanitation Department of Niigata Prefecture was also informed of a patient who was suspected of having organic mercury poisoning. On September 26, 1968, the Ministry of Health and Welfare and Science and Technology Agency publicly announced the government’s collective opinion on the causal substance and companies responsible for Minamata disease that occurred in Kumamoto and Niigata Prefectures.

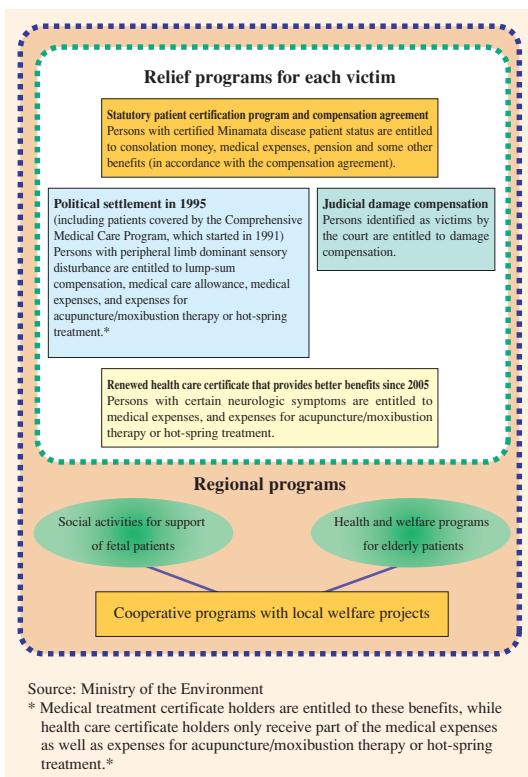
The harm inflicted by Minamata disease increased in Japan's era of high economic growth. At that time, Chisso produced acetaldehyde, a material used for plastics and other plasticizers, and Chisso's production of acetaldehyde was the largest in Japan. In addition, Chisso Minamata plant played an important role in the local economy with regard to job opportunities and tax revenue.

In around November 1959, the government should have recognized (even though it could not conclude with certainty) that Chisso was highly likely to be discharging organomercury compounds, the causal substance of Minamata disease. However, the government failed to prevent the incidence of Minamata disease from increasing. This was probably because policymakers at that time were worried about the possible negative impacts on Minamata's local economy and Japan's high economic growth. Due to the social conditions at the time, the government failed to prevent harmful impacts on human health from increasing because it did not take strict measures against the responsible companies for a long time. This historical background still provides valuable lessons today, because it shows how important it is to take countermeasures quickly as well as how preventive countermeasures should be taken even when there is scientific uncertainty over the cause of the problem.

Section 3. Remedies for the Harm Caused by Minamata Disease

The following relief programs are applicable to Minamata disease victims.

Outline of Relief Programs for Minamata Disease Victims



entitled to receive the medical treatment certificate, but they are able to receive a health care treatment certificate and some medical expenses as long as they suffer certain neurological symptoms.

3) Judicial Damage Compensation

After the August 1985 high court judgment on the 2nd Kumamoto Minamata disease lawsuit and the 1995 political settlement, there was only one dispute unsettled: the Minamata disease Kansai lawsuit. According to the October 2004 Supreme Court judgment on this lawsuit, the victims without certified victim status in accordance with the LCPPHD are entitled to damage compensation based on different criteria from the requirements stated in the LCPPHD.

4) Future Minamata Disease Countermeasures

When the Supreme Court delivered its judgment on the Minamata disease Kansai lawsuit on October 15, 2004, the Minister of the Environment released her statement, saying "We really feel sorry because we failed to prevent damage increasing....I would

like to express my sincere apologies to a lot of people who have suffered significant pain beyond all description for a long time.”

Taking the opportunity of the 50th year since the government officially acknowledged Minamata disease, and taking into consideration the 1995 political settlement, and the supreme court judgment, the government officially announced “Future Minamata disease countermeasures” in April 2005 to grant the full amount of medical expenses self-pay portion to health care certificate holders. In October 2005, the government re-started accepting application forms for a health care certificate, which would provide better benefits than in the past. In addition, the government intends to start new regional programs in FY2006, such as supporting social activities for fetal patients.

To provide better conditions in the future so that Minamata disease victims are able to lead their lives without any concerns in their local community, it is necessary to expand relevant medical programs and proceed with cooperative programs with local welfare projects.

Section 4. Projects for Addressing Environmental Pollution

As a countermeasure against polluted sediments, Chisso, the central government, and Kumamoto Prefecture paid the costs from 1977 to 1990 of dredging and reclaiming a portion of Minamata Bay in Kumamoto Prefecture where the concentration of mercury in the sediments exceeded the removal standard value (mercury: 25ppm). In Niigata Prefecture, in 1976, Showa Denko paid the costs of dredging mercury-containing sediments from locations near the factory wastewater channels where the concentration of mercury exceeded the removal standard value.

In Minamata Bay and the Aganogawa River, water quality, sediments, and fish have been monitored on a regular basis. Surveys conducted by Kumamoto and Niigata Prefectures in FY2005 have revealed that Minamata Bay and the Aganogawa River had satisfactory stay in good water quality like in the preceding year.

It is important to continue regular monitoring of water quality, sediments, and fish in these locations. With regard to Minamata Bay, it is also important to conduct appropriate safety control measures, such as inspection of reclaimed land.



Reclaimed land in Minamata Bay Photo: courtesy of Minamata Disease Municipal Museum

Section 5. Toward Revitalizing Local Communities and Transferring Valuable Lessons

Minamata disease, which marked the origin for Japan’s environmental problems, has posed health problems for every victim and resulted from environmental pollution. In addition, it has had a range of negative impacts, with discrimination against victims and conflicts among residents that have disrupted local communities. Because of this, local government in particular started “*Moyai-naoshi*”* programs to revitalize local communities. They are also working on disseminating information on their experiences dealing with Minamata disease.

As 2006 is the 50th year since the government officially acknowledged Minamata disease, the national government, relevant local governments, Minamata-disease-related organizations, and local residents worked together to establish the “Executive Committee for the 50th Year Minamata Disease Programs” and agreed to work jointly on the 50th Year Minamata Disease Programs, such as holding a symposium to pass on valuable lessons to future generations.

At its 164th ordinary session, taking the opportunity of the 50th year since the official acknowledgement of Minamata disease, both at the House of Representatives and the House of Councillors of the Japanese Diet passed the “Resolution to Solemnly Undertake not to Repeat Miserable Pollution.” On April 28, 2006, the Prime Minister delivered his “Statement on the 50th Year since the Official Acknowledgement of Minamata Disease.”

* *Moyai-naoshi*: “*Moyai*” is a Japanese term that originally meant tying up ships or joint efforts, while “*Naoshi*” means repair work. Policymakers in Minamata named this project “*Moyai-naoshi*” because they intend to come to grips with Minamata disease, carry out discussions and work together in Minamata where human relationships and relationship between nature and human beings were once destroyed.

By working with local governments and relevant organizations, the national government has been providing remedies for health damage, revitalizing local communities, and disseminating relevant information adopting a trial-and-error approach. Fifty years have already passed since the official acknowledgement of Minamata disease, but a lot of problems remain unsolved because many victims are still applying for the certified victim's status in accordance with LCPPHD or filing lawsuits to seek damage compensation. The government is aiming at providing appropriate medical services combined with local welfare programs appropriate for Minamata disease victims who are getting older so that they can live their lives without any worries. In addition, from the viewpoint of environmental conservation and local "*Moyai-naoshi*," the government will push ahead with truly necessary and effective policy actions. To prevent problems like Minamata disease in the future, the government will continue providing information and the lessons learnt from Minamata disease-related experiences both at home and abroad.



Minamata disease memorial monument Photo: courtesy of Minamata City

The memorial monument has the epitaph, "All deceased victims slumbering in Shiranui Sea, we will never repeat this tragedy again. Requiescat in pace."