

Minamata Disease

Its History and Lessons

2022



Minamata City

Minamata Disease contents

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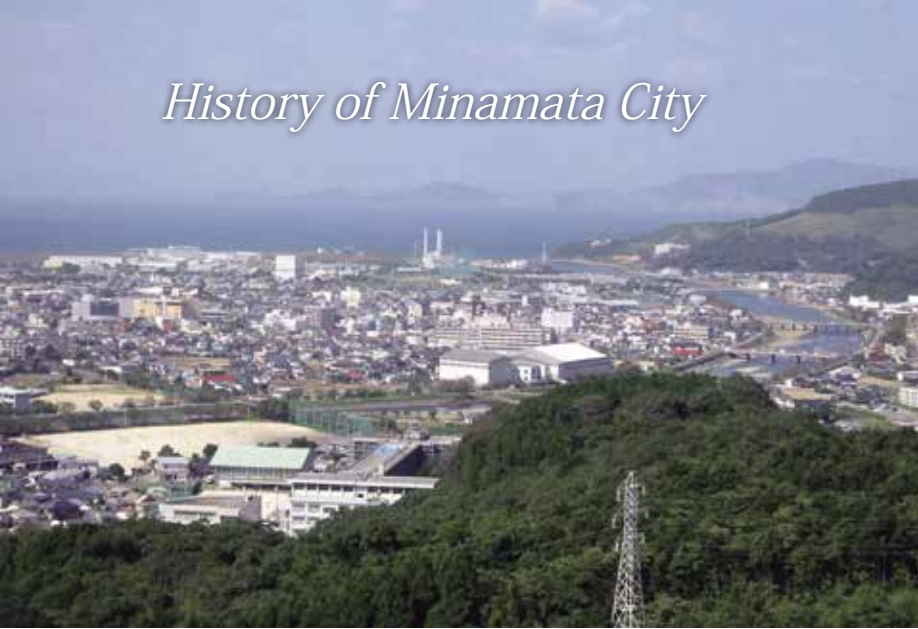
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History of Minamata City



Geography of Minamata City

Minamata City is located in the south-west part of Kyushu, at the southern tip of Kumamoto Prefecture, and is bordered to the south by the cities of Izumi and Isa in Kagoshima Prefecture. The city is surrounded on three sides by mountains and rolling hills, and opens from the urban center at the mouth to the Minamata River to the sea. It has a mild climate, and an area of 163.29km².

The countryside, which comprises most of the city's area, is lush and green, with settlements scattered throughout the river basins. The urban center is home to about 70% of the population, as well as most stores and businesses. There are many fishing ports and inlets on the coast facing the Yatsushiro Sea (Shiranui Sea), and the northern part features a beautiful rias coastline. Minamata City is intersected by National Route 268, running east to west, National Route 3, running north to south, and the Kyushu Shinkansen, which conveniently allows for travel to Kumamoto in 25 minutes, and Central Kagoshima in 32 minutes. In addition, the Hisatsu Orange Railway operates between Yatsushiro in Kumamoto Prefecture and Sendai in Kagoshima Prefecture. In March 2019, the Minamata interchange for the Minamikyushu Expressway was completed, which is expected to further revitalize industry and tourism.

Development and Current Situation of Minamata City

In 1889, the village of Minamata was established with the implementation of the municipal system. With 2,349 households and a population of 12,303, it was little more than a fishing and farming village, with the mud flats supporting salt manufacturing and other small industries. Nihon Chisso Hiryo Corporation, the predecessor of Chisso Corporation, was established in 1908. Thereafter, Minamata developed in parallel with company's growth.

In 1912, Minamata was recognized as a town, which led to the development of social infrastructure, including a railroad. In 1949, following the war, Minamata was recognized as a city, and set off building a modern city. In 1956, after merging with the village of Kugino, Minamata's population peaked at 50,461, establishing it as one of the leading industrial cities in Kumamoto Prefecture.

However, the population has since declined to its March 2022 level of 22,995 in part due to the ruin caused by the outbreak of Minamata disease, and the outflow of people to larger cities in the wake of rapid economic growth.

Currently, several industries are being developed, such as marine activities, marine and agricultural products, and recycling, led by JNC Corporation, which inherited much of its business from Chisso Corporation.

Minamata was selected by the national government as an "Environmental Model City" in 2008, won the title of "Environmental Capital of Japan" in a contest run by an Environmental NGO in 2011, and was selected by the national government as an "SDGs Future City" in 2020. Minamata's future vision is that of "A city where everyone feels happy and full of smiles." Minamata aims to realize this vision by promoting city planning in unison with citizens and building on the environmentally friendly policies and initiatives implemented up until now, in order to build an autonomous virtuous circle by improving the "Economy," "Society," and "Environment" in step with one another.

■ Minamata Disease

A form of poisoning, Minamata disease is a disease of the central nervous system, caused by the consumption of fish and shellfish contaminated with methylmercury compounds that are discharged into the environment from factories and which then accumulate in marine life. There have also been cases of fetal Minamata disease, in which victims were born with a condition resembling cerebral palsy. This form of the disease is caused by methylmercury poisoning of the fetus via the placenta, which occurs when the mother consumes contaminated seafood during pregnancy. Minamata disease is not an infectious disease transferred through air or food, nor is it genetically inherited.



The first recognized outbreaks occurred in 1956 in the vicinity of Minamata Bay, part of Kumamoto Prefecture. In terms of the scale of damage and the unimaginable gravity of its repercussions, this pollution-related disease, and the accompanying health damage and destruction of the natural environment, resulted in a pollution disaster unprecedented in human history. Niigata Minamata Disease broke out in Niigata Prefecture in 1965.

■ Symptoms of Minamata Disease

The symptoms of Minamata disease include sensory disorders in the hands and feet, ataxia (difficulty coordinating movement of hands and feet), narrowing of the field of vision, hearing impairment, disequilibrium (difficulty maintaining balance), speech impediments such as slurred or unclear speech, tremors in the hands and feet, and disorder of ocular movement (eye movement becomes erratic).

In some cases, subjective symptoms such as headaches, chronic fatigue, and an inability to distinguish taste and smell are barely distinguishable from those of other ailments, which can make the condition difficult to diagnose.

< Note >

When the first outbreaks occurred around Minamata Bay, most patients exhibited a full set of severe symptoms. In 16 cases, the patient died within 3 months of the onset of symptoms, and in 1965 the mortality rate was as high as 44.3%. Since then a large number of incomplete or mild cases, displaying only some of the symptoms, have also been identified.

■ Medical Treatment of Minamata Disease

In the initial stages of treatment, patients are given causal treatments, taking medicine to force the methylmercury to be excreted from the body. However, a fundamental cure for Minamata disease has not yet been found. The main treatments involve the temporary relief of pain (symptomatic therapy), and rehabilitation (physiotherapy and occupational therapy).

1. Outbreak of Minamata Disease

■ Official Recognition

The area around Minamata Bay in the Yatsushiro Sea (Shiranui Sea) of Kumamoto Prefecture was a beautiful and fertile sea blessed with a natural fish reef. It was also a spawning site for many species of fish.

However, in the 1950, strange phenomena appeared in the bay. Shellfish began to die, fish floated on the surface of the water, seaweed failed to grow, and cats seemed to go mad before mysteriously dying.

On April 21, 1956, a child from Tsukinoura, in Minamata City, Kumamoto Prefecture was admitted to the Shin Nippon Chisso Fertilizer Co., Ltd. Minamata Factory Hospital (hereafter called Chisso Hospital), with severe complaints such as the inability to talk, walk and eat. (The present name of the company is Chisso Corporation, hereafter called Chisso in this book.)

Soon after, 3 patients were admitted to the hospital with similar symptoms. On May 1 of the same year, Dr. Hajime Hosokawa, Director General of the hospital, reported to the Minamata Public Health Center (Director: Dr. Hasuo Ito) that four patients in the hospital showed cerebral symptoms with an unknown cause.

The day of official recognition of Minamata Disease had come. At the time of the official recognition, people were afraid of this strange disease, as they thought it might be infectious.

After official recognition of the first patients, an investigation by the Minamata Public Health Center, Minamata City, the Minamata Medical Association, Chisso Hospital, and Minamata Municipal Hospital confirmed the existence of other patients with the same condition. By the end of 1956, it was confirmed that there had been 54 cases, including 17 deaths, since the outbreak in December 1953. A child diagnosed with cerebral paralysis was certified as a fetal Minamata disease patient in November 1962, marking the first official recognition of fetal Minamata disease.

As the investigation into the cause required a prolonged period of time, the outbreak of Minamata disease continued and expanded along the coast of the Yatsushiro Sea.

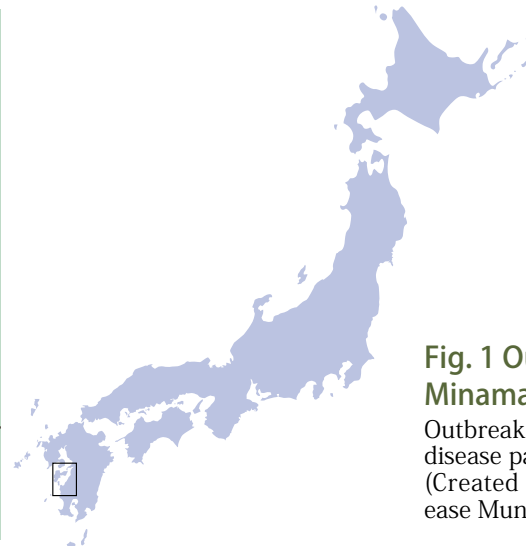
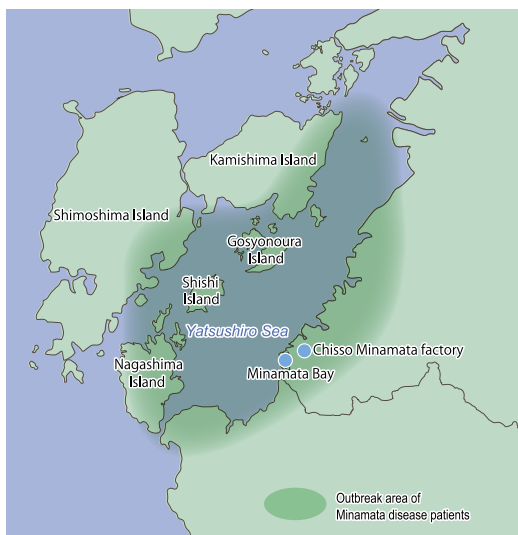


Fig. 1 Outbreak Area of Minamata Disease

Outbreak area of Minamata disease patients
(Created by Minamata Disease Municipal Museum)

2. Investigation into the Cause of Minamata Disease

■ "Strange Disease" and Infectious Disease Theories

After the disease was officially recognized in May 1, 1956, new patients were confirmed one after another. This unknown illness was called the "strange disease" by the local community, and on May 28 the Minamata Strange Disease Action Committee (formed by the Minamata Health Center, Minamata City, the Minamata Medical Association, the Municipal Hospital, and Chisso Hospital) was established to act on behalf of patients and investigate the cause. As the first cases had occurred mostly in the Tsukinoura and Detsuki areas, the possibility of the disease being infectious was considered, and patients' houses were disinfected.

The committee requested on August 14, that the Kumamoto University Medical School investigate the cause. (The committee had also requested Kumamoto Prefecture on August 3).

On August 24, the Kumamoto University Medical School's Minamata Strange Disease Study Group (hereafter called Kumamoto University Study Group) examined the patients and performed various tests at the site, at the same time, the patients were admitted to the University Hospital under strict clinical observation. Also, autopsies were conducted in the Pathology Department on the bodies of victims who died of the disease.

■ Heavy Metal Poisoning Theory

Along with clinical observation and autopsies, the Kumamoto University Study Group carried out field surveys in the epidemic area by collecting samples of drinking water, soil, seawater, fish, and shellfish, investigations and research began in the Departments of Microbiology, Hygiene, and Public Health. The Kumamoto University Study Group held an interim report meeting at the Kumamoto University Medical School on November 3, 1956, which was attended by Study Group members, Prefectural Public Health Department Staff, and Minamata Strange Disease Action Committee members. They reported that the disease was not an infectious disease as had earlier been suspected, but a kind of heavy metal poisoning, and that the poison had entered the human body through consumption of fish and shellfish caught in the area.

Although it had then been recognized that Minamata Disease was caused by eating large amounts of fish and shellfish produced in Minamata Bay, the substance causing contamination of the fish was not confirmed for a long time. Several hypotheses were proposed, in which manganese, selenium, thallium, or the combined effects of 2 or 3 of these might be the causative agent of Minamata disease.

However, this could not be confirmed because of discrepancies in clinical and pathological literature, and a failure to reproduce Minamata disease in experiments conducted on animals.

■ Organic Mercury Poisoning Theory

Based on the pathological and clinical research of Professor Tadao Takeuchi and Assistant Professor Haruhiko Tokuomi, the Kumamoto University Study Group made a formal announcement on July 22, 1959, that "Minamata disease is a disease of the nervous system which is caused by eating fish and shellfish from the local area (Minamata Bay). Mercury has come to our attention as a likely cause of the pollution of local marine life".

■ Chisso's Counterargument

On August 5, 1959, at a Special Minamata Disease Committee meeting of the Kumamoto Prefectural Assembly, Chisso reported, "The organic mercury theory of Kumamoto University is a speculation without actual proof, and it is irrational from a common sense understanding of chemistry." They announced "The factory's thoughts on the so-called organic mercury theory." In the same year, experiments were carried out at the Chisso Hospital in which cats were given factory wastewater. Development of Minamata disease was confirmed (Document: Cat No.400, dated October 6), but it was not officially announced.

■ Explosive and Amino Poisoning Theories

In addition, as possible causes of Minamata disease, the Japan Chemical Industry Association proposed an "explosive theory" on September 28, 1959, and Professor Raisaku Kiyoura of Tokyo Institute of Technology advocated an "Amino poisoning theory" on April 12 of the following year.

■ Opinion of the Ministry of Health and Welfare Minamata Food Poisoning Special Committee

The Minamata Food Poisoning Special Committee of the Ministry of Health and Welfare Food Sanitation Investigation Council, which was in charge investigating the cause of Minamata disease, submitted a report

on November 12, 1959, to the Ministry of Health and Welfare. The report stated, “the organic mercury compounds in the fish and shellfish around Minamata Bay are the main causative factor of Minamata disease.”

■ Identification of Methylmercury Compound by the Kumamoto University Study Group

As research proceeded on organic mercury, Professor Makio Uchida of the Kumamoto University Study Group announced on September 29, 1960, that he had extracted crystals of an organic mercury compound from the shellfish of Minamata Bay. Furthermore, Professor Katsurou Irukayama announced in August 1962 that methylmercury chloride had been isolated from the mercury dregs of the acetaldehyde acetic acid factory.

The Kumamoto University Study Group made a formal announcement on February 20, 1963, stating that “Minamata disease is a disease of the central nervous system caused by eating seafood from Minamata Bay. The cause of intoxication is a methylmercury compound that has been found in the bay’s shellfish, as well as in the sludge from Chisso Minamata factory. However, at the present stage, the structures of the two chemicals are slightly different.”

3. Confirmation of the Cause of Minamata Disease

■ The Government’s Official Opinion

As the investigation into the cause of Minamata disease proceeded, on May 31, 1965, Niigata University reported to the Niigata Prefectural Public Health Department that “there have been sporadic cases of mercury poisoning of an unknown source in the lower Agano River.” With that, the outbreak of Niigata Minamata disease was officially recognized.

On June 12, 1967, Niigata Minamata disease patients sued Showa Denko as the source of the pollution that caused Niigata Minamata disease, and filed a compensation claim in the Niigata District Court. Thus the country’s first full scale pollution trial began.

As this was happening, the national government announced its official opinion on Minamata disease on September 26, 1968. The announcement stated, “Minamata disease is a disease of the central nervous system caused by a methylmercury compound. The methylmercury comes from the effluent discharged from Chisso Minamata factory, where it was formed as a by-product in the acetaldehyde synthesizing process. Once released, the mercury polluted the environment and accumulated in fish and shellfish. The disease occurred in local residents who ate large amounts of contaminated seafood.”

With this announcement, which came 12 years after the disease was first described in May 1956, Minamata disease was officially confirmed to be a pollution-related disease. Niigata Minamata disease was officially recognized at the same time.

< Note >

In May of the same year that the government’s opinion was published, acetaldehyde manufacturing ceased at both the Chisso Minamata factory and at the Denkikagaku Industry Omi factory, which had remained as the last producers of acetaldehyde in the country. After this point, the production of acetaldehyde using mercury as a catalyst was no longer performed in Japan.

Fig. 2 Mercury Pollution Mechanism

(Source) Exhibition at the Minamata Disease Municipal Museum

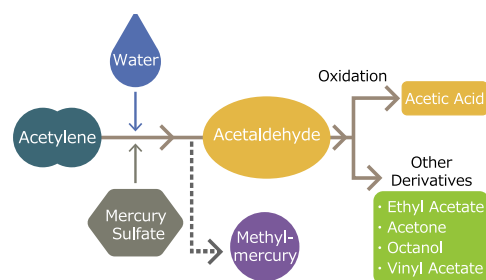
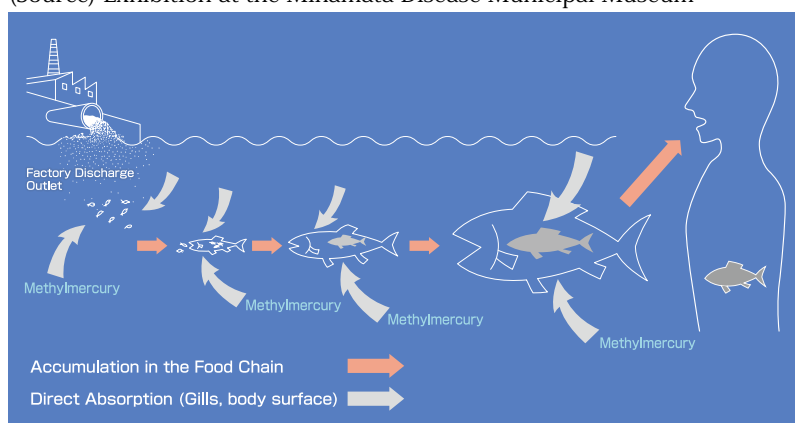


Fig. 3 Production Process Chart of Acetaldehyde

(Created by Minamata Disease Municipal Museum)

4. Overview of the Incidence of Minamata Disease

At the end of April 2022, the number of certified patients amounted to a total of 2,284 people, including 1,791 in Kumamoto Prefecture and 493 in Kagoshima Prefecture.

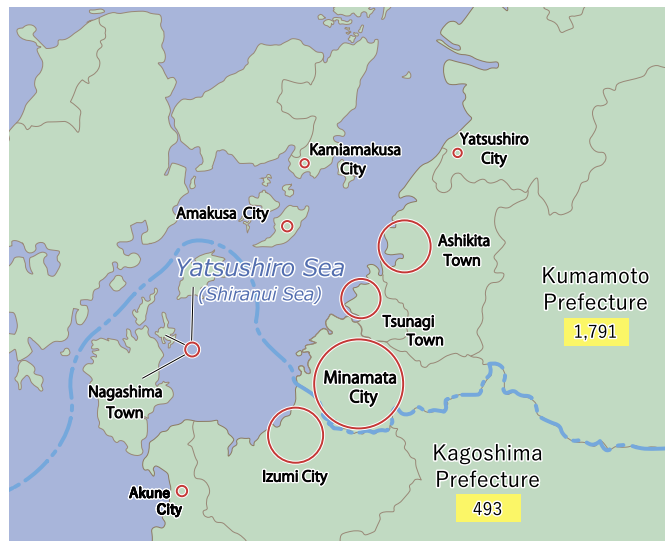
Almost 65 years have passed since the official recognition of Minamata disease, and 268 patients are still alive now.

Although small numbers of new patients are still being certified, they are people who contracted Minamata disease in the past. Acetaldehyde manufacture by Chisso Corporation was suspended in May 1968, and from the results of several investigations, later mentioned in Chapter 3, part 4 (page 17), the possibility of new Minamata disease cases had disappeared shortly after 1969.

Fig. 4 Distribution of Certified Patients

※ As of April 30, 2022

○ The size of a circle indicates the number of patients.



5. The Name "Minamata Disease"

■ The "Strange Disease" / Infectious Disease

When Minamata disease was first discovered and since the cause was unknown, it was first called the "strange disease" by people in the area, and was thought to be infectious. In the beginning, it was reported as the "Minamata strange disease" by the mass media.

■ Initial Use of the Term "Minamata Disease"

As "strange disease" was not an acceptable medical term, the Kumamoto University Study Group tentatively named the disease after the area from which it originated in 1957. Thus the name "Minamata disease" was born. By August 1958, about one and a half years after the first case was reported, almost all newspapers were calling it Minamata disease.

■ Judgement of the Ministry of Health and Welfare

In December 1969, the Ministry of Health and Welfare's Examination Committee for Designation of Pollution-Related Illnesses designated the name "Minamata disease," because of the special conditions under which it had appeared. The name was declared valid for use in Japan and overseas. In March 1970, the Committee was commissioned by the Ministry of Health and Welfare to investigate into the scope of diseases caused by the effects of pollution. As the name Minamata disease had already been accepted for use inside and outside the country, they reported that "taking government ordinance into account, it is appropriate to adopt Minamata disease as the name of this disease".

■ Movement to Change the Disease's Official Name

As many people had misunderstandings about Minamata disease, thinking it was an endemic, infectious, or hereditary disease peculiar to the Minamata region, public opinion of Minamata city worsened. This led not only to damage of product sales and tourism in Minamata, but also to marriage and employment discrimination towards people from Minamata. In 1973, Minamata City, the city Chamber of Commerce, the Tourism Association, and others, conducted a campaign to change the name of Minamata disease, and brought a petition, signed by 72% of the electorate in Minamata City, to the Environmental Agency and other related organizations.



The present Hyakken Waterway (2022). Industrial effluent was discharged from here into Minamata Bay.

1. Regulation of Factory Effluent

From 1932, effluent containing methylmercury, created in the acetaldehyde manufacturing process in Chisso Minamata factory, was discharged into Minamata Bay (as well as, for a brief time, into the mouth of the Minamata River).

A refined drain recycling system, thought to be partially effective, albeit imperfect, in extracting mercury was adopted in August 1960. In June 1966, due to the completion of a complete effluent processing system, in principle effluent containing methylmercury ceased to be discharged. Finally, in May 1968, production of acetaldehyde was stopped.

In February 1969, the Economic Planning Agency designated the Minamata ocean expanse as an appointed water expanse under the (former) Water Quality Control Law, also establishing a standard on water quality, and initiating regulation of methylmercury under the (former) Factory Effluent Control Law.

In December 1970, the Water Pollution Control Law was enacted, followed by nationwide uniform regulation of the discharge of toxic substances such as mercury.

Table 1 The drainage standard for mercury based on the Water Pollution Control Law

Total mercury	0.005mg/l
Alkyl mercury	Should not be detected. (Fixed quantity limit of 0.0005mg/l)

2. Measures Taken Regarding the Contamination of Fish and Shellfish

■ Instructions to Fishermen to Voluntarily Refrain from Catching and Consuming Fish: The Self-Imposed Fishing Bans

From around the end of 1956, during the investigation of the cause of Minamata disease, initial recognition set in that the consumption of large quantities of fish and shellfish from Minamata Bay was causing the disease.

For this reason, Kumamoto Prefecture implemented voluntary guidance on fishing and the consumption of seafood, and later began to consider implementation of the Food Sanitation Act. On July 24, 1957, the Committee on Measures Against the Minamata Unknown Disease decided to announce its plan (under Article 4 of the Food Sanitation Act) to prohibit the capture of fish and shellfish for retail purposes from Minamata Bay. (The chairman of this committee was the Vice Governor, and members included vice-chiefs and relevant section chiefs from the Departments of Sanitation, Civil Service, Public Works, and Economics.) On August 16, the Committee made inquiries to the Ministry of Health and Welfare on the possible implementation of the Food Sanitation Act regarding seafood taken from Minamata Bay.

On September 11, the Ministry of Health and Welfare replied, "As there is no clear evidence that all fish and shellfish of a specific area of Minamata Bay are contaminated, the Food Sanitation Act is not applicable to marine life caught in Minamata Bay."

Thus, Kumamoto Prefecture was unable to implement the Food Sanitation Act, resulting in continued enforcement of voluntary guidance on consumption of fish and shellfish from Minamata Bay. Guidance went no

further than the government beseeching the Minamata Fisheries Cooperative Association (hereafter called the Minamata Fisheries Co-op) to exercise self-regulation of fishing in the bay.

Later, Kumamoto Prefecture and Minamata City repeatedly submitted petitions and appealed to related agencies to designate Minamata Bay a dangerous water expanse or to enact special legislation banning fishing, but none of the appeals came to fruition.

<Note>

In the period 1955 to 1964, black porgy containing 24 ppm of mercury, and barracuda containing 58 ppm of mercury, had been confirmed in the Minamata Bay and surrounding areas.

On the other hand, the Minamata Fisheries Co-op placed self-imposed restrictions on harvests from Minamata Bay beginning in August 1957. Additionally, from July 1960, the Co-op expanded the regulated area to all seas within 1,000 m of land, and with the cooperation of the city, patrolled the area in boats to ensure that fishing did not take place.

Due to the Minamata Fisheries Co-op's self-imposed restrictions on fishing, as well as the Chisso Minamata factory setting up a sedimentary pool and effluent processing device after 1960, it was believed that the year marked the last incidences of patients falling ill to Minamata disease.

It was under these circumstances that the Minamata Fisheries Co-op lifted the voluntary restrictions on fishing in April 1962, with the exception of restrictions in Minamata Bay. Subsequently, in May 1964, the Co-op completely all restrictions on harvesting in the bay.

After the Kumamoto University Second Minamata Disease Medical Study Group announced, "The fish and shellfish of Minamata Bay and surrounding areas are still unsafe. If consumed in large quantities, there is a danger that there will be an outbreak of the disease," the Minamata Fisheries Co-op, on May 22, 1973, and under the instruction of Kumamoto Prefecture, once again enforced voluntary restrictions by establishing restricted fishing areas and organizing patrol boats.

■ Establishment "Provisional Regulatory Standards for the Level of Mercury in Fish and Shellfish" by the government

Given the social situation, on July 23, 1973 the government enacted the "Provisional Regulatory Standards for the Level of Mercury in Fish and Shellfish" in order to ease consumers' anxieties regarding mercury contamination. The Standards required total mercury to be less than 0.4 ppm and methylmercury to be less than 0.3 ppm.

■ Installation of Dividing Nets by Kumamoto Prefecture

In an effort to calm social panic and stabilize plummeting fish prices, Kumamoto Prefecture began construction of dividing nets in January 1974, which would close off the mouth of Minamata Bay and prevent the spread of contaminated fish. The nets closed off the bay for a period of 23 years until their complete removal on October 14, 1997.

■ Prohibition of Fishery Operations During Pollution Prevention Project

Having established the "Agreement on Compensation for the Fishing Industry" with Kumamoto Prefecture, the Minamata Fisheries Co-op prohibited fishing in Minamata Bay from April 1, 1975, to March 31, 1990, during the implementation of pollution prevention operations.

■ Call for Recreational Anglers to Refrain from Fishing

In September 1975, Kumamoto Prefecture, Minamata City, and the Minamata Fisheries Co-op set up a public notice board, calling for the public to cooperate in exercising voluntary restraint regarding fishing in Minamata Bay. This was prompted by the presence of fish and shellfish within the area of Minamata Bay enclosed by dividing nets that contained levels of mercury exceeding the temporary regulation enacted by the government.

In addition, in June 1978, with a view to protecting the health of local residents, Minamata City, employed



Dividing nets extending from Myojin cape

a fulltime supervisor to police people clamming and surf-fishing. In October 1981, the city set up an ocean patrol using fishing boats to police fishing in the bay, and also made a call to the public to refrain from fishing.

■ Purchase of Fish and Shellfish during the Period of Dividing Net Installation

On January 25, 1989, the Kumamoto Prefecture Special Committee on Fish and Shellfish in Minamata Bay (consisting of 23 members including scholars, staff of related administrative organizations, members of the prefectural assembly, and local citizens) convened for the first time about the marine life inhabiting Minamata Bay to consult comprehensive investigations and to determine effective countermeasures against contaminated fish.

The committee carefully reviewed the results of research and analysis on the level of mercury concentration in marine life in Minamata Bay, as well as measures against contaminated fish in the bay and handling of the dividing nets that came about based on those results. Because a 1989 investigation cited 16 species exceeding the provisional regulatory levels on mercury contamination in fish and shellfish, the committee decided to leave the dividing nets in place to ensure that contaminated fish from the bay would not circulate into the local market place.

From April 1, 1990, to July 5, 1992, the Minamata Fisheries Co-op did not carry out harvesting operations in the bay, due largely to continued deployment of the dividing nets and difficulties in negotiations with Chisso regarding compensation for the fishing industry.

In an attempt to prevent the sale of fish containing high levels of mercury in the marketplace, and under the Agreement Relating to Compensation for the Fishing Industry, Chisso purchased fish and shellfish from members of the Minamata Fisheries Co-op caught in the bay during the period from July 6, 1992, to October 15, 1997 (the day after the dividing nets were removed).

■ Removal of the Dividing Nets from the Nanatsuse Area

Due to a consistent decline in the mercury levels of the fish and shellfish inhabiting the bay, the Kumamoto Prefecture Special Committee on Fish and Shellfish in Minamata Bay met in March 1993 and with the recommendation of the Minamata Fisheries Co-op, proposed a gradual phasing out of the dividing nets. In October the prefecture installed inner dividing nets separating Minamata Bay from the Nanatsuse area. In an investigation in late fiscal year 1994, it was confirmed that for the first time mercury levels of all fish and shellfish inhabiting both areas were below the provisional regulatory levels. In February 1995, the Committee concluded that the complete removal of the nets was still premature and instead proposed the removal of only a part of the nets (the outer dividing nets of the Nanatsuse area). In April, Kumamoto Prefecture began dismantling the dividing nets on the outer side of Nanatsuse. The area was opened in June when work was completed.

■ Minamata Bay Declared Safe: Removal of the Minamata Bay Dividing Nets

In February 1997, Kumamoto Prefecture drew up its Basic Policy on Fish and Shellfish of Minamata Bay, which included provisions for removing the Minamata Bay dividing nets that same year. The removal of the nets was conditional to the confirmation that mercury levels were below regulatory levels and had been so for 3 years, which was to be based on an investigation to be conducted in the first half of 1997. This report was given to the meeting of the Special Committee on Fish and Shellfish in Minamata Bay, which was dissolved after having given its unanimous approval of the policy.

In accordance with its policy, Kumamoto Prefecture initiated a follow up investigation in the first half of fiscal 1997, confirming the continuing decline of mercury levels in all fish species, and specifically that mercury levels had remained below regulatory standards for the past 3 years. This report was then sent to former members of the Committee on Fish and Shellfish for veri-



Announcement calling for Recreation Anglers to Refrain from Fishing



Removal of the Dividing Nets

fiction. Meanwhile, meetings were held for interested local parties and all coastal fishing associations in an attempt to obtain the residents of the prefecture understanding and acceptance of evidence that the bay fish and shellfish were safe. The meetings proceeded without a single dissenting opinion from those in the fishing industry, other related residents of the prefecture, or the citizens of Minamata City.

Stressing the fact that confirmation had been made regarding the safety of the marine products of Minamata Bay, and that a consensus had been reached by the citizens of the prefecture, Kumamoto Prefecture Governor Fukushima issued the “Minamata Bay Safety Declaration” on July 29, 1997. The declaration announced the decision to completely remove the last of the dividing nets, which had been set in place 23 years before in January 1974. Removal operations began on August 21, and on the 23rd of the same month, the nets themselves were removed. The entire operation of removing the anchors, sounding equipment, and supplemental facilities was completed on October 14. On the afternoon of the following day, October 15, Minamata Bay was re-opened as a general fishing zone, and the Minamata Fisheries Co-op re-commenced harvesting for the fish market after a period of 24 years.

■ Fisheries Compensation Paid by Chisso

As inquiries into the cause of Minamata disease progressed, and it became evident that the disease occurred upon consumption of contaminated fish from Minamata Bay, fish caught near Minamata Bay stopped selling completely, and even fresh seafood retail shops in the city experienced poor sales.

On July 31, 1959, the Minamata City Fresh Seafood Retailers Union, which had seen business take a turn for the worse due to declining sales of fish, held a general meeting. The meeting resulted in resolve not to buy any fish or shellfish taken from the sea near Minamata, or fish caught by local fishermen. This proposition was put to the Minamata Fisheries Co-op, and also discussed with the town; however, no conclusion was reached. In the special general meeting held on August 1, resolve to carry out a boycott was again confirmed, and then actually implemented on August 3.

On August 6, based on the resolve of August 4 Special General Meeting and the Fishermen’s General Meeting, the Minamata Fisheries Co-op, which had suffered a serious blow as a result of the boycott, together with the City Fresh Seafood Retailers Union, demanded the following from Chisso, 1) financial compensation to the fishing industry; 2) complete removal of sedimentary sludge; and 3) installation of an effluent-processing device.

In response, Chisso maintained that “the cause of Minamata disease is still undetermined,” and while it agreed to provide urgent compensation, this fell a long way short of the Minamata Fisheries Co-op’s demands. Consequently negotiations came to a standstill. On August 17, negotiations took place again; however, they came to a head when local fishermen revolted against the amount of compensation offered by Chisso, claiming it was not enough. Fishermen stormed into the meeting place in noisy protest, and on the following day, August 18, the prefectural police mobile unit intervened, resorting to force. Fishermen, representatives from the factory, and police were wounded. This became known as the First Fishermen’s Dispute.

After that, in order to problem solving, a mediatory committee was established with the mayor of Minamata acting as Chairman. Through the mediation of this committee, on August 29 Chisso concluded an agreement with the Minamata Fisheries Co-op, which included clauses for the company to pay compensation to the cooperative. Specifically, the agreement included 20 million yen in compensation to the fishing industry, 15 million yen as funds to promote the fishing trade, 2 million yen in pensions, and the installation of an effluent-processing device.



Minamata Fisheries Co-op demanded fisheries compensation from Chisso. However, when negotiations broke down, fishermen blocked access to Chisso’s factory from both land and sea (July 1973)



Buy-back of fishing hauls

On October 17, the fishing communities from the Yatsushiro (Shiranui) Seaboard held a general meeting (sponsored by the Kumamoto Prefectural Fishery Federation), whereby the demands of the Minamata Fisheries Co-op and compensation to patients of Minamata disease were decided upon. It was then proposed to Chisso that negotiations be held, but Chisso refused outright. Angered, 1,500 fishermen gathered uninvited at the factory, throwing stones and protesting loudly, resulting in police intervention.

On November 2, the Shiranui Seaboard Fishermen's General Meeting was held again. After demonstrative marches in the city, it was proposed to Chisso that group negotiations be held regarding the termination of Chisso's operations. However, as Chisso turned down the proposal, fishermen stormed into the factory, clashing with the police who were trying to intervene. The uproar ended with more than 100 people wounded and 35 people rounded up. This was the Second Fishermen's Dispute.

On November 24, at the request of both the Prefectural Fisheries Association and Chisso, the Shiranui Sea Fisheries Dispute Mediation Committee was established and arbitration commenced. (Members included the prefectural governor, chairman of the prefectural assembly, mayor of Minamata, president of the Towns and Villages Association, and president of Kumamoto Daily Newspaper.)

On December 17, both parties agreed to an arbitration proposal containing clauses for, 1) the installment of a purification device; 2) loss compensation (35 million yen); and 3) funds for getting the industry back on its feet (65 million yen).

In 1973, the Minamata Fisheries Co-op received 400 million yen from Chisso as compensation for the so-called "third outbreak of Minamata Disease." In addition, 2.28 billion yen was paid to the 30 fishing cooperatives of the Yatsushiro (Shiranui) Seaboard, and 729.6 million yen to the three fishing cooperatives of Izumi City, Azuma Town, and Nagashima Town.

Even after the completion of the Pollution Prevention Project in 1990, due to the discovery of fish and shellfish in Minamata Bay containing levels of mercury exceeding regulatory standards, it was decided that the dividing nets should be left in place.

Following this, Chisso and the Minamata Fisheries Co-op came to an agreement, involving, 1) compensation to the fishing industry for the reduction in fish harvest in Minamata Bay caused by the continued deployment of dividing nets; and 2) the compulsory purchase by Chisso, of fish and shellfish caught in Minamata Bay. Compensation to the fishing industry totaled approximately 900 million yen.

■ Fisheries Assistance by the Administration

To aid local fishermen, Kumamoto Prefecture provided loans under the Family Recovery Funds Loan Program to families whose income had decreased due to the inactivity of fishing operations. In addition, they also provided advice and employment assistance to those who hoped to change professions.

In March 1958, the Shallow Waters Cultivation Project (the installation of concrete blocks as fish nesting grounds and the depositing of rocks to encourage seaweed growth) was begun by the national government and Kumamoto Prefecture in areas of the sea thought to be pollution free. In 1958, as part of a plan to change fishing areas, fish reefs and rock structures were installed in the sea around the Modo area. In 1959, the prefecture provided incentive to change the fishing industry through instruction and subsidies, actively encouraging the cultivation of pearl oysters and fishing operations in nearby seas. In 1960, the national government, and Kumamoto Prefecture provided monetary aid to the Minamata Fisheries Co-op for the purchase of vessels, to be used in new fishing activities. From June 1973, Kumamoto Prefecture provided loans for living expenses to members of the Minamata Fisheries Cooperative. Minamata City absorbed the interest costs associated with these loans.

Following this, in the period from April 1975 until the Pollution Prevention Project was completed in March 1990, the Minamata Fisheries Co-op stopped fishing operations within the dangerous zone, and Kumamoto Prefecture provided compensation (total amount 3.315 billion yen) to the Fisheries Co-op.

3. Environmental Restoration Project

■ Minamata Bay Pollution Prevention Project

For 36 years beginning in 1932, the Chisso Minamata factory used mercury as a catalyst in the process of manufacturing acetaldehyde and vinyl chloride. During this period, it is said that approximately 70-150 tons or even more of mercury, mixed in with effluent from the factory, was discharged into Minamata Bay. Approximately 1.51 million m³ of sedimentary sludge containing at least 25 ppm of mercury settled on the ocean floor, covering an area of approximately 2.09 million m². There were also areas in the inner parts of the bay where the thickness of this sludge reached 4 m.

In addition, even after the Chisso Minamata factory stopped manufacturing acetaldehyde in 1968, some of the fish and shellfish inhabiting the bay contained levels of mercury exceeding the governmental regulatory standards.

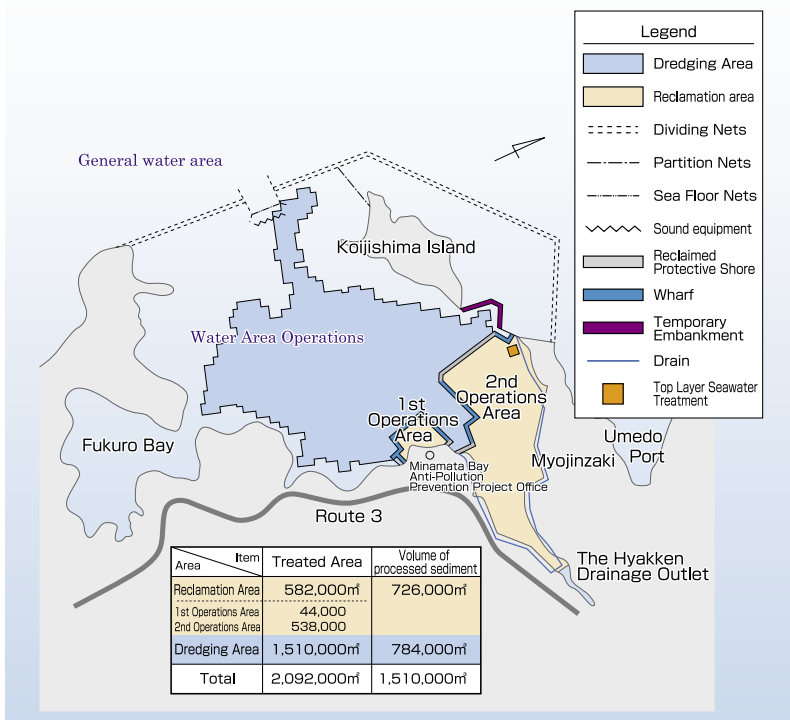
If the situation had continued as it was, not only would the local residents have been left in a state of anxiety, but the fishing industry would have faced severe restrictions and maintenance management of the bay would have been hampered. Therefore, it was necessary to urgently and safely dispose of the polluted sludge in the bay and to create a plan to restore the environment to its original state. For this reason, on October 1, 1977, the Minamata Bay Pollution Prevention Project was initiated to dispose of sedimentary sludge containing over 25 ppm of mercury (the standard calculated based on the regulatory standards for the removal of sediments, as established by the Environmental Agency).

This project saw the inner part of the bay (approximately 580,000 m²), where mercury content was high, enclosed with a metal sheet, and the areas of low mercury content (approximately 1.51 million m² and containing about 780,000 m³ of sedimentary sludge) dredged with a cutterless pump ship to form an area of reclaimed land. The ground surface was then treated with a synthetic sheet and loam, and covered with soil from nearby mountains to confine the mercury-contaminated sludge. The No. 4 Port and Harbors Construction Bureau belonging to the Ministry of Transport supervised these difficult marine engineering operations, while the prefectural government was in charge of the land works and monitoring task.

On December 26, 1977, soon after the commencement of the project, a temporary injunction concerning the dredging of sedimentary sludge was filed at Kumamoto District Court by some of the residents of the area

Fig. 5 Map of Minamata Bay Dredging Operations

Reference: Kumamoto Prefecture, *Minamata Bay Environmental Restoration Project* (Exhibition at the Minamata Disease Municipal Museum)



Construction of the Reinforced Shore using Steel Sheet Pile Cells



Dredging using a Cutterless Pump Dredging Ship

who feared secondary contamination due to dredging preparations. Due to this development, and the need to ensure the success of the project, Kumamoto Prefecture was forced to stop operations. On April 16, 1980, the court decided that the safety of the project had been proven and subsequently rejected the call for a temporary injunction, enabling Kumamoto Prefecture to resume dredging on June 6.

During the course of the project, an extremely strict surveillance plan was put into place to ensure the prevention of secondary pollution, and comprehensive inspections of water quality and fish and shellfish were carried out. Furthermore, meetings of the Kumamoto Prefecture Minamata Bay Pollution Prevention Project Monitoring Committee, consisting of experienced scholars and local representatives, were opened to the public. The details of operations and the results of monitoring were also displayed daily at three places in Minamata City so as to gain the acceptance of city and prefectural residents.

Just after the completion of dredging, in 1987 measurements at 84 monitoring points revealed that the total amount of mercury in the bottom sediment had fallen to 0.06 – 12 ppm with an average of 4.65 ppm. In contrast, in 1985 before dredging began, 610 different monitoring points registered mercury levels ranging between 0.04 – 553 ppm.

In March 1990, after about 14 years and 48.5 billion yen (more than 30.5 billion yen* born by the offending company, Chisso, and the remainder halved between the government and Kumamoto Prefecture) the Minamata Bay Pollution Prevention Project was safely completed, and the environment had returned to its original state.

*Application of the Law concerning Entrepreneur's Bearing of the Cost of the Public Pollution Control Works.

■ Marushima Port Pollution Prevention Project

Sedimentary sludge, highly contaminated with mercury from the Chisso Minamata factory and Minamata Kagaku Industrial Plant & Co., Ltd. accumulated in Marushima Port.

< Note >

In the 21-year period from 1953 to 1974, the Minamata Kagaku Industrial Plant & Co., Ltd. purchased mercury waste catalysts (activated charcoal) produced by vinyl chloride factories nationwide, and used this to extract metallic mercury.

The Marushima Port Pollution Prevention Project was a clean-up project to remove accumulated sludge and return the environment to its original state. Kumamoto Prefecture was in charge of the project, which started in July 1987 and paralleled the preparations of Minamata Bay.

The standard for removal of sediment was established using the same standard as for Minamata Bay; that is, any sedimentary sludge containing more than 25 ppm of mercury would be removed. A total volume of 11,880 m³ of sludge, which had settled in an area covering 36,550 m², was dredged.

To prevent the sludge from spreading into neighboring marine areas, the mouth of the port was closed off with a pollution-preventing sheet, and cutterless pump ships were utilized in dredging as in the operations in Minamata Bay. The dredged sludge was carried to the landfill in Minamata Bay by a sealed carrier ship, and deposited with sludge from Minamata Bay.

During operations, water quality checks were carried out according to the monitoring plan, and the results examined by the Minamata Bay Pollution Control Monitoring Committee. However, no mercury contaminated water was detected. While mercury levels ranged from 0.04 to 99.9 ppm (average of 13.12 ppm) in 1985 before dredging operations commenced, by the time operations were completed by 1988, levels ranged between 0.34-13.8 ppm (average of 6.65 ppm). It was thus confirmed that mercury levels were well below the regulatory standard of 25 ppm.

Of the approximately 171 million yen of total project expenditure, more than 139 million yen was born by Chisso and Minamata Kagaku Industrial Plant & Co., Ltd., and the remainder halved between the government and Kumamoto Prefecture.

This project was carried out smoothly with no secondary contamination occurring, and in March 1988, the project was safely completed, and the environment had returned to its original state.

■ Marushima - Hyakken Waterway Pollution Prevention Project

The Marushima and Hyakken Waterways flow into Minamata Bay and Marushima Ports. Due to the discharge of effluent and mercury from Chisso Minamata factory and Minamata Kagaku Industrial Plant & Co., Ltd. (discharged into the Marushima Waterway only), sedimentary sludge containing a high concentration of mercury had accumulated.

With the objective of removing sedimentary sludge and returning the environment to its original state, Minamata City acted as the main body in charge of the Marushima - Hyakken Waterway Pollution Prevention Project, which commenced in October 1986 and paralleled the Minamata Bay Project.

As in Minamata Bay, the standard for the removal of bottom sediment sludge was set at 25 ppm of mercury. The 12,124 m³ of sedimentary sludge which had settled in the 15,000 m² of Marushima Waterway Basin and the 1,148 m length of the Marushima and branch waterways, as well as the 21,645 m³ of sludge settled in the 9,630 m² of the Hyakken Waterway Basin and the 1,129 m length of the Hyakken Waterway (total of 33,769 m³) was removed.

In order to avoid harming the surrounding sea, sludge removal was carried out by closing one section of the waterway at a time while keeping the water level of the closed section lower than others.

Contaminated sludge from the closed section was excavated mechanically and carefully loaded into dump trucks with completely sealed beds to prevent the sludge from flying or oozing out. It was then transferred to the landfill site of Minamata Bay.

To prevent further environmental pollution during dredging operations, a monitoring plan was enforced, whereby the quality of water at the end of both waterways was closely monitored. To gain the support of residents, the results of the observations made regarding water quality were announced and discussed in meetings of the Minamata City Marushima - Hyakken Waterway Pollution Prevention Project Monitoring Committee, and posted on notice boards set up in front of the municipal office and the sites of operations.

The result of these operations confirmed the reduction in mercury level from a total of 0.396 - 7,700 ppm (dry base) in February 1978 before dredging operations commenced, to 0.10 - 14.7 ppm upon completion of operations.

Of the more than 1,554 million yen total project expenses, Chisso and the Minamata Kagaku Industrial Plant & Co., Ltd., who had caused the pollution, absorbed 660 million yen, with the remainder being absorbed by the government and Minamata City.

The project was safely completed in March 1988, and the environment was restored to its original state.

■ Completion of Environmental Restoration Projects

This Environmental Restoration project, which began in October 1977, was completed in March 1990 after the pollution control project in Minamata Bay, Marushima Port, and Marushima - Hyakken Waterway was completed. The total project cost was approximately 50.26 billion yen. Minamata Bay reclaimed land, which was created by reclaiming dredged sludge, etc., is now "Eco Park Minamata," a park and green space developed under the theme of environment and health.



Hyakken Waterway Pool (as of 1999)

4. Degree of Pollution over Time

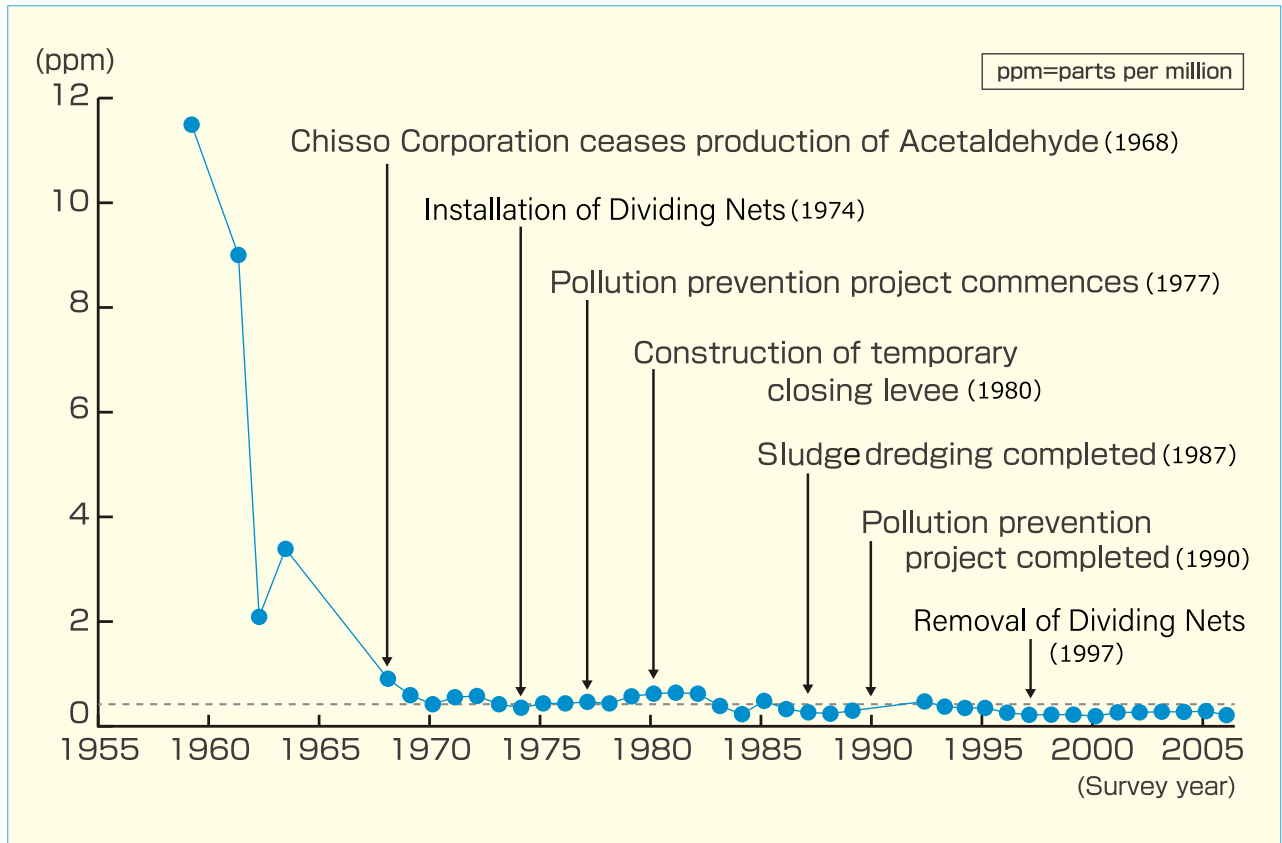
In neighboring areas surrounding Minamata Bay, studies into environmental pollution of water, ocean bottom sediment, marine life, and human hair were conducted. The result of these studies showed that the concentration of mercury in the hair of Minamata City residents had begun to parallel the level of those in other areas after 1969, and that mercury contamination in the umbilical cord of newly born infants also paralleled the level of newly born infants in non-contaminated areas after 1968. From these results, it was concluded that methylmercury at the level which could cause Minamata disease existed until no later than 1968. Since 1969, the level of mercury has been too low to lead to the onset of Minamata disease.

Fig. 6 Trends in Total Mercury Levels of Fish and Shellfish in Minamata Bay

Reference: Kumamoto Prefecture, Minamata Bay Environmental Restoration Project (Exhibition at the Minamata Disease Municipal Museum)

< Note >

1. Mercury levels are average levels of all fish surveyed in that year
2. Dotted line denotes national provisional regulation levels for mercury in fish (Total mercury 0.4 ppm)



1. Aid During the Initial Outbreak

New cases of Minamata disease appeared one after another, but the cause of the problem remained unknown. Observing this, Kumamoto Prefecture and Minamata City formulated a range of aid measures.

In July 1956, Minamata City diagnosing patients as “pseudo-Japanese encephalitis” and admitted to the city’s isolation wards. This measure was taken to prevent medical costs from mounting and putting pressure on the patients’ lives, and the cost of their hospital care was paid from public funds.

In August, Kumamoto University began admitting patients to the Kumamoto University Hospital as “subjects for study.” Patients admitted under these conditions were exempt from any medical fees and charges.

Households in which the sole or main breadwinners were struck down with disease suddenly lost their source of income. Unable to pay their medical bills and day to day living expenses, these families were faced with massive hardship. Kumamoto Prefecture and Minamata City provided public welfare assistance and medical allowances to support such persons.

2. Financial Aid Aased on the “Mimaikin” Agreement

■ “Mimaikin” Agreement

On July 22, 1959, the Kumamoto University Study Group reported, “all indicators suggest that mercury is the substance contaminating the fish and shellfish.” On November 12, the Ministry of Health and Welfare Food Sanitation Investigation Council Special Subcommittee on Minamata Food Poisoning reported to the Minister of Health and Welfare that “the substance causing Minamata disease is some form of organic mercury.” The cause of Minamata disease was becoming now clear.

Given this situation, on November 25, the Minamata Strange Disease Victims’ Mutual Aid Society (established August 1, 1957; later renamed the Minamata Disease Patients and Families’ Mutual Aid Society and hereinafter referred to as the Mutual Aid Society), demanded compensation of 3 million yen per person (a total of 224 million yen) from Chisso. Asserting that “there is no clear link between the mercury contamination and the factory wastewater,” Chisso sought to delay any response to the victims’ demands and talks broke down. Demanding a response, the Mutual Aid Society began a sit-in in front of the factory gates. A month passed with no progress as Chisso continued its delaying tactics, stating, “we wish to wait for the government’s official research results.”

On December 1, the Mutual Aid Society petitioned the prefectural governor to have the issue of compensation for disease victims added to the agendum for the Shiranui Sea Fisheries Dispute Mediation talks then underway. On December 2, Mutual Aid Society members began a sit-in demonstration outside the prefectural office, demanding a response to their request. Finally, on December 12, the governor announced that the issue of compensation for victims would be added to the Fisheries Dispute Mediation. Once begun, the mediation process proved to be extremely difficult. The patients and Chisso remained bitterly divided over the amount to be paid as annuities and the method of payment. The settlement proposal caused intense opposition even within the Mutual Aid Society, but on December 30, members were finally persuaded by the Minamata City mayor, among others, to sign the “Mimaikin” (sympathy payment) agreement.

The Mimaikin agreement provided a lump sum compensation of 300,000 yen for each deceased victim, an annual stipend for surviving victims (100,000 yen for adults and 30,000 yen for children), and awards of 20,000 yen for funeral expenses. Even in those days, the sums awarded were extremely low. The agreements took advantage of the victims' poverty and desperation by including the following clauses:

Clause 4: In the future, if Chisso's factory effluents are found not to be the cause of Minamata disease, the compensation agreements will be dissolved immediately.

Clause 5: In the future, even if factory effluents are shown to be the cause of Minamata disease, no further demands for compensation will be made.

Regarding the validity of these agreements, the court decision in 1973 awarding victory to the plaintiffs in the First Minamata Disease Lawsuit nullified these agreements as a breach of the public order and morals.

■ The Beginning of the Minamata Disease Patient Certification System

Charged with assessing the eligibility of claimants for payments under the mimaikin agreement, the December 1959 formation of the Diagnostic Council for Minamata Disease Patients marks the beginning of the certification system. The Board consisted of experts appointed by the national government as Chisso refused to accept the opinion of private sector doctors. In September 1961, the Board was restructured, replaced in Kumamoto Prefecture by the Diagnostic Committee for Minamata Disease Patients. In March 1964, new regulation in Kumamoto Prefecture saw another reshuffle and the beginning of the Screening and Certification Committee for Minamata Disease Patients.

■ Certification of Minamata Disease Patients after the Mimaikin Agreement

79 known patients received immediate certification under the Mimaikin agreement. Another 8 patients were recognized in 1960, and new one patient was recognized the following year, in 1961. Following that, and excluding fetal Minamata disease victims, only one child was recognized in 1964. Over the next 5 years until 1969, no new cases of suspected Minamata disease were reported by local medical facilities, and the medical review board did not convene.

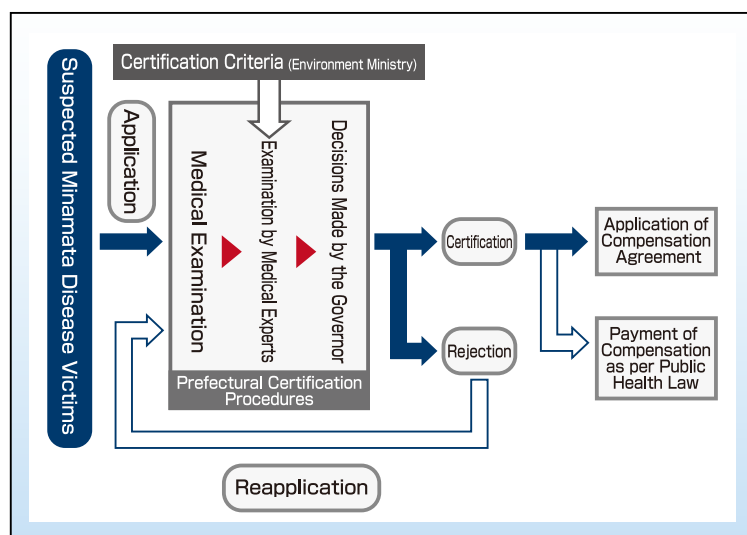
3. Compensation and Aid Under the Law: Government Assistance

■ The Beginnings of a Certification System Based on the Law

On December 15, 1969, the Law Concerning Special Measures for the Relief of Pollution-Related Health Damage came into effect. On December 20, based on this law, Minamata City, three towns in the Ashikita district, and Izumi City in Kagoshima Prefecture were designated as "pollution affected areas." On December 27, in accordance with the same law, the Pollution-Related Health Damage Certification Council was established in Kumamoto and Kagoshima Prefectures, heralding the foundation of a Certification System based on law. The certification process requires victims to apply in person. Applicants are then subject to medical examination by the prefecture, followed by medical review by the Certification Council. The prefectural governor has the final say in determining whether or not a person is deemed to suffer from Minamata disease. This law underwent a name change in 1974 to become the "Pollution Related Health Damage Compensation Law," and again in 1987 when it was renamed the "Law Concerning Compensation for Pollution-Related Health Damage." This law continues to form the basis for the certification process of victims.

Fig. 7 Certification System Process

(Source) Exhibition at the Minamata Disease Municipal Museum



■ Current Status of Certification Process

It is inconceivable that new outbreaks of Minamata disease are occurring today. However, the certification process, as defined in the “Law Concerning Compensation for Pollution-Related Health Damage,” continues even today. This is because some sufferers who have had applications rejected previously have reapplied, and others have only recently applied for certification for the first time. An overview of the history and current status of the certification as of the end of August 2022 are as follows.

Table 2 Number of Patients Certified by Fiscal Year

※ As of the end of August 2022

	Before '69	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979
Kumamoto	44	67	5	58	204	292	29	146	109	196	125	116
Kagoshima	1	4	0	2	12	66	15	15	39	44	50	27
Total	45	71	5	60	216	358	44	161	148	240	175	143

1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
48	57	76	46	41	29	44	18	7	2	7	1	1	1	1
23	20	19	22	26	25	16	22	12	11	11	3	2	0	0
71	77	95	68	67	54	60	40	19	13	18	4	3	1	1

1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
3	1	0	0	1	0	0	0	0	0	0	1	2	0	2
0	1	0	0	1	1	0	0	0	0	0	0	0	1	0
3	2	0	0	2	1	0	0	0	0	0	1	2	1	2

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
0	2	0	3	0	2	2	0	0	1	0	0	1	1,791
0	0	0	0	1	1	0	0	0	0	0	0	0	493
0	2	0	3	1	3	2	0	0	1	0	0	1	2,284

Table 3 Number and Outcome of Applications by Prefecture

※ Figures in parenthesis indicate deceased persons

※ As of the end of August 2022

Prefecture	Process and result	Total Applications	Withdrawal	Actual number of applications	Settled		Unsettled
					Approved	Rejected	Not examined
Kumamoto		22,378	6,995	15,383	1,791 (1,592)	13,209	383
Kagoshima		10,374	4,406	5,968	493 (432)	4,397	1,078
Total		32,752	11,401	21,351	2,284 (2,024)	17,606	1,461

■ Improvement of the Certification Process

The number of unsettled applications in Kumamoto and Kagoshima Prefectures, which numbered several dozen when the Law Concerning Special Measures for the Relief of Pollution-Related Health Damage was promulgated in 1969, began to rise steadily from around 1972.

A sudden increase in the number of applicants in Kumamoto Prefecture caused delays in the processing of applications, and by 1973, the number of unsettled applications had surpassed the 2000 mark and was continuing to rise.

In December 1974, an illegal negligence suit was filed against the Kumamoto prefectural government for

deliberate delays in processing applications, and on December 15, 1976, the Kumamoto District Court ruled in favor of the plaintiffs, stating that “delays in processing contravened the law.” Accelerating the processing of applications proved a serious problem for the prefectural government, and together with the prefectural assembly they lobbied the national government tirelessly to devise some drastic measures to assist their cause. They strongly appealed for a major revision of the processing system such that the national government would be directly responsible for the certification process. In terms of immediate measures, they demanded clarity in terms of screening and certification standards, the dispatch of permanently stationed medical examiners, the intensification of research into treatment for applicants waiting for certification, and assistance measures for the prefectural government.

A cabinet meeting was convened among concerned ministries in March 1977 in response to these demands, and on July 1, the Deputy Director-General of the Environmental Agency issued the “Agreement on the Promotion of Measures Concerning Minamata Disease.”

The main points were as follows.

1. It is inappropriate for the national government to administer the direct certification process.
2. It is not reasonable to establish a higher screening facility at a national level; however, an investigative committee will be provided to research any difficult cases.
3. Cooperate with made to establish a system by which 150 people can be examined and 120 screened each month.
4. Examination facilities must be accessible to applicants from other prefectures.
5. Research into treatment for certification applicants be improved.
6. Changes must be implemented so that the costs required to expedite the certification process are not too great a burden for the prefectural governments.

Criteria for assessing acquired Minamata Disease were also issued at this time.

On July 3, 1978, the Deputy Director-General of the Environmental Agency announced the new “Promotion of Minamata Disease Certification Procedures.” This document stated that the certification of Minamata disease is limited to those with a high probability from a medical perspective, and does not refer to cases of deceased patients with none of the necessary data and no possibility of providing new data.

At the 85th extraordinary session of the Diet on October 20, 1978, the Administration of Minamata Disease Certification Provisional Measures Law was passed and enacted on February 14 the following year.

Despite the introduction of the new measures, by the end of 1979 the number of unsettled certification applications for Minamata disease in Kumamoto Prefecture exceeded 5,000. In September 1980, some members from the applicants group began refusing official examinations claiming the government was not sincere to their cause and was illegally ignoring the epidemic. Further delays in the examination and certification processes ensued, forcing the Kumamoto Prefectural Government to implement new measures in order to hasten the processing of applications, such as inquiring about the preferred examination day of individual patients.

On August 1, 1986, a program was initiated to screen at least 200 applications out of 250 examined applicants per month in order to expedite processing and reduce the number of unsettled applications. Under this system, the number of unsettled applications in Kagoshima Prefecture decreased from the 1985 high of 875, but increased rapidly as a result of the Kansai Lawsuit Supreme Court decision in October 2004. Then, the number decreased again through the implementation of remedial action based on the Act on Special Measures Concerning Relief for Victims of Minamata Disease and a Solution to the Problem of Minamata Disease (hereinafter referred to as the “Act on Special Measures”), which was after April 2010. Altogether, the number of unsettled applications in Kumamoto and Kagoshima Prefectures is 1,461 as of the end of August 2022.

■ Compensation Under the Law

Compensation was paid to certified patients under the Law Concerning Special Measures for the Relief of Pollution-Related Health Damage, as well as under the later Law Concerning Compensation for Pollution-Related Health Damage. In addition, certified patients also receive compensation in accordance with the out of court settlements that took place between the patients’ groups and Chisso in July 1973.

4. Compensation Based on the Compensation Agreement with Chisso

■ Demands for Compensation from Patient Organizations

Despite the fact that the Mutual Aid Society had signed the Mimaikin Agreement with Chisso on December 30, 1959, the issue of compensation was again raised following the national government's official recognition that Minamata disease was caused by pollution.

The Mutual Aid Society lodged its claims and negotiated for compensation with Chisso, but discussions stalled on the grounds that there was no yardstick by which to determine the level of compensation.

The Ministry of Health and Welfare intervened, establishing the Minamata Disease Compensation Processing Committee and requesting that patients submit a pledge entrusting the Ministry with discretionary power concerning the appointment of committee members and accepting its decision with no objections.

Despite vigorous debate within the Mutual Aid Society, no conclusion could be reached concerning the submission of the pledge. Accordingly, on April 5, 1969, the society split into two groups – those who would submit the pledge and request the mediation of the government in settling the matter (the mediation faction), and those who would negotiate directly with Chisso but later take their claims to court (later referred to as the litigation faction). Both factions commenced work on combating the issue of compensation.

■ The Mediation Group and the Mediated Settlement

In conjunction with the establishment of the Minamata Disease Compensation Processing Committee on April 25, 1969, representatives of the mediation faction began to camp out at the Ministry of Health and Welfare in an attempt to influence the Ministry.

On May 27, 1970, a second proposal was proposed by the Processing Committee and accepted by the patients and Chisso in the form of an out of court settlement. This proposal focused mainly on compensation payments (a lump sum payment of 1.7 – 4 million yen for the deceased, 800,000 – 2.2 million yen and an additional annuity of 170,000 – 380,000 yen for survivors) and avoided any comment concerning Chisso's legal responsibility.

■ Newly Certified Patients and Mediation

On August 7, 1971, the Deputy Director-General of the Environmental Agency published a notice regarding the Law Concerning Special Measures for the Relief of Pollution-Related Health Damage (namely, that certification would be granted where the oral ingestion of organic mercury could be confirmed). Following this announcement, on December 28, 1971, thirty newly certified patients sought mediation from the Central Council for Environmental Pollution (which became the Environmental Disputes Coordination Commission on July 1, 1972.) On April 27, 1973, the Central Council for Environmental Pollution proposed a mediation plan which recommended compensation payments to the same levels as those rewarded in the Kumamoto District Court for the First Minamata Disease Lawsuit. Specifically, the payments include a special assistance subsidy (stipend of 20,000 - 60,000 yen a month) and awards for treatment, non-medical care, and funeral expenses. Both the patients and Chisso accepted the proposal and mediation concluded.

■ Conclusion of Compensation Agreements and the Tokyo Negotiation Group

On August 18, 1970, as applications were flooding in, nine people (seven from Kumamoto Prefecture and two from Kagoshima Prefecture) whose applications of Minamata disease had been dismissed, protested their discontent at having been declined certification to the Minister for Health and Welfare (whose jurisdiction was transferred to the Environmental Agency following its establishment on July 1, 1971.)

On August 7, 1971, the Director-General of the Environmental Agency reversed the dismissal by both prefectures to reject applications and ruled that all proceedings must be undertaken in accordance with the law (effective from October 6 for Kumamoto and October 8 for Kagoshima).

On October 11, under the ruling of the Director-General, those people who had been newly certified as sufferers of Minamata disease by the prefectural governors commenced direct negotiations with Chisso.

Still, Chisso claimed a distinction between the purpose of these new patients and those of the patients who had been certified previously, maintaining that it was a matter for the Central Council for Environmental Pollution to decide. Those representing the patients countered with a demand for compensation of 30 million yen per person in a repeat of the mediation agreements brokered by the Minamata Disease Compensation Processing Committee on May 27, 1970. When negotiations stalled, the patients and their supporters com-

menced a heated and prolonged sit-in outside the main entrance of the Chisso Minamata factory, and later its Tokyo headquarters. (This faction became known as the Independent Negotiation Group.)

Moreover, those patients who were awarded compensation on March 20, 1973, in the First Minamata Disease Lawsuit joined forces with the Independent Negotiation Group who were negotiating directly with Chisso to form the Minamata Disease Tokyo Negotiation Group. Together, they lobbied the Chisso for full compensation to provide for their futures, on the grounds that the initial compensation only covered the damages for their previous sufferings.

The Tokyo Negotiation Group resumed discussions with Chisso, but when the talks stalled due to strong differences of opinion concerning medical expenses and annuity, the Environmental Agency directors acted as intermediaries.

On July 9, the hard work of the Director-General was rewarded when a compensation agreement (that Chisso contribute 300 million yen* to a working fund) was proposed, based on the ruling of the Kumamoto District Court and the first mediation agreement that had been brokered by the Environmental Disputes Coordination Commission. The agreement was agreed to by the patients and Chisso, and all patient groups and factions signed the agreement.

Following this agreement, those certified patient groups who desired received their compensation payments in accordance with this agreement.

*As of 2022, 700 million yen

Table 4 Compensation Payment Based on the Agreement with Chisso

※ As of June 1, 2022

Category	Description
Lump-sum compensation	Rank A: 18 million yen per person plus compensation for family members (19 million yen at maximum)
	Rank B: 17 million yen per person plus compensation for family members (12.7 million yen at maximum)
	Rank C: 16 million yen per person
Pension	Rank A: 181,000 yen per person per month
	Rank B: 97,000 yen per person per month
	Rank C: 73,000 yen per person per month
Medical expense	All self-pay medical expenditures are paid by Chisso. *Excludes pregnancy, dental, and third-party accidents
Others	Medical allowance, costs for nursing care, hot spring recuperation, acupuncture, moxibustion, and funeral expenses

5. Relief Through the Administration of Justice: the Minamata Disease Lawsuits

■ Lawsuit Claiming Reparation of Damages for Minamata Disease (the First Minamata Disease Lawsuit)

One group of patients sought to settle the issue of compensation to victims through direct negotiation with Chisso. However, Chisso remained adamant that the issue be settled via a third party, and negotiations stalled. This group of patients (the so-called Litigation Faction) resorted to legal action as a means of settling their claim. Support groups assisting in the lawsuits were soon established.

On June 14, 1969, 112 patients and family members filed suit against Chisso in the Kumamoto District Court for a total of over 642 million yen in damages. As additional plaintiffs joined the suit, the total sum claimed grew to over 1.588 billion yen.

On March 20, 1973, the district court found Chisso responsible, severely admonishing the company's actions: "The Chisso Minamata Factory was negligent of its due duty of care as a synthetic chemical manufacturer." The court handed down a verdict ordering Chisso to pay total damages of 937.3 million yen, including 18 million yen for each deceased victim and between 16 - 18 million yen to each surviving victim.

The court's decision also voided the December 1959, Mimaikin agreement. According to the court, al-

though the causal agent and the means of contamination had not been scientifically proven at the time the Mimaikin agreement was concluded, several factors made it objectively fairly clear that wastewater from the Chisso Minamata factory was the source of the contaminant causing Minamata disease. The evidence included, 1) the Kumamoto University Medical School's epidemiological survey; 2) the results of the so-called "Cat Number 400 Experiment"; and 3) the outbreak of new cases of the disease near the mouth of the Minamata River following the re-routing of the factory's wastewater. In the court's opinion, the agreements took advantage of the victims' ignorance and poverty to deprive them of a legitimate right to claim further damages in exchange for a low amount of compensation. As such the agreements were deemed a breach of the common decency and nullified.

As discussed in Chapter 4, the patients who filed the lawsuit actually receive compensation in accordance with the compensation agreement signed with Chisso on July 9, 1973.

■ **Lawsuit Claiming Reparation of Damages for Minamata Disease (the Second Minamata Disease Lawsuit)**

On January 20, 1973, 141 persons (including 34 rejected applicants for Minamata disease certification, 10 patients, and family members) filed suit against Chisso in the Kumamoto District Court for damages in the amount of 22 million yen per victim, totaling 1.684 billion yen.

On March 28, 1979, the same district court broadened the criteria for certification, indicating that epidemiological evidence should be given precedence. The court ruled that 12 of the 14 plaintiffs seeking certification were suffering from Minamata disease and awarded each between 5 - 28 million yen. In total, the court ordered Chisso to pay 150 million yen. Both sides lodged appeals in the Fukuoka High Court.

On August 16, 1985, the Fukuoka High Court handed down a decision, which came close to a revision of the broadened criteria for certification. The court determined that 4 of the 5 plaintiffs seeking certification were suffering from Minamata disease and ordered Chisso to pay each between 6 - 10 million yen, for a total of 32 million yen.

■ **Lawsuit Claiming Reparation from the State (the Third Minamata Disease Lawsuit)**

On May 21, 1980, 85 persons (including 69 unrecognized victims and the families of victims) filed suit in the Kumamoto District Court for damages in the amount of 18 - 28 million yen per person, and 1.377 billion yen in total (Part 1 of the lawsuit). In addition to claims lodged against Chisso, also claimed damages from the national government and Kumamoto Prefecture under the National Compensation Law. The suit charged that liability lay not only with the polluter itself, but also with the prefectural and national governments for having negligently failed to prevent the outbreak and spread of Minamata disease. This was the first lawsuit to contest the issue of state liability for the disease.

The March 30, 1987 decision recognized all 70 plaintiffs, with exemption of the 5 already certified by the government, as certified victims of Minamata disease, and ordered payment of between 3.3 - 22 million yen per person, or 674.3 million yen in total. Although this represented an outright victory for the plaintiff side and fully recognized the responsibility of the national government and Kumamoto Prefecture, the defendants and part of plaintiffs appealed.

The Third Lawsuit was filed in Parts 1 through 16. On March 25, 1993, the verdict in Part 2 also fully recognized the liability of the government, and again, the defendants and part of plaintiffs appealed.

■ **Summary of Filing and Conclusion of Each Lawsuit**

From 1982 to 1988, a string of lawsuits seeking redress under the National Compensation Law was filed in the district courts of Osaka (Kansai Lawsuit), Tokyo (Tokyo Lawsuit), Kyoto (Kyoto Lawsuit), and Fukuoka (Fukuoka Lawsuit). The lawsuits became extremely prolonged, and involved over 2,000 people as plaintiffs.

Then, in September 1990, the Tokyo District Court issued a recommendation for mediated out of court settlements, arguing that "to affect a timely solution, the parties involved must reach some kind of compromise."

Recommendations for out of court settlements were then issued from each court, one after the other. Kumamoto Prefecture and Chisso were responsive to settlement, but the national government refused, stating, "It is difficult to accept the recommendation for settlement at this point, while the gulf between liability and medical evidence remains."

Under these circumstances, political activity aimed at achieving a timely resolution to the problem of Minamata disease began gaining momentum around October 1994. On September 28, 1995, the three-party ruling coalition presented a draft of its Final Resolution Plan, and on December 15, having heard the opinions of all

parties involved, the Final Resolution Plan was officially approved. In May 1996, having accepted the Plan, the National Defense Councils for Minamata Disease Victims, who had acted as the plaintiff in each lawsuit (with the exception of the Kansai Lawsuit), concluded out of court settlements with Chisso and formally withdrew any action against Kumamoto Prefecture and the national government of Japan.

■ The Kansai Lawsuit

The Kansai Lawsuit, the only lawsuit to continue without accepting cabinet-decided Final Resolution Plan in 1995, unrecognized Minamata disease patients and their families living in the Kansai area appealed their case against the national government and Kumamoto Prefecture to the Supreme Court. The case was won by 37 patients on October 15, 2004, when the court ruling acknowledged the government's responsibility.

■ Following the Act on Special Measures for Victims of Minamata Disease

Further lawsuits have been filed since this ruling in favor of the Kansai group. However, since cabinet's 2010 decision of the Act on Special Measures Concerning Relief for Victims of Minamata Disease and a Solution to the Problem of Minamata Disease, relief measures based on the Act have been implemented and a movement to out of court settlements was facilitated. The relief measures, however, were found to be inapplicable to 9,572 applicants, constituting about 20% of all cases. The results of the screenings were seen as unreasonable, and new lawsuits for damages were filed

In addition, several lawsuits are still proceeding, including those seeking mandatory certification and payment of compensation based on the Act on Compensation for Pollution-Related Health Damage, and a review of the standards for certification.

Table 5 Pending Lawsuits on Minamata Disease

※ As of September 30, 2022

Lawsuit	Number of plaintiffs	Compensation demanded	Dfendant	Remarks
Lawsuit seeking state compensation (The second "No More Minamata" Lawsuit)	1,424	Certification of Minamata disease patients and compensation	National Government, Kumamoto Prefecture and Chisso	Jun. 20, 2013, Filed in Kumamoto District Court
Lawsuit seeking state compensation (The second "No More Minamata" Tokyo Lawsuit)	86	Certification of Minamata disease patients and compensation	National Government, Kumamoto Prefecture and Chisso	Aug. 12, 2014, Filed in Tokyo District Court
Lawsuit seeking state compensation (The second "No More Minamata" Kinki Lawsuit)	130	Certification of Minamata disease patients and compensation	National Government, Kumamoto Prefecture and Chisso	Sep. 29, 2014, Filed in Osaka District Court
Lawsuit seeking state compensation	1	Man subject to special measures law claims compensation for unemployment due to worsening condition	National Government, Kumamoto Prefecture and Chisso	Jan. 13, 2015, Filed in Tokyo District Court May. 29, 2019, Plaintiff loses case Feb. 27, 2020, Appeal dismissed
Lawsuit seeking obligated certification	7	Certification of Minamata disease patients based on the Pollution Compensation Act	Kumamoto and Kagoshima Prefectures	Oct. 15, 2015, Filed in Kumamoto District Court Mar. 30, 2022, The plaintiff lost the case
Lawsuit seeking revocation of dismissal	1	Revocation of dismissal, and certification of plaintiff's late mother	Kumamoto Prefecture	Dec. 19, 2018, Filed in Kumamoto District Court
Lawsuit seeking obligated certification	1	Certification of Minamata disease patients based on the Pollution Compensation Act	Kumamoto Prefecture	Jun. 18, 2020, Filed in Kumamoto District Court

6. Continuation of Independent Negotiations to Demand Direct Compensation

In 1973, Chisso and the various patients' groups exchanged a written oath pledging that compensation concerning Minamata disease would be discharged as a show of good faith. On July 27, 1988, the Minamata Disease - Chisso Negotiation Body (246 persons, later becoming the Minamata Disease Patients Alliance), a group seeking compensation from Chisso via direct negotiations, reinstated negotiations demanding the company reaffirm its commitment to this precept in writing. Negotiations did not proceed smoothly, with Chisso asserting that the company did not have the power to certify victims as Minamata disease sufferers.

On September 4, the Negotiations Group demanded the reopening of negotiations from that afternoon and began a sit-in demonstration in front of the Chisso Minamata factory



A sit-in demonstration in front of the Chisso Minamata Factory

to publicize the existence of people who suffered from Minamata disease but did not want to come forward.

Anxious about this situation, mayor Okada of Minamata City requested an explanation of the situation from both the Negotiations Group and Chisso, and offered to intercede and mediate discussions. However, the two sides could find not common ground from which to begin talks, and the mayor's efforts at mediation ended in failure.

The sit-in protest continued into the next year with no re-opening of negotiations, and the protracted stalemate dragged on. Given the situation, 2 Diet members, Joji Fukushima and Hiroyuki Sonoda, proposed the reopening of discussions, with Kumamoto Prefectural Governor Hosokawa and Minamata City mayor Okada serving as witnesses. In response to this call from Representative Fukushima, talks between the Negotiations Group and Chisso were held at the Minamata City Office on March 25, 1989, with Governor Hosokawa and mayor Okada witnessing.

That day, 6-point memorandum, based on the mediation plan prepared by Representative Fukushima in October the previous year, was approved and signed by both parties and the witnesses. The memo included the following points. 1) The certification of any Minamata disease victims not currently receiving assistance will be expedited. Such persons will receive aid from Chisso and the government as a matter of course; 2) Chisso must give its full and absolute consideration to the aid of victims; and 3) The Negotiations Group will raise any questions or concerns in an orderly and constructive manner, and will actively cooperate to improve the situation.

With the signing of the memorandum, the Negotiations group ended its 204 days long sit-in March 26, 1989, and discussion among the Negotiations Group, Chisso, and the local government continued.

This negotiation was settled in April 1996, with the signing of agreements with Chisso based on the government's Final Resolution Plan.

7. Minamata Disease Certified Patients Health and Welfare Project

As part of this project aimed at encouraging the recovery, maintenance, and improvement of the health of those harmed by Minamata disease, Kumamoto and Kagoshima Prefectures loan special beds to patients and provide guidance regarding recuperation at home. This project is based on the Law Concerning Compensation for Pollution-Related Health Damage, effective from September 1, 1974, and receives annual approval from the Director of the Environmental Agency.

8. Minamata Disease Certification Applicants' Treatment Research Project

This project has been in effect since 1974, under the auspices of Kumamoto and Kagoshima Prefectures.

< Note >

Kumamoto Prefecture initially implemented this project under the name “Treatment Research Project for Minamata Disease Patients Requiring Examination,” modifying it to its current title in fiscal 1975. Kagoshima Prefecture initiated it as the “Treatment Research Project for Minamata Disease Patients and Others Requiring Examination,” and continues to use this title.

Due to the prolonged length of time required to determine the results of applicants seeking certification, and in an effort to lighten the burden of medical treatment costs incurred by applicants, this project subsidizes a portion of the cost of medical treatment.

The Treatment Research Project is applicable to people who satisfy certain necessary conditions, such as 1) requiring the Certification Council determines that a doctor’s observation, etc. is necessary; 2) still awaiting the approval or disapproval of the governor, despite having received a reply at the Certification Council; and/or 3) residing in the appointed areas for more than 5 years, and waiting at least one year since applying for certification (6 months for those with severe symptoms).

Eligible people are provided with expenses for medical treatment and non-medical treatments such as acupuncture, moxibustion, and massage, as well as personal allowances for medical treatment and care assistance.

From June 1986, Kumamoto Prefecture excluded those who did not undergo a certification medical examination as ineligible for this subsidy. Since the fiscal year 1986, as individual cases seeking certification were dealt with, the number of those awaiting a formal approval decreased. Due to this, the amount of funds being provided for the Treatment Research Project by both prefectures began to decline. However, since the Kansai Lawsuit decision, both prefectures have increased funding to keep up with the increasing number of applicants for recognition.

9. Comprehensive Measures of Minamata Disease

■ Medical Care Project

In areas affected by Minamata disease, Kumamoto and Kagoshima Prefectures implemented the Comprehensive Minamata Disease Medical Care Project to establish the cause of symptoms and reduce and resolve health problems by ensuring the opportunity for medical treatment. The Medical Care Project applied to people who were not certified for Minamata disease but experienced a loss of sensation in the extremities, a typical symptom identified in Minamata disease, or developed certain other neurological symptoms. A Medical Care Notebook or a Health Notebook (later, a Minamata Disease Victim’s Notebook) is provided to those who are covered by the project, and recuperation expenses or allowances are paid according to the type and degree of symptoms.

Table 6 Benefit Package of the Comprehensive Minamata Disease Medical Care Project

※ As of September 30, 2022

	Medical Care Notebook holders	Minamata Disease Victim’s Notebook holders
Medical expenses	Self-pay medical expenses (covers by insurance) and nursing care expenses (medical service)	Self-pay medical expenses (covers by insurance) and nursing care expenses (medical service)
Acupuncture, moxibustion and hot spring recuperation allowance	Acupuncture, moxibustion, and hot spring recuperation not covered by insurance: Up to 7,500 yen in total per month	Acupuncture, moxibustion, and hot spring recuperation not covered by insurance: Up to 7,500 yen in total per month
Medical service allowance*	When receiving medical services: - Inpatient costs: 23,500 yen per month - Outpatient costs (once a month or more): Aged 70 and over: 21,200 yen per month Aged under 70: 17,200 yen per month	When receiving medical services: - Inpatient costs: 17,700 yen per month - Outpatient costs (once a month or more): Aged 70 and over: 15,900 yen per month Aged under 70: 12,900 yen per month

*Medical service allowance may not be paid to Minamata disease Victim Notebook holders depending on the type and degree of symptoms.

The Medical Care Project was initiated in June 1992. While acceptance of applications once stopped at the end of March 1995, it was replaced by a new Medical Care Project following cabinet understanding of the government's resolution plan for Minamata disease issues, and applications were accepted again from January to July 1996. Then, based on the Kansai Lawsuit Supreme Court decision, the scope of the Project was expanded, and applications for Health Notebooks were reopened from October 2005 to July 2010.

Applications for the Minamata Disease Victim's Notebook were accepted from May 2010 to July 2012 according to the promulgation and enforcement of the Act on Special Measures in July 2009, as well as the April 2010 cabinet decision concerning policy for the relief measures as specified in the Act on Special Measures.

■ Health Management Programs

Since 1993, Kumamoto and Kagoshima Prefectures have been carrying out Health Management Programs in regions affected by Minamata disease in an effort to resolve the health related anxieties of citizens who may have ingested methylmercury to varying degrees, and also to understand the long-term health condition of such citizens. These programs include, health surveys, health classes, and health guidance.

10. Health Surveys

In the process of determining the cause of the disease, from 1956 to 1963 the Kumamoto University Study Group and the Public Welfare Scientific Study Group made visits to carry out medical examinations and epidemic surveys.

In an effort to understand the spread of health damage, Kumamoto and Kagoshima Prefectures conducted health surveys beginning in 1971. Approximately 110,000 citizens were targeted for a questionnaire survey, and about 23,000 people for a secondary medical examination. Secondary screening recipients were approximately 50% of this number undertook the examination.

In the same year, a large-scale health survey was conducted by the Kumamoto University Medical School's Second Outbreak of Minamata Disease Study Group.



Citizens' Health Survey in the Minamata Bay Coastal Area (September 1971)

11. The Response of Minamata City

■ Treatment as an Infectious Disease

Due to the discovery of numerous sufferers in specific areas in a certain period of time, as found in a survey conducted after the official recognition of the disease on May 1, 1956, it was initially thought that the disease may be infectious. In response, the Minamata City Sanitation Division sprayed disinfectant and insecticide in areas where sufferers of the disease had been discovered.

■ Isolation of Patients in Infectious Disease Wards

In July 1956, to minimize the burden of medical treatment expenses, the eight patients who had been hospitalized at Chisso Hospital were placed in the city's infectious disease wards (in an isolation wards). They were hospitalized at the public expense under a diagnosis of "pseudo-Japanese Encephalitis."

■ Application of Public Welfare Assistance

Measures were put in place to provide assistance for medical treatment and everyday living expenses to households that had lost their daily income due to the illness of working members of the family and were enduring hardship with few options.

■ Construction of a Special Minamata Disease Ward

In December 1958, a temporary special wing for Minamata disease sufferers was constructed in Minamata Municipal Hospital with 11 patients being hospitalized. In July the following year, a ward specifically for Minamata disease was completed, and 29 patients were hospitalized at the public expense.

■ The Minamata Municipal Hospital Affiliated Yunoko Hospital (Rehabilitation Center)

On March 7, 1965, the first public rehabilitation-specific hospital in Japan, the Minamata Municipal Hospital Affiliated Yunoko Hospital, was opened as a rehabilitation center for Minamata disease patients.

However, on March 24, 2005, due to deterioration of this hospital and improvement of rehabilitation services at the Minamata General Hospital in Tenjin-Cho, Minamata, the facility was closed after 40 years.

■ Establishment of a Branch School for Fetal Minamata Disease Patients

On April 15, 1969, the Yunoko Branch of Minamata Dai-ichi Elementary School opened in a room of the Yunoko Hospital as an educational facility. The branch school allowed severely affected fetal Minamata disease patients hospitalized in Yunoko Hospital to study while undergoing rehabilitation for handicapped limbs. On April 1, 1975, the Yunoko Branch of Minamata Dai-ichi Junior High School was established at Minamata Municipal Hospital.

Altogether 24 students, comprising patients at Yunoko Hospital and Meisuien, graduated from both schools. Having fulfilled their roles, the schools were closed on March 26, 1999.

■ Opening of the Meisuien (Minamata Disease Patient Care Facility)

On December 15, 1972, the Meisuien, a social welfare institute for the severely disabled and specifically for Minamata disease patients, was opened. The Meisuien was built as a facility that would enable sufferers to remain as comfortable as possible while receiving treatment for their illness, given the lengthy period of time required for recovery. 13 fetal Minamata disease patients were admitted at time of opening.

These patients are provided with health maintenance, medical treatment, nursing care, rehabilitation, and guidance and assistance for everyday life. In addition, in September 2011, the Nukumori - House "Shiokaze" was opened, which provides accommodations for victims of fetal and infantile Minamata disease, as well as their families.



The Meisuien

■ Health Surveys

In May 1975, the city conducted a survey of the health of more than 7,000 citizens from mountainous areas such as Kugino, Yude, and Fukagawa, who had been overlooked in the Minamata Bay Coastal Citizens Health Survey conducted from 1971 to 1974. After that, in 1981 a health survey was conducted targeting all citizens of Minamata City (approximately 37,000 people.)



Health survey conducted by Minamata city

■ Survey of Residual Mercury Levels in Hair and Umbilical Cord Samples

From 1977 to 1988, a survey of the mercury levels in the umbilical cords of fetuses (1,404 tested) and the hair of infants (288 tested) was conducted. In May 1990, it was declared that there was no longer any danger of developing (infantile) Minamata disease.

■ Establishment of the National Institute for Minamata Disease

The National Institute for Minamata Disease (NIMD) was established in Minamata City, Kumamoto Prefecture in October 1978, as a center for promoting Minamata disease research. Its location was chosen in consideration of the complex historical background and societal significance of Minamata disease as well as its position as the origin of pollution in Japan.

In September 1986, the Institute was designated as a cooperative organization to the World Health Organization (WHO) for research into the health effects of organic mercury.

In July of 1996, the Institute was reformed in an effort to enrich its research facilities by making use of Minamata's unique position as the location of the origin of Minamata disease. The Institute now conducts comprehensive and international surveys and research on Minamata disease, collects and disseminates information, and provides relevant training. Since its establishment, the societal and international circumstances surrounding Minamata disease and mercury issues have changed dramatically, and so the demands placed on the Institute are expanding. In particular, in July 2009, the Act on Special Measures was put into effect. This was followed up in April 2010, when cabinet decided the "Policy on Relief Measures under the Special Measures Act," which stipulates that "the National Institute for Minamata Disease (NIMD) shall play a central role where appropriate regarding medical care, welfare, surveys and research, and the dissemination of information on Minamata disease in Japan and abroad." Internationally, a treaty establishing the global regulation of mercury was adopted in 2013 in Kumamoto Prefecture and issued as the "Minamata Convention on Mercury," in August 2017. The Convention includes technical guidance for developing countries as given by developed countries, as well as the evaluation and dissemination of information on the health effects of mercury. The Institute will play a central role in implementing these measures as a core institution in Japan.



The National Institute for Minamata Disease



An experiment on the effects of methylmercury on the central nervous system during development.

■ Establishment of the Minamata Disease Archives

The Minamata Disease Archives was opened in June 2001 in Eco-Park Minamata's "Manabi-no-Oka (Hill of Learning)," adjacent to the Minamata Disease Municipal Museum and the Kumamoto Prefectural Center of Environmental Education and Information, as an affiliated facility of the NIMD.

The Minamata Disease Archives is a facility that is equipped to 1) Collect, stores, organizes, and provides information on Minamata disease in a centralized manner and conducts research on Minamata disease; 2) Make widely available information for researchers and citizens through exhibitions and information networks; and 3) Host conferences for academic exchange related to Minamata disease. With the three facilities established, the national, prefectural, and municipal governments work together to accumulate and disseminate information related to Minamata disease and the environment.



The Minamata Disease Archives

■ Monetary Support Financed by the Issue of Prefectural Bonds

As the corporation responsible for the outbreak of Minamata disease, Chisso Corporation pays compensation to certified victims of the disease.

From 1972, an increase in the number of applications for Minamata disease certification led to an accompanying increase in the number of recognized patients. The recession created by the oil crisis, coupled with the burden of paying compensation, soon pushed Chisso into financial difficulty. The company's 1977 balance of accounts showed an accumulated debt of 36.4 billion yen, leading to fears that the company's financial situation could jeopardize the continued payment of compensation.

To deal with this situation, on June 20, 1978, cabinet understood "Concerning Minamata Disease Countermeasures." Stipulating that any financial aid to Chisso must adhere to the polluter-pays principle, but mindful of the need to ensure that there is no disruption of the compensation payments to Minamata disease sufferers, and also as a means of contributing to the economic and social stability of the region, cabinet recommended that Kumamoto Prefecture issue prefectural bonds, the funds from which would be lent to Chisso to fund the payment of compensation.

In response to the government's directive, Kumamoto Prefecture submitted a budget proposal for the issue of prefectural bonds to the prefectural assembly in December of that year.

After careful deliberation, the prefectural assembly accepted the government's recommendation. Its endorsement was tempered with an 8-item supplementary resolution, which included demands for additional financial aid to Kumamoto Prefecture for general Minamata Disease programs and a stipulation that, as an emergency measure, should any unforeseen circumstance befall Chisso, 100% responsibility would shift to the national government.

On December 27, immediately following the assembly decision, Kumamoto Prefecture provided Chisso with a lends of 3.35 billion yen.

The financial aid provided to Chisso via the issue of prefectural bonds has been reviewed in the past. On each occasion, the government has convened a meeting of concerned cabinet ministers, and on each occasion, cabinet recommended that Kumamoto Prefecture continue to provide financial support to Chisso through further prefectural bond issues. With the approval of the prefectural assembly, Kumamoto Prefecture extended the issuance of bonds every 3 years until 1999.

As well as the "patient prefectural bonds" which provide for the payment of compensation to certified patients, Kumamoto Prefecture has also issued prefectural bonds to finance Chisso's portion of the Minamata Bay Pollution Prevention Project, as well as the company's investment in new plants and equipment. In additionally, Kumamoto Prefecture has also issued prefectural bonds to pay for the lump-sum settlements awarded to uncertified victims of the government's solution plan, and for the special loans provided to Chisso in connection with its drastic financial support since 2000. As of late March 2022, Chisso's public liability stands at approximately 198.9 billion yen.



■ Injection of National Funding through Radical Financial Support Measures

The compensation to Minamata disease sufferers continued to threaten Chisso's management. As a result of investigations carried out by the political parties and concerned Ministries, on June 9, 1999, the government unveiled its radical financial support measures to all parties concerned. (For details, see reference materials in the appendices.)

Backed by the approval of Kumamoto Prefecture and Chisso's "Rejuvenation Plan," cabinet understanding on the provision of financial support was approved by cabinet and officially ratified on February 8, 2000. (For details, see reference materials.)

The financial support provision stipulated, 1) the "patient bonds" issued by Kumamoto Prefecture, which formed the pivotal form of aid for 20 years, would be abolished in fiscal 2000; 2) Chisso would pay compensation to Minamata disease patients from its operating profits while any remaining profits were to be paid to Kumamoto Prefecture as loan repayments. Any portion of the debt that could not be repaid would be paid to the prefecture by the national government from the subsidies and grants or regional finance provisions of the general budget. The portion of the debt taken over by the national government is then to be repaid by Chisso at some point in the future; and 3) the approximately 27 billion yen provided by the Japanese government to finance the lump-sum payments to uncertified victims is exempt from repayment.

■ Presentation of the Proposed Resolution Plan and Consensus Among Persons Concerned

Relief measures had been provided for Minamata disease patients and victims through the Law Concerning Compensation for Pollution-Related Health Damage (enforced in 1974, hereinafter referred to as the “Pollution Compensation Law”) and the Comprehensive Minamata Disease Medical Care Project. However, with lawsuits filed by the people whose application for certification based on the Pollution Compensation Law had been rejected, and a movement by the people seeking remedy through direct negotiation, conflicts dragged on for a prolonged period of time. In September 1990, for the first time since history of Minamata disease incident, the Tokyo District Court handed down a recommendation for out of court settlements, stating, “to affect a timely resolution to the problem of Minamata disease, discussion is the only option.” With this as a turning point, each court issued recommendations for out of court settlements. However, attempts to mediate or directly negotiate were fraught with challenges, and there seemed no likelihood of seeing a solution to the Minamata disease problem.

In the meantime, the victims of Minamata disease were aging rapidly, and their pleas for aid while they were still alive were becoming more and more urgent. Given the situation, there was an upsurge in political activity aimed at achieving a timely resolution to the Minamata disease problem around October 1994.

In December of that year, the three ruling coalition parties (the Liberal Democratic Party of Japan, the Socialist Party, and New Party Sakigake) began to seriously investigate the prospect of a solution to Minamata disease. Entering 1995, progress was made to coordinate between the groups involved, including the various victims’ groups, Kumamoto Prefecture authorities, and relevant national government ministries and agencies. On September 28, the three ruling parties presented its Final Resolution Plan based on the opinions of all parties involved, and consensus was reached by December.

The main points of the agreement were as follows:

- A. Focusing on the following key items, a quick, final, and comprehensive solution to the many and various disputes concerning Minamata disease will be sought.
 1. The responsible company will pay all eligible persons (those currently eligible for assistance under the Comprehensive Minamata Disease Medical Care Project) a lump-sum award of 2.6 million yen.
 2. Upon the final and comprehensive settlement of the issue of Minamata disease, the national government and Kumamoto Prefecture will express their sincere remorse and assume an attitude of responsibility.
 3. Aid recipients will withdraw any claims or legal action (including lawsuits, direct negotiations, certification applications, and official complaints against administrative authorities), and bring the dispute to a close.
- B. Upon resolution of these disputes, the national government and Kumamoto Prefecture will implement procedures to ensure the continuation of the Comprehensive Medical Care Project, and will reopen



Agreement between victims’ groups and Chisso (May 19, 1996)

applying applications to this program. Financial support will be given to Chisso, and programs for regional renewal and redevelopment will be implemented.

■ Implementation of the Resolution Plan by the Government

On December 15, 1995, cabinet formally understood the government's Final Resolution Plan, which is consistent with the points of the agreement listed above. On the same day, the Prime Minister announced, "We must candidly reflect on why it took so long to determine the cause of Minamata disease and to take appropriate measures against the offending company."

Following this, the national government, prefectures concerned, and Chisso undertook various measures including making lump-sum payments to victims, reopening the Comprehensive Minamata Disease Medical Care Project, and promoting policies for regional renewal and redevelopment. Applications for the Medical Care Project were accepted from January to August 1996, and Medical Care Notebooks (formerly Recuperation Notebooks) were issued to 11,152 persons. In addition, Health Notebooks were issued to 1,222 persons who were not covered by the Medical Care Notebook but developed certain neurological symptoms and were reimbursed for their self-pay medical expenditure.

■ Dispute Resolution by Out of Court Settlements

Due to the fact that measures were taken to resolve the problem of Minamata disease, between February and May 1996, 5 victims' groups and Chisso signed agreements that formally ratified the lump-sum payment and the withdrawal of any legal actions or claims.

Following the signing of the above agreements, in May of the same year, the plaintiffs in lawsuits seeking state compensation concluded out of court settlements with Chisso, and formally withdrew any action against Kumamoto Prefecture and the national government of Japan (with the exception of the Kansai lawsuit). This included lawsuits in three high courts and four district courts in Kumamoto, Fukuoka, Osaka, Kyoto, and Tokyo.

■ Acknowledgement of the Responsibility of the National and Prefectural Governments in the Kansai Lawsuit Supreme Court Decision

On the other hand, the Kansai lawsuit, filed on October 28, 1982, was still proceeding even after the government offered a solution in 1995. The Supreme Court's ruling on October 15, 2004 acknowledged the responsibility of the national and prefectural governments, stating that they failed to fulfill their obligation to prevent the expansion of damage in accordance with the two former water quality laws (Public Water Quality Control Act and Industrial Effluent Water Act) and the prefectural fishery adjustment rule in and after January 1960.

■ New Relief Measures

After the Supreme Court decision in the Kansai lawsuit, there was once again an increase in the number of applications for certification of Minamata disease patients based on the Pollution Compensation Law. As a new relief measure for unrecognized patients, the Comprehensive Minamata Disease Medical Care Project was expanded. After the expansion, applications for Health Notebooks were reopened in October 2005. As of December 2007, more than 22,000 persons altogether have applied for disease certification or Health Notebooks. Furthermore, new lawsuits seeking state compensation were filed, proving the existence of potential victims.

In response to the increase of people seeking relief, new relief measures for patients were discussed.

■ Act on Special Measures Concerning Relief for Victims of Minamata Disease and a Solution to the Problem of Minamata Disease

The Act on Special Measures was enacted in July 2009 and promulgated and enforced. cabinet decided on the policy for the relief measures specified in the Act on Special Measures in April 2010, which made it possible for relief measures to be taken for the people covered by the policy. According to the type and degree of symptoms, measures included lump-sum payments by Chisso and payment of medical expenses and



A leaflet on the Kansai lawsuit ask for support (The Minamata Disease Municipal Museum Collection)

recuperation allowances through the issuance of Minamata Disease Victim Notebooks.

Along with the implementation of relief measures, the national and prefectural governments started settlement talks with some of the groups opposing them in court. In March 2010, both the plaintiffs and defendants accepted the opinion presented by the Kumamoto District Court and reached basic agreement on a settlement. In the same way, basic agreements were reached in the district courts of Niigata, Osaka, and Tokyo. Procedures were carried out in accordance with the agreements, and settlements were reached in all courts in March 2011.

In July 2010, the national government designated Chisso as a “specified corporation” based on the Act on Special Measures, and approved its business restructuring plan in December of the same year. These changes were for the purpose of ensuring that the company continues to fulfil its obligation to compensate certified patients and make lump-sum payments in accordance with conditions specified in the Act and the settlements. In April 2011, based on the plan, Chisso was split into two: a parent company responsible for compensation payments for the certified patients and repaying public debt (Chisso Corporation) and an operating company (JNC Corporation).

■ The “Leaflet Wars” and Formation of the Citizens’ Network Council for the Emotional Support of Minamata

In October 1971, those who had been rejected once, but were ultimately certified with Minamata disease by the Kumamoto Governor in line with the judgement of the Director-General of the Environmental Agency (the so-called newly certified patients) commenced direct negotiations with Chisso. Citizens of Minamata, who had regarded Chisso as the driving force for the town’s prosperity, deemed the continued existence of Chisso a matter of life and death for Minamata City. As the sense of crisis heightened, leaflets criticizing the behavior of newly certified patients were distributed by a portion of citizens seeking a swift settlement of the Minamata disease compensation issue. In response the newly certified patients distributed their own leaflets of protest, in effect initiating the Leaflet Wars.



Leaflets at the time of the Leaflet Wars
(The Minamata Disease Municipal Museum Collection)

In addition, the Minamata Citizens’ Council for Measures Against Pollution and the citizen’s volunteer group took action by organizing a signature-collecting campaign. They each gathered more than 10,000 signatures, which were then presented to the mayor.

On November 14, 2 groups consolidated, forming the Citizens’ Network Council for a Brighter Minamata, holding a general meeting where it presented as its goals, 1) early resolution of the issue of compensation; 2) expansion of the relief system for victims of environmental pollution; 3) disposal of the mercury contaminated sludge in reclaimed land; 4) replacement of the term “Minamata disease”; 5) revitalization of the city’s economic structure; and 6) lobbying organizations to encourage the development of new enterprises in Minamata.

Newly certified patients and their supporters reacted strongly to this movement, protesting, “Chisso’s liability is not being addressed. They are trying to keep patients contained.”

■ Formation of the “Association of Minamata Citizens’ Movement”

In October 1977, there was finally a positive development for Minamata City when work started on the Minamata Bay Pollution Prevention Project.

At the time, Chisso was facing serious difficulties due to a recession throughout the entire industry. The company had fallen into a management crisis, and was dealing with the emergence of an accumulated deficit.

Given these circumstances, and believing that Existence or non-existence of the Chisso Minamata factory would have a serious effect on the very foundation of the lives of citizens and the development of the local community, the Chamber of Commerce and Industry, along with two other economic groups, took a lead role and appealed to local citizens. This developed into a citizens’ movement to “take steps to deal with Minamata disease, revitalize the Minamata and Ashikita areas, and strengthen the Chisso Minamata factory to guarantee its continued existence.”

On December 16, 27 groups including a group of representatives from each faction of the Minamata

City Council, Minamata patient groups, labor organizations, and political parties formed the Association of Citizens' Movement to Take Steps in Dealing with Minamata Disease, Revitalize the Minamata and Ashikita Areas, and Strengthen the Chisso Minamata Factory for its Continued Existence (abbreviated to Association of Minamata Citizens' Movement).

On December 25, the Association of Minamata Citizens' Movement held a general rally, unanimously deciding on a petition. The petition included clauses, 1) demanding that the government enact special legislation that would establish fundamental solutions to issues caused by Minamata disease, such as providing full relief for Minamata disease sufferers and taking steps to restore the environment, as well as promoting the revitalization of the region; and 2) requesting that the national and prefectural governments exercise special proactive leadership regarding the payment of compensation to Minamata disease sufferers, secure the foundation of the lives of citizens, including laborers and sub-contractors, and take steps to support the continued existence of Chisso Minamata, which exerts an important influence on regional development, while also promoting expansion of its activities. Signatures were collected at the rally, eventually adding up to 27,000 people.

On April 12 and 13, 1978, the mayor of Minamata, the chairman of the city council, representatives from each faction of the city council, and 17 members of the Association of Minamata Citizens' Movement, plus the chairman, brought the collected signatures and filed the petition appealing to the national and prefectural governments to take concrete steps to ensure 1) full relief measures for Minamata disease sufferers; 2) environmental restoration; 3) revitalization of the Minamata and Ashikita areas; and 4) special legislation concerning the continuation of Chisso.

■ Formation of the "Citizens' Group"

The quick and comprehensive settlement of Minamata disease issues was a subject of utmost importance for Minamata City, and the zealous hope of all citizens. One of the issues pertaining to Minamata disease was that of the Minamata disease lawsuits, wherein repeated deliberations among related parties (excluding the national government) were carried out at the Fukuoka High Court and other courts. Aside from the trials, there were movements, in the form of direct negotiations with Chisso, that sought measures of relief. However, regardless of these developments, the involvement of the government was indisputably necessary for the quick and comprehensive resolution of Minamata disease related issues. Under these circumstances, an idea spread among citizens that the revival and regeneration of Minamata would be unachievable without the resolution of issues relating to Minamata disease.

On January 11, 1993, the mayor of Minamata, the chairman of the city council, and other representatives from the city council called for the formation of the Citizens' Group for the Settlement of Minamata Disease Issues and Support for the Rejuvenation of the Region (provisional name). On February 6, a founding general meeting was held for the establishment of The Citizens' Group for the Settlement of Minamata Disease Issues and Support for the Rejuvenation of Minamata (abbreviation: Citizens' Group). A total of 194 organizations and individuals participated, and the mayor of Minamata was elected as chairman of the group. The Citizens' Group organized a signature-collecting campaign to gain support for their cause, managing to amass the signatures of approximately 25,000 people.

On March 6, the first open public meeting of the Citizens' Group was held in the Minamata Cultural Hall, with 5 major issues being agreed upon, including the following.

1. Greater understanding and active involvement from the government and individuals regarding the quick resolution of Minamata disease issues, and the recognition of Minamata disease issues as issues concerning the whole region.
2. Deeper understanding of Minamata disease, and development of the city's welfare system to be enriched with sympathy and warmth.
3. An agreement that the cleaning of Minamata bay and restoration of the sea must be treated as a collective issue for the people, while also asking related organizations to make available all possible means to help.



A Meeting of the Citizens' Group for the Settlement of Minamata Disease Issues and Support for the Rejuvenation of Minamata (1993)

4. Successful conclusion of compensation to Minamata disease sufferers, and the implementation of special supportive measures to Chisso to aid in the stability of the regional economy and society.
5. A resolution to combine everyone's efforts to revitalize and promote the region, and build a home that everyone can be proud of, while using the experience of Minamata disease as a valuable lesson.

On March 22 and 23, the Group submitted the previously mentioned petition to the Environmental Agency, involved ministries and agencies, legislators from Kumamoto Prefecture, and all political parties, petitioning for the quick settlement of Minamata disease issues and support for the rejuvenation of Minamata. The group also submitted the same petition to Kumamoto Prefecture and the prefectural assembly.

Since then, from time to time, citizens' meetings are held and petitions for the relief of victims, the rejuvenation of Minamata, and the support of Chisso.

■ The Minamata Environmental Creation Development Project

Managed in collaboration with Kumamoto Prefecture, the Minamata Environmental Creation Development Project was started in 1990. The project sets down plans for the improvement and utilization of the reclaimed land of Minamata Bay, and for the promotion of regional development in cooperation with citizens (creating an Environmental Model City of love and comfort). The Minamata Environmental Creation Development Project has tackled various projects for Minamata's rejuvenation, such as hosting numerous international conferences and public seminars that face Minamata disease head-on. These projects are promoted proper understanding of Minamata disease, facilitate interaction among citizens, and shift the public's image of Minamata into a positive one. Thanks to these projects put together through the cooperation of patients, citizens, and the local government, people are able to speak up in public about Minamata disease issues, something that was impossible in the past, and the process of "Moyai Naoshi (the re-establishment of emotional ties between people)" has accelerated. Although the Environmental Creation Development Project drew to a close in 1998, the projects it began established a toehold to develop further projects aimed at the rejuvenation of Minamata.



■ Sorting, Recycling, and Reduction of Waste

To facilitate waste reduction and recycling in Minamata, the collection of household waste that had been sorted into categories began in August 1993. Currently, the city is making efforts to create a "zero waste community" by establishing over 20 different categories for sorting waste, as well as working to curb the amount of waste by encouraging "Reduce, Reuse, Recycle" initiatives in order to end reliance on burning and burying waste.

■ Support for the Establishment of District Environmental Agreements

Minamata City government has endorsed the drawing up of District Environmental Agreements. Designed to preserve residents' immediate environs, their so-called "living environment," the district agreements are developed by local residents and establish environmental "lifestyle rules."



Local residents undertake the sorting of household waste

■ Construction of the Moyai Naoshi Community Centers

Subsidized by the national government as part of the final plan for the settlement of Minamata disease, the construction of 2 community centers, the Minamata General Moyai Naoshi Center (alias Moyai - Kan) and



The Minamata General Moyai Naoshi Center (Moyai-Kan)



The Southern Minamata Moyai Naoshi Center (Orange-Kan)

the Southern Minamata Moyai Naoshi Center (alias Orange-Kan) were completed from 1996 to 1998. The facilities are utilized as places for citizens to interact and as bases for the provision of social welfare services.

■ Fostering Ecosystems

Programs to foster and maintain ecosystems (wildlife habitat areas = biotope) were introduced in 1998. The programs aim to protect the natural environment and promote people's coexistence with nature.

■ Recognizing Environmental Meisters

Local producers and craftspeople employing environmentally-friendly and health-conscious production processes, including the use of chemical-free organic fertilizer or natural materials, are recognized as "Environmental Meisters." The Environmental Meister system began in 1998.

■ City Office Awarded ISO 14001 Certification

On February 23, 1999, in recognition of the employment of environmental protection and improvement policies in all its business activities and services, Minamata City Office gained ISO 14001 Certification. ISO 14001 is an international standard for the continued implementation and maintenance of environmental management systems. Minamata City was the first local government in Kumamoto Prefecture, and the fifth in Japan, to earn this certification. At the time Minamata City Office was a pioneer in receiving ISO certification, which led to results such as improvement of the region's image, greater awareness of the Model Environmental City concept, significant cost reductions, and improved environmental consciousness of city employees. In September 2003, in order to enrich these activities, Minamata City issued a self-declaration, inviting citizens to audit and evaluate the city's environmental policies.

■ Launch of the Family-ISO and School-ISO Systems

Following the acquisition of ISO 14001 recognition, households and schools undertaking environmentally aware activities based on the ISO 14001 methodology are awarded certificates by the mayor. Households and all of the elementary and junior high schools in the city have been promoted their projects that for living in coexistence with the environment and improving schools.

■ Eco-Shop Certification System

Retailers that make an effort to operate in an environmentally-friendly manner, such as by saving resources and reducing waste, are certified as "Eco-Shops." This system began in 1999.

■ Whole Village Lifestyle Museum

Four districts (Kagumeishi, Okawa, Kugino, and Koshikoba) have been designated as Whole Village Lifestyle Museums, where the communities themselves have become a museum of life. The districts have "Lifestyle Curators," who provide guidance on life in the area, and "Lifestyle Craftsmen," who create crafts.

■ Creating Eco-Friendly Model Districts

First introduced in 1999, the Eco-Friendly Model District program encourages Minamata residents to promote the symbiosis of humans and nature in local districts of Minamata.

■ Coalition of Local Governments for Environmental Initiatives Conference

The 8th Coalition of Local Governments for Environmental Initiatives Conference (organized by the Coalition of Local Governments for Environmental Initiatives Conference Committee and Minamata City) was held in Minamata from May 24 to 26, 2000. Approximately 1,000 people attended the conference, representing some 70 groups concerned with environmental issues, including 50 local governments and various citizens' groups.

Organized around the central theme of "A Message for the 21st Century," the conference featured 21 sessions held at 6 different venues. Conference sessions covered topics on pro-environmental city development, such as "City Planning with Residents' Participation and Collaboration," "ISO: A System for Environmentally Conscious Local Governments", and "Promoting Waste Reduction, Sorting, and Recycling."



The 8th Coalition of Local Governments for Environmental Initiatives Conference

■ The 6th International Conference on Mercury as a Global Pollutant

The 6th International Conference on Mercury as a Global Pollutant, which brought together leading mercury researchers from around the world, was held at the Minamata Cultural Hall and the Minamata General Moyai Naoshi Center (Moyai-Kan) from October 15 to 19, 2001. In total, 412 people from 39 countries participated in the conference, and 535 reports on 5 categories, such as health and the atmosphere, were presented.

Minamata disease patients spoke tearfully about their experiences, and the mayor of Minamata City declared his resolution to make Minamata an Environmental Model City.

Various volunteers such as interpreters provided support for the conference, and the bonds of cultural exchange deepened between the participants and city residents.

■ The World "Lead-Off City" Conference

"Working to Create an Environmental Model City" was the theme for the 14th World "Lead-Off City" Conference (sponsored by Minamata City, Kumamoto Prefecture, and the Ministry of Land, Infrastructure, Transport, and Tourism) held on February 10 and 11, 2007. Some 900 local government representatives and residents attended the conference, which was held at the Minamata Cultural Hall.

After the keynote speech, seminars were held on 4 subjects: "Eco-Friendly Industry," "Changing Living Environments Through the Reduction of Waste," "Thinking About the Environment of Food," and "Environmentally-Themed Exchange." Participants from 5 overseas cities, 5 Japanese cities, and 8 private organizations exchanged their knowledge and experiences of working towards creating a sustainable society.

■ Development of a Model Environmental City

On June 25, 1992, the Minamata City Council passed a declaration that serves as a guiding principle for city development, based on the lessons of Minamata disease. The declaration was titled, "Declaration on a City that Values the Environment, Health, and Welfare."

On November 14 of the same year, Minamata City declared its intention to become an Environmental Model City. The declaration is based on the understanding that Minamata's experience of serious industrial pollution should serve as a warning to all mankind, and on the firm resolution that a tragedy the like of Minamata disease must never be allowed to occur again. It serves as a point of reference for citizens' behavior, and establishes guidelines for future city planning and development.

Based on these precepts, in January 1996, Minamata City approved the Third Minamata City General Plan. The plan describes a future vision of the city as an "Industrial-Cultural City" that values the environment, health, and welfare. The Fundamental Environment Plan, approved that March, laid out a clear framework for planning and developing the model environmental city, and marked a big step toward the rejuvenation of Minamata.

In 2008, Minamata was selected as an "Environmental Model City" by the national government, in recognition of the work that each and every citizen put into building an environmentally conscious community. As a municipality taking the lead in addressing the global-scale problem of climate change, Minamata is striving to achieve a sustainable society.

■ The 33rd National Convention for the Development of an Abundantly Productive Sea

Under the theme of “Nourish my Hometown’s Sea, Bright with Life,” the 33rd National Convention for the Development of an Abundantly Productive Sea was held in Kumamoto Prefecture on October 26 and 27, 2013. During this event, where young flounder and scorpion fish were released to the sea from the Eco Park, the Emperor and Empress of Japan visited Minamata for the first time. They offered flowers to the Monument Dedicated to Minamata Disease Victims and visited the Minamata Disease Municipal Museum, where they listened to and spoke with storytellers. At this opportunity, the Emperor said, “I renewed my wish to build a society together with all of you, where people can live life in the truest sense.” Later, the Emperor composed three tankas (verses of thirty-one syllables) that contained his thoughts and feelings for Minamata.

■ SDGs Future City

In July 2020, Minamata was selected as an “SDGs* Future City” by the national government. Minamata was selected in recognition of its proposal to build an autonomous virtuous cycle through integrated efforts to create a prosperous and vibrant community for the future.

*SDGs: Sustainable Development Goals, adopted at the UN Summit in September 2015, with the idea that “No one will be left behind.”



SDGs Future City Selection Certificate

We believe it is our serious responsibility to keep conveying our experiences of Minamata disease to people in Japan and around the world. By doing so, we can make sure that future generations will never again have to suffer from the kind of pollution that caused this tragedy, and can share these lessons with the whole of humankind.

■ Minamata Disease Victims Memorial Service

Held on May 1 every year since 1992, the Minamata Disease Victims Memorial Service is conducted on the reclaimed land of Minamata Bay where broke out Minamata disease. The service is an opportunity to offer comfort to the souls sacrificed to Minamata disease, to reflect on the environmental havoc we have created, and to pledge our commitment to environmental regeneration.

Since 2006, the service has been conducted in front of the Monument Dedicated to Minamata Disease Victims on the Shinsui Boardwalk at Eco Park. The services have been attended by patients, family members, the Minister for the Environment, the Governor of Kumamoto Prefecture, representatives of Chisso, and many local citizens. Participants pray for the quiet repose of those sacrificed to Minamata disease, and renew pledges to pass on the lessons learned from Minamata disease and strive for the rebirth of Minamata.

On May 1, 2010, Yukio Hatoyama became the first sitting Prime Minister of Japan to attend the Memorial Service.

■ Prayer with Fire

Since 1994, the “Prayer with Fire” has been held on the land reclaimed from Minamata Bay, led by citizens. This event began as an idea for the final day of the Minamata Environmental Creation Development Project “Get in Touch with the Environment '94.” Torches and candles are lit using fire taken from sunlight, followed by prayer for the lives of the victims of mercury pollution, as well as wishes for the revitalization of the region, and thought of Minamata’s past and future.

■ Establishment of the Minamata Prize for the Environment

The Minamata Prize for the Environment was established by Minamata City in 1992 to encourage and promote activities and research concerning conservation in Southeast Asia



Yukio Hatoyama, the Prime Minister of Japan, reading prayers for Minamata disease victims



Prayer with Fire



Minamata Prize for Environment Award Ceremony

and Japan, and thereby play a positive role in the preservation and restoration of the environment. Through 2006, the Prize has been awarded to 20 organizations and 6 individuals.

■ Opening of the Minamata Disease Municipal Museum

In January 1993, Minamata City opened the Minamata Disease Municipal Museum with the goal of passing on and teaching the important lessons learned from the city's experience with Minamata disease, in the earnest hopes that such a tragedy will never be repeated.

The museum collects, preserves, and exhibits materials to promote an accurate understanding of the history and science of Minamata disease, and offers other services such as access to read books and other materials, and lending DVDs. In fiscal year 1994, the museum introduced the "Storyteller-Kataribe" system, which allows visitors to hear directly from Minamata disease victims about their experiences, and in 2017, the "Storyteller-Tsutaete" system, which aim to widely disseminate and pass on the experiences and lessons of Minamata disease.

Since 2002, Kumamoto Prefecture has been running the Children's Eco Seminar for 5th grade elementary school students in the prefecture, and since 2011, the Higo Children's School to Learn from Minamata. In addition to learning about the environmental at the Kumamoto Prefectural Center of Environmental Education and Information, students listen to a lecture by a Storyteller at the Minamata Disease Municipal Museum to deepen their understanding of Minamata disease.

Currently, many school from both inside and outside of the prefecture visit the Minamata Disease Municipal Museum as a place for school trips and environmental studies. Since 2006, the museum has also been promoting exchange between elementary schools in Minamata City and Niigata Prefecture, which also experienced an outbreak of Minamata disease.

The Minamata Disease Municipal Museum sees approximately 40,000 visitors annually, and in 2016, the museum's exhibits were completely renovated in order to make them easier to understand for the children who will lead the future. In January 2020, the total number of visitors since the museum's opening exceeded 1.1 million. The Minamata Disease Municipal Museum, Minamata Disease Archives, and Kumamoto Prefectural Center of Environmental Education and Information, which all stand on a small hill overlooking Minamata Bay, work together as a "Manabi-no-Oka (Hill of Learning)" to provide information on Minamata disease and promote environmental education, serving visitors from both Japan and overseas.



The Minamata Disease Municipal Museum



Storyteller-Kataribe, Mr. Masami Ogata speaking to elementary school students.

A message from Mr. Tsuginori Hamamoto, President Emeritus of the Storyteller's Association

I became a storyteller to express my feeling that the kind of environmental destruction that occurred in Minamata must not happen again. Because of our affluent lifestyles, nature is becoming contaminated and people's health is being harmed. If we want to continue to live convenient and prosperous lifestyles, we must not pollute the environment, but be grateful for its gifts. I would like people to feel the horror of pollution from the storytellers' accounts, and work together to create a 21st century where people can live together in safety and joy.

A message from Mr. Masami Ogata, President of the Storyteller's Association

My encounter with Minamata disease turned my life on its head. However, thanks to my own efforts, as well as the efforts of the many people who supported me, the people

that caused the disease, the government, and society, I now feel happiness, in the truest sense of the word, throughout my life.

My experience has taught me one thing: even in the middle of difficulties and sadness, there are many things that lead to happiness. How you lead your life depends on whether or not you recognize it. I realized that in order to recognize this fact, we must face everything that happens head-on.

We need to put effort into solving the problem of Minamata disease, which occurred during our era, and pass it down as a lesson to the children who will live the next era.

I pray for people, fish, birds, and all lives that suffered from mercury poisoning and died a painful death. I am trying to convey the value of life by carving wooden dolls using the branches of trees growing on the reclaimed land in Minamata Bay.

Whether the disease will be recorded in history as a tragedy or as a valuable lesson for humankind – we must not forget that each and every one of us living today is responsible for how the disease is perceived in the future.

■ The Minamata Memorial

The Minamata Memorial was completed in October 1996, the 40th anniversary of the official discovery of Minamata disease. It was created, 1) as a prayer and requiem for those sacrificed to Minamata disease; 2) as a pledge, based on the experience of Minamata disease, to never allow the repetition of such disasters; and 3) to pass on the lessons of Minamata disease to future generations.

From 1997 to 2005, the Minamata Disease Victims' Memorial Service was held annually on the Memorial site.



The Minamata Memorial

■ The Monument Dedicated to Minamata Disease Victims

Since 2006, the Minamata Disease Victims Memorial Service has been held in Eco Park, in front of this monument dedicated to the victims of Minamata disease.



The Monument Dedicated to Minamata Disease Victims

■ Projects Relating to Minamata Disease in China

In May 1999, a 30-member delegation, including the mayor of Minamata, attended the Minamata Disease Environmental Problems Symposium and the Minamata Disease Exhibition in Qinhuangdao City, China. On May 6, the delegation visited the University of Beijing. The mayor gave a lecture entitled "Experiences and Lessons from Minamata Disease" to 70 students and appealed for consideration of the environment.

This example of environmental diplomacy marked a step forward in our effort to pass on to the world the experiences and lessons we have learned from Minamata disease, and established a model for Minamata's continued contribution to the field of international environmentalism.

■ Providing Training for the Japan International Cooperation Agency (JICA)

Since fiscal year 2000, Minamata has hosted training programs run by the Kyushu International Center (Kitakyushu City) of the Japan International Cooperation Agency (JICA) for environmental government officials in the Asia region.

■ The 50th Anniversary of the Official Confirmation of Minamata Disease

2006 was the 50th anniversary of the official recognition of Minamata disease. On this occasion, 49 representatives of patients' groups, citizens' groups, Chisso, and the city government came together to form the Official Confirmation 50th Anniversary Planning Committee, with the aim of encouraging requiem prayers, profound reflection, and a new start to reflect on the importance of life. The group has implemented approximately 30 programs on the theme of "Remember, Pray, and Finally Move Forward," such as the Minamata Disease Victims Memorial Service, a play that tells the story of fetal Minamata disease sufferers and handicapped people entitled "Minamata-ba-Ikite (Live in Minamata)," and the Moyai Day concert that involved 1,000 participants.



Creative stage "Minamata-ba-Ikite"

■ The Minamata Convention on Mercury

The Minamata Convention on Mercury (hereafter referred to as the Minamata Convention) stipulates comprehensive rules to reduce the risks that mercury poses to human health and the environment in every phase of processing, from primary mining, refining, use of mercury in production processes, import and export of mercury and products containing mercury, and the emission and release of wastes that include mercury to air, water, and land. A passage in the introduction of the Convention states that "The parties to this Convention, (...) Recognizing the substantial lessons of Minamata Disease, in particular the serious health and environmental effects resulting from the mercury pollution, and the need to ensure proper management of mercury and the prevention of such events in the future...". The Convention ensures that the lessons of Minamata disease will be utilized in the regulation of mercury in every part of the world.

From October 7 to 11, 2013, the Diplomatic Conference on the Minamata Convention was held in Kumamoto City to adopt and sign the Convention. During a visit to Minamata program on the 9th, participants disseminated information at the Minamata Disease Municipal Museum, Kumamoto Prefectural Center of Environmental Education and Information, and Minamata Disease Archives. In addition, the opening ceremony and welcome reception for the conference were held in Minamata. At the ceremony, Ikuo Kabashima, governor of Kumamoto Prefecture, declared his intention to strive for a "Mercury-Free Kumamoto," where mercury would be used as little as possible.

Nobuteru Ishihara, Minister of the Environment, took the chair at the Diplomatic Conference on the 10th and 11th, and the Minamata Convention and the final protocol of the Diplomatic Conference were both unanimously adopted. At the signing ceremony, representatives of 92 countries (including the European Union) signed the documents, including Fumio Kishida, Minister of Foreign Affairs of Japan.

Japan presented its official acceptance of the Minamata Convention to the Secretary-General of the United Nations in New York on the 2nd of February 2016, becoming the 23rd country to ratify the Convention. The Minamata Convention was to enter force 90 days after being ratified by at least 50 countries, which it achieved on the 18th of May 2017, entering into force on the 16th of August the same year.

In order to promote awareness of the Minamata Convention and to promote its implementation in each country, the Ministry of the Environment, Kumamoto Prefecture, and Minamata City hold information sessions for signatory countries, and host the "Minamata Convention on Mercury Commemorative Forum."



the Diplomatic Conference on the Minamata Convention (October, 2013)

Reference

There are unofficial English translations

Prime Minister's Announcement on the Resolution of Minamata Disease

December 15, 1995
Cabinet Decision

40 years have passed since the initial manifestation of Minamata disease, which can be called the origin of environmental pollution. Thanks to the cooperation of countless people, we have been able to formulate an agreement between the concerned parties, and subsequently witness the resolution of issues surrounding Minamata disease.

Although the issue of compensation to legally recognized sufferers of pollution-induced health damage has been resolved, the problem of providing relief to those who could not receive certification still remains unresolved today.

To facilitate the swift settlement of this issue, I have exerted my greatest and sincerest effort to collaborate closely with the ruling party and the local government. I would like to express my deepest respect for the efforts of the members of each group involved, who struggled with a painful decision given the burden of the solemn history behind this issue.

With the resolution of the issue of Minamata disease, I offer my deepest condolences to those who have passed away still suffering from pain and regret. When I think of the sentiments of the countless people who were forced into agony and suffering beyond description over the many years, I am filled with an overwhelming sense of regret.

Minamata disease not only caused serious damage to human health, but also had a widespread and far-reaching influence on the local community, fracturing bonds between the people of Minamata.

I would like to take this opportunity to express my heartfelt wish that the people of areas affected by Minamata disease will be able to join hands and together build a community wherein everyone can live in harmony.

Although I believe that at every occasion the government did all it could, when we now look back on the period from the initial outbreak of Minamata disease issue to today, I believe we must candidly reflect on why it took so long to determine the cause of Minamata disease, including the second outbreak of Minamata disease in Niigata, and take appropriate measures against the offending company. I have renewed my resolve that this kind of terrible environmental pollution must never be repeated again.

In accordance with this resolution, my administration, in cooperation with local governments, plans to promote measures regarding the Comprehensive Minamata Disease Medical Care Project, support for Chisso, and the revitalization of Minamata, as well as encouraging greater development of our nation's environmental policies by humbly learning from the tragedy of Minamata disease. Furthermore, we intend to contribute on an international level by making a positive effort to share our experiences and technology with other countries of the world.

Concerning Minamata Disease Countermeasures

December 15, 1995
Cabinet Understanding

Parties directly affected by Minamata disease have come to an agreement regarding Minamata disease as outlined in the attached Agreement. However, the national government proposes the following measures be completed immediately in order to reach a final and complete settlement of the issue.

I. Reopen applications for the Comprehensive Minamata Disease Medical Care Project

The national government will take the necessary steps to ensure that Kumamoto, Kagoshima and Niigata Prefectures are able to resume the Comprehensive Minamata Disease Medical Care Project.

II. Support measures to assist Chisso Corporation with lump-sum payments and other regional revitalization and promotion activities

A. Support measures to assist Chisso Corporation with lump-sum payments

1. In order to revitalize and promote the Minamata and Ashikita Region, the national government will provide the required funding for a foundation set up by Kumamoto Prefecture (hereafter known as the Foundation) which will loan funds to Chisso Corporation to cover lump-sum payments.
2. While adhering to the “polluter pays principle,” by maintaining and strengthening Chisso Corporation's management base, the national government will be mindful of the need to ensure that there is no disruption to the compensation payments for Minamata disease victims. In addition, in order to encourage the economic and social stability of the region, the Ministry of the Environment will regularly review and respond to the financial state of Chisso Corporation.

B. Other regional revitalization and promotion activities

1. Along with Section A.1 above, the national government will provide required funding to Kumamoto Prefecture so that the Foundation may assist with activities to restore ties within the community and eliminate health fears in the Minamata and Ashikita Region. Regional bonds issued to cities and towns from this funding will be managed by the national government's Trust Fund Department.
2. The national government will continue to support the National Institute for Minamata Disease in their work to develop research methods particular to the Minamata disease-affected area, and to improve health and welfare measures in the Minamata and Ashikita Region in order to lighten consistent neurological symptoms.

Agreement by the Parties Concerned on a Solution to the Issue of Minamata Disease

Kumamoto and Kagoshima Prefectures

I. Basic philosophy

- A. The following framework outlines a final and complete resolution to the many conflicts regarding Minamata disease.
1. In accordance with section II below, Chisso will pay a lump-sum amount to those seeking assistance who fit certain specific criteria.
 2. As part of the final and complete resolution to the Minamata disease issue, the national government and Kumamoto Prefecture will express their sincere remorse and assume an attitude of responsibility.
 3. Persons who agree with this settlement and accept financial assistance will withdraw from disputes as listed under the Note in section IV: Conclusion of conflicts.
- B. The national and prefectural governments will endeavor to end conflicts by recommencing the Comprehensive Medical Care Project, assisting Chisso, and taking measures to revitalize and promote the region. In addition, persons seeking financial assistance and Chisso must actively engage in the rejuvenation and development of the community by participating in Moyai Noashi activities to restore the community's social bonds.

II. Lump-sum payments

A. Eligibility for lump-sum payments.

The company will pay a lump-sum settlement to those claimants who fit the following criteria:

1. Persons eligible to participate in the Comprehensive Minamata Disease Medical Care Project (payment will be made to the family of those eligible persons already deceased).
2. Those who have been deemed eligible by the governor of Kumamoto or Kagoshima Prefecture following deliberation by the Assessment Committee (payment will be made to family of deceased claimants other than those mentioned in Section A.1 only when a subcommittee made up of Assessment Committee members agree on the person's eligibility for the Comprehensive Minamata Disease Medical Care Project).

B. Amount of lump-sum payments

1. The amount of lump-sum payments will be calculated as follows:
 - a. Persons who meet the criteria outlined in Section A above will receive 2.6 million yen each.
 - b. Persons who meet the criteria outlined in Section A above and are members of the following groups will receive an additional amount, calculated per group as follows:

Minamata Disease Victims/ Defense Group Association (excluding Niigata Prefecture)	3.8 billion yen
Minamata Disease Patients Association	700 million yen
Minamata Disease Peace Association	320 million yen
Modo Minamata Disease Patients Fellowship	60 million yen
Minamata Fishermen's Unaided Patients Association	60 million yen
2. Group lump-sum payments
 - a. In the case of groups whose members include those who are eligible for lump-sum payments under the criteria outlined in Section A above, the group's representative shall, with the permission of members of the group, accept the offer of a lump-sum payment on behalf of eligible members of the group under the criteria outlined in Section B.1.a above.
 - b. In the case of additional lump-sum payments under Section B.1.b above, the payment will be made on the condition that the group agrees to end conflicts.
 - c. Groups that receive lump-sum payments under Sections B.2.a or b above shall distribute the lump-sum payment to each member. This distribution shall take place as per judicial settlement discussions or by each group's own judgment (where persons within a group are ranked, the payment shall be distributed according to that ranking).

C. Period of application for lump-sum payment

The company will make payment within 3 months of the following dates:

1. Persons who were originally eligible for the Comprehensive Minamata Disease Medical Care Project (including family of deceased eligible persons): yyyy/mm/dd (Note: this date will be set when the company has completed preparations for lump-sum payment).
2. Persons deemed eligible for the Comprehensive Minamata Disease Medical Care Project following reopening of applications (including eligible family members of deceased eligible persons): the date they are deemed eligible.

III. National and prefectural government policies for an immediate resolution to conflicts

A. Reopening of applications for the Comprehensive Medical Care Project

1. Applications for the Comprehensive Medical Care Project will be reopened for persons who have peripheral paresthesia due to past exposure to above-normal levels of methylmercury. Following a preparation period, applications will be reopened for approximately 5 months. The national and prefectural governments will advertise this fact during the entire period, including the preparation period.
2. Residency and symptom requirements for new applicants for the Comprehensive Medical Care Project will be identical to the original requirements. Eligibility of new applicants for the Comprehensive Minamata Disease Medical Care Project will be decided by the Assessment Committee upon examination of the report by the Screening Committee for Minamata Disease Patients (Hereinafter “public documents.” Those without this report can substitute a medical certificate from a prefecture-appointed public hospital.) and a submitted medical certificate submitted by the applicant stating that the applicant meets the Comprehensive Medical Care Project criteria (hereinafter “submitted medical certificate”).

In cases where the applicant wishes to be assessed without a submitted medical certificate, the committee will make a decision on the basis of the applicant’s public documents only. This will also occur when an applicant fails to submit a submitted medical certificate within 30 days of application.

In addition, from June 21, 1995, in cases where the applicant has no history of application for Minamata disease certification or participation in the Comprehensive Medical Care Project and is not a claimant in a damages lawsuit, the committee will make their assessment on the basis of the applicant’s public documents only.

3. After reopening of applications for the Comprehensive Medical Care Project, applicants who have been certified under the Law Concerning Compensation for Pollution-Related Health Damage (hereafter referred to as the Pollution Compensation Law) or who have been awarded damages in certain court decisions will not be eligible. Only persons who have not sought damages in the above manners will be eligible. However, persons who were previously ineligible for these reasons but are found to be eligible when applications reopen will, as an interim measure, receive benefits until the expiry of their Recuperation Notebooks.

Applicants who applied for certification under the Pollution Compensation Law before March 31, 1995 will not be eligible for the Comprehensive Medical Care Project without applying for such.

B. Support for Chisso

The national and prefectural governments will, according to the agreement described in Section I.A.1, enact appropriate measures to ensure lump-sum payments are made by Chisso.

C. Regional revitalization and development

The national and prefectural governments will pursue the following topics of investigation:

1. Of those persons who lodge an application for the Comprehensive Medical Care Project within the application period but are found to be ineligible, those who meet the residency requirements and are found to have neurological symptoms other than peripheral paresthesia will be provided with assistance to cover acupuncture, moxibustion, and hot spring recuperation expenses (including medical treatment to alleviate neurological symptoms) as a part of the region’s health and welfare policy (the monthly amount will be within the range of the current Comprehensive Medical Care Project acupuncture and moxibustion recuperation expenses).

Note: Applicants who have been certified under the Pollution Compensation Law or who have fought for damages will be treated pursuant to Section A.3 above.

2. Development of infrastructure with the aim of improving the health of the region and of residents, enriching healthcare systems, developing Minamata disease-related research systems, and assisting the community as a whole.

IV. Conclusion of conflicts

Those persons or groups who have been awarded a lump-sum payment under Section II.B.2 above will, as a condition of receiving the payment, end all current disputes and make no further compensation claims in court, through negotiation, or under the Pollution Compensation Law. In this case, the individual must decide whether to accept assistance under these terms or continue litigation, etc. However, payment will not be made for applications submitted outside of the application period listed in Section II.C above.

In addition, conclusion of conflict between applicants and the company will be by a uniform agreement among both parties. In that case, persons seeking Minamata disease certification through the Pollution Compensation Law despite the uniform agreement are ultimately making a type of civil compensation claim against Chisso, so it is necessary to discuss certification in the conclusion of the agreement.

Note: Types of conflicts and their mode of termination:

- i. Lawsuits claiming compensation from the state (excluding lawsuits claiming breach of law by omission in Minamata disease certification procedures): withdrawal of demands or withdrawal of claims through the return of moneys awarded to the applicant by provisional execution.
- ii. Lawsuits claiming compensation from Chisso: amicable settlement or withdrawal of claims through the return of moneys awarded to the applicant by provisional execution.
- iii. Claimants of negotiated compensation payments from Chisso: Finalization by agreement.
- iv. Lawsuits or administrative review claims for certification under the Pollution Compensation Law: withdrawal of applications.

[Appendix 1]

Definition of eligibility for assistance, and the nature of the Chisso lump-sum payments

A. Definition of eligibility for assistance

Among those persons who have peripheral paresthesia due to possible past exposure to above-normal levels of methylmercury, there are some who have been certified as Minamata disease sufferers under the Pollution Compensation Law, and others whose applications for certification were dismissed.

Diagnosis of Minamata disease is a syndromic diagnosis based on a combination of symptoms, with the assumption that the person had exposure to methylmercury. Persons to be found eligible for assistance under the current agreement are those who were previously refused certification, however assessment will take into account that diagnosis of Minamata disease is based on a balance of probabilities. Rejection of an application for certification does not mean that the applicant has not been affected by methylmercury, and they may therefore be entitled to financial assistance.

B. The nature of the lump-sum payments

Having accepted responsibility for causing Minamata disease through the discharge of methylmercury, Chisso will acknowledge its social obligation as the cause of this problem and make lump-sum payments to persons meeting the requirements in Section A above, in accordance with the polluter-pays principle, and without relying on court decisions or other such means of determining a definite causal link between methylmercury and individuals' health problems.

[Appendix 2]

Requirements for prefecture-appointed public hospitals and doctors issuing public documents

A. Requirements for prefecture-appointed public hospitals

1. Kumamoto Prefecture will take regional characteristics into consideration, and select hospitals with neurology departments that employ doctors meeting the criteria listed in Section A.2 below.

2. Doctors must meet one of the following criteria:
 - a. Must be currently employed by a medical institution that supports a neurological or psychiatric department.
 - b. Must have at least three years' experience of working in a medical institution that satisfies certain criteria for facilities, and at least one year's experience practicing clinical neurology.
- B. Doctors issuing public documents must meet the requirements listed in Section A.2 above.

[Appendix 3]

Prefectural Assessment Committee's method of reaching comprehensive decisions

The Prefectural Assessment Committee will reach a comprehensive decision based upon the following:

When conclusions in public documents and submitted medical certificates are consistent, the assessment will be based on this conclusion; however in cases where only one of these certificates shows peripheral paresthesia:

- A. In the case of patients with a document or certificate that does not diagnose peripheral paresthesia, if the document still indicates comparable sensory impairment or divergent peripheral paresthesia in the entire body, the patient will, upon presentation of the second document, be accepted as meeting the requirements.
- B. In cases where patients do not meet the requirements at in Section A above and are not diagnosed with peripheral paresthesia, but whose previous public document or medical certificate diagnoses peripheral paresthesia, comparable sensory impairment, or divergent peripheral paresthesia in the entire body, it is nevertheless possible to make a combined assessment of all documents and find that the person meets the requirements.

Concerning Minamata Disease Countermeasures

December 15, 1995
Cabinet Decision

The support measures provided to Chisso Corporation based on the proposal “Concerning Minamata Disease Countermeasures” (Cabinet Understanding dated December 15, 1995) are based on a policy by the national government and with the cooperation of Kumamoto Prefecture, that is formed of the view that a complete and final resolution to the issue of Minamata disease is essential to the revitalization and promotion of the Minamata and Ashikita Region.

The support given to Chisso Corporation as mentioned above is a proposal by the national government, based on the June 20, 1978, cabinet Understanding “Concerning Minamata Disease Countermeasures,” to provide financial support to Chisso Corporation in the event that it becomes difficult for Chisso Corporation to secure the resources for payment of local bonds.

Support Measures for Chisso Corporation from 2000

June 9, 1999

Minamata Disease-Related Cabinet Ministers' Agreement

The current support measures for Chisso Corporation (hereinafter referred to as Chisso) were decided on from a medium- to long-term perspective and considering the company's financial condition; the government presents to those concerned a proposal of the following radical support measures.

- I. By the end of 1999, Chisso will formulate a "Chisso Rejuvenation Plan." Through self-imposed radical downsizing and appropriate cooperation from related financial institutions, Chisso intends to ensure an ordinary profit of over 4 billion yen per annum. Considering this, in order to support Chisso to preferentially pay compensation to patients from its ordinary profit without recourse to prefectural patient bonds, the national government will abolish the prefectural patient bond system from the year 2000. In addition, presupposing that the agreements in paragraph II below are complied with, the following measures will be taken with regard to past public debt.
 - A. Each fiscal year, after Chisso has paid patient compensation from its ordinary profit, Kumamoto Prefecture will grant an appropriate extension on repayment of prefectural loans.
 - B. To ensure that the repayment of prefectural bonds is not interrupted in the event of the above measures being taken, the national government will provide adequate subsidies from its general accounts and local finance measures at an 8 to 2 ratio. In addition, as a local finance measure, Kumamoto Prefecture will issue special prefectural bonds, whose proceeds will come from local tax allocation. Special prefectural bonds will be funded by government finance. Future repayments of Chisso's deferred loans will be allocated to general and local finance at the above-mentioned ratio.
 - C. Kumamoto Prefecture will request that the Minamata Disease Issues Settlement Aid Foundation will exempt Chisso from repaying 85% of the lump-sum loan provided by the national treasury.
In this case, the national government will not require Kumamoto Prefecture to repay the aforementioned loan to the national treasury.
- II. We strongly insist upon the following measures with regard to related non-government parties. It is essential to gain the public's understanding, as their taxes will be used in the implementation of these drastic measures.
 - A. Independent effort, securement of repayment resources, and clarification of shareholders' responsibilities on the part of Chisso
 - B. In-depth assistance measures for related financial institutions regarding past financial support
 - C. Assistance from the community
- III. Other:
 - A. In the event that the above financial assistance measures for Chisso prove insufficient and it becomes difficult to secure the funds required to repay local bonds, the national government will take appropriate measures as decided by cabinet council.
 - B. In the event that, despite these drastic support measures, patient compensation payments are hindered in any way, the government ministries and agencies concerned will discuss and decide upon suitable measures.
 - C. In the event that Chisso's profits are affected by sudden economic change, the appropriate parties will negotiate a safety net and suitable actions to improve Chisso's earnings, while striving to prevent moral hazard.

Concerning "Support Measures for Chisso Corporation from 2000"

February 8, 2000
Cabinet Understanding

- I. Support measures for Chisso Corporation (hereafter referred to as Chisso) were decided on from a medium- to long-term perspective and considering the company's financial condition. As a result, according to "Support measures for Chisso Corporation from 2000" (a list of agreements made by Minamata disease-related cabinet ministers on June 9, 1999, hereafter referred to as "the Agreements"), the government presented to those concerned a proposal of appropriate drastic measures.

Following this, Chisso formulated the "Chisso Rejuvenation Plan," and thanks to its own radical downsizing and appropriate support from related financial institutions, it has been able to secure an ordinary profit of over 5.3 billion yen annually from the year 2000. The following recommendations from "The Agreement" II have also been fulfilled by related parties other than the national government.

- A. Independent effort, securement of repayment resources, and clarification of shareholders' responsibilities on the part of Chisso:

By surely and steadily enacting the "Chisso Rejuvenation Plan," Chisso will achieve the above aims.

- B. In-depth assistance measures for related financial institutions regarding past financial support:

Related financial institutions are complying with requirements in the "Chisso Rejuvenation Plan."

- C. Assistance from the community:

The community has provided its support through the prefecturally-funded Minamata and Ashikita Regional Promotion Foundation, the Minamata Disease Issues Settlement Aid Foundation, and the Minamata and Ashikita Environmental Technology Research Foundation, which serve as the safety net mentioned in the Agreement III.C.

- II. In order to support Chisso's compensation payments to patients using its ordinary profit without recourse to prefectural patient bonds, the national government has taken the following measures with regard to past public debt.

- A. Each fiscal year, after Chisso has paid patient compensation from its ordinary profit, Kumamoto Prefecture will grant an appropriate extension on repayment of prefectural loans.

- B. To ensure that the repayment of prefectural bonds is not interrupted in the event of the above measures being taken, the national government will provide adequate subsidies from its general accounts and local finance measures at an 8 to 2 ratio. In addition, as a local finance measure, Kumamoto Prefecture will issue special prefectural bonds, whose proceeds will come from local tax allocation. Special prefectural bonds will be funded by government finance. Future repayments of Chisso's deferred loans will be allocated to general and local finance at the above-mentioned ratio.

- C. Kumamoto Prefecture will request that the Minamata Disease Issues Settlement Aid Foundation will exempt Chisso from repaying 85% of the lump-sum loan provided by the national treasury. In this case, the national government will not require Kumamoto Prefecture to repay the aforementioned loan to the national treasury.

III. Other:

- A. In the event that the above financial assistance measures for Chisso prove insufficient and it becomes difficult to secure the funds required to repay local bonds, the national government will take appropriate measures as decided by cabinet council.

- B. In the event that, despite these drastic support measures, patient compensation payments are hindered in any way, the government ministries and agencies concerned will discuss and decide upon suitable measures.

- C. The relevant ministries and agencies and Kumamoto Prefecture will establish the "Chisso Support Measures Liaison Association" as a contact point with regard to the above radical support measures.

Policy on Relief Measures Based on the Act on Special Measures Concerning Relief for Victims of Minamata Disease and a Solution to the Problem of Minamata Disease

April 16, 2010
Cabinet Decision

For over half a century since its first appearance, Minamata disease forced its victims to suffer severely. It also had a serious impact on local communities, and there are still many more people asking for relief. Since these situations cannot be overlooked, the Act on Special Measures Concerning Relief for Victims of Minamata Disease and a Solution to the Problem of Minamata Disease (hereinafter the "Act on Special Measures") was enacted to recognize persons seeking relief as Minamata disease victims, and to ensure such relief.

With respect to the efforts based on the Act on Special Measures, the government has sought to hear opinions from a wide range of interested parties under the basic principle of saving lives. In order to provide Minamata disease victims with relief as swiftly and to the widest extent possible, it has prescribed the conditions for methylmercury exposure and symptoms as broadly as possible as long as they are appropriate, and has further considered how to make the certification process for victims as fair and careful as possible.

Based on the outcome of those considerations, the policy on relief measures under the provisions of Articles 5 and 6 of the Act on Special Measures is set forth below .

I. Relief Measures

Based on the responsibility of Chisso Corporation and Showa Denko Corporation as the companies (hereinafter "relevant companies") that discharged the methylmercury that was the cause of Minamata disease and the responsibility of the government and Kumamoto Prefecture, whose policies of pollution prevention were deemed insufficient in the Supreme Court of Japan's ruling for the so-called Kansai Lawsuit in 2004, as many Minamata disease victims as possible will be provided with relief as swiftly as possible.

Based on the above principle, the following measures will be implemented:

A. Eligible persons

1. Among those who were possibly exposed to (ingested) above-normal levels of methylmercury,
 - a. persons who have peripheral paresthesia (dulled senses in the extremities).

In addition, even if this does not apply,

- b. persons who have paresthesia of the whole body and persons who have other sensory disorders of the extremities.
2. Persons who were possibly exposed to above-normal levels of methylmercury are defined as follows.
 - a. Persons who lived in the eligible areas stipulated in Section 3 below for a considerable period (Note 1), and are therefore recognized as having consumed a large amount of seafood from Minamata Bay or other neighboring waters in Kumamoto and Kagoshima Prefectures, or from the Agano River in Niigata Prefecture.

In addition to the above, during the period described below,

- b. Even if they did not live in the eligible areas for a considerable period, persons who have good reason to be recognized as having consumed a large amount of seafood from Minamata Bay or other neighboring waters in Kumamoto and Kagoshima prefectures, or from the Agano River in Niigata Prefecture (including cases of possible exposure to methylmercury through the mother's body (Note 2))

In both cases, the time person specified is until December 31, 1968 in Kumamoto and Kagoshima Prefectures and until December 31, 1965 in Niigata Prefecture.

Note 1: 1 year or more

Note 2: For persons who were born by the end of November 1969 in Kumamoto and Kagoshima Prefectures and by the end of November 1966 in Niigata Prefecture, taking into account possible exposure during fetal development, the condition described above will be collectively considered for relief measures along with the conditions of the eligible area (details in Section 3) and symptoms (details in Section B.6 below).

In addition, even for persons who were born after the end of November 1969 in Kumamoto and Kagoshima prefectures and after the end of November 1966 in Niigata Prefecture, if they have scientific data that demonstrates possible exposure to methylmercury, such as high mercury concentration in the umbilical cord, infantile hair (such as that saved in a baby's hair calligraphy brush), or mother's hair (during pregnancy), after confirmation of the possible place of exposure to methylmercury, the condition described above will be collectively considered for relief measures along with the conditions of the eligible area and symptoms.

3. Eligible areas are areas where persons were possibly exposed to above-normal levels of methylmercury and areas determined specifically by the relevant prefectures as areas where many Minamata disease patients were found. Even if such persons do not live in the eligible areas for a considerable period, if Section A.2.b applies, persons who have the symptoms described in Section A.1 are eligible.
4. With regards to 4. persons who are now deceased, applications can be submitted based on materials and documents submitted to the Certification Council or public diagnosis. If they become eligible as a result of the examination as described in Section B, the lump-sum benefit will be paid to the family of the deceased.

B. Method of examination of eligible persons

1. The government and relevant prefectures will make every effort to disseminate information about the acceptance of applications and seek to ensure the submission of applications from persons who require relief.
2. Persons who apply for the lump-sum payment are be diagnosed by doctors of specific medical institutions designated by relevant prefectures (hereinafter "designated medical institutions") (Note 3).
3. The relevant prefectures will hear the opinions of the Assessment Committee established by each prefecture, and examine persons eligible for the lump-sum payment.
4. The assessment of persons eligible for the lump-sum payment by the Assessment Committee is to be made considering both the examination findings by doctors of designated medical institutions and medical certificates from doctors (Note 4) voluntarily submitted by applicants (hereinafter "submitted medical certificates") (Note 5).

Note 3: Designated medical institutions

The National Institute for Minamata Disease or public medical institutions, designated by the prefectures, which have a department of neurology and doctors satisfying both of the conditions (i) and (ii) described below, as well as being conveniently located for applicants.

- i. Doctors currently working for a medical institution that supports a department of neurology or psychiatry
- ii. Doctors having at least 3 years' experience of working in a medical institution that satisfies certain criteria for facilities, and at least 1 year's experience of practicing clinical neurology.

Note 4: Doctors that issue medical certificates submitted voluntarily by applicants must satisfy both requirements specified in Note 3 (i) and (ii)

Note 5: If the submitted medical certificates described in Section B.4 are not submitted within 3 months, assessment is made on the basis of the examination findings only.

5. As specified by the Minister of the Environment, 5. the format of the examination findings will be such that allows easy understanding of epidemiological conditions about exposure to methylmercury, including the residence history of applicants or diagnoses on the submitted medical certificates.
6. Eligible symptoms
 - a. When an applicant's paresthesia of the limbs or whole body is diagnosed in both the examination findings and the submitted medical certificates, the applicant is eligible.
 - b. Divergent paresthesia of limbs is treated as equivalent to paresthesia of the whole body.
 - c. When Section B.6.a does not apply and an applicant's paresthesia of the limbs or whole body is diagnosed

in one of the medical certificates, eligibility will be concluded by the overall judgment of the Assessment Committee based on the following findings of the other medical certificate:

- Pain or touch sensory disorders around the mouth
 - Loss of two point discrimination of the tongue
 - Concentric constriction of the visual field
7. Even if the applicant is not diagnosed as having paresthesia of the limbs solely from the submitted documents, the Assessment Committee will reassess the additional examination findings and submitted medical certificates for those applicants recognized by the Assessment Committee as being probably affected by methylmercury, including cases whose family member(s) have been recognized as certified patients.
 8. When the relevant prefectures appoint members of the Assessment Committee, in principle they should not nominate doctors who have prepared examination findings or submitted medical certificates for the individuals to be judged. However, when there are specific reasons for selecting them, such selection will be accepted. In those cases, such committee members are not permitted to participate in the assessment of medical certificates prepared by themselves, and separately appointed temporary members will participate in such assessment in their places.

C. Payment details

Persons who are determined to be eligible for the lump-sum payment will be paid the following:

1. Lump-sum payment

The relevant companies will pay the following amounts to persons eligible for the lump-sum payment (Note 6).

Note 6: The relevant companies mentioned here refer to Chisso Corporation for cases in Kumamoto and Kagoshima Prefectures and Showa Denko in Niigata Prefecture. Hereinafter, the same will apply for the provisions for payments.

- a. The amount per person eligible for the lump-sum payment: 2.1 million yen.
- b. For persons eligible for the lump-sum payment and belonging to the following organizations which have been engaged in activities demanding lump-sum payment, a certain amount is added to the amount per person. The total amount is listed below for each organization:

Minamata Disease Izumi-no-kai	2 billion yen
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In addition to the above amount, 950 million yen is added for persons eligible for the lump-sum payment as the amount assigned to establish a social welfare corporation and to undertake projects which support the community life of congenital Minamata disease patients in Izumi City or other neighboring cities and towns in Kagoshima Prefecture, including operation costs for over 10 years.

Minamata Disease Victims Ashikita-no-kai	160 million yen
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Minamata Disease Victims Shishijima-no-kai	40 million yen
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- c. The additional amount of the lump-sum payment is to be paid to such organizations as a lump sum, and the organizations will distribute the amount to each person based on their internal agreement. Upon payment, members of such organizations are required to agree that the organizations will receive the additional amount in a lump sum and that conflicts with the relevant companies, the national government, and relevant prefectures will be terminated.

2. Medical treatment expenses

The relevant prefectures will provide a Minamata disease victim's notebook to persons eligible for the lump-sum payment. In relation to symptoms that are considered to arise due to above-normal methylmercury exposure (hereinafter "specific symptoms"), when persons who are provided with a Minamata disease victim's notebook undergo treatments specified under the provisions of social insurance laws, they will be reimbursed the self-borne social insurance medical treatment expenses.

Also, the relevant prefectures will reimburse expenses up to 7,500 yen per month when persons who are provided with a Minamata disease victim's notebook receive treatments to reduce specific symptoms, such as acupuncture or moxibustion by acupuncturists or moxibustion practitioners.

3. Medical treatment allowance

The relevant prefectures will pay the following amount as medical treatment allowance when persons eligible

for the lump-sum payment receive treatment in relation to specific symptoms as specified under the provisions of social insurance laws.

Persons who receive inpatient treatment	17,700 yen per month
Persons 70 years or older who receive at least one day of outpatient treatment	15,900 yen per month
Persons younger than 70 years who receive at least one day of outpatient treatment	12,900 yen per month

D. Acceptance of applications

1. The acceptance of applications for lump-sum payments will eventually be terminated after sufficient measures of publicity are taken, but such an action should be taken very carefully, taking into account that some people did not apply because they did not know of the political settlement in 1995 or because they were concerned about people around them.
2. Consequently, when starting relief measures, the period of acceptance of applications will not be determined beforehand. However, in light of Article 7 of the Act on Special Measures, eligible persons are to be determined and payments are to be made as quickly as possible.
3. First, for persons who are provided with a health notebook (Note 7) as of May 1, 2010, and persons who applied for certification of Minamata disease under Article 4 Paragraph 2 of the Law Concerning Compensation for Pollution-Related Health Damage (hereinafter "the Pollution Compensation Law") and who intend to apply for the lump-sum payment instead, assessment based on applications should in principle be completed within fiscal year 2010, and persons eligible for the lump-sum payment and for medical treatment expenses specified in Section II.C should be determined and provided with relief.
4. On that basis, the full understanding of the situation of applications submitted by persons who newly seek relief as of the end of 2011 is to be obtained, along with outreach to relevant victims' organizations, and judgment is to be made as to the period of acceptance of applications.

Note 7: A health notebook refers to the notebook provided under the Minamata Disease Comprehensive Medical Program.

II. Minamata Disease Victim's Notebook

Even for persons without a level of paresthesia that makes them eligible for the lump-sum payment, those who have specific paresthesia and one or more of the symptoms observed for Minamata disease (Note 8) are to be provided with a Minamata disease victim's notebook by the relevant prefectures so that they can receive treatment as Minamata disease victims.

Note 8: Specifically, the following 10 symptoms are identified:

Numbness, trembling, karasu-magari (cramps), narrowing field of vision or poor vision, hearing impairment or ringing in the ears, a disorder of the sense of taste or smell, speech impediments, dizziness, stumbling or shakiness, difficulty holding items, and a feeling of exhaustion in the extremities.

- A. By presenting their Minamata disease victim's notebook at a hospital, holders of the notebook are exempt from self-pay medical costs. They will receive payments for medical treatment expenses as set forth in Section I.C.2.
- B. Minamata disease victim's notebooks will start to be provided within 3 months after applications for the lump-sum payment are reopened.
- C. Upon commencement of the provision of Minamata disease victim's notebooks, a health notebook is to be integrated into the victim's notebook and provided for persons eligible for medical treatment expenses as set forth below:
 1. For persons who currently have a health notebook and who will ask only for medical treatment expenses from now on (i.e. persons who do not apply for the lump-sum payment, apply for the certification under Article 4, paragraph 2, of the Pollution Compensation Law, or submit claims by lawsuit), they are not required to have a public diagnosis or assessment and their health notebooks are to be switched to Minamata disease victim's notebooks within 3 months.

2. For persons who applied for the lump-sum payment, a Minamata disease victim's notebook is provided even for those who are not identified as eligible for the lump-sum payment but who have specific paresthesia and one or more of the symptoms observed for Minamata disease, as well as persons identified as persons eligible for the lump-sum payment and who are provided with a Minamata disease victim's notebook as set forth in Section I.C.2.
3. Following the integration of health and victim's notebooks, health notebook can no longer be applied for or provided. However, applications for lump-sum payment will be accepted for a certain period of time as described in Section I.D. Consequently, if persons who have concerns about their symptoms and who have specific paresthesia apply, and if one or more symptoms observed for Minamata disease are recognized, they will be provided with a Minamata disease victim's notebook and receive medical treatment.

III. Other

- A. The relevant companies, government, and Kumamoto Prefecture will, at the earliest appropriate occasion, extend apologies to all victims of Minamata disease in areas surrounding Minamata Bay and the Agano River Valley.
- B. In executing measures described in Sections I and II, the government, relevant prefectures, and relevant companies will communicate closely and establish a system of operation. Also, they will seek to give proper explanations to applicants and to hear applicants' opinions as well as bear in mind the smooth application of the process.
- C. The lump-sum payment will be provided after an agreement is reached with the relevant companies that the eligible person terminates all action against them, the government, and relevant prefectures and that the eligible person will not take action in opposition again. The additional lump-sum payments as set forth in Section I.C.1.b will be paid collectively after the agreement is reached with relevant companies that each organization mentioned in Section I.C.1.b terminates all actions against the relevant companies, the government, and relevant prefectures and that such organizations will not take such action again.
- D. Persons are not eligible for the lump-sum payment or medical treatment expenses if they have already received compensation or relief associated with Minamata disease or request reimbursement for any damage associated with Minamata disease by means other than the application for certification under Article 4, Paragraph 2, of the Pollution Compensation Law, filing a lawsuit, or other relief measures. Persons who are eligible for the lump-sum payment are required to make a commitment not to take such actions in the future. Similarly, persons who are provided with a Minamata disease victim's notebook are not permitted to take such actions.
- E. The Minister of the Environment will, when the management of relevant companies that receive public support is reviewed, take steps under the provisions of Chapter 4 of the Act on Special Measures to ensure that obligations for compensation associated with individual compensation agreements are fulfilled and that relief measures under the Act on Special Measures are executed.
- F. The government, relevant prefectures, and relevant companies, in light of Article 7 of the Act on Special Measures, will work to end conflicts promptly with persons who seek settlement through lawsuits.
- G. The Minister of the Environment will separately specify the details of the policy on relief measures and other matters necessary to execute the relevant measures.

(Reference Material)

Specific matters concerning relief measures as well as measures related to community rebuilding and restoration and studies on health and environment in areas affected by Minamata disease

The national and relevant local governments continue to seriously address and work to resolve problems of Minamata disease, and are taking the following actions in cooperation with efforts made by the relevant companies and a wide range of relevant parties in the local communities.

I. Measures for medical treatment and welfare

- A. In order for aging congenital patients and their families to continue to live comfortably in the communities to which they are accustomed, necessary action related to medical treatment and welfare will be taken with the cooperation of the national and relevant local governments, relevant companies, and public interest organizations, including home-based medical support services such as necessary visits or short stays and cooperation with local medical treatment providers.
- B. When persons eligible for the lump-sum payment or medical treatment expenses who live on isolated islands such as Goshoura-machi, Amakusa City, Kumamoto Prefecture or Shishijima, Nagashima-cho, Izumi-gun, Kagoshima Prefecture (i.e. islands that do not have transportation other than ships or planes to go to medical institutions off-island) go to off-island hospitals once or more per month, the relevant prefectures will pay them additional “isolated island” payments.

II. Restoration of local community ties

In order to dissolve the bias and discrimination against Minamata disease and to rehabilitate local communities distressed by the problems of Minamata disease, necessary actions will be taken to restore ties in local communities and to rehabilitate and rebuild friendly relations within the local communities. (These actions meant to restore community ties are called Moyai Naoshi.)

III. Health studies about Minamata disease

Health research studies about Minamata disease will help improve symptoms of victims and environmental management in the whole community.

- A. Research to understand the effects of exposure to methylmercury on human health (follow-up of people anxious about their health)

Future research studies will yield new information on the possibility of Minamata disease victims existing in the future and the possible responses to that possibility. For the time being, persons who complain of concerns about their health because they had for a considerable period of time eaten seafood from Minamata Bay or its surrounding water in Kumamoto and Kagoshima Prefectures or from the Agano River in Niigata Prefecture will receive health checks as follows, and changes in their health will be monitored.

 1. Eligible persons
 - a. Among those who applied for the lump-sum payment but were assessed as ineligible for the payment and medical treatment expenses, persons who complain of worries about their health and who are registered because they had consumed seafood from Minamata Bay or its surrounding water in Kumamoto and Kagoshima Prefectures for at least one year until the end of 1974 or from the Agano River in Niigata Prefecture for at least one year until the end of 1971.
 - b. Among persons who applied for certification under the Pollution Compensation Law by May 1, 2010, and who became ineligible for the lump-sum payment because the above application was dismissed after the application for the lump-sum payment was closed, persons who complain of worries about their health and who are registered because they had consumed seafood from Minamata Bay or its surrounding water in Kumamoto and Kagoshima Prefectures for at least one year until the end of 1974 or from the Agano River in Niigata Prefecture for at least one year until the end of 1971.
 2. Contents
 - a. Persons who complain of worries about their health will be registered and will be able to receive medical checks by doctors and health instructions by public health nurses free of charge.
 - b. Interested persons will, as appropriate, participate in studies conducted by the National Institute for Minamata Disease and receive advanced examinations using a magnetoencephalogram (MEG). A broad selection of people, including persons eligible for the lump-sum payment, will be asked to participate in these studies.
- B. Research into advanced treatment

To persons who have numbness, throbbing pain, or involuntary movements because their brains were affected

by methylmercury as fetuses, examinations by MEG will be provided and damaged parts of the brain will be identified. Research that will lead to treatments by magnetic or electric stimulus in the future will be conducted.

C. Development of techniques for effective epidemiologic research

With the aim of eliminating the concerns of people who live in the relevant areas regarding Minamata disease, and with the cooperation and participation of relevant parties, the relationship between levels of mercury and its effect on human health will be comparatively analyzed. In addition, follow-up surveys will be conducted concerning the long-term health conditions of persons who have data about their past exposure to methylmercury, such as hair mercury content, by separating them into groups of people living in high-level contaminated areas, people living in low-level contaminated areas, and a control population.

D. Other health studies

The following health studies will be continuously conducted:

- Effects of low-level exposure to methylmercury in fetal life on health
- Pathogenesis of Minamata disease, including understanding cellular sensitivity to methylmercury
- International reviews about the health effects of methylmercury exposure

IV. Monitoring of water contamination

In order to prevent future environmental contamination by methylmercury discharged by the offending companies, ongoing monitoring of water contamination and other necessary measures will be implemented.

V. International cooperation

Overseas academics who study methylmercury and officials in charge of the environmental and pollution administration will be actively embraced, and will work together with domestic researchers and administrative officials. Also, domestic research findings about methylmercury and lessons learned from Minamata disease will be broadly communicated across the country as well as overseas. In addition, researchers from areas affected by Minamata disease, administrative officials, technical experts, and Minamata disease victims will be sent to developing and emerging countries that are currently experiencing environmental contamination to directly communicate their research findings, expertise, and technology, as well as the lessons learned in Minamata.

VI. The National Institute for Minamata Disease

The Institute will play an appropriately key role in medical treatment, welfare, research studies, and information dissemination at home and overseas in relation to Minamata disease.

VII. Environmental education and study, efforts as a Model Environmental City, and other regional development

In addition to the cooperation with Minamata City to develop as a Model Environmental City and with the consideration of a plan to set up the Minamata University of the Environment project, environmental education will be actively provided to many generations. The region that suffered from Minamata disease will be a base designed to develop human resources oriented to the environment locally as well as outside of the region. Minamata City is welcoming schools, companies, and organizations to study the experience and lessons of Minamata disease, enhancing environmental education programs, and promoting active environmental study and the raising of environmental awareness by citizens and companies.

In Niigata Prefecture, activities that have taken root in local communities will be actively pursued, including regional development that utilizes environmental resources along the Agano River, the field museum project that provides environmental study, and environmental learning and experience learning that make use of the Environment and Human Beings Fureai (Interaction) Museum.

Furthermore, taking advantage of citizens' higher awareness of the environment, accumulated environmental industrial technology, the beauty of nature, and abundant local resources, the area is developing in a new direction, such as the vigorous promotion of ecotourism, that achieves both economic development and the reduction of burdens on the environment.

(end)

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