Minamata Disease
— Its History and Lessons —
2007
Minamata City
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Chronology of Minamata Disease & Related Events
History of Minamata-City

Geography of Minamata City

Minamata City is located in the southeastern part of Japan, specifically in the prefecture of Kumamoto Prefecture, which is a part of Kyushu Island. The city is known for its industrial history, particularly during the Meiji and Taisho periods, when the chemical industry flourished. However, this industrial growth was marred by the Minamata disease, which occurred from the 1950s to 1960s due to mercury contamination from industrial waste disposed into the local river systems. This tragic event led to a severe neurological disorder among the population, causing long-term health impacts.

Development of Minamata City

The development of Minamata City reflects a blend of industrial growth and environmental impact. Initially, the city's economy was built around its fishing and agriculture industries, which were significant contributors to the local economy. However, with the rise of the chemical industry in the early 20th century, Minamata became a hub for industrial production. Despite these developments, the city also faced challenges in managing its industrial waste, which ultimately led to the devastating consequences of mercury contamination.

In recent years, Minamata City has worked on environmental remediation and revitalization efforts. The government has implemented strict regulations on industrial waste disposal and invested in cleaner technologies. The city has also focused on promoting sustainable development, incorporating environmental education and awareness programs into its community engagement activities. These efforts aim to ensure that Minamata City continues to grow and prosper while maintaining a commitment to protecting the environment and public health.
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 methyl mercury compounds discharged into the environment as factory waste etc. and then accumulating in the marine life. There have also been cases of Congenital Minamata disease, in which victims were born with a condition resembling cerebral palsy. This form of the disease is methyl mercury poisoning of the fetus via the placenta, caused when the mother consumes contaminated seafood during pregnancy. Minamata disease is not an infectious disease transferred by air or food, neither is it genetically inherited.

The first recognized outbreaks occurred around Minamata Bay, in Kumamoto Prefecture, in 1956. Brought about by environmental pollution, the damage to health wrought by Minamata disease and the accompanying destruction of the natural environment, is in terms of the scale of damage and the unimaginable gravity of its repercussions, 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 distal portion of the four extremities (loss of sensation in the hands and feet), ataxia (difficulty coordinating movement of hands and feet), concentric constriction of the visual field (narrowing of the field of vision), hearing impairment, disequilibrium (impairment of faculties for maintaining balance), speech impediments (speech becomes slurred and unclear), tremors (trembling of the hands and feet), and disorder of the ocular movement (eye movement becomes erratic). In very severe cases, victims fall into a state of madness, lose consciousness, and may even die. In relatively mild cases, the condition is barely distinguishable from other ailments such as headache, chronic fatigue, and a generalised inability to distinguish taste and smell.

<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 44.3%. Since then a large number of incomplete or mild cases, displaying an incomplete set of symptoms, have also been identified.

Medical Treatment of Minamata Disease

Causative treatments, involving patients taking medicines to force methyl mercury to be excreted from the body, are applied in the initial stages. However, a fundamental cure for Minamata disease has not yet been found. The main treatments involve the temporary relief of symptoms (symptomatic therapy), and rehabilitation (physiotherapy and occupational therapy).
Chapter 2
The Outbreak and Origins of Minamata Disease

1 Outbreak of Minamata Disease

Official Recognition

The area around Minamata Bay in the Yatsushiro 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 1950s, strange phenomena appeared in the bay. Shellfish began to die, fish floated on the surface of the water, seaweed failed to grow, and cats died in strange ways.

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

Following that, three 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 Minamata Public Health Center (Head: Dr. Hasuo Ito) that four patients were in the hospital showing cerebral symptoms with an unknown cause.

The day of official recognition of Minamata disease had come. In the days 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, a survey by the Minamata Public Health Center, Minamata City, Minamata Medical Association, Chisso Hospital and Minamata Municipal Hospital, confirmed the existence of other patients with the same condition. Fifty-four cases were confirmed, including seventeen deaths, since the outbreak in December 1953 and a child diagnosed with cerebral paralysis was certified as a congenital Minamata disease patient (the first official recognition of a congenital Minamata disease patient) in November 1962.

As the investigation into the cause took a long time, the outbreak of Minamata disease continued and expanded along the Yatsushiro Sea coast.
Chapter 2
The Outbreak and Origins of Minamata Disease

2 Investigation into the Cause of Minamata Disease

'Strange Disease' and Infectious Disease Theories

After the disease was officially recognized on 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 City Medical Association, the Municipal Hospital, and the Chisso Hospital) was established. Action on behalf of patients, and investigation into a cause were begun. As the first cases had occurred mostly in the Tsukinoura and Detsuki area, the possibility of the disease being infectious was considered, and patients' houses were disinfected.

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

On August 24, at Kumamoto University Medical School Minamata Disease Study Group (hereafter called Kumamoto University Study Group) conducted medical examination of patients, patients were admitted to the University hospital under strict clinical observation. Autopsies were conducted in the Pathology Department on the bodies of fatal victims 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, and investigation and research were begun in the Departments of Microbiology, Hygiene, and Public Health. Samples of drinking water, soil, seawater, fish and shellfish were collected in the area. 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, thalium, or the multiple action of two or three of these might be the causative agent of Minamata disease. However, they could not be confirmed because discrepancies existed with clinical and pathological literature, and reproduction of Minamata disease was not successful in experimental animals.

Organic Mercury Poisoning Theory

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

Chisso Counterclaims

On August 5, 1959, at a Special Minamata Disease Committee meeting of the Kumamoto Prefectural Assembly, Chisso reported that "The organic mercury theory of Kumamoto University is a speculation without actual proof, and it is irrational in view of chemistry common sense". They announced an inspection of the factory regarding the so-called organic mercury theory. In the same year, experiments were carried out at the Chisso Hospital, in which factory drainage was given to cats, and development of Minamata disease was confirmed (October 6, Cat no.400), 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 Raisuke Kiyoura of Tokyo Institute of Technology advocated an "Amino poisoning theory" on April 12 of the next year.
Chapter 2
The Outbreak and Origins of Minamata Disease

Opinion of the Ministry of Health and Welfare Food Sanitation Investigation Council, 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 of investigation into the cause of Minamata disease, submitted a report on November 12, 1959, to the Ministry of Health and Welfare, saying that, "the organic mercury compound in the fish and shellfish around Minamata Bay is the main causative factor of Minamata disease".

Identification of Methyl Mercury 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 "we extracted the crystal of an organic mercury compound from the shellfish of Minamata Bay". Furthermore, Professor Katsurou Irukayama announced in August, 1962, that methyl mercury chloride had been isolated from the mercury dregs of an 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 fish and shellfish from Minamata Bay. The cause of intoxication is a methyl mercury compound found in the shellfish, as well as in the sludge of the 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", and the outbreak of Niigata Minamata disease was officially recognized.

On June 12, 1967, Niigata Minamata disease patients sued Showa Denko as the pollution source of Niigata Minamata disease, and took the compensation claim to 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. They concluded that "Minamata disease is a disease of the central nervous system caused by a methyl mercury compound. The disease occurred in residents who ate large amounts of fish and shellfish contaminated by methyl mercury compounds. Chisso Minamata factory polluted the environment by discharging factory drainage containing these compounds, which were formed as by-products in the acetaldehyde synthesizing process". Thus Minamata disease was recognized as a pollution-related disease. It was twelve years after May 1956, when Minamata disease was found. Niigata Minamata disease was recognized at the same time.

Note

Acetaldehyde manufacturing ceased in May of the same year at the Chisso Minamata factory and at the Denkikagaku Industry Oume factory, which had remained as the last producers of acetaldehyde in the country. The production of acetaldehyde was no longer performed in Japan using mercury as a catalyst.
Overview of the Incidence of Minamata Disease

At the end of August 2007, the number of certified patients amounted to a total of 2,268 persons, including 1,778 in Kumamoto Prefecture and 490 in Kagoshima Prefecture.

50 years have passed since the outbreak of Minamata disease and 639 patients are alive now.

In addition, although small numbers of new patients are still authorized now, they are people who contracted Minamata disease in the past. Acetaldehyde manufacture by Chisso was suspended in May, 1968, and from the results of various investigations (later mentioned in Chapter 3, part 4), it is thought that the possibility of Minamata disease newly developing had disappeared shortly after 1969.
The Name 'Minamata Disease'

The 'Strange Disease' / Infectious Disease

In the days when Minamata disease was first discovered, since a cause had not been found, it was locally called the 'strange disease', 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 since the first case was reported, almost all newspapers were calling it Minamata disease.

Judgment of the Ministry of Health and Welfare

In December 1969, the Examination Committee for Specification of Pollution-Related Illnesses of the Ministry of Health and Welfare, specified 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 commissioned by the Ministry of Health and Welfare to investigate into the effects of pollution-related illnesses. As the name Minamata disease had already been declared 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, the image of Minamata city became bad. This led not only to damage of product sales and tourism of Minamata, but also to discrimination towards people from Minamata regarding marriage and employment. In 1973, the Minamata City, Minamata Chamber of Commerce, the Tourism Association and others, conducted a campaign to change the name of Minamata disease, and took a petition signed by 72% of electors in Minamata City to the Environment Agency and other related organizations. This campaign was unsuccessful and to this day it is known as Minamata disease.
Chapter 3

Measures to Control Environmental Pollution

1 Regulation of Factory Effluent

From 1932, effluent containing methyl mercury, created in the acetaldehyde manufacturing process of Chisso Minamata factory, was discharged into Minamata Bay (once also into the mouth of Minamata River).

Whilst imperfect, the refined drain recycling system, thought to be partially effective in extracting mercury, was adopted in August 1960. In June 1966, due to the realization of a complete effluent processing system, effluent containing methyl mercury in principle, ceased to be discharged, and in May 1968, the pollution source disappeared due to the discontinuation of acetaldehyde production.

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

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total mercury</td>
<td>0.005mg/l</td>
</tr>
<tr>
<td>Alkyl mercury</td>
<td>Should not be detected. (Fixed quantity limit of 0.0005mg/l)</td>
</tr>
</tbody>
</table>

2 Measures taken regarding the Contamination of Fish and Shellfish

Instruction to Fishermen to Voluntarily Refrain from Catching and Consuming Fish - The Self-Imposed Fishing Bans

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

For this reason, Kumamoto Prefecture implemented voluntary restrictions on fishing and consumption of fish and shellfish, and later began consideration of the 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 capturing of fish and shellfish for retail purposes from Minamata Bay. (This committee consisted of the Chairman=Vice Governor, a vice-chief and relevant section chiefs from the Departments of Health, Public Welfare, Engineering & Construction, 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 fish and shellfish 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 fish and shellfish caught in Minamata Bay”.

Thus, Kumamoto Prefecture was unable to implement the Food Sanitation Act, resulting in continued enforcement of voluntary restrictions on consumption of fish and shellfish from Minamata Bay. Administrative guidance beseeching the Minamata Fisheries Cooperative Association (hereafter called the Minamata Fisheries Co-op) to exercise self-regulation of fishing in the bay was also subsequently enforced.
Chapter 3
Measures to Control Environmental Pollution

Even after the Ministry of Health and Welfare refused to implement the Food Sanitation Act, Kumamoto Prefecture and Minamata City continued to petition to related ministries, demanding special legislation prohibiting fishing and designating danger water areas, however, no legislation to this effect was passed.

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

The Minamata Fisheries Co-op placed self-imposed restrictions on harvests from Minamata Bay from August 1957. From July 1960, together with the cooperation of the town, the Co-op was able to provide guidance to ensure harvesting did not take place by expanding the regulated area to within a 1000 meters of land, and through activities such as patrolling the area with a patrol boat.

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 phenomenon of patients falling ill to Minamata disease had come to a halt in this same year.

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

On May 22, 1973, when 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, with the guidance of Kumamoto Prefecture, once again enforced voluntary restrictions, by establishing restricted fishing areas, and organizing patrol boats.

National Government establishes “Provisional Regulatory Standards for the Level of Mercury in Fish and Shellfish”

On July 23 1973, given the social situation, to dissolve consumers’ anxieties regarding mercury contamination, the government enacted the “Provisional Regulatory Standards for the Level of Mercury in Fish and Shellfish”, requiring total mercury to be less than 0.4ppm, and methyl mercury to be less than 0.3ppm.

Installation of Dividing Nets by Kumamoto Prefecture

In an effort to calm social panic and stabilize plummeting fish prices, Kumamoto Prefecture began construction in January 1974, of dividing nets, 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 while Pollution Prevention Project works underway

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

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 inhabitation of fish and shellfish containing levels of mercury exceeding the temporary regulation enacted by the government, in the dividing nets in Minamata Bay.

Again, from June of 1978, with a view to protecting the health of local residents, Minamata City, employed a full time supervisor to police people shell-fishing and fishing from land. Then from October 1981, the city set up an ocean patrol using fishing boats to police fishers in the bay, as well as making a call to the public to refrain from fishing.
**Buy-Back of Fishing Hauls while Dividing Nets in Place**

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 Government and local citizens was held for the first time to carry out comprehensive investigations into the fish and shellfish inhabiting Minamata Bay, and to determine effective countermeasures against contaminated fish.

Results of research and analysis on the level of mercury concentration in fish and shellfish in Minamata Bay, were carefully reviewed by the committee, and formed the basis for the continued deployment of the dividing nets, as well as establishment of potential treatment and countermeasures against contaminated fish in the bay. Because a 1989 investigation cited 16 fish species exceeding the provisional regulatory levels on mercury contamination in fish and shellfish, the committee decided to leave the dividing nets in place for longer, to ensure against the circulation of contaminated fish from the bay 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 spread of fish containing levels of mercury exceeding the provisional regulatory levels, to the market place, under the "Agreement Relating to Compensation for the Fishing Industry", Chisso was forced by members of the Minamata Fisheries Co-op to purchase fish and shellfish caught in the bay, from July 6, 1992 to October 15, 1997 (until the day after the dividing nets were removed).

**Removal of the Dividing Nets from the Nanatsuse Region**

Due to consistent decline in the mercury levels in the fish and shellfish of the bay, the Kumamoto Prefecture Special Committee on Fish and Shellfish in Minamata Bay met in August 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 and Nanatsuse zones. In an investigation in the latter part of fiscal 1994, it was confirmed for the first time that the mercury levels of all fish and shellfish inhabiting both zones 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 sea area). In April, Kumamoto Prefecture began work on the dismantling of the dividing nets on the outer side of the Nanatsuse zone. Dismantling of the nets was completed in June, and the Nanatsuse sea area was opened.

"Minamata Bay Declared Safe" - Removal of the Minamata Bay Dividing Nets

In February 1997, Kumamoto Prefecture drew up its "Basic Policy on Measures for Fish and Shellfish of Minamata Bay" which included provisions for removing the Minamata Bay dividing nets in 1997 if confirmation could be made, after an investigation to be conducted in the first half of the 1997 fiscal year, that mercury levels were below regulatory levels and had been so for three years. This report was given to the meeting of the Committee on Fish and Shellfish. Having given its unanimous approval of the policy, the committee was then dissolved.

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 that the mercury levels had remained below provisional regulatory standards for the past three years. This report was then sent to former members of the Committee on Fish and Shellfish, for verification. Meanwhile, meetings were held for interested local parties and all coastal fishing associations, in an attempt to obtain the public’s 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 in January 1974, 23 years before. Removal operations began on August 21, and on the 23rd of the same month, the net section was 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. After the removal of the dividing nets, erring on the side of caution, it was decided that investigations into the level of mercury in fish species in Minamata Bay, should be carried out twice a year for a period of three years, until 2000.
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 in the nearby 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 Minamata Sea, 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 the next month, 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 the 4-day 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 compensation to the fishing industry, ② complete removal of sedimentary sludge, ③ installation of an effluent-processing device.

In response, Chisso maintained that "the cause of Minamata disease is still undetermined", and whilst 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 stand still. On August 17, negotiations took place again, however, came to a head when local fishermen revolted against the amount of compensation, which Chisso had offered, claiming it was not enough. Angry fishermen stormed into the meeting place of the negotiations in noisy protest, and on the following day, August 18, the prefectural police mobile unit intervened, exercising its influence. Fishermen, representatives from the factory, and police were wounded (the 1st Fishermen's Dispute).

After that, in order to solve the predicament, with the Mayor of Minamata acting as Chairman, a mediatory committee was established. 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. In particular, 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.

On October 17, the fishing communities from the 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, however, upon Chisso's outright refusal, 1500 fishermen gathered uninvited at the factory, throwing stones and protesting loudly, resulting in police invention.

On November 2, the Shiranui Seaboard Fishermen's General Meeting was held again, and after demonstrative marches in the city, it was proposed to Chisso that group negotiations be held regarding the termination of operations. However, as Chisso turned down the proposal, angry fishermen stormed into the factory, clashing with the police who were trying to intervene, resulting in a huge scene with more than 100 people wounded, and 35 people arrested (the 2nd Fishermen's Dispute).

On November 24, at the request of both the Prefectural Fisheries Association and Chisso, the Shiranui Sea Fisheries Dispute Mediation Committee (Governor, Chairman of the Prefectural Assembly, Minamata Mayor, Towns and Villages President, President of the Kumamoto Daily Newspaper) was established and arbitration commenced.

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

In 1973, the Minamata Fisheries Co-op received 4 hundred million yen from Chisso as compensation to the fishing industry, for the so-called "third outbreak of Minamata Disease". 2.28 billion was also paid to the 30 fishing cooperatives of the Shiranui Seaboard, and 729.6 million to the three fishing cooperatives of Izumi City, Azuma Town, and Nagashima Town.

Even after the completion of the Pollution Prevention Project in 1989, due to the discovery of fish and shellfish in Minamata Bay containing levels of mercury exceeding provisional regulatory levels established by the government, 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 harvests in Minamata bay caused by the continued deployment of dividing nets, ② the compulsory purchase by Chisso, of fish and shellfish caught in Minamata Bay. Compensation to the fishing industry totaled approximately 9 hundred million yen.


Chapter 3

Measures to Control Environmental Pollution

Administrative Aid to Support the Fishing Industry

To aid local fishermen, Kumamoto Prefecture provided advice regarding finance under the Family Corrective Funds System, to families whose income had decreased due to the inactivity of fishing operations. The prefecture also provided advice regarding employment to those wishing to change their occupation.

In March 1958, the Shallow Waters Landfill Project, (the set up of concrete blocks for fish nests and the depositing of rocks to encourage seaweed growth), was established by the Government and Kumamoto Prefecture, in areas of the sea thought to be pollution free. In 1958, in planning a change of harvesting area, fish nests and rock structures were established in Modo. In fiscal 1959, the prefecture provided assistance in a plan to convert the fishing industry, actively encouraging fishing operations in nearby seas, and the culturing of mackerel. In 1960, the national government, and Kumamoto Prefecture provided monetary aid to the Minamata Fisheries Co-op for the purchase of fishing vessels, to be used in new fishing activities. From June 1973, Kumamoto Prefecture provided finance, loaning funds for living expenses to members of the Minamata Fisheries Cooperative. Minamata City absorbed the interest costs associated with these finance amounts.

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.

Environmental Restoration Project

Minamata Bay Pollution Prevention Project

From 1932, for approximately 40 years, 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 more of mercury, mixed in with effluent from the factory, was discharged into Minamata Bay. Sedimentary sludge, which settled on the floor of the ocean, containing more than 25ppm total mercury, had an approximate total volume of more than 1.51 million m³ and an area exceeding approximately 2.09 million m². There were also areas in the depths of the bay, where the thickness of this sludge reached 4m.

Again, even after the Chisso Minamata factory stopped manufacturing acetaldehyde in 1968, fish and shellfish containing levels of mercury exceeding the provisional regulatory standards on the level of mercury in fish and shellfish, enacted by the government, inhabited the bay.

Due to the fact that, 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 been severely hindered, and management of the maintenance of the bay, would have been hampered, it was necessary to urgently and safely dispose of the sedimentary sludge in the bay, and to plan restoration of 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 25ppm of mercury (the standard calculated based on the regulatory standards for the removal of bottom sedimentary sludge, established by the Environment Agency).

This project saw the deepest part of the bay (approximately 580,000m²), where mercury content was high, enclosed with a metal sheet, and the areas of low mercury density (approximately 1,510,000m²) which had about 780,000m³ of sedimentary sludge, dredged with a cutterless pump ship and poured into a reclaimed land area. 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 4th Port and Harbors Construction Bureau belonging to Ministry of Transport supervised these difficult marine engineering operations, whilst the prefectural government was in charge of the ground operations and overseeing operations.

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 who feared secondary contamination due to dredging operations. 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 established 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 in place to ensure the prevention of secondary pollution, and comprehensive examinations of water quality and fish and shellfish were carried out. Also, 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 contents of operations and the results of monitoring were also displayed daily at three places in Minamata City so as to gain the understanding 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 0.06ppm-12ppm with an average of 4.65ppm, from 0.04ppm-553ppm as measured at 610 different monitoring points in 1985, before dredging began.

In March 1990, after 13 years and 48.5 billion yen (more than 30.5 billion yen born by the offending company, Chisso+, the remainder halved between the government and Kumamoto Prefecture) the Minamata Bay Pollution Prevention Project was safely completed, and the environment returned to its original state.

(notes) +The Law concerning Entrepreneurs’ Bearing of the Cost of Public Pollution Control Works was applied to the Minamata Bay Pollution Prevention Project, as well as 2 other projects for Marushima Port, and Marusima and Hyakken Waterway.
Chapter 3

Measures to Control Environmental Pollution

Fig. 4  Map of Minamata Bay Dredging Operations

<table>
<thead>
<tr>
<th>Item</th>
<th>Treated area</th>
<th>Volume of sludge disposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landfill area</td>
<td>582,000</td>
<td>726,000</td>
</tr>
<tr>
<td>Dredged area</td>
<td>1,510,000</td>
<td>784,000</td>
</tr>
<tr>
<td>Total</td>
<td>2,092,000</td>
<td>1,510,000</td>
</tr>
</tbody>
</table>

Chapter 3

Measures to Control Environmental Pollution

Marushima Port Pollution Prevention Project

Sedimentary sludge, which had been highly contaminated with mercury contained in the effluents from the Chisso Minamata factory and Minamata Chemical Industrial Plant & Co., Ltd. accumulated in Marushima Port.

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

The Marushima Port Pollution Control 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 operations of Minamata Bay.

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

To prevent the sludge from spreading into neighboring marine areas, the mouth of the port was closed off with a pollution prevention sheet, and cutterless pump ships were utilized in dredging as in the operations in Minamata Bay.

Dredged sludge was carried to the landfill in Minamata Bay by a closed system carrier, 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. In 1985, before dredging operations commenced, mercury levels ranged from 0.04 to 99.9ppm (average of 13.12 total mercury), however, after completion of operations in 1988 mercury levels ranged from 0.34-13.8ppm (6.65ppm average). It was thus confirmed that mercury levels were well below the regulatory standard of 25ppm.

Of the approximated 171 million yen of total project expenditure, more than 139 million yen was born by the offending company, Chisso and Minamata Chemical 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 returned to its original state.

Marushima and Hyakken Waterway Pollution Prevention Project

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

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, paralleling the Minamata Bay Project.

As in Minamata Bay, the standard for the removal of bottom sediment sludge was set at 25ppm of mercury. The 12,124m³ of sedimentary sludge, which had settled in the 15,000m² of Marushima Waterway Pool and the 1,148m length of the Marushima and branch Waterways, as well as the 21,645m³ of sludge, settled in the 9,630m² of the Hyakken Waterway Pool, and the 1,129m Hyakken Waterway total length (total of 33,769m³) 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 which was excavated mechanically, was carefully loaded into dump trucks with completely sealed beds to prevent the sludge from flying or oozing out, by which it was then transferred to the landfill site of Minamata Bay.

To prevent further environmental pollution during dredging operations, a monitory plan was enforced, whereby the quality of water at the end of both waterways was closely monitored. To gain the understanding 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 factory sites.
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The result of these operations confirmed the reduction in mercury level from a total of 0.396ppm-7700ppm (dry base) in February 1978 before dredging operations commenced, to 0.10ppm-14.7ppm upon completion of operations.

Of the more than 1,554 million yen total project expenses, the offending company, Chisso, and the Minamata Chemical Industrial Plant & Co., Ltd., 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.

4 Degree of Pollution Over Time

In neighboring areas surrounding Minamata Bay, studies into environmental pollution of water quality, the ocean bottom sediment, fish and shellfish 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 to the level of those in other areas after 1969, and that mercury contamination in the umbilical cord of newly born infants, also parallel to the level of newly born infants in non-contaminated areas after 1968. From these results, it was concluded that continuous methyl mercury exposure at the level which could cause Minamata disease existed until no later than 1968, and that after that, there has not been such exposure that could lead to the onset of Minamata disease.

Fig.5 Trends in Total Mercury Levels of Fish and Shellfish in Minamata Bay

(Fiscal Year of Investigation)

1. Chisso Corp. stops production of acetaldehyde
2. Commencement of the Pollution Prevention Project
3. Construction of Temporary Close-off Bank
4. End of the Sludge Dredging Project
5. End of the Pollution Prevention Project
**Chapter 4**

**Compensation & Relief of Victims - Health Measures for Residents**

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.

To ensure the livelihood of victims was not threatened by mounting medical costs, in July 1956 Minamata City began treating patients as “suspected Japanese encephalitis” cases. Patients were admitted to the city’s infectious disease isolation wards and the cost of their hospital care was paid from public monies.

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. **Compensation based on the 'Mimaikin' Solatium Agreements**

"Mimaikin' Solatium Agreements

On July 22, 1959, the Kumamoto University Study Group reported a preliminary finding that "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". With this, the cause of Minamata disease was now clear.

Given this situation, on November 25, the Minamata Strange Disease Victims' Mutual Aid Society (established on 1 August 1957, later renamed the Minamata Patients and Families' Mutual Aid Society and hereinafter referred to as the Mutual Aid Society), demanded compensation of ¥3,000,000 per person (a total of ¥224,000,000), 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 agenda of 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. On December 12, the Governor announced, "the issue of compensation for victims will 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 issue of the amount to be paid as annuities, and the method of payment. The settlement agreement 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' solatium agreements.

The 'Mimaikin' agreements provided lump sum compensation of ¥300,000 for each deceased victim, an annual stipend for surviving victims (¥100,000 for adults and ¥30,000 for children), and awards of ¥20,000 for funeral expenses. Even in contemporary terms, 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 decided not to be the cause of Minamata disease, the solatium 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 common good.
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Compensation & Relief of Victims
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The Beginning of the Minamata Disease Patient's Certification System

Charged with assessing the eligibility of claimants for solatium payments under the Mimaikin agreements, the December 1959 convening of the Screening 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 Screening Committee for Minamata Disease Patients. In March 1964, new regulations 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 Solatium Agreements

79 known patients received immediate certification under the Mimaikin agreements. Another 8 persons were recognized in 1960, and one new patient was recognized the following year, in 1961. From 1961-1964, excluding congenital Minamata disease victims, only one child was recognized in 1964, and over the next 5 years until 1969, no new cases of suspected Minamata disease were reported by local medical facilities, and there was no convening of the medical review board.

3 Compensation & 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, 3 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 in law. The certification process relies on victims applying 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. 6 Certification System Process
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Compensation & Relief of Victims
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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 and Prevention of Pollution-Related Health Damage", continues even today. This is because some persons who have had applications rejected previously have reapplied, and others have only recently applied for certification for the first time. An overview and the history and current status of the certification till the end of February, 2008 are as follows.

Table 2 Number of Patients certified by Fiscal Year

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<td>67</td>
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<td>58</td>
<td>204</td>
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<td>67</td>
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Table 3 Number and Outcome of Applications by Prefecture

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<tr>
<th>Fiscal Year</th>
<th>Total Applications</th>
<th>Completed Applications</th>
<th>Pending Applications</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Recognized</td>
<td>Rejected</td>
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<tr>
<td>Kumamoto Pref.</td>
<td>16,619</td>
<td>(1,132)</td>
<td>1,776</td>
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<tr>
<td>Minamata City out of above</td>
<td>5,335</td>
<td>(686)</td>
<td>963</td>
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<tr>
<td>Kagoshima Pref.</td>
<td>5,919</td>
<td>(313)</td>
<td>490</td>
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<tr>
<td>Total</td>
<td>22,538</td>
<td>(1,625)</td>
<td>2,266</td>
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Compensation & Relief of Victims
- Health Measures for Residents

**Improvement of the Certification Process**

The number of unsettled applications in Kumamoto and Kagoshima Prefectures, which numbered several tens when the "Law concerning Compensation and Prevention 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 found 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 examining medicos, the intensification of treatment research projects for certified applicants 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 Environment Agency issued the "Agreement on the Promotion of Minamata Disease Countermeasures".

The main points were:

- It is inappropriate for the national government to administer the direct certification process
- It is not reasonable to establish a higher screening facility at a national level, however, an investigative committee would be provided to research any difficult cases
- Efforts be made to establish a system by which 150 people can be examined and 120 screened each month
- Examination facilities must be accessible to applicants from other prefectures
- Research into treatment for certified applicants be improved
- Changes be implemented so that the costs required to expedite the certification process are not too great a burden for the prefectural governments. The criterion for assessing Minamata Disease was also issued at this time.

On July 3, 1978, the Deputy Director-General of the Environment Agency announced the new "Promotion of Minamata Disease Certification Procedures" in which the Certification of Minamata disease refers 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 have no possibility of providing new data.

At the 85th extraordinary meeting of the Diet on October 20, 1978, the "Law concerning Provisional Measures for the Promotion of Administrative Work on Certification of Minamata Disease" 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 certified applications for Minamata Disease in Kumamoto Prefecture exceeded 5000. In September 1980, some members from the applicants group began refusing official examinations claiming the government was not sincere to their cause and was illegitimately ignoring the epidemic. Further delays in the examination and certification processes ensued, forcing the Kumamoto Prefectural Government to employ measures such as inquiring of the preferred examination day of individual patients in order to hasten the processing of applications.

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 same system, the number of unsettled applications in Kagoshima Prefecture also decreased from the 1985 high of 875. The number of unsettled applications is increasing rapidly after the Kansai Lawsuit Supreme Court decision.

**Compensation under the Law**

Compensation was paid to certified patients both under the "Law concerning the Relief of Pollution-Related Health Damage", later called the "Law concerning Compensation and Prevention of Pollution-Related Health Damage", and after signing out-of-court settlements with Chisso (as mentioned later in Chapter 4) in accordance with the compensation agreements that had been agreed to by the patients' groups and Chisso in July 1973, for contracting Minamata disease.
Despite the fact that the Mutual Aid Society had signed the Mimaikin Solatium Agreements with Chisso on December 30, 1959, the issue of compensation was again raised following official recognition by the national government that Minamata disease was a pollution caused disease.

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 the patients to submit a pledge stating "the Ministry be entrusted with discretionary power concerning the appointment of committee members and that its decision be accepted 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 lodge 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) - and commenced work on combating the compensation issue.

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, which 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, was tabled by the Minamata Disease Compensation Processing Committee and accepted by the patients and Chisso in the form of an out-of-court settlement.

On August 7, 1971, the Deputy Director-General of the Environment Agency gave notice regarding the "Certification of the Law concerning Relief of Pollution-Related Health Damage", (being, that certification would be granted where the oral intake of organic mercury could be confirmed). Following this announcement, on December 28, 1971 the 30 newly certified sufferers sought mediation from the Central Council for Environmental Pollution (which, on July 1, 1972 became the Environmental Disputes Coordination Commission). On April 27, 1973, the Central Council for Environmental Pollution tabled a mediation plan which recommended compensation payments to the same levels as those awarded in the Kumamoto District Court for the First Minamata Disease Lawsuit, being; a special assistance subsidy (stipend of 20-60,000 yen a month) and awards for treatment, non-medical care and funeral expenses. Both the patients and Chisso accepted the proposal and the mediation concluded.
Moreover, those patients who were awarded compensation on March 20, 1973 in the First Minamata Disease Lawsuit, joined forces with the activists who were negotiating directly with Chisso, to form the Minamata Disease Tokyo Negotiation Group, to lobby the national government for further (total) compensation to provide for their futures, on the grounds that the initial compensation was only solatium for their previous sufferings.

The Tokyo Negotiation Group again commenced discussions with Chisso, but when the talks stalled due to strong differences of opinion concerning medical expenses and annuity, the Director-General of the Environment Agency was called in to mediate.

On July 9, the hard work of the Director-General of the Environment Agency 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 brokered by the Environmental Disputes Coordination Commission, and agreed to by the patients and Chisso. All patient groups and factions signed the agreement.

Following this agreement, those certified patient groups who so desired signed reconciliation agreements with Chisso and received their compensation payments.

(Note) As at October 2007, 7000 million yen

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lump-Sum Solatium</strong></td>
<td>Rank A ¥18 million (Family members of Rank A and B also receive lump-sum solatium) Rank B ¥17 million Rank C ¥16 million</td>
</tr>
<tr>
<td><strong>Medical Expenses</strong></td>
<td>All the medical expenses are payed by Chisso</td>
</tr>
<tr>
<td><strong>Medical Assistance (monthly)</strong></td>
<td>Outpatients 21,400 to 23,400 yen Inpatients 23,400 to 33,500 yen</td>
</tr>
<tr>
<td><strong>Life-Time Special Adjustment Allowance(monthly)</strong></td>
<td>Rank A ¥170,000 Rank B ¥90,000 Rank C ¥67,000</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td>Standard expense for medical services covered under the Nursing Care Law, funeral expenses, acupuncture, moxibustion and hot spring recuperation</td>
</tr>
</tbody>
</table>
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 court action as a means of settling their claim. Support groups assisting in the lawsuit were soon established.

On Jun. 14, 1969, 112 patients and family members filed suit against Chisso in the Kumamoto District Court, for a total of over ¥642 million in damages. (As additional plaintiffs joined the suit, the total sum claimed grew to over ¥1,588 million.)

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, ¥18 million for each deceased victim, and between ¥16 and ¥18 million to each surviving victim.

The court’s decision also voided the Dec. 1959-Mimaikin agreements. According to the court, although the causal agent and the means of contamination had not been scientifically proven at the time the Mimaikin agreements were concluded, several factors made it fairly clear, from an objective point of view, that wastewater from the Chisso Minamata factory was the source of the contaminant causing Minamata Disease. These included: 

- The Kumamoto University Medical School’s epidemiological survey,
- The results of the so-called “Cat Number 400 experiment”, and
- 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 good, and nullified.

As discussed in Chapter 4, the plaintiffs (patients) actually receive compensation in accordance with the compensation agreement signed with Chisso on Jul. 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 a suit against Chisso alleging infliction of damages in the Kumamoto District Court, and seeking compensation for damages in the amount of ¥22 million per victim, and ¥1,684 million in total.

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

On Aug. 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 Minamata disease and ordering Chisso to pay each between ¥6 million and ¥10 million, for a total of ¥32 million.

**Minamata disease Lawsuits claiming reparation from the State (The Third Minamata Disease Lawsuit)**

On May 21, 1980, 85 persons, including 69 unrecognized victims and victims’ families, (the First Part), filed suit, in Kumamoto district court, for damages in the amount of ¥18 to 28 million per person, and ¥1,377 million in total. In addition to claims lodged against Chisso, the suit 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 prefectoral 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 Minamata disease.
On Mar. 30, 1987, a decision recognizing all 70 plaintiffs, with exemption of the 5 already certified by the Government, as certified victims of Minamata disease, and ordering payment of between ¥3.3 and ¥22 million per person, or ¥674.3 million in total. Although this represented an outright victory for the plaintiff side and fully recognized the National Government and Kumamoto Prefecture's responsibility, the defendants and one group of plaintiffs appealed.

The Third Lawsuit was filed in Parts 1 through 16. On Mar. 25, 1993, the verdict in the Second Part also fully recognized the liability of the National Government and Kumamoto Prefecture, and again, the defendants and one group 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 were filed in courts in Osaka (Kansai Lawsuit), Tokyo (Tokyo Lawsuit), Kyoto (Kyoto Lawsuit), and Fukuoka (Fukuoka Lawsuit) district courts. The lawsuits became extremely protracted, and involved over 2000 people as plaintiffs.

Then, in September 1990, the Tokyo District Court issued a recommendation of mediated out-of-court settlement, directing "to affect a timely solution, the parties involved must reach some kind of compromise". Recommendations for out-of-court settlement were then issued from each court, one after the other. Kumamoto Prefecture and Chisso were responsive to settlement, but the National Government refused to accept the recommendation, stating, "It is difficult to accept the recommendation for settlement at this point, while the gulf between liability and medical evidence remains".

Against this backdrop and beginning in October 1994, political activity aimed at achieving a timely resolution to the Minamata disease problem began gaining momentum. On September 28, the ruling coalition three parties presented a draft of its Final Solution Scheme, and on December 15, having heard the opinions of all parties involved, the Final Solution Scheme was officially approved. In May 1996, having accepted the Final Solution Scheme, each of the five victims' groups involved signed agreements with Chisso based on the consensus understanding. These agreements formalized the payment of lump-sum awards and the withdrawal of any legal action or claim.

Following the signing of these agreements, in May of the same year, the plaintiffs in all lawsuits, such as National Liaison Defense Councils for Minamata Disease Victims, claiming damages under the National Compensation Law and so on. (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. This included lawsuits in 3 high courts and 4 district courts in Kumamoto, Fukuoka, Osaka, Kyoto and Tokyo.

**The Kansai Lawsuit**

In the only lawsuit to continue without accepting the cabinet-approved Final Solution Scheme, in 1995, 37 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 on October 15, 2004, when the court ruling acknowledged the government's responsibility. Since this ruling in favour of the Kansai group, further lawsuits have been filed.

### 6 Continuation of Independent Negotiations to Demand Direct Compensation

In 1968, Chisso and the various patients' groups exchanged a written oath pledging, "compensation concerning Minamata disease will be discharged in good faith". On July 27, 1988, the group seeking compensation from Chisso via direct negotiations, Minamata Disease Negotiation Body (246 persons, later becoming the Minamata Disease Patients Alliance), instigated fresh negotiations demanding the company reaffirm in writing its commitment to this precept. Negotiations did not proceed smoothly, with Chisso asserting that "The company does not have the power to certify [victims] as Minamata disease sufferers".

On September 4, the Direct Negotiations Faction began a sit-in demonstration in front of the Chisso Minamata factory to publicize the existence of latent Minamata disease sufferers and demand the reopening of negotiations from that afternoon.

Anxious about this situation, the Minamata City Mayor, Mr. Okada, 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 no 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.

Within this context, two Diet members, Joji Fukushima and Hiroyuki Sonoda, again proposed the reopening of discussions, with Kumamoto Prefecture Governor, Mr. Hosokawa, and Minamata City Mayor, Mr. Okada, as mediators.

In response to this call from Fukushima MP, talks between the Negotiations Group and Chisso were held at the Minamata City office, on March 25, 1989, with Governor Hosokawa and Mayor Okada mediating.

That same day, a 6 point memorandum based on the mediation plan prepared by Fukushima MP in October the preceding year, was approved and signed by both principles and the mediators. The memo included the following points:

1. The certification of any Minamata disease victims not currently receiving assistance will be expedited quickly. Such persons will receive aid from Chisso and government as a matter of course.
2. Chisso will give its full and absolute consideration to the aid of victims.
3. The Negotiations Group will raise any questions or concerns in an orderly and constructive manner, and will actively cooperate to improve the situation.

After signing this memorandum, on the following day March 26, the Negotiations group ended its 204-day long sit-in, and 3 way discussion among the Negotiations Group, Chisso and administration continued.

All outstanding issues were settled in Apr. 1996, with the signing of agreements with Chisso based on the Government's Final Solution Scheme.
Chapter 4

Compensation & Relief of Victims
- Health Measures for Residents

7 Minamata Disease Certified Patients Health and Welfare Project

To encourage the recovery, maintenance and enhancement of the health of those harmed by Minamata disease, having received the approval of the Director of the Environment Agency every fiscal year, based on the "Law concerning Compensation and Prevention of Pollution-Related Health Damage" effective from September 1, 1974, Kumamoto Prefecture and Kagoshima Prefecture provide guidance regarding recuperation at home, as well as loaning special beds.

8 Minamata Disease Certification Applicants' Research and Treatment Project

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

<Notes>

Kumamoto Prefecture initially instigated this as the "Minamata Disease Required- Observation Patients' Research and Treatment Project", modifying it to its current title in fiscal 1975. Kagoshima Prefecture initiated it as the "Minamata Disease Required- Observation Patients and Those Concerned Research and Treatment Project", continuing to use this title.

Due to the prevalence of extended periods of time taken required to determine the approval or disapproval of applicants seeking certification, and in an effort to lighten the burden of medical treatment costs incurred by applicants, a portion of expenses incurred relating to fees for medical treatment and so on, are subsidized.

Targets of the Research and Treatment Plan are the people who satisfy certain necessary conditions including 󰆒 those judged at an inquiry requiring observation of a doctor; 󰆓 those who have received a formal reply at an inquiry but who are still awaiting the approval or disapproval of the Governor; 󰆔 people who have resided in the appointed areas for more than 5 years, and for who it has been more than 1 year since applying for certification (more than 6 months for those acknowledged as having serious symptoms).

Targets are provided with medical treatment research expenses, surgical operation recuperation expenses of acupuncture, moxa cautery and massage, allowances for medical treatment studies, and allowance for care assistance.

From June 1986, Kumamoto Prefecture expelled those who did not accept a certified medical examination as targets from this survey. 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 research and treatment projects by both prefectures began to decline, however, since the Kansai Lawsuit win, both prefectures have increased funding for research and treatment projects in line with the increasing number of applicants for recognition.

9 Comprehensive Measures of Minamata Disease

Medical Care Project

In areas affected by Minamata disease, Kumamoto Prefecture and Kagoshima Prefecture have set out to reduce and dissolve health problems by insuring the opportunity for medical treatment, and establishing the cause of symptoms of people not certified with Minamata disease, but who possess a handicap in the loss of sense of limbs (Medical Treatment Notebook Targets), a symptom also identified in Minamata disease, and also people possessing certain nerve-related symptoms separate from the loss of sense in the limbs. A recuperation allowance for medical treatment expenses and surgical operation recuperation expenses using acupuncture and moxa cautery is provided to medical treatment notebook targets, and to health notebook targets surgical operation recuperation expenses associated with acupuncture and moxa cautery are covered.

Medical Care Project were initiated in June 1992, and whilst applications were not accepted for a period of time at the end of March 1995, after receiving the Cabinet’s resolution measures for Minamata disease issues, application procedures were re-initiated in the period between January 22 to July 1, 1996, and it was replaced by a new Medical Care Project. Based on the Kansai Lawsuit Supreme Court decision, application procedures were reopened on October 13, 2005, for an intended period of five years. At time of writing (March 31, 2007), the number of Medical Care Notebook holders is 5,817, and there are 7,719 Health Notebook holders.
Chapter 4
Compensation & Relief of Victims
- Health Measures for Residents

Table 5 Comprehensive Minamata Disease Medical Care Project Benefits Package

<table>
<thead>
<tr>
<th>Medical Notebook holders</th>
<th>Health Notebook holders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical expenses</td>
<td>Medical expenses</td>
</tr>
<tr>
<td>Copayment for medical expenses (covered by insurance)</td>
<td>Copayment for medical expenses (covered by insurance)</td>
</tr>
<tr>
<td>Copayment for medical services covered under the Nursing Care Law</td>
<td>Copayment for medical services covered under the Nursing Care Law</td>
</tr>
<tr>
<td>Acupuncture, moxibustion and hot spring recuperation allowance</td>
<td>Acupuncture, moxibustion and hot spring recuperation not covered by insurance</td>
</tr>
<tr>
<td>Total up to 7,500 yen per month</td>
<td>Total up to 7,500 yen per month</td>
</tr>
<tr>
<td>Medical benefits</td>
<td>Medical benefits</td>
</tr>
<tr>
<td>When receiving medical services:</td>
<td>Acupuncture, moxibustion and hot spring recuperation allowance</td>
</tr>
<tr>
<td>Inpatient costs</td>
<td>Total up to 7,500 yen per month</td>
</tr>
<tr>
<td>-23,500 yen per month</td>
<td></td>
</tr>
<tr>
<td>Outpatient costs (more than once in a month)</td>
<td>-21,200 yen per month</td>
</tr>
<tr>
<td>Aged 70 and over</td>
<td>-17,200 yen per month</td>
</tr>
<tr>
<td>Aged under 70</td>
<td></td>
</tr>
</tbody>
</table>

Health Management Programs

Since 1993, in an effort to assist in resolving the health related anxieties of citizens who may have ingested metal mercury to varying degrees, as well as establishing the long-term health condition of such citizens, Kumamoto Prefecture and Kagoshima Prefecture have been carrying out health examinations of citizen; establishing a computer based health management system, in regions affected by Minamata Disease.

10 Health Surveys

In the process of causative inquiries 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.

From 1971, in an effort to comprehend the spread of health damage, Kumamoto Prefecture and Kagoshima Prefecture conducted health surveys. Approximately 110,000 citizens were targeted for a questionnaire survey, and about 23,000 people for a secondary medical examination. Approximately 50% of those targeted undertook a secondary medical examination.

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

Following this, after facing the Kansai Lawsuit, in order to paint a precise picture of the unrecognized Minamata disease patients, on April 6, 2007, the Ministry of the Environment implemented a survey in Kumamoto, Kagoshima and Niigata Prefectures. Of the 13,404 persons selected, 7,466 (55.7%) responded (those selected were persons who have applied with the Minamata Disease Certification Committee, or Medical Treatment Notebook holders who have relinquished hopes of recognition and are receiving medical care subsidies). Response rates for the survey were: in 5,477 of 9,999 persons in Kumamoto Prefecture (54.8%); 1,887 of 3,281 persons in Kagoshima Prefecture (57.5%); and 102 of 124 persons (82.3%) in Niigata Prefecture.
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, obtained in a conditional survey conducted after official recognition of the disease on May 1, 1956, the Minamata City Sanitation Division scattered insecticide, disinfecting areas where sufferers of the disease had been discovered, thinking the disease may be infectious.

Isolation of Patients in Infectious Disease Wards

In July 1956, to minimize the burden of medical treatment expenses, the 8 patients who had been hospitalized at Chisso Hospital, were placed in the city's isolation wards (in an isolation hospital) at the public expense, "on suspicion of Japanese Encephalitis".

Application of Public Welfare Assistance

Measures were put in place to provide assistance for medical treatment and assistance with everyday living, to households who had lost their daily income and were enduring hardship with few options, due to the fall of workers.

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 1959, a ward specifically for Minamata disease was completed, with 29 sufferers being hospitalized at the public expense.

The Minamata Municipal Hospital Affiliated Yunoko Hospital (Rehabilitation Center)

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

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 its 40 years of history.

Opening of Meisuien (Special Accommodation Facility)

On December 15, 1972, Meisuien, a social welfare institute for the severely handicapped, was opened with Minamata disease sufferers in mind, to enable sufferers to be more comfortable while receiving treatment for their illness, given the length period of time required for recovery. 13 congenital Minamata disease patients were submitted.

At present there are 65 patients at Meisuien. These patients are provided with health maintenance, medical treatment, care, rehabilitation, and are guided and assisted in everyday life.
Establishment of a Branch School for Congenital Minamata Disease Patients

On April 15, 1969, the Yunoko Branch of Minamata Daiichi Elementary School opened in a room of the Yunoko Hospital, as an educational facility to enable serious congenital Minamata disease patients hospitalized in Yunoko Hospital to study whilst undergoing rehabilitation of handicapped limbs. On April 1, 1975, the Yunoko Branch of Minamata Daiichi Junior High School was established at Minamata Municipal Hospital.

Altogether 24 students comprising patients of Yunoko Hospital and patients of Meisuien from both schools graduated, and on March 26, 1999, having completed its role, the schools were closed.

Health Surveys

In May 1975, a survey of the health of more than 7000 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. Until 1981, a health survey was conducted, targeting all citizens (approximately 37,000 people).

Survey of Residual Mercury Levels in Hair and Umbilical Chord Samples

From 1977 to 1988, a survey of the residual mercury levels in the umbilical chords of embryos (1,040 tested) and the hair of infants (288 tested) was conducted. In May 1990, it was declared that there was no danger of (infantile) Minamata disease.
Chapter 5

Expansion of Comprehensive Minamata Disease Research

Establishment of the National Institute for Minamata Disease

The National Institute for Minamata Disease was established in Minamata City, Kumamoto Prefecture in October 1978 in consideration of the serious historical and social significance of Minamata disease and as the geographical origin of pollution in Japan, in order to assist in the development of measures against Minamata disease and improve methods of treatment for Minamata disease sufferers through comprehensive medical research.

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

Following moves toward a resolution in 1995, the national government, in an effort to finally resolve the Minamata disease issue completely, revised the organization of the center with an aim to "use its unique characteristic as the origin of Minamata disease to provide enriched research facilities into the disease", and in doing so, communicate the lessons of the Minamata experience to the world and contribute internationally in the fields of environmental and human health. In addition to its original use as a medical research center into Minamata disease, the center is today used for research into the social and natural sciences, international research and as a resource center for the collection, organization and supply of information on Minamata disease.

Establishment of the Minamata Disease Archives

In June 2001 the Minamata Disease Archives opened adjacent to the Minamata Disease Municipal Museum and the Kumamoto Prefectural Environment Center, as part of the National Institute for Minamata Disease. The aim of the center is to increase awareness of Minamata disease through its own research findings and the collection, storage and analysis of information concerning organic mercury from other sources in Japan and abroad. Thanks to these three facilities, the national, prefectural and municipal governments are working together to gather and disseminate information concerning Minamata disease and the environment.
Chapter 6

Financial Support for Chisso Corporation

Monetary Support financed by the Issue of Prefectual Bonds

As the corporation responsible for the generation of Minamata disease, Chisso Corporation pays compensation to certified victims of Minamata 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, the Government convened a Cabinet meeting "Concerning Minamata Disease Countermeasures". Stipulating that any financial aid to Chisso must adhere to the polluter pays principal, but mindful of the need to ensure that there is no disruption of the compensation payments to Minamata disease victims, and also as a means of contributing to the economic and social stability of the region, Cabinet recommended that Kumamoto Prefecture issue prefectoral bonds, the funds from which shall be lent to Chisso to fund the payment of compensation.

In response to the Government's directive, in December, Kumamoto Prefecture submitted a budget proposal for the issue of Prefectural bonds to the prefectural parliament.

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 stipulated that, as an emergency measure, should any unforeseen circumstance befall Chisso, 100% responsibility shall shift to the national Government.

On December 27 immediately following the assembly decision, Kumamoto Prefecture furnished Chisso with a loan of 335 million yen.

The financial aid provided to Chisso via the issue of Prefectural bonds has been reviewed 6 times in the past. On each occasion, the Government has convened a Meeting of concerned Cabinet Ministers, who have in turn, on each occasion, recommended that Kumamoto Prefecture continue to provide financial support to Chisso through further bond issues. After gaining approval from the prefectural assembly, Kumamoto Prefecture extended each issue by 3 years, when the 1999 (lump-Sum) compensation payment will have been completed.

As well as the "patient 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 Control Project, and finance the company's investment in new plant and equipment. Additional bond issues financed the lump-sum settlements awarded to uncertified victims under the terms of the Government's final solution scheme. At present (end March 2008), Chisso's public liability stands at approximately 154.4 billion yen (including outstanding interest payments).

Injection of National Funding through Radical Financial Aid Scheme

The compensation to Minamata disease patients continued to threaten Chisso's commercial survival. As a result of investigations carried out by the political parties and concerned Ministries, on June 9, 1999, the Government unveiled its radical financial aid scheme to all parties concerned. (For detail, see reference materials in appendices.)

Backed by the approval of Kumamoto Prefecture and Chisso's 'Rebuilding Scheme', the Government decision on the provision of financial aid was officially ratified on February 8, 2000, with the tabling of a Cabinet memorandum of understanding. (For detail, see reference materials.)

It stipulates; ☰The "Minamata bonds" issued by Kumamoto Prefecture, which have formed the pivotal form of aid for the last 20 years will be abolished from fiscal 2000. ☰After Chisso has paid the compensation due to Minamata disease patients from its operating profit, any remaining funds are to be paid to Kumamoto Prefecture as loan repayments. Any portion of the debt that can not be repaid, as it falls due, will be paid to the prefecture by the Japanese government from the subsidies and grants, or regional finance, provisions of the general budget. (This equates to an estimated 120 billion yen by 2018.) ☰The portion of the debt taken over by the national government is then to be repaid by Chisso at some point in the future. ☰The approximately 27 billion yen provided by the Japanese government to finance the lump-sum payments to uncertified victims is exempt from repayment.
Chapter 7

Measures for a Complete Resolution of the Minamata Disease

Presentation of the proposed Solution Scheme, and Consensus amongst the Persons concerned

In September 1990, for the first time in the history of the Minamata disease incident, a Tokyo District Court handed down a recommendation for out-of-court settlement. In the court's opinion, "to affect a timely resolution to the Minamata disease problem, open discussion is the only option". Following on from this, courts across Japan, one after another, issued recommendations for out-of-court settlement. However, there were still a large number of issues to be settled by mediation or direct negotiation, and there seemed no likelihood of seeing a solution to the Minamata disease problem.

At the same time, the victims of Minamata disease were aging rapidly, and their plea for "Aid while we are alive" was becoming more and more urgent. Beginning in October 1994, there was evident upsurge of political activity aimed at achieving a timely resolution to the Minamata disease problem. In December, the 3 ruling coalition parties began to investigate, seriously, the prospect of a solution to Minamata disease. By 1995, coordination of the parties involved, including the various victims' groups, Kumamoto Prefecture authorities, and relevant National Government Ministries and Agencies, was well underway. On September 28, the coalition parties presented its Final Solution Scheme, based on the opinions of all parties involved. By December, a general consensus had been reached amongst all parties involved.

The main points agreed are as follows:

(1) Focusing on the following key items, a quick, final and comprehensive solution to the many and various disputes concerning Minamata disease will be sought.

- The responsible company will pay all eligible persons (persons currently eligible for assistance under the Comprehensive Minamata Disease Medical Care Project), a lump-sum award of 2,600,000 yen.
- Upon the final and comprehensive settlement of the Minamata Disease Issue, the National Government and Kumamoto Prefecture will express remorse, thereby assuming a posture of responsibility.
- 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.

(2) 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 applications for admission to this program. Financial support will be given to Chisso, and programs for regional renewal and redevelopment will be implemented.

Government Decision on the Final Solution Scheme

Having heard the opinion of all parties involved, on 15 December 1995, the Cabinet formally approved the Government's Final Solution Scheme, which lays down the measures to be implemented by the National Government. A Prime Minister's Announcement was delivered and the Final Solution Scheme measures were formally put into effect.

Dispute Resolution, and Conclusion of the Minamata Disease Lawsuits by Out-of Court Settlement

Between February and May 1996, each of the five victims' groups involved, signed agreements with Chisso based on the earlier consensus understanding, thereby formally ratifying the payment of lump-sum awards and the withdrawal of any legal action or claim.

Following the signing of these agreements, in May of the same year, the plaintiffs in all lawsuits claiming damages under the National Compensation Law etc. (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. This included lawsuits in 3 high courts and 4 district courts in Kumamoto, Fukuoka, Osaka, Kyoto and Tokyo.
### Measures for a Final & Complete Resolution of the Minamata Disease

#### Table 6: Minamata Disease related Lawsuits settled following the Final Solution Scheme

<table>
<thead>
<tr>
<th>Name of Lawsuit</th>
<th>Number of Plaintiffs</th>
<th>Amount of Suit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Third Lawsuit</td>
<td>133 persons</td>
<td>Approximately 6,457,000 yen</td>
<td>Suit filed in Kumamoto District Court Decision (Prefectural &amp; national governments found liable under the National Compensation Law)</td>
</tr>
<tr>
<td>- First Part (Appellate Trial)</td>
<td>including 63 victim-plaintiffs</td>
<td></td>
<td>1980, 5, 21</td>
</tr>
<tr>
<td>(Fukuoka High Court)</td>
<td></td>
<td></td>
<td>1987, 3, 30 Mediated settlement recommended (Meditation talks carried out)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1987, 4, 8 Kumamoto Pref. &amp; national government appeal (Chisso Idrops appeal on April 4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1990, 10, 12 Mediation tasks carried out</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1993, 2, 5 Trial concludes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1996, 5, 22 Judgment day to be announced</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[Conclude out-of-court settlement with Chisso]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[Appeal dismissed]</td>
</tr>
<tr>
<td>The Third Lawsuit</td>
<td>241 persons</td>
<td>Approximately 7,964,400,000 yen</td>
<td>Suit filed in Kumamoto District Court Decision (Prefectural &amp; national governments found liable under the National Compensation Law)</td>
</tr>
<tr>
<td>- Second Part (Appellate Trial)</td>
<td>including 117 victim-plaintiffs</td>
<td></td>
<td>1981, 7, 30 Mediated settlement recommended (Meditation talks carried out)</td>
</tr>
<tr>
<td>(Fukuoka High Court)</td>
<td></td>
<td></td>
<td>1990, 10, 4 First Trial (Kumamoto District Court Decision)</td>
</tr>
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<td></td>
<td></td>
<td>1993, 4, 7 Prefecture, Nation &amp; Chisso appeal (Plaintiffs also appeal 1992.03.30)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1996, 5, 22 Plaintiffs withdraw their initial complaint</td>
</tr>
<tr>
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<td></td>
<td>[Conclude out-of-court settlement with Chisso]</td>
</tr>
<tr>
<td>The Third Lawsuit Parts 3-16 (First Trial)</td>
<td>1,272 persons</td>
<td>Approximately 23,423,400,000 yen</td>
<td>Suit filed in Kumamoto District Court Decision (Prefectural &amp; national governments found liable under the National Compensation Law)</td>
</tr>
<tr>
<td>(Kumamoto District Court)</td>
<td>including 1,183 victim-plaintiffs</td>
<td></td>
<td>1984, 3, 25 Mediated settlement recommended (Meditation tasks carried out)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1990, 10, 4 Mediation tasks carried out</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1996, 5, 22 Plaintiffs withdraw their complaint</td>
</tr>
<tr>
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<td></td>
<td>[Conclude out-of-court settlement with Chisso]</td>
</tr>
<tr>
<td>The Tokyo A Lawsuit</td>
<td>74 persons</td>
<td>1,267,200,000 yen</td>
<td>Suit filed in Tokyo District Court Decision (Prefectural &amp; national governments found liable under the National Compensation Law)</td>
</tr>
<tr>
<td>(Appellate Trial)</td>
<td>including 64 victim-plaintiffs</td>
<td></td>
<td>1984, 5, 2 First Trial (Tokyo District Court Decision)</td>
</tr>
<tr>
<td>(Tokyo High Court)</td>
<td></td>
<td></td>
<td>1992, 2, 7 Mediation tasks carried out</td>
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<td>1996, 5, 23 Mediation tasks carried out</td>
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<td></td>
<td>[Conclude out-of-court settlement with Chisso]</td>
</tr>
<tr>
<td>The Tokyo B Lawsuit</td>
<td>428 persons</td>
<td>7,207,200,000 yen</td>
<td>Suit filed in Tokyo District Court Decision (Prefectural &amp; national governments found liable under the National Compensation Law)</td>
</tr>
<tr>
<td>(First Trial)</td>
<td>including 364 victim-plaintiffs</td>
<td></td>
<td>1984, 5, 2 Mediation tasks carried out</td>
</tr>
<tr>
<td>(Tokyo District Court)</td>
<td></td>
<td></td>
<td>1990, 9, 28 Mediation tasks carried out</td>
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<td></td>
<td>1996, 5, 23 Mediation tasks carried out</td>
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<td></td>
<td>[Conclude out-of-court settlement with Chisso]</td>
</tr>
<tr>
<td>The Kyoto Lawsuit</td>
<td>49 persons</td>
<td>910,800,000 yen</td>
<td>Suit filed in Kyoto District Court Decision (Prefectural &amp; national governments found liable under the National Compensation Law)</td>
</tr>
<tr>
<td>Splinter Group (Appellate Trial)</td>
<td>including 46 victim-plaintiffs</td>
<td></td>
<td>1985, 11, 28 Mediated settlement recommended (First Trial)</td>
</tr>
<tr>
<td>(Osaka High Court)</td>
<td></td>
<td></td>
<td>1993, 11, 6 Mediation tasks carried out</td>
</tr>
<tr>
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<td></td>
<td>1996, 5, 22 Mediation tasks carried out</td>
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<tr>
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<td></td>
<td>[Conclude out-of-court settlement with Chisso]</td>
</tr>
<tr>
<td>The Kyoto Lawsuit Parts 1-5 (First Trial)</td>
<td>1 persons</td>
<td>970,200,000 yen</td>
<td>Suit filed in Kyoto District Court Decision (Prefectural &amp; national governments found liable under the National Compensation Law)</td>
</tr>
<tr>
<td>(Fukuoka District Court)</td>
<td>representing 44 victim-plaintiffs</td>
<td></td>
<td>1988, 2, 17 First Trial (Fukuoka High Court) Decision</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1990, 10, 18 Mediation tasks carried out</td>
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<td></td>
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<td></td>
<td>1996, 5, 22 Mediation tasks carried out</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>[Conclude out-of-court settlement with Chisso]</td>
</tr>
<tr>
<td>Rejection Abrogation Lawsuit (Appellate Trial)</td>
<td>1 persons</td>
<td></td>
<td>Suit filed in Kumamoto District Court Decision (Prefectural &amp; national governments found liable under the National Compensation Law)</td>
</tr>
<tr>
<td>(Fukuoka High Court)</td>
<td>including 1 victim-plaintiffs</td>
<td></td>
<td>1978, 11, 8 Mediation tasks carried out</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1988, 3, 27 Mediation tasks carried out</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1998, 5, 22 Mediation tasks carried out</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[Conclude out-of-court settlement with Chisso]</td>
</tr>
<tr>
<td>Kansai Lawsuit</td>
<td>68 persons</td>
<td>Approximately 87,430,000 yen</td>
<td>Suit filed in Osaka District Court Decision (Prefectural &amp; national governments found liable under the National Compensation Law)</td>
</tr>
<tr>
<td>(First Appeal)</td>
<td>including 45 victim-plaintiffs</td>
<td></td>
<td>1982, 10, 28 Mediated settlement recommended (First Trial)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1992, 12, 7 Second Trial (Osaka District Court Decision)</td>
</tr>
<tr>
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<td></td>
<td>1994, 7, 11 Prefectural &amp; national governments found liable under the National Compensation Law</td>
</tr>
<tr>
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<td></td>
<td>1994, 7, 25 Plaintiffs appeal (Prefectural &amp; national governments found liable under the National Compensation Law)</td>
</tr>
<tr>
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<td></td>
<td>2001, 4, 27 Mediation tasks carried out</td>
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<tr>
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<td></td>
<td>2001, 5, 11 Second Trial (Osaka High Court Decision)</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>2001, 7, 6 Prefectural &amp; national governments found liable under the National Compensation Law</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>[Conclude out-of-court settlement with Chisso]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[Appeal dismissed]</td>
</tr>
<tr>
<td>Waiting Fee Lawsuit</td>
<td>37 persons</td>
<td>Approximately 6,590,000,000 yen</td>
<td>Suit filed in Kumamoto District Court Decision (Prefectural &amp; national governments found liable under the National Compensation Law)</td>
</tr>
<tr>
<td>(Supreme Court, 3rd Petty Bench)</td>
<td>including 21 victim-plaintiffs</td>
<td></td>
<td>1978, 12, 15 First Trial (Kumamoto District Court Decision)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1983, 7, 20 Prefectural &amp; national governments found liable under the National Compensation Law</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1983, 8, 1 Prefectural appeal (Prefectural &amp; national governments found liable under the National Compensation Law)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1985, 11, 29 Second Trial (Fukuoka High Court Decision)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1985, 12, 12 Prefectural &amp; national governments found liable under the National Compensation Law</td>
</tr>
<tr>
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<td></td>
<td>1991, 4, 26 Final Trial (Supreme Court Decision)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[Conclude out-of-court settlement with Chisso]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[Appeal dismissed]</td>
</tr>
</tbody>
</table>

From the Kumamoto Environment White Paper, 2003 Edition (Kumamoto Prefecture), partly revised
Table 7 Pending Minamata Disease-related Lawsuits  

<table>
<thead>
<tr>
<th>Name of Lawsuit</th>
<th>Number of Plaintiffs</th>
<th>Claimed Result</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘No More Minamata’ National Government Compensation Lawsuit (Kumamoto District Court)</td>
<td>1472 persons, led by Toshio Oishi</td>
<td>12,512,000,000 yen (8.5 million yen per person)</td>
<td>2005. 10. 3 Minamata Disease Shwanu Patients Association files lawsuit. 2006. 7. 8 1st to 5th trials concluded. 2007. 8. 28 6th trial filed with Kumamoto District Court. 2007. 10. 11 12th trial filed. 2007. 10. 11 Minamata Disease Victims Mutual Aid Group files lawsuit with Kumamoto District Court.</td>
</tr>
<tr>
<td>Mizoguchi Lawsuit (Kumamoto District Court)</td>
<td>12 persons</td>
<td>144,000,000 yen (12 million yen per person)</td>
<td>2007. 4. 27 Filed with Nagata District Court seeking compensation for damages.</td>
</tr>
<tr>
<td>Mizoguchi Lawsuit</td>
<td>Akio Mizoguchi</td>
<td>1. Repeal of dismissal of Chie Mizoguchi’s (plaintiff’s mother) Minamata disease certification application. 2. Minamata disease certification mandate (plaintiffs requested that the Court use criteria set by the Supreme Court to recognize Minamata disease patients)</td>
<td>2001. 12. 20 Filed with Kumamoto District Court seeking repeal of certification refusal. 2002. 3. 15 Filed with Kumamoto District Court seeking repeal of dismissal of application. 2005. 10. 28 Additional lawsuit seeking obligatory certification. 2007. 7. 6 Trial concluded; decision to be handed down 2008.01.25. 2008. 1. 25 The judgement of the Kumamoto District Court is completely against the plaintiff.</td>
</tr>
<tr>
<td>Obligatory Minamata Disease Certification Osaka Lawsuit (Osaka Lawsuit)</td>
<td>Kansai Lawsuit original female plaintiff</td>
<td>1. Repeal of dismissal of Minamata disease certification application. 2. Repeal of dismissal of nation’s administrative review. 3.Minamata disease certification mandate (plaintiffs requested that the Court use criteria set by the Supreme Court to recognize Minamata disease patients)</td>
<td>2002. 5. 16 Filed for government recognition at Osaka District Court.</td>
</tr>
<tr>
<td>Kawakami Lawsuit (Kumamoto District Court)</td>
<td>Toshiyuki &amp; Kazue Kawakami</td>
<td>1. Ruling that the Prefecture has illegally delayed settlement of Minamata disease recognition applications. 2.Minamata disease certification mandate (plaintiffs requested that the Court use criteria set by the Supreme Court to recognize Minamata disease patients)</td>
<td>2007. 5. 18 Filed for certification at Kumamoto District Court.</td>
</tr>
</tbody>
</table>

A total of 10,353 persons eligible for aid based on the Final Solution Scheme, 7,992 persons in Kumamoto Prefecture and 2,361 persons in Kagoshima Prefecture, have received lump sum (compensation) payments. This figure includes original aid recipients under the Comprehensive Medical Program (3,374 persons in Kumamoto, and 873 persons in Kagoshima); new recipients of the Comprehensive Medical Program (3,851 persons in Kumamoto, and 1,340 persons in Kagoshima); persons found eligible for the original Comprehensive Medical Program who have since passed away (162 persons in Kumamoto, and 59 persons in Kagoshima); and deceased persons newly deemed eligible for the Comprehensive Medical Program (605 persons in Kumamoto, 89 persons in Kagoshima). Disregarding those deceased, 9,438 persons have been found eligible for Medical Care Notebooks under the Comprehensive Measures Medical Care Project, and are given assistance with medical costs. Also, 1,187 persons (842 in Kumamoto and 345 in Kagoshima) who were not awarded a lump-sum payment have become eligible for Health Notebooks, which assists with costs for acupuncture and moxibustion treatment. Following the October 2004 Supreme Court ruling acknowledging the National and Prefectural Governments’ responsibility, in October 2005 a new relief project was begun in the form of re-opening Health Notebook application procedures. At present (end March 2007) 9,068 new applications for Health Notebooks (7,312 in Kumamoto, 1,637 in Kagoshima and 110 in Niigata) have been approved.
In October 1971, those who had been re-certified with Minamata disease (the so-called newly certified patients) by the Kumamoto Governor, in line with the judgment of the Director-General of the Environment Agency, commenced direct negotiations with Chisso. Minamata citizens, who had regarded Chisso as the driving force of prosperity for the town, deemed the continued existence or demise of Chisso, a matter of life and death for Minamata City. As the sense of crisis heightened, pamphlets criticizing the behavior of newly certified patients, were distributed by a portion of citizens seeking a swift settlement of the Minamata disease compensation issue. The patients repelled to this, distributing their own pamphlets of protest, in effect initiating the pamphlet wars.

Both the Minamata City Conference for Measures against Pollution and the citizen’s volunteer group took action by organizing a signature movement, gathering more than 10,000 signatures, which were then presented to the mayor.

On November 14, both groups consolidated, forming "The Citizens’ Network Council for the Emotional Support of Minamata", holding a general meeting where it presented as its goals,  

- an early resolution of the compensation issue;  
- improvement of the environmental pollution victims relief system;  
- reclamation processing of the mercury contaminated sludge;  
- replacement of the term "Minamata disease";  
- revitalization of the city's economic structure; and  
- lobbying concerned organizations to encourage new enterprises to locate in Minamata.

Newly certified patients and supporters reacted strongly to this movement protesting, "Chisso's liability is not being addressed. The confinement of patients is being schemed".

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

At the time, due to a recession throughout the entire industry, Chisso was in an extremely serious state, having fallen into a management crisis, with the emergence of an accumulated deficit.

Given these circumstances, believing the continuation or eradication of the Chisso Minamata factory would have a serious effect on the foundation of the lives of citizens and the development of the local community, the Chamber of Commerce and Industry and two economic groups, taking a central role, appealed to local citizens. This developed into a movement of all citizens "To Take Steps in Dealing with Minamata disease, the Revitalization of the Minamata and Ashikita Areas, and the Regeneration of Chisso Minamata".

On December 16, 27 groups including representatives from each faction of the Minamata City Council, Minamata patient groups and labor organizations, as well as political parties, formed "The Citizens' Movement to Take Steps in Dealing with Minamata disease, the Revitalization of the Minamata and Ashikita Areas, and the Regeneration of Chisso Minamata (abbreviated to Minamata Citizens' Movement)".

On December 25, the Minamata Citizens' Movement held a general rally, unanimously deciding on a petition, including clauses  

- demanding the government take steps to provide full relief measures for Minamata Disease sufferers;  
- restoration of the environment; and  
- the revitalization of the region by establishing special legislation;  
- requesting the government and prefecture exercise special active leadership regarding the payment of compensation to Minamata disease sufferers, the securing of the foundation of the lives of citizens'; starting with laborers and sub-contractors, and the regeneration of Chisso Minamata, which emanated an important influence on regional development, and the further development of related business. At the same rally, based on this petition, a signature movement was executed, which gathered the signatures of over 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 the Chairman and 17 members of the Citizens' Movement, with signatures in hand, filed the petition appealing to the Government and Kumamoto Prefecture for steps to be taken to ensure  

- full relief measures for Minamata disease sufferers;  
- environmental restoration;  
- revitalization of the Minamata and Ashikita areas; and  
- special legislation concerning the regeneration of Chisso.
Chapter 8
Citizens' Movements - Citizen Responses

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 the Minamata disease lawsuit, where repeated deliberations among related parties (excluding the Government) were carried out at the High Court of Fukuoka and other courts. Aside from the trial, a movement seeking relief in the form of direct negotiations with Chisso evolved. However, regardless of these developments, the involvement of the government was indisputably necessary for the quick and comprehensive solution of Minamata disease related issues. Under these circumstances, a sensation developed amongst the citizens, starting with the Minamata City Council, that the revival and regeneration of Minamata would be unachievable without the resolution of Minamata disease issues.

On January 11, 1993, starting with the Mayor of Minamata, the Chairman of the City Council, Diet Member representatives acting as advocators, called for the formation of "(tentative name) The Citizens' Group for the Settlement of Minamata Disease Issues and Support for the Regeneration of the Region". 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 Regeneration of Minamata (abbreviation: Citizens' Group)", with 194 organizations and individuals participating, and the Mayor of Minamata being elected as Chairman of the group. The Citizens' Group organized a signature movement to gain supporting signatures for the "Early Settlement of Minamata Disease Issues and Promoting the Regional Development of Minamata", 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 the following five major issues being agreed upon.

- 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.
- The deepening of the understanding of Minamata disease, and the design of a welfare sympathetic and user-friendly city layout.
- Successful conclusion of compensation to Minamata disease sufferers, and the implementation of special supportive measure to Chisso, for the stability of the regional economy and society.

On March 22 and 23, the Group submitted the previous mentioned appeal to the Environment Agency, concerned ministries and agencies, legislators from Kumamoto Prefecture, and all political parties, petitioning for the quick settlement of Minamata Disease issues and support for the regeneration of Minamata. The group also petitioned in the same manner to Kumamoto Prefecture and the Prefectural Assembly.

Since then, from time to time, citizens’ meetings are held, and petitions organized in support of Chisso and the rejuvenation of Minamata, as well as for the relief of victims.
Chapter 9

Measures toward Minamata's Regeneration

Building a Model Environmental City (International Environmental City)

On June 25, 1992, Minamata City Council passed "The Declaration on a City that values the Environment, Health, and Welfare". The Declaration lays down town-planning guidelines that bring the lessons of Minamata disease to life.

On November 14, 1992, Minamata City issued a declaration on the "Construction of a Model City for the Environment". 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 like Minamata Disease must never be allowed to occur again. It serves as a point of reference for citizens' behavior, and establishes guidelines for future town-planning and city development.

Based on these precepts, in January 1996, Minamata City approved the 3rd 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 (by council) in March laid out a clear framework for planning and developing the model environmental city, and marked a big step toward the regeneration of Minamata.

The administration and citizens of Minamata City are currently working together to tackle a range of projects that promote the development of Minamata as a Model City for the Environment.

Sorting, Recycling and Reduction Waste

To facilitate waste reduction and recycling in Minamata, the sorting and collection of household waste began in August 1993. Since the 2005 fiscal year, all household waste is separated into 22 categories and the reuse and recycling of waste material has been strongly promoted.

Waste reduction and recycling programs aimed at realizing a zero emission (zero waste) society will be further expanded in the future.

Support for the Conclusion 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" for each district. As at the end of the 1999-fiscal year, six districts have concluded District Environmental Agreements.

Eco-Shop Authorization

Local shops employing environmentally friendly policies, such as energy saving and waste reduction, receive Eco-shop certification. The Eco-Shop system started in 1999 and, up until the end of the 1999 fiscal year, 13 shops received certification.

Whole Village Lifestyle Museum

Four districts (Kagumeishi, Okawa, Kugino and Koshikoba) have been designated as 'Whole Village Lifestyle Museums', where the community itself has become a museum of life. The districts have 'Lifestyle Curators, who provide guidance on life in the area, and 'Life Craftsmen', who create things. As of July 2007 there were 40 Lifestyle Curators and 61 Life Craftsmen.

City Office Awarded ISO 14001 Certification

On February 23, 1999, following employment of environmental protection and improvement policies in all its business activities and services, Minamata City Office gained ISO 14001 Certification. ISO 14001 defines 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, and results have included improvement of the region's image and growth of the Model Environment City concept; significant cost reductions; and improved environmental awareness of City employees. In September 2003, improve upon these activities, Minamata City made a self-declaration to be audited by the citizens of Minamata.
Chapter 9

Measures toward Minamata’s Regeneration

- **Launch of the Family-ISO and School-ISO Systems**
  Following on from 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. More than 80 households and all the elementary and junior high schools in the city (16 schools in total) have been recognized for their environmentally aware activities.

- **Fostering Ecosystems**
  Programs to foster and maintain ecosystems (wildlife habitat areas) were introduced in the 1998 fiscal year. The programs aim to protect the natural environment and promote people’s coexistence with nature.

- **Creating Regional Symbiotic Environment Models**
  First introduced in the 1999 fiscal year, the Regional Symbiotic Environment Model system encourages Minamata residents to promote the symbiosis of humans and nature in local districts. The City advertises for model districts, selects suitable candidates and subsidizes part of the cost of any projects and activities undertaken by model districts.

- **Recognizing Environmental Masters**
  Local producers and craftspeople employing and promoting environmentally-friendly and environmental health-conscious production processes, including the use of organic manure or natural materials, are recognized as “Environmental Masters”. The Environmental Master system began in the 1998 fiscal year, and as at October 2007 28 people have been authorized, including Japanese paper craftsmen, tea farmers and rice producers.

- **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 City from May 24–26, 2000. Approximately 1000 people attended the conference, representing 50 local governments and some 70 citizens’ groups concerned with environmental issues.
  Organized around a central theme of “A Message for the 21st Century”, the conference featured 21 sessions held at 6 different venues. Conference sessions covered topics such as “city planning with residents’ participation and collaboration”, “environmentally conscious local government systems-ISO”, and “promoting waste reduction, classification and recycling”. Environmental town-planning was also discussed.

- **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 Moyainaoshi Center ‘Moyai Center’ from October 15 to 19, 2001. 412 people from 39 countries participated in the conference and 535 reports on the 5 categories such as health and air were demonstrated.
  Minamata disease patients talked about their experiences with watery eyes and the mayor of Minamata City manifested the resolution on the “Challenge to an Environmental Model City”.
  Various volunteers including interpreters supported the conference and the cultural exchange deepened between the participants and the citizens.

- **The World "Lead-Off City" Conference**
  ‘Working to build an Environmental Capital City’ was the theme for the 14th World "Lead-Off City" Conference (hosted by Minamata City, Kumamoto Prefecture and the Ministry of Land, Infrastructure and Transport) 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 four subjects: ‘Environmentally Friendly Industry’, ‘Reducing Waste for Environmental Lifestyle Development’, ‘Thinking about the Environment of Food’ and ‘Environmentally-themed Exchange’. Participants from five overseas cities, five Japanese cities and eight private organizations exchanged ideas and experiences of working towards creating a sustainable society.
The Minamata Environmental Creation Development Project

Managed in collaboration with Kumamoto Prefecture, the Minamata Environmental Creation Development Project was started in the 1990 fiscal year. The project sets down plans for the improvement and active use of the Minamata Bay Reclaimed Land, and for promoting regional development (constructing a model environmental city of love and comfort), in cooperation with citizens. The Minamata Environmental Creation Development Project has tackled various projects, including hosting numerous international conferences, public meetings (seminars), and the Tokyo-Minamata Exhibition. These projects build understanding of (the problems of) Minamata disease, facilitate interaction among citizens and are helping to shift the public's image of Minamata from a dark, distorted one, to one that promotes the regeneration of Minamata. This has accelerated the process of Moyainaoshi (the re-establishment of emotional ties, or reconciliation), such that citizens are now able to speak up in public about Minamata disease issues, something that was impossible in the past. And local government, disease patients and citizens are now able to work together to host various events. Although the project drew to a close in the 1998 fiscal year, its completion marked a huge step forward toward the regeneration of Minamata.

Following on from the Environmental Creation Project, is the Minamata Symbiosis Promotion Project, which began in the 1999 fiscal year, and a range of other measures to promote understanding of Minamata disease (issues).

Construction of the "Moyainaoshi" 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 Moyainaoshi Center - Moyai Center" and the "Minamata Southern Moyainaoshi Center - Orange Center" were completed from 1996 to 1998. The facilities are utilized as places for interaction among citizens and as bases for the provision of social welfare services.
Chapter 10

Conveying and Passing on the Lessons of Minamata Disease

The Lessons of Minamata disease

Having experienced Minamata disease first-hand, we, the citizens of Minamata, believe it is our responsibility to pass on the lessons of this tragedy to all peoples, across Japan, and worldwide. The lessons of Minamata disease serve as a warning, reminding us that tragic pollution disasters such as Minamata disease must never be allowed to reoccur anywhere on this earth.

The lessons of Minamata disease have been interpreted from various perspectives and from different angles. We consider the lesson of environmental protection to be the first among these lessons. We would like this first lesson to be shared by all peoples of the world, and commit ourselves to making it known, just how crucial careful consideration of the environment is.

Minamata Disease Victims Memorial Service

Held on May 1 every year since 1992, the Minamata Disease Victims Memorial Service is conducted on the Minamata Bay Reclaimed Land, the symbolic birthplace of Minamata disease. The service is an opportunity to offer comfort to the souls sacrificed to Minamata disease, to reflect on the environmental havoc we had created, and 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 service was attended by patients, family members, the Minister for the Environment, the Governor of Kumamoto Prefecture, representatives of relevant national and prefectural organizations, representatives of Chisso, and many local citizens. Participants prayed for the quiet repose of those sacrificed to Minamata disease, and renewed pledges to pass on the lessons learned from Minamata disease and strive for the rebirth of Minamata.

Establishment of the Minamata Prize for the Environment

The Minamata Prize for the Environment was established by Minamata City in 1992 to promote activities and research concerning conservation in South-East Asia and Japan, and thereby play a positive role in the preservation and restoration of the environment. As of 2006 (the 9th Minamata Prize for the Environment), the Prize has been awarded to 20 organizations and 6 individuals. In 1997 (the 5th Minamata Prize for the Environment), a special prize for citizens of Minamata (the Prize for Environmental Citizens in Minamata) was added, which has been awarded to 4 organizations and one individual.
Opening of the Minamata Disease Municipal Museum

Minamata City established the Minamata Disease Municipal Museum in January 1993, to disseminate and pass on the invaluable lessons of Minamata disease as a warning to future generations in the sincere hope that a similar tragedy will never be allowed to occur again.

To promote the correct understanding of the historical and scientific aspects of Minamata disease, the museum displays documents relating to Minamata disease, houses a reference collection including publications and other information, lends out videotapes and display panels, and collects and archives relevant documentation. In addition, a "storyteller service" has been introduced, which allows visitors to learn about Minamata disease directly from Minamata disease patients themselves. The museum is trying to communicate and pass on the experiences and lessons learned from Minamata disease.

In recent years, the museum has received more and more praise for its role as an environmental study venue. In 2006, approximately 46,000 people visited the Minamata Disease Municipal Museum, including more than 28,000 students from elementary, junior high and high schools. Since its opening, the Museum has had more than 570,000 visitors. (As of September 2007)

Minamata Memorial

Minamata Memorial was completed in October, 1996, the 40th anniversary of the official discovery of Minamata disease; 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) so as to pass on the lessons of Minamata disease to future generations.

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

Storyteller’s Group President - A message from Mr. Tsuginori Hamamoto

"I became a storyteller so that the same kind of environmental destruction that occurred in Minamata will not happen again. In our affluent lifestyle, nature has been contaminated and people's health has been harmed. If we want to have a convenient and prosperous life, we must be grateful for nature's gifts, and not pollute it. Through the storytellers' accounts, I would like people to feel the horror of pollution and learn what people must not do, in order to live in a safe and happy 21st Century."

*With these lessons as a basis, Minamata's primary school students have been communicating with students in Niigata since 2006.
Chapter 10
Conveying and Passing on the Lessons of Minamata Disease

Projects relating to Minamata Disease in China

In May 1999, a 30-member delegation including the Mayor of Minamata held the "Minamata Disease Environmental Problems Symposium” and "Minamata Disease Exhibition” in Qinhuangdao City, China. Held on May 4, under the auspices of the School of Chinese Environmental Management, with a view to describing the lessons of Minamata disease and the current situation in Minamata, the symposium attracted 450 citizens, and more than 3,000 people visited the exhibition.

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 environmental awareness.

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.

Hosting Japan International Cooperation Agency (JICA) Training Programs

From 2000 to 2005, the Japan International Cooperation Agency "JICA”的 Kyushu International Center (located in Kitakyushu city) conducted the first stage of training for Asian environmental administration staff on-site in Minamata. The second stage is being continued for a further five years from the 2005 fiscal year.

Organized under the broad theme of “environmental regeneration and conservation by administration (experiences and lessons from Minamata disease)”, approximately one-month long training programs will be held in Minamata, a city striving to become a model environmental city. The training syllabus includes the study of Minamata disease, Minamata's environmental policies and exchanging views with citizens.

In the 2006 fiscal year, nine environmental administration staff members representing national or local governments from Thailand, Chile, Costa Rica, Cuba, Kenya, Mexico, Peru and Vietnam participated in the JICA training.

The Monument dedicated to Victims

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

50th Anniversary of the Official Confirmation of Minamata Disease

In 2006, Minamata reached the 50th anniversary of official recognition of Minamata disease. On this occasion, 49 representatives of Minamata disease patient groups, citizens’ groups, Chisso and the government came together to form the 'Official Confirmation 50th Anniversary Planning Committee, with the aim of encouraging requiem prayers, profound remorse and a new start, and to reflect on the importance of life. The group has implemented approximately 30 programs on the theme of ‘Remembrance, Prayer and Towards the Future’, such as the Minamata Disease Victims Memorial Service as well as “Live, Minamata”, a play that tells the story of congenital Minamata disease sufferers and handicapped people, and the Moyai Day concert involving 1,000 participants.
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Prime Minister's Announcement on the Solution of the Minamata disease Issue

December 15, 1995
Cabinet Decision

A period of 40 years has passed since the initial manifestation of the Minamata disease issue, and the issue of ascertaining the origin of the related environmental pollution. Attributable to the cooperation of countless people, we have been able to witness the realization of mutual consent between the concerned parties and the subsequent resolution of the Minamata disease issue.

Relating to the Minamata disease issue, and separate from the already resolved issue of compensation to legally certified patients for environmental pollution and health damage, until today the problem of relief to those who could not receive certification, remained unresolved.

To facilitate the swift settlement of this issue, I have exerted my greatest and sincerest effort, in gaining the close collaboration of the ruling party and the local government. I would like to express my respect for the efforts of the members of each group, which struggled to reach a resolution given the burden of the solemn history behind this issue, and also for the efforts of those other concerned parties.

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

The Minamata disease issue not only caused serious damage to human health, but also had a widespread and far-reaching influence on the local community, impairing the bond between local citizens.

I would like to take this opportunity upon the resolution of the Minamata disease issue, to express my heartfelt wish that the people of areas affected by Minamata disease, will be able to hold hands and work together to build a local community which can live in harmony.

Whilst I believe the government did all it could within its power as required periodically, now when we look back on the period from the initial outbreak of the Minamata disease issue to today, I believe we must reflect candidly on the extended period of time, which was necessary in establishing the origin of Minamata disease, including the second outbreak of Minamata disease in Niigata, and the precise way of dealing with offending company. I have made a fresh resolve that this kind of terrible environmental pollution never be repeated again.

In accordance with the resolution of the Minamata disease issue, the government, working together with the local government, plans to promote measures regarding the Comprehensive Minamata Disease Medical Care Project, support for Chisso, and the regeneration of Minamata, as well as encouraging greater development of the country's environmental policies, by humbly learning from the tragedy of Minamata disease. Further, we intend to contribute on an international level by making a positive effort to apply our experiences and technology to other countries of the world.

(This is an unofficial English translation)
Concerning Minamata Disease Countermeasures

Parties directly affected by Minamata disease have come up with solutions to the Minamata disease problem as outlined in the attached Agreement. However, the national government proposes the following immediate measures in order to reach a final and complete settlement of the issue.

1. Recommence accepting 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.

2. Support measures to assist Chisso Corporation with lump-sum payments, and other regional regeneration and promotion activities.
   (a) Support measures to assist Chisso Corporation with lump-sum payments.
   i. In order to regenerate and promote the Minamata and Ashikita Region, the national government will provide 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.
   ii. Whilst 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 regeneration and promotion activities.
   i. Along with (a)(ii) above, the national government will provide required funding to Kumamoto Prefecture in order 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.
   ii. The national government will continue to support the National Institute for Minamata Disease in their work to develop research methods peculiar to the Minamata disease area, and to improve health and welfare measures in the Minamata Ashikita region in order to lighten consistent neurological symptoms.

December 15, 1995

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

I. Kumamoto and Kagoshima Prefectures

1. Basic philosophy

(a) The following framework outlines a final and complete solution to the many differences regarding Minamata disease.
   i. According to point 2 below, Chisso will pay a lump-sum amount to those seeking assistance, who fit certain specific criteria.
   ii. The national government and Kumamoto Prefecture will responsibly commit to an expression of regret as part of the final and complete solution to the Minamata disease issue.
   iii. Persons who agree with this settlement and accept financial assistance will withdraw from disputes listed under the Note at '4. Conclusion of conflicts'.

(b) The national and prefectural governments will endeavour to end the conflict by recommencing the Comprehensive Medical Care Project, assisting Chisso and take measures to regenerate and promote the region.
   In addition, persons and Chisso seeking financial assistance must actively engage with the community in the rejuvenation and development of the region by participating in 'Moyainaoshi' activities to restore the community's social bonds.

2. 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:
   i. Eligible to participate in the Comprehensive Minamata Disease Medical Care Project (payment will be made to the family of those eligible persons already deceased).
   ii. 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 (i) 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
   i. The amount of lump-sum payments will be calculated as follows:
      A. Persons who meet the criteria outlined in (a) above will receive JPY 2,600,000 each.
      B. Persons who meet the criteria outlined in (a) above and are members of the following groups will receive an additional amount, calculated per group as follows:
         - Minamata Disease Victims/Defence Group Association (excluding Niigata Prefecture) JPY 3,800,000,000
         - Minamata Disease Peace Association JPY 320,000,000
         - Modo Minamata Disease Patients Fellowship JPY 60,000,000
         - Minamata Fishermen's Unaided Patients Association JPY 60,000,000
   ii. 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 (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 members of the group who are eligible for lump-sum payments under the criteria outlined in (b)(i)(A) above.

B. In the case of additional lump-sum payments under (b)(i)(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 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 three months of the following dates:

i. Persons who were originally eligible for the Comprehensive Minamata Disease Medical Care Project (including family of deceased eligible persons): this date will be set when the company has completed preparations for lump-sum payment).

ii. 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.

3. National and Prefectural government policies for an immediate resolution to conflicts

(a) Reopening of applications for the Comprehensive Medical Care Project

i. 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 methyl mercury. 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 (preparation and reopening).

ii. Residency and symptom requirements for new applicants for the Comprehensive Medical Care Project will be equal 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 Screening Committee for Minamata Disease Patients papers (those without will provide a medical certificate from a prefecture-appointed public hospital, known hereafter as public documents) and a further medical certificate to be submitted stating that the applicant meets the Comprehensive Medical Care Project criteria (known hereafter as further medical certificate).

In cases where the applicant wishes to be assessed without a further 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 further 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 public documents only.

iii. After reopening of applications for the Comprehensive Medical Care Project, applicants who have been certified under the Law Concerning Pollution-Related Health Damage Compensation and other Measures (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 notebook.

Applicants who applied for certification under the Pollution Compensation Law and other Measures 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 at 1(a)(i), enact appropriate measures to ensure lump-
sum payments are made by Chisso.

c) Regional rejuvenation and development

The national and prefectural governments will pursue the following topics of investigation:
i. Of those persons who lodge an application for the Comprehensive Medical Care Project within the application period but are found not to be eligible, 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 (a)(iii) above.

ii. 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 in general.

4. Conclusion of conflicts

Those persons or groups who have been awarded a lump-sum payment under 2(a)(ii) above will, as a condition of receiving the payment, end all current disputes and make no further compensation claims in court or by negotiation, or claims for compensation payment under the Pollution Compensation Law. In this case, the individual must decide whether to accept assistance under these terms or continue litigation. However, payment will only be made for applications accepted within the application period listed in 2(c) above.

In addition, conclusion of conflict between applicants and the company will be by a uniform agreement. 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 the issue will be terminated.

Note: Mode of termination of conflicts:

a. Lawsuits claiming compensation from the state (excluding the lawsuit claiming breach of law by omission in Minamata disease certification procedures): abandonment of demands or withdrawal of claim by return of provisional execution moneys.

b. Lawsuits claiming compensation from Chisso: amicable settlement or withdrawal of claims by return of provisional execution moneys.

c. Claimants of negotiated compensation payments from Chisso: Finalisation by agreement.

d. 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.

(1) Definition of eligibility for assistance

Among those persons who have peripheral paresthesia due to past exposure to above-normal levels of methyl mercury, there are those 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 methyl mercury. Persons to be found eligible for assistance in this round are those who were previously refused certification, however the assessment will take into account that Minamata disease diagnosis is based on the balance of probability, and that rejection of an application for certification does not mean that the applicant has not been affected by methyl mercury, and may therefore be entitled to financial assistance.

(2) The nature of the lump-sum payments
Having accepted responsibility for causing Minamata disease by disposing of methyl mercury, Chisso will acknowledge its social obligations as the cause of this problem and make lump-sum payments to persons meeting the requirements in (1) 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 methyl mercury and individuals' health problems.

Appendix 2

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

(1) Requirements for prefecture-appointed public hospitals
a. Kumamoto Prefecture will take regional characteristics into consideration, and select hospitals with a neurology department that employ doctors that meet the following criteria.
b. Doctors must meet one of the following criteria:
i. Must be currently employed by a medical institution that supports a neurological or psychiatric department.
ii. Must have at least three years' experience at a facility that meets certain standards, and have at least one year's experience practicing clinical neurology.

(2) Doctors issuing public documents must meet the requirements at (1)(a) above.

Appendix 3

Prefectural Assessment Committee's method of reaching its synthetic judgment

The Prefectural Assessment Committee will reach a synthetic judgment based upon the following:

When conclusions in public documents and further 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. Patients whose medical certificate not diagnosing peripheral paresthesia shows that the patient has comparable sensory impairment or divergent peripheral paresthesia in the entire body, will, upon presentation of the second document, be accepted as meeting the requirements.

b. In cases where patients do not meet the requirements at (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

The support measures provided to Chisso Corporation based on 'About Measures Against Minamata Disease' (agreed by cabinet on December 15, 1995) are based on a policy by the national government, with the cooperation of Kumamoto Prefecture, formed of the view that a complete and final solution to the Minamata disease problem is essential to the rejuvenation and promotion of the Minamata and Ashikita region.

The support given to Chisso Corporation as agreed above is a proposal by the national government, based on the June 20, 1978 cabinet agreement 'About Measures Against Minamata Disease', 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.
The current support measures for Chisso Corporation (hereafter referred to as Chisso), were decided 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 drastic measures.

1. By the end of 1999, Chisso will formulate the 'Chisso Rejuvenation Plan'. Thanks to self-imposed radical downsizing and appropriate cooperation from related financial institutions, Chisso will be able to ensure an ordinary profit of over 4 billion yen per annum. With this in mind, in order to support Chisso in preferential payment of compensation to patients using its working 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 2 below are complied with, the following measures will be taken with regard to past public debt.

(1) Each fiscal year, after Chisso has made patient compensation payments from its working profit, Kumamoto Prefecture will grant an appropriate extension on repayment of prefectural loans.

(2) In order 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 general finance (80%) and local finance (20%). 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.

(3) Kumamoto Prefecture will request the Minamata Disease Issues Settlement Aid Foundation to 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.

2. We 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.

(1) Independent effort by Chisso; securement of repayment resources; clarification of shareholders' responsibilities.

(2) In-depth assistance measures for related financial institutions regarding past finances for financial support.

(3) Assistance from the community.

3. Other:

(1) In the event that the above financial assistance measures for Chisso do not suffice, and that it becomes difficult to secure the funds required to repay local bonds, the national government will take appropriate measures as decided by cabinet council.

(2) In the event that, despite these drastic support measures, patient compensation payments are hindered in any way, the appropriate government ministry will discuss and decide upon suitable measures.

(3) 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, whilst preventing moral hazard.
Concerning 'Support measures for Chisso Corporation from 2000'

February 8, 2000
Cabinet understanding

1. Support measures for Chisso Corporation (hereafter referred to as Chisso), were decided 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' (an agreement 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 per year from the year 2000. The following recommendations from agreement 2 have also been fulfilled by related parties other than the national government.

(1) Independent effort by Chisso; securement of repayment resources; clarification of shareholders' responsibilities:
By steadily enacting the 'Chisso Rejuvenation Plan', Chisso will achieve the above aims.

(2) In-depth assistance measures for related financial institutions regarding past finances for financial support:
Related financial institutions are complying with requirements in the 'Chisso Rejuvenation Plan'.

(3) Assistance from the community:
The community has provided its support through the Prefecture-funded Minamata Ashikita Regional Promotion Foundation, the Minamata Disease Issues Settlement Aid Foundation, the Minamata Ashikita Environmental Technology Research Foundation as the safety net function in agreement 3. (3)

2. In order to support Chisso in payment of compensation to patients using its working profit without recourse to prefectural patient bonds, the national government has taken the following measures with regard to past public debt.

(1) Each fiscal year, after Chisso has made patient compensation payments from its working profit, Kumamoto Prefecture will grant an appropriate extension on repayment of prefectural loans.

(2) In order 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 general finance (80%) and local finance (20%). 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.

(3) Kumamoto Prefecture will request the Minamata Disease Issues Settlement Aid Foundation to 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.

3. Other:

(1) In the event that the above financial assistance measures for Chisso do not suffice, and that it becomes difficult to secure the funds required to repay local bonds, the national government will take appropriate measures as decided by cabinet council.

(2) 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.

(3) The relevant ministries and agencies and Kumamoto Prefecture will establish 'Chisso Support Measures Liaison Association' as a contact point with regard to the above radical support measures.
Chapter 3 Measures to Control Environmental Pollution

1 Regulation of Factory Effluent
2 Measures taken regarding Contamination of Fish and Shellfish

- Instruction to Fishermen to Voluntarily Refrain from Catching and Consuming fish
- The Self-Imposed Fishing Bans
- National Government establishes "Provisional Regulatory Standards for the Level of Mercury in Fish and Shellfish"
- Installation of Dividing Nets by Kumamoto Prefecture
- Prohibition of (Fishery) Operations while Pollution Prevention Project works underway
- Call for Recreational Anglers to Refrain from Fishing
- Buy-back of Fishing Hauls while Dividing Nets in Place
- Removal of the Dividing Nets from the Nanatsuse Region
- "Minamata Bay Declared Safe"
- Removal of Minamata Bay Dividing Nets
- Fisheries Compensation paid by Chisso
- Administrative Aid to Support Fishing Industry

3 Environmental Restoration Project

- Minamata Bay Pollution Prevention Project
- Marushima Port Pollution Prevention Project
- Marushima and Hyakken Waterway Pollution Prevention Project

4 Degree of Pollution Over Time
Minamata Disease
— Its History and Lessons—
2007