

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.

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

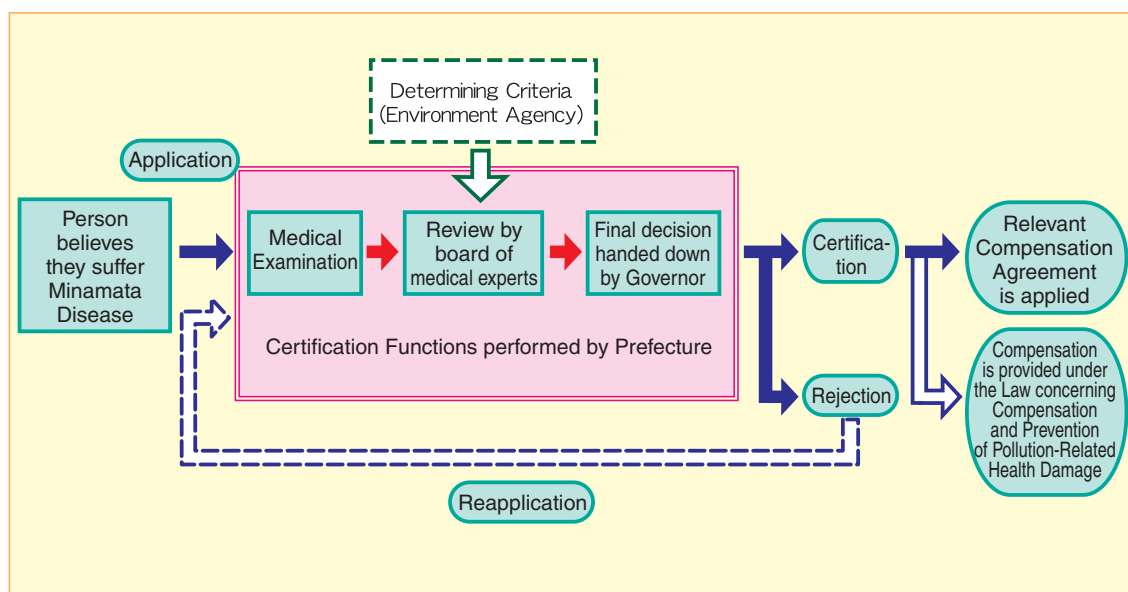
79 known patients received immediate certification under the Mimaikin agreements. Another 8 persons were recognized in 1960, and one new patient was recognized the following year, in 1961. From 1961-1964, excluding congenital Minamata disease victims, only one child was recognized in 1964, and over the 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



(Taken from Environment Agency, Environmental Health Dept. *Our Intensive Efforts to Overcome the Tragic History of Minamata Disease*. Tokyo: Environment Agency, 1997, slightly amended)

Compensation & Relief of Victims
- Health Measures for Residents

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

Fiscal year Prefecture	Pre '69	1969 S.44	1970 S.45	1971 S.46	1972 S.47	1973 S.48	1974 S.49	1975 S.50	1976 S.51	1977 S.52	1978 S.53	1979 S.54	1980 S.55	1981 S.56	1982 S.57	1983 S.58	1984 S.59	1985 S.60	1986 S.61	1987 S.62
Kumamoto Pref.	44	67	5	58	204	292	29	146	109	196	125	116	48	57	76	46	41	29	44	18
Kagoshima Pref.	1	4	0	2	12	66	15	15	39	44	50	27	23	20	19	22	26	25	16	22
Total	45	71	5	60	216	358	44	161	148	240	175	143	71	77	95	68	67	54	60	40

1988 S.63	1989 H.1	1990 H.2	1991 H.3	1992 H.4	1993 H.5	1994 H.6	1995 H.7	1996 H.8	1997 H.9	1998 H.10	1999 H.11	2000 H.12	2001 H.13	2002 H.14	2003 H.15	2004 H.16	2005 H.17	2006 H.18	2007 H.19	Total
7	2	7	1	1	1	1	3	1	0	0	1	0	0	0	0	0	0	1	2	1,778
12	11	11	3	2	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	490
19	13	18	4	3	1	1	3	2	0	0	2	1	0	0	0	0	0	1	2	2,268

Table 3 Number and Outcome of Applications by Prefecture

Year Prefecture	Total Applications	Completed Applications		Pending Applications			
		Recognized	Rejected	Findings Deferred	Review Deferred	Yet to be Examined	Total
Kumamoto Pref.	16,619	(1,132) 1,776	11,425	11	0	3,407	3,418
Minamata City out of above	5,335	(686) 963	3,798	3	0	591	594
Kagoshima Pref.	5,919	(313) 490	3,552	4	0	1,873	1,877
Total	22,538	(1,625) 2,266	14,977	15	0	5,280	5,295

Figures in parenthesis indicate deceased persons

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 illegally 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.

4 Compensation based on the Compensation Agreement with Chisso

Compensation Demands of Patient Organizations

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.

The Mediation Group and the Mediated Settlement

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

On May 27, 1970, a second proposal, 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.

Newly Certified Patients and Mediation

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.

Conclusion of Compensation Agreements and the Tokyo Negotiation Team

On August 18, 1970, as more applications continued to be lodged, 9 people (seven from Kumamoto Prefecture and 2 from Kagoshima Prefecture) whose claims of Minamata disease were dismissed by the governors of Kumamoto Prefecture and Kagoshima Prefecture, protested their discontent at having been declined certification to the Minister for Health and Welfare (whose jurisdiction was transferred to the Environment Agency following its establishment on July 1, 1971)

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

On October 11, under the ruling of the Director-General of the Environment Agency, those people who had been certified anew (newly certified patients) as sufferers of Minamata disease by the Prefectural Governors commenced direct negotiations with Chisso.

Still, Chisso claimed a distinction between the motive of these new patients and those of the patients who had been certified previously, maintaining that it was a matter for the Central Council for Environmental Pollution to decide. Those representing the patients countered with a demand for compensation of 30 million yen per person in a repeat of the mediation agreements brokered by the Minamata Disease Compensation Processing Committee on May 27, 1970. The patients, along with their supporters, commenced a sit in outside the main entrance of the Chisso's Minamata factory and then its Tokyo headquarters as negotiations stalled and confrontations became heated. (the Independent Negotiation Group)

Moreover, those patients who were awarded compensation on March 20, 1973 in the First Minamata Disease Lawsuit, joined forces with the 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 4 Details of Compensation Payment under the Compensation Agreement with Chisso
(As of the end of October 2005)

Item	Amount
Lump-Sum Solatium	Rank A ¥18 million Rank B ¥17 million Rank C ¥16 million (Family members of Rank A and B also receive lump-sum solatium)
Medical Expenses	All the medical expenses are payed by Chisso
Medical Assistance (monthly)	Outpatients 21,400 to 23,400 yen Inpatients 23,400 to 33,500 yen
Life-Time Special Adjustment Allowance(monthly)	Rank A ¥170,000 Rank B ¥90,000 Rank C ¥67,000
Others	Standard expense for medical services covered under the Nursing Care Law, funeral expenses, acupuncture, moxibustion and hot spring recuperation

5 Relief through the Administration of Justice - the Minamata Disease Lawsuits

Lawsuit claiming Reparation of Damages for Minamata Disease (The First Minamata Disease Lawsuit)

One group of patients sought to settle the issue of compensation to victims through direct negotiation with Chisso. However, Chisso remained adamant that the issue be settled via a third party, and negotiations stalled. This group of patients (the so-called Litigation Faction) resorted to 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 ¥1,588million.)

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.



Protest meeting in front of the main gate of Chisso

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 prefectural and national governments for having (negligently) failed to prevent the outbreak and spread of Minamata disease. This was the first lawsuit to contest the issue of State liability for 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

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. Chisso will give its full and absolute consideration to the aid of victims. 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.

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.

Table 5 Comprehensive Minamata Disease Medical Care Project Benefits Package

As of 31 January 2007

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

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.



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

11 The Response of Minamata City

Treatment as an infectious Disease

Due to the discovery of numerous sufferers in specific areas in a certain period of time, 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.

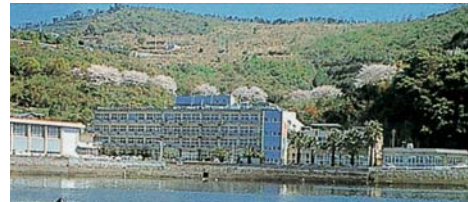
Construction of a Special Minamata Disease Ward

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.



Yunoko Hospital along the seashore

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.



Meisuien on the side of the mountain

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).



Health Survey Conducted at a school for the challenged

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.