

New Lives: Some Case Studies of Minamata 新生 水俣～内発的 発展の三つの事例

Tsurumi Kazuko, Tom Gill

Introduction by Tom Gill

Introduction

Earlier in 2014, folklore scholar Ron Morse succeeded in publishing on-line *The Adventure of Ideas: A Collection of papers on Patterns of Creativity and a Theory of Endogenous Development*, a collection of English-language papers by Tsurumi Kazuko* (1918-2006), an innovative sociologist who was a professor at Sophia University for twenty years (1969-89). The book is available for free download [here](#).

Alongside it, at [the Japanime web site](#), is an earlier volume of Morse's on one of Tsurumi's old friends, Yanagita Kunio.

Tsurumi Kazuko was a member of one of Japan's premier intellectual dynasties. The granddaughter of Meiji/Taisho bureaucrat Goto Shinpei, and daughter of prewar liberal politician Tsurumi Yusuke, she was the sister of postwar philosopher-historian Tsurumi Shunsuke, and aunt of Tsurumi Taro, a professor of folklore at Waseda University.

It was a lifelong concern of Tsurumi's to combat the image of Japan as a nation of skilled imitators lacking in creativity. The book includes her analysis of a trio of famous Japanese folklorists - Origuchi Shinobu, Yanagita Kunio, and Minakata Kumagusu - each of whom Tsurumi associated with a particular kind of creativity. It also features several papers on her theory of endogenous development, which is essentially a challenge to the modernist assertion that socioeconomic

development proceeds in a set pattern under which late developing countries follow the same trajectory as earlier developers, implying an inexorable cultural hegemony of the West. Tsurumi critiques this by drawing attention to roots of development processes in the traditional cultures of Japan and other Asian countries.

The paper we have chosen to present here is entitled "New Lives: Some Case Studies of Minamata." Dating from 1987, it draws on fieldwork conducted in Minamata, Kumamoto prefecture, between 1976 and 1983. The paper introduces three of the heroes of the movement to gain redress for the victims of Minamata Disease - mercury poisoning caused by contamination of the Shiranui Sea by the town's main employer, Chisso Corporation, a major chemical maker still very much in business today. The paper contains valuable source material on the Minamata redress movement, dramatized through three extraordinary personalities. At the same time it is characteristic of Tsurumi that she also seeks to relate the case studies to her broader intellectual concerns, by identifying the three victim-activists as representatives of her typology of forms of creativity.

The first case study is that of Kawamoto Teruo (川本輝夫). Kawamoto was born in 1931, to a poverty-stricken family - he was the eighth of eleven children and four of his siblings died of malnutrition. His father was a recent migrant from Amakusa Island, and Tsurumi explains how this newcomer status put the family right at the bottom of Minamata society. Intelligent, politically aware and largely self-educated,

Kawamoto was radicalized by his father's death from Minamata Disease in 1961 and was himself certified as a Minamata victim in 1971 - he suffered from varying degrees of paralysis.

Tsurumi describes a division in the redress movement, between those who emphasized legal action and those who chose to deal directly with the company. Kawamoto was initially in the latter group, and was himself sued by Chisso for allegedly injuring several employees during a sit-in at the company's Tokyo headquarters. He then turned to legal action himself, taking part in several court actions and also becoming the only Minamata disease victim to win a seat on the town assembly.



Kawamoto Confronting Chisso executives

Kawamoto's creativity is identified by Tsurumi as the 'confrontational-integrative type' - one who forges new ideas out of the clash between old and new to create "a new integrative perspective in thinking." The ancient element in Kawamoto's thinking Tsurumi associated with his adherence to Pure Land Buddhism, and its pantheistic sense of the holiness of the natural environment. For Kawamoto it was not enough to extract financial compensation from Chisso. He wanted the company to understand the sacred relationship between human beings

and their environment. This, combined with a burning desire for social justice, made him the man he was.

The second case study is of Sugimoto Eiko (杉本栄子), born 1938. Like Kawamoto she was born in one of the little coastal villages worst affected by mercury poisoning and by discrimination against the victims. However, she was from a relatively wealthy family, employing thirty or forty fishermen (Oiwa 2001: 18). Though she and her husband were part of the first legal action against Chisso, Tsurumi identifies her creativity as the "non-confrontational fusionist type" and states, "In Eiko's life history, the central theme is that of healing and rehabilitation."

Sugimoto refused to give in to the disease, trying hundreds of herbal remedies and natural therapies; she also refused to abandon the sea, continuing to fish for sardines with her own boat. She also became an organic farmer, in a symbolic rejection of Chisso's reliance on synthetic chemicals. She took up traditional dance as a form of therapy despite being partially disabled. Her whole life seems to have embodied tolerance and social healing in the midst of acute discrimination and disability. She had a successful marriage and brought up five sons despite the ravages of the disease; she forgave a man who tried to push her off a cliff and who came to apologize ten years later, and provided long-term sanctuary to other Minamata victims driven from their homes.

The third case study is of Hamamoto Tsuginori (浜元二徳). Hamamoto was born in 1936, like Kawamoto the son of a migrant to Minamata from Amakusa island. He lost both his parents to mercury poisoning and has battled the disease all his life, frequently confined to a wheelchair. After leading the class action case against Chisso for some years, he stepped down for health reasons and developed a new activist career as the international voice of Minamata, attending a series of international

conferences in his wheelchair and building solidarity with native Canadians from Ontario afflicted with mercury poisoning caused by a British chemical manufacturer. Tsurumi characterizes his creativity as "non-confrontational and integrative" - his activism has been directed mainly at rallying fellow sufferers and sympathizers around the world, rather than at Chisso.

In the end, the three types of creativity identified here do not exactly map on to the three types in Tsurumi's other writings - and indeed it is a relief that she refrains from such a formulaic approach. For instance the Minamata cases do not have a case of the first of Tsurumi's types of creativity, the "identificational type" - a limited form of creativity based on identifying with pre-existing models. Instead they are all, to varying degrees, characterized by a merger - whether by fusion or integration, more or less confrontational - between traditional life ways and modern activism. One can well understand the appeal to Tsurumi, since that kind of merger was a lifelong preoccupation in her own work.

This short paper offers no more than suggestive evidence for Tsurumi's theory of creativity. Those who want to study it more closely should look at the rest of Prof. Morse's book. For her work specifically on Minamata - in Japanese - see Tsurumi's collected works, *Tsurumi Kazuko Mandala* (鶴見和子曼荼羅). The most relevant is volume 6, *Minamata* [An Approach to Animism and Ecology (魂 (こころ) の巻 — 水俣・アニミズム・エコロジー)], Fujiwara Shoten, 1998.

What happened after that? Kawamoto Teruo died in 1999. His death was reported in the *New York Times*, among many international media (see [here](#)).

Sugimoto died in 2008, but you can still read her testimony on-line [here](#).

Hamamoto Suginori is still alive and continues to work in Minamata as a *kataribe*, one who gives testimony about the disease to Minamata visitors in the style of a traditional storyteller.

There are many books and papers on Minamata, but for further reading to lead on from this particular paper, I recommend *Rowing the Eternal Sea: The Story of a Minamata Fisherman*, by my Meiji Gakuin colleague, Oiwa Keibo (Rowman and Littlefield, 2001). This book focuses on another Minamata activist, Ogata Masato. He too is a fascinating character, and adds to the enduring impression we get from Tsurumi's work that the Minamata calamity has called forth some truly powerful personalities and unique activist style. Perhaps we could even follow Tsurumi and say it summoned up "new lives." Sugimoto Eiko is briefly mentioned in Oiwa's book and Kawamoto Teruo is a central figure in the narrative - he is Ogata's uncle. (Hamamoto, slightly surprisingly, is absent from the Oiwa text.)

In the book, Ogata is quoted as saying "Kawamoto and I were both radical, but I was definitely the more confrontational" (Oiwa 85). That recalls Tsurumi's typological language, and I think Oiwa's book builds on Tsurumi's analysis of differing responses to Minamata within the affected community. There is also a moving account of the death from cancer of Kawamoto, who in his later life was increasingly alcoholic and becoming isolated from the movement as it headed towards compromise with Chisso. Even so, his funeral reportedly brought 1,000 mourners to pay their respects (Oiwa 151-153).

The battle to defend the rights of Minamata victims has been going on for over half a century now. Even today, it crops up in the news occasionally as further court verdicts and negotiated settlements are announced. The corporate strategy of recognizing as few victims as possible, and the struggle by victims

to widen the pool of people eligible for compensation, form an important template for the developing battle over compensation for Fukushima radiation victims. TG

NEW LIVES: SOME CASE STUDIES IN MINAMATA*

Tsurumi Kazuko

Between 1976 and 1983, I carried out field work on the social consequences of mercury pollution in the Minamata area of Japan. I collected about thirty personal histories, mostly of the victims of Minamata pollution. This paper does not use the “life-course” approach, but rather is based on “life-history” material in the classical sense. I shall examine three patients, one female and two males. They were poisoned in their twenties. I will analyze how the disease changed and or did not change their lives and how their suffering from the disease affected their ways of thinking and behaving.

Dr. Harada Masazumi, an Assistant Professor of constitutional neuropsychiatry and an expert on the Minamata disease, writes, “The Minamata disease is the first occurrence of widespread methylmercury (MeHg) poisoning caused by man-made environmental pollution that the world has ever experienced.”¹ The calamity itself was hitherto unknown and medical science has not yet discovered a cure for the poisoning. Methylmercury causes **central nervous system** (brain and spinal cord) damage. Many of the symptoms of mercury poisoning are similar to those seen in **cerebral palsy**. Methylmercury damage is irreversible. To deal with their conditions, the patients I discuss had to be creative about how they lived.

MINAMATA: THE BACKGROUND

In December 1971 Minamata was a city with a population of 36,740 residents. It is located in Kumamoto Prefecture on the southern part of Kyushu Island on the coast of the Shiranui Sea.

When the Chisso Company Ltd. chemical plant was established there in 1908, Minamata was a town of about 12,000 people who relied on farming, fishing, the sea transportation of goods, and salt making to earn a living. Salt making was ended in 1905 when the government nationalized the salt industry. During the earlier feudal period, Minamata was a small castle town ruled by the Lord of Fukami. In terms of the Japanese respect for authority, the Chisso family replaced the Fukami clan and functioned as the modern “feudal lords of Minamata.” In its heyday, the Chisso Company employed 4,000 workers. Nearly everyone, fishermen and farmers who worked part-time for Chisso, merchants, and small-scaled subcontractors, directly or indirectly relied on the Chisso Company for their income. With its establishment, the company became the major revenue source for the town.

In 1932, Chisso’s Minamata plant began manufacturing acetaldehyde (an intermediate in the synthesis of other chemicals) using mercury as a catalyst. In the distillation process, the acetaldehyde was separated from water containing a methylmercury compound, and the latter was discharged into Minamata bay at Hyakken Harbor. Methylmercury is a highly toxic substance that is accumulated within organisms faster than it's eliminated. The production of acetaldehyde increased after World War II, thereby increasing the discharge of the mercury effluent into the bay. Between 1949 and 1953, 200 tons of mercury was used as a catalyst to produce acetaldehyde and large amounts of waste were discharged into Minamata bay. This lethal discharge continued uninterrupted until 1968. In addition, the production of vinyl chloride began in 1941; it was used the same way as the acetylene and the mercury catalyst. This continued until 1971.



Chisso plant at Minamata

It is now known that the cause of Minamata disease was mercury accumulated in the human body. The source of the mercury was from eating polluted fish and shellfish that had fed on contaminated plankton in the sea. Each step in this food chain increased the amount of toxic mercury bioaccumulation in the fish. In the early days, when the disease was rampant, the disease was considered as contagious and patients were confined to isolation wards in hospitals and some severe cases were transferred to insane asylums. At that time, the illness was stigmatized as “a queer disease.” It was not until 1968, fifteen years after the officially recognized outbreak of the disease, that the Japanese government announced that the poisoning was caused by the toxic effluent discharged from the Chisso chemical plant.

In 1969, 112 patients from 29 families filed a lawsuit against the Chisso Corporation. They won their case in 1973, twenty years after the official outbreak of the disease. By then, there were 684 certified Minamata disease patients and 115 people had already died. Today, as of September 30, 1986, there are 16,989 applicants for disease certification. 1,832 have now been certified and 1,431 have died. (The statistics include the areas of Kumamoto, Kagoshima, and Niigata Prefectures.)²

After the establishment of the Chisso factory in Minamata in 1908, fishermen and farmers from the Amakusa Islands, Kagoshima Prefecture and other locations, moved into small hamlets surrounding the old feudal castle in search of work. The hamlets grew into villages on the periphery of the city and now they are incorporated into the Municipality of Minamata. Most of the newcomers were poor and lived in shabby shacks. There were a few relatively wealthy owners of fishing boats (earlier settlers to the area) who hired fishermen to work for them. There were at least two categories of social status differentiation in Minamata: the first category was the one between the “white collar employees” of the Chisso Company, who lived in the central residential part of town called Jinnai (where earlier the feudal Lord and his samurai retainers had lived) and the “people who lived in the villages on the periphery.” The second distinction was within the villages, between those who had settled “before the Chisso Company came to Minamata” and those who “came from other places” after the arrival of the Chisso plant. The former were called *jigoro* (the settled ones who held land of their own), while the latter were labeled *nagare* (the drifters).

Those most seriously affected by the mercury poisoning were the inhabitants in the four villages located on the sea shore -- the Modo, Yudo, Tsukinoura and Detsuki villages where the early settlers and newcomers lived. Their staple diet was the fish and shellfish that were plentiful in the sea and near the shore. The sea was their front yard, where anyone could find clams, oysters, shrimp and sea cucumbers. Looking back to the days before the disease became rampant, people recalled eating the freshest and most delicious seafood in the world. They were the first and the most serious victims of mercury pollution because they were the ones who consumed more fish and shellfish than people living in the center of the city. It was only natural that the villagers, who

considered the Chisso Company as their new feudal lord, found it extremely difficult to sue the company for wrongdoing. However, when the first group of Minamata patients took that step and won their trial, it was a major breakthrough.

The three patients whose life histories I am going to relate were inhabitants of those villages. They were the most seriously affected during the initial stage of the outbreak of the disease both in terms of the number of patients and in the degree of severity of their symptoms.³

PATTERNS OF CREATIVITY

In the sections ‘Defining Creativity’ and ‘Three Types of Creativity’ in the second essay in this book, I explained the theoretical basis for my categories of creativity and I will not repeat that explanation here.

In that essay, I outlined three types of creativity using three different folklorists as examples. I named the three types of creativity as the “identificational” type, the “confrontational-integrative” type and the “fusionist” type. In the “identificational” type of creativity, one tries to search for old ideas and identity oneself with them. In this process, continuity rather than change is emphasized. The past tends to be idealized and one tries to bring forth that idealized past into the present. In the “confrontational-integrative” type of creativity, one emphasizes contrasts and makes clear distinctions between old and new and native and foreign ideas. Through confrontation and conflict, one strives to restructure one or both of the conflicting ideas so that there may emerge a new integrative perspective in thinking. In the “fusionist process,” one maximizes efforts to avoid any confrontation among different ideas. By patching ideas together, one makes differing, often conflicting ideas, coexist simultaneously.

These three types of creativity will be used as

guidelines for the analysis of the life histories of patients and non-patients in Minamata to understand their creative attempts to overcome their difficulties. For each personal history, I will indicate a predominant creative type, but I shall also try to show that each person’s life is a mixture of types. How uniquely they are mixed is a major point of the analysis.

KAWAMOTO TERUO: THE CONFRONTATIONAL-INTEGRATIVE TYPE

Kawamoto Teruo was born in 1931 in the village now called Detsuki. In 1923, his father, Katota, moved there from the Amakusa island as a typical “drifter from Amakusa.” He worked for the Chisso Company during the day and did fishing on the side to sell or for his family to eat. Teruo was the eighth child and the seventh son of Katota’s eleven children. Four children died of malnutrition. Three of Teruo’s elder brothers were adopted into other families. The war broke out in 1941, when he was in the fourth grade. He hoped to enter a military preparatory school after finishing primary school, but his mother admonished him saying, “The army is not an appropriate place for a decent human being. Japan will surely lose this war!”⁴

Teruo was a good student and his teacher recommended that he attend Kagoshima Prefectural Middle School in Izumi City, but he could not afford it. So in 1944, he entered the Occupational School for Agriculture & Industry in Minamata. In 1946, his father retired from Chisso and went back to fishing for his livelihood. His younger sister left home to work as an indentured laborer on a farm in Fukuoka. In 1948, at the age of seventeen, Teruo lost his mother leaving only his father. Teruo had to quit school to help his father. He wrote in retrospect that the school appeared in his dreams repeatedly for some months afterward. This left him with a permanent thirst for books and learning. In later years, he got involved in Minamata lawsuits as a plaintiff as well as a

defendant. His habit of reading books helped him acquire a great deal of legal knowledge.

Teruo began to take whatever temporary jobs came his way – as a construction laborer, a tunnel driver, a miner, a day laborer, etc. These jobs took him to various towns and cities both within and outside of Kyushu island. Poverty stricken, he began to question why he and his fellow workers were so poor. This led him to read books on socialism and for a while he was involved in socialist activities. But because of his father’s and eldest brother’s strong objections, he quit the movement.

In 1957, at the age of twenty-six, he married his sister’s friend working on a farm in Fukuoka. In later years, it was his wife and children who always supported and encouraged him. It was around this time that he felt his limbs becoming paralyzed and his tongue stiffening -- symptoms of Minamata poisoning. In 1961, when he was thirty, his father suffered acute symptoms of Minamata disease. The doctors at the city hospital diagnosed him with softening of the brain and refused to keep him in the hospital. At that point, Kawamoto was studying at a nurse training school in Minamata to get a certificate as an assistant nurse. So, he took his father to the mental hospital (where he was interning) to take care of him until he died. After his father died, Kawamoto did his best to try and prove that his father’s death was caused by mercury pollution. He did this by searching for evidence, like measuring the mercury content of his father’s hair, which he was finally successful in doing.

When I first visited Kawamoto in 1976, I found him in a small Japanese style *tatami*-matted room with a disproportionately large and quite magnificent Buddhist altar of the Pure Land Sect. This was where he kept his father’s death tablet. His father’s final wish was for him to prove the cause of his father’s death and to have him certified as a Minamata disease patient. But Kawamoto did not stop there.

While working as a nurse in a hospital, he began to search out patients who had been hiding because of the stigma attached to the disease. He encouraged them to apply for disease certification, because without it they were not entitled to any compensation or payment for medical and other expenses.

In June 1969, 112 patients from 29 families filed a lawsuit against the Chisso Corporation. They were called the “trial group.” At that stage, Kawamoto was not qualified to join the lawsuit because he himself was not yet certified as a Minamata patient. Three months later, he together with other patients applied for certification, but they were rejected. Then, he appealed the prefectural certification rejection to the national Welfare Ministry. Finally toward the end of 1971, sixteen patients including Kawamoto were certified as having Minamata disabilities.

In 1972, Kawamoto organized “a self-reliant group” of newly certified patients to negotiate directly with the president of Chisso about the amount of compensation they were entitled to. Their demand to meet with the president was quickly rejected. Kawamoto and his group then sat in front of the company headquarters in Tokyo. During the sit-in, the patients tried to get into the building leading to skirmishes with company guards. Kawamoto was sued by the company in December 1972 for injuring some company employees. It took Kawamoto eight years to be cleared of any wrongdoing -- a verdict of “not guilty” was issued by the Supreme Court in December 1980.

In March 1973, the “trial group” won their case: the verdict clearly identified “the liability of negligence” by the company and stated that the company should pay an indemnity of \$3.2 million. The patients in the trial group, however, were not satisfied, believing that litigation alone was not adequate compensation. They wished to meet directly the company president to communicate to him

their feelings of pain and sorrow. The “self-reliant group” and the “trial group” joined together to demand direct negotiations with the company president. The company finally gave in and the patients met, for the first time, face to face with the company head to establish the general rules to be applied to all the certified patients, present and future, regarding indemnity, medical fees, monthly allowances, care-taking fees (for family members), and funeral expenses.

Tanoue, the head of the trial group who was sent to Tokyo, said: “It is not money that we want. Since we are living on the sea coast, we most ardently long to have the sea and the mountains returned to us as they were before the pollution. Money is a nuisance and a troublemaker to the families and to the villages. Life in the good old days was the best - as poor as we all were, we had the sea and the mountains. Our life cannot be separated from the Shiranui Sea. The earlier world we lived in should be restored to us here and now. Our hope, a very slight hope, is to restore the health of the sea to how it was in the old days. A lesser hope is to restore the health of our bodies to the way they were before.”

Kawamoto finally asserted: “We must consider nature’s pain and suffering as well. We do not know how many decades it will take to restore nature to its previous healthy condition. Moreover, there is our human suffering. What we really wish for is responsible people in the Chisso company becoming sensitized to the pain and suffering of the trees, fish, ocean, mountains, and of us humans as well.”⁵

Kawamoto’s strategy was confrontational -- he filed lawsuits one after another against the Chisso Company, Minamata City and the Prefecture, and even considered filing a case against the central government. He wanted to define the negligence, establish the responsibility and rectify the situation. In 1983, after a long and difficult campaign, he was

elected to the Minamata city assembly. He was and is still the only city assembly member who was also a Minamata poisoning victim. Minamata patients are still stigmatized in the city. Through a series of confrontational activities, he aimed to change the “feudal-castle-town” mentality of the city. In that sense, he was oriented toward renovation. It was the death of his father and his own suffering from acute Minamata symptoms that drove him to become a dedicated renovator.



192 Minamata victims sue for recognition (2013)

In addition, his childhood worldview persisted. He told me that his family religion was Pure Land Buddhism, which was symbolized by the magnificent altar in his room. But even more revealing of his personal religious beliefs or cosmology was what he said in the negotiating talks with the Chisso Company president. Then, he talked about the pain and suffering of “trees, fish, ocean, and mountains, as well as of humans.” Not only are human beings all equal, but all the objects in nature are equal with humans because everything is endowed with a spirit. This sense of equality was based upon his childhood experience when he would go fishing with his father. He tried to have the company president understand what he felt: symbiotic co-equality between nature and humans. If and only if the company head

understood this, could Kawamoto treat him as his equal. Kawamoto's renovation-oriented activities seemed to be sustained by this deep-seated belief about "the other world in this world" or a return to an idealized past.

SUGIMOTO EIKO: THE NON-CONFRONTATIONAL FUSIONIST TYPE

Sugimoto Eiko was born in 1938 in the village of Modo. Her stepfather was the owner of fishing boats and a master fisherman. From her childhood, her stepfather trained her to swim with fish, to catch fish and to appreciate these activities. She became a full-fledged master fisherwoman while she was still young.

In 1959, Eiko married Takeshi, a relative who had been working together with her on her father's boat. Then, Eiko's mother had an acute attack of Minamata mercury poisoning and was hospitalized. The whole family was ostracized by the villagers because of the stigma attached to the disease. In her early twenties, Eiko also experienced some of the symptoms of Minamata disease. It was after the arrival of her third son that her sickness became aggravated.

In 1969, Eiko and Takeshi joined the "trial group" of patients to sue the Chisso Company for compensation. During the trial, her father died of acute Minamata disease. Eiko herself was in and out of the hospital. Finally, the doctor told her that it was of no use for her to come back to the hospital since there was no cure for the disease. The doctor's comment made her determined to regain her health on her own. So, she tried everything that she had heard of that was thought to be good for her health. She used all kinds of Chinese herbal medicines and warmed her body in the hot spring baths. When she had an acute headache, Takeshi used some two hundred different methods of making head-bands with Japanese towels in an attempt to relieve it. In 1974, Eiko and Takeshi opened a restaurant on the ground floor of their house facing toward the ocean.

Takeshi did the cooking while Eiko delivered carryout food. It was clumsy to deliver catering boxes with her stiffened hands, but she thought of it was as a kind of therapy. One day while she was on her way with a delivery, a man neighbor came from behind and shoved her toward the bluff facing the sea. She barely kept from falling. This incident illustrated the stigma and discriminatory attitudes held by villagers against Minamata disease patients.

Eiko also tried to take Japanese dance lessons as another form of therapy. Since Takeshi had more freedom of movement in his arms and legs, he went with Eiko to the teacher's house, observed the lessons, memorized the steps and helped Eiko dance after they came home. After a long and strenuous combined effort, Eiko finally earned a diploma for dancing. She gave some dance recitals, which attracted people to take dance lessons from her. This made her busy and took her away from fishing.

She was torn between dancing and fishing. To get some rest, she went by herself to a hot spring resort in Kagoshima Prefecture. In the evening while asleep, she heard the voice of the "spirit" of the fishing boat saying "chi, chi, chi." The following morning, she hurried home, but had an acute headache and went to bed. Then at night she again heard the spirit of the fishing boat crying. The following morning, the whole family, Eiko, Takeshi, and their three sons went sardine fishing which proved to be a great success.

She told me this story in August 1983. She commented: "In the end, I decided to go back to fishing and to concentrate on that. I am convinced that this gives meaning to my life. Whoever comes, whatever happens, I will not let anything prevent me from going to the sea. If I don't live my life true to my heart, I will leave regrets behind that will become a burden to my children."

"Now, that I have returned to the sea with a singleness of heart, the birds on the water

welcome me and I can communicate with them as I did in olden days.” She also told me that the neighbor who had pushed her toward the bluff ten years earlier came to her house the night before and bowed low in front of the Buddhist altar in apology and left. Afterwards, Eiko also found an offering of five hundred yen. She commented: “Ten years ago, I did not say a word to him, but just endured. If I had said anything about him, that would have been the end of our relationship. Endurance brought him back to his senses. That is the meaning of the communal way of life.”

She also said that she was grateful to the people who had mistreated her. She had been spoiled by her stepfather and grew up self-centered and arrogant. But because she became a patient with Minamata disease, people treated her badly, which changed her way of thinking. Finally she added: “The spirit of the fishing boat enters my thoughts whenever my mind is blank. When I am self-conscious the spirit doesn’t visit me.”⁶

Eiko and Takeshi own an orchard of summer oranges and manage it with the help of the Osawa’s, who came from Kyoto to live among Minamata patients. Eiko and Takeshi strongly believe that since they were poisoned by chemical pollution, they should not pollute their oranges with chemical fertilizers and insecticides. Osawa was in complete agreement and has organized an association of orange producers for organic farming, rejecting the use of insecticides. Eiko and Takeshi, with the help of Osawa and his wife, are now involved in the organic farming movement.

I would like to summarize the characteristic features of Eiko’s life history.

1. The crying of the “spirit of the boat” warns of the coming of a shallow area with fish. In order to receive this message, one has to empty oneself. This sounds very much like the shamanistic practice of going into a trance and being

possessed by a spirit.

1. In Eiko’s life history, the central theme is that of healing and rehabilitation. She tries many things to cure her disease, but for her what is most healing is communicating with nature, as in fishing. Just as she heals herself by re-establishing communication with nature, she heals her relationships with her neighbors by patiently waiting for communication to be re-established with them. Non-confrontation is her strategy for healing.
1. In the four villages seriously affected by Minamata disease, the disappearance of the family is indicated by the comparatively higher percentage of single member households. In contrast, the Sugimoto family is a case in which Minamata disease actually strengthened family solidarity. Takeshi and his five sons found solidarity in sharing pain and suffering with Eiko, the most seriously affected family member.

Eiko and Takeshi, in their solidarity, also served as a curing house for broken families. For instance, a female Minamata disease patient was abused by her husband and sick mother-in-law. The woman escaped from her home and stayed with Eiko and Takeshi for two and a half years. During that period, both Eiko and Takeshi patiently listened to her complaints and stories, which often made no sense. Finally, the wife recovered her senses and went back to her own home.

HAMAMOTO TSUGUNORI: TOWARD A GLOBAL COMMUNITY

Hamamoto Tsugunori is one of the few patients whose activities went beyond national boundaries. We shall examine how the impact of Minamata disease led him to develop a global perspective.

Hamamoto's father moved from Amakusa Island to the village now called Detsuki. After having worked briefly for one of Chisso's subcontracting factories, he made his living by splitting his time between fishing and farming. Tsugunori was born in 1936 as the third son. His two older brothers, after graduating from a trade school, did not want to go into fishing and farming. So, Tsugunori's father made him go into fishing and farming. Tsugunori got sick in 1955, at the age of 19. His father died from acute Minamata poisoning in 1956 and his mother died from the same disease shortly after. His elder sister was also seriously affected by the disease.

Tsugunori, together with his elder sister, joined the "trial group" to sue the Chisso Company. They fought to win the case while going in and out of the hospital. After having won the trial in 1973, Tsugunori organized the "Negotiation-in-Tokyo-Group" which joined Kawamoto's "Self-reliant Group" to campaign for direct negotiations with the company president. After a long struggle to have a trial and have successful negotiations, the trial group and the self-reliant group merged to form the "Alliance of Minamata Disease Patients" and Hamamoto was nominated as chairman. The Alliance was a militant organization to protect the human rights of patients. As its chairman, Hamamoto had to work very hard. He developed serious liver trouble, another symptom of Minamata disease, and was hospitalized.

In the hospital, Tsugunori read books, including *The Poverty of Medical Thought* by Dr. Hieta Kentaro, who before the war was a specialist on liver disease at the Manchurian Medical University and after the war did research on hepatitis. It was Hieta's invention of an organic medicine called the Leinek-Hieta injection that interested Hamamoto, because it was said the medicine caused none of the usual side effects of chemical medicines.⁷ Hamamoto asked his doctor to read the book and convinced him to try the injection on him. He kept a meticulous

record of his liver-function tests after each injection. This is one example of Hamamoto's self-reliance and ingenuity in trying to cure his disease -- something he had in common with Sugimoto Eiko and many other patients with Minamata disease.

The "moratorium" provided by hospitalization had another important effect on Hamamoto. In the hospital, he had time to think and to examine what caused his physical condition to deteriorate. It occurred to him that he had been working under pressure far longer than his disabled body could manage. He decided to withdraw from the chairmanship of the Alliance in 1977. At the same time, Tsugunori resigned from the directorship of the Minamata Disease Patients' Center, another organization he, Kawamoto and others had founded.

Hamamoto's resignation was not accepted for some time, but when it was finally accepted, the Alliance was dissolved and folded into the Council of Minamata Disease Patients, whose chairman was Kawamoto. Then they formed a new organization, the League of Minamata Disease Patients. Kawamoto became the chairman of the League and succeeded Hamamoto as director of the Center.

This was a turning point in Hamamoto's life. He was forty-one. Although he had withdrawn from "various movements" he said, "I am still a Minamata disease patient." This meant that he would continue to live and work as a Minamata disease patient, but in a different way. What was his new way of doing things?

In 1972 Hamamoto went abroad for the first time in his life. In a wheelchair, he went to Stockholm to make an appeal for the victims of Minamata disease at the United Nations Human Environmental Conference. Whenever he went abroad he used a wheelchair.

Getting out of the country was an eye opening experience for him. In September 1975, after being informed by Dr. Harada and others that

symptoms similar to Minamata disease had been found in Ontario, Canada, patients in Minamata raised money to invite some First Nations victims of the disease to Minamata. A group arrived in the summer of 1975 and visited Minamata, Kumamoto, Niigata and Tokyo. Two months later, in September 1975, Hamamoto, Kawamoto and others went to Canada to visit Reservations in Ontario and Quebec. The mercury pollution in the river and lakes surrounding the reservations in Ontario was caused by Dryden Chemicals, a British multinational corporation. In the Ontario case, inorganic mercury discharged into the environment was methylated in the environment.⁸ Hamamoto wrote this about his visit to the Reservation: “It is always the weak, who have been leading an ordinary life, who are victimized by the wealthy and clever, who pumped smoke into the air and poisonous water into the rivers and the seas. I feel this deeply in my heart.”⁹ This experience set the course for his future activities.

When Hamamoto visited Stockholm and Canada, an organization of Minamata disease patients covered his traveling expenses. But this changed in 1977, when he not only resigned from the chairmanship of the Alliance, but also withdrew from membership in the organization. A few months later, he decided to go to Poland, this time paying for the trip himself. He was no longer an organization man and was free to take his wife overseas for the first time. He had been invited to attend a conference on environmental issues under the auspices of the Polish Academy of Sciences. While he was in Poland, he was asked to visit France to talk to some citizen groups about his experience with Minamata disease. On his way home, he stayed three days in India, where he found “a vast gap between the poor and the wealthy. It occurred [to him]: why couldn’t we try to reduce the money spent on military defense and put it into aid to save those poor people dying from hunger... By seeing these people in India with my own eyes, I came to

realize what kind of country Japan was. Had I stayed only in Japan, I couldn’t have come to understand it.”

His fourth foreign trip was made to Nairobi in 1982 to attend a Human Environmental Conference sponsored by non-governmental groups and the United Nations. On his way home, he stopped over in Taiwan and realized that Japan’s rapid economic growth had been achieved not only at the cost of the environment, but also at the expense of natural resources from other Asian countries.¹⁰

In 1984, Hamamoto went to Indonesia (where Japanese multinational corporations were operating) because he read books, newspaper articles and saw on TV that there were some people with illnesses quite similar to the patients of Minamata disease. There he saw the same situation as Minamata thirty years earlier, with Japanese factories dumping poisonous waste into the sea untreated. “Now, Asia is on the road to development. The development stage is the most dangerous period for environmental disruption and diseases caused by pollution. I know this from my own experience.”¹¹

Because of these experiences in foreign countries, but especially in Asia, in May 1974 Hamamoto decided to form the Association to Join Hands between Minamata and Asia. He used his house as the office for the Association. In July, he invited four Indonesian doctors and lawyers dedicated to environmental problems to visit Japan. Immediately after that, Hamamoto was hospitalized again and operated on for rectal cancer.¹²

In May 1986, under the auspices of the Association, there was a Peoples’ Environmental Conference of Asia and people from India, the Philippines, Indonesia, Malaysia, and Canada attended. On the basis of what he learned from the interchange, Hamamoto wrote: “Frankly, Japan as a nation does not need to wish for the betterment of

material life any more. We already have enough food, clothing, housing and medical care. Since we have them in abundance, paradoxically, we have all kinds of strange diseases... We should start learning from what we did in the past, when we used to handle things better..."

"Now in various parts of the world there are all kinds of pollution. In order to transfer nature in a healthy form to our grandchildren, we have to expand our network of communication, not through the United Nations or the formal organizations of states, but more vitally through human-to-human connections. It should be done in the spirit of the poor helping the poor; the poor sharing with the poor."



Hamamoto as kataribe

The sharing of pain and suffering, as already mentioned, was found to be at the heart of both Kawamoto's and Sugimoto Eiko's behavior. The same deep-seated motivation, cultivated through suffering from Minamata disease, is now driving Hamamoto to expand the horizons of communication, association, and mutual cooperation beyond national boundaries to include people suffering from environmental disruption.

Hamamoto's style of creativity was non-confrontational and integrative. The concepts

of social change he used encompassed all three types of creativity that I have set up: social change as a return to the idealized past (he mentioned that we should learn from our past way of life and be simple but not wasteful); social change as cure and rehabilitation (he is very much concerned with the recovery of nature as well as his body, which is an integral part of nature); and social change as renovation (almost unknowingly, he achieved a breakthrough, acting contrary to the common notion that Japanese are insular and ethnocentric).

CONCLUDING REMARKS

In August 1977, before Hamamoto left for Poland he told me: "I feel that since I have Minamata disease, I have been chosen to go abroad to appeal that no other people should suffer from such a terrible disease. I consider it to be my destiny to go, wherever I am asked to go, to try to prevent such a disastrous thing from happening to other people." He used the word "destiny" often. He said that his family religion was the Pure Land sect of Buddhism although he never talked about his personal religion. "Destiny," evokes a traditional attitude of resignation. Paradoxically, Hamamoto was motivated by this traditional attitude to break through ethnocentrism. In the case of Kawamoto, his filial piety, based on deep sorrow and anger over his father's violent death, was a driving force for his renovation-oriented activities. In the case of Sugimoto Eiko, it was the feeling of symbiosis between nature and humans that motivated her to work to transform discriminatory relationships within the community and to heal the broken family relationships of her neighbors.

The life histories of these three patients reveal that primitive, archaic and indigenous worldviews drove them to work to rectify the negative consequences of the rapid and reckless industrialization that victimized them. What they have in common is a sense of shared

pain and suffering -- the basis for restructuring relationships between nature and humans and among humans in local and global communities.

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NOTES

¹Harada Masazumi, "Minamata Disease: A Medical Report," W. Eugene and Aileen M. Smith, *Minamata*, An Alskog-Sensorium Book, 1975, p.180.

²*Shukusatsu-ban Minamata (Minamata*, the weekly paper published by the association to protest against and report on Minamata Disease), ed. by Minamata-byo o Kokuhatsu suru kai, Ashi-Shobo, December, 1986.

³Symptoms differ from person to person, which posits problems for certification. But some salient features of the 34 cases of acute and sub-acute Minamata disease as early as in 1959 were indicated by Dr. Tokuomi Haruhiko as follows:

Symptoms	%
Disturbance of sensation (superficial)	100
Disturbance of sensation (deep)	100
Constriction of the visual field	100
Dysarthria	88.2
Disturbances of coordination adiadochokinesis	93.5
finger to finger and finger to nose (dysmetria)	80.6
ataxic gait	82.4
Romberg's sign	42.9
Impairment of hearing	85.3
Tremor	75.8
Tendon reflex (exaggerated)	38.2

Tendon reflex (weak)	8.8
Pathological reflexes	11.8
Salivation	23.5
Mental disturbances	70.6

(Harada, *op.cit.*, p. 181)

For a complete compilation of medical research and findings on Minamata disease, see Arima Sumio, ed. *Minamata-byo: Nijunen no Kenkyu to Konnichi no Kadai* (Minamata Disease: Twenty Years' Research and Problems Today), 1979, Seirin-sha.

⁴Kawamoto's personal history is based upon my interviews supplemented by his affidavit during trials. *Minamata-byo Jishu Kosho Kawamoto Saiban Shiryo Shu* (Collection of Kawamoto Trial Documents on Self-Reliant Negotiations on Minamata Disease), Kawamoto Saiban Shiryo Shu Henshu Inkai, 1981, pp.38-78.

⁵Quoted in Ishimure Michiko, ed., *Ten no Yama: Jitsuroku Minamata-byo Toso* (Documentary Record of the Minamata Disease Struggle), 1974, Ashi Shobo, pp. 231-234.

⁶Tsurumi, "Tahatsuburaku no Kozo Henka to Ningen Gunzo" (Structural Changes of the Villages Seriously Affected by Minamata Disease and the Group Portraits of their Inhabitants), Irokawa Daikichi, ed., *Minamata no Keiji* (Revelations of Minamata), Vol. I, Chikuma Shobo, 1983, pp.180-181.

⁷Hieta Kentaro, *Igaku Shiso no Hinkon: Ichi Byorigaku-sha no Kuto* (The Poverty of Medical Thought: The Struggle of a Pathologist), Shakai Shiso Sha, 1971.

⁸As for mercury pollution in Ontario and its effects on the First Nations People, see Troyer, Warner, *No Safe Place*, Clarke, Irwin & Company Limited, Toronto/Vancouver, 1977.

⁹Hamamoto Tsugunori, "Ningen to Ningen no Kokusai Koryu o" (Toward people to people international communication), *Shiso no Kagaku* (The Science of Thought), No. 78, June, 1986, pp.100-102.

¹⁰*Ibid.*, p.104.

¹¹*Ibid.*, p.104.

¹²*Ibid.*, pp.105-107.

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