

# **The Morinaga Milk Arsenic Poisoning Incident: 50 Years On**

**A report outlining the Implementation  
Status of the Victims Relief Project**

**Eitaro NOSE**

# **The Morinaga Milk Arsenic Poisoning Incident: 50 Years On**

**A report outlining the Implementation  
Status of the Victims Relief Project**

**Volunteers in support of the complete  
implementation of a permanent control strategy  
by Eitaro NOSE**

## Table of Contents

### *Preface*

Outline of the incident

Response to the incident

Always keep the passion to fight

The 14<sup>th</sup> year

Movement of investigation into Morinaga has been spreading

Flame of the permanent control strategy

Foundation of Hikari association

Contents of the permanent control strategy

Status of the implementation of the permanent control strategy (1)

Status of the implementation of the permanent control strategy (2)

Status of the implementation of the permanent control strategy (3)

Current status of the victims relief • 4 cases

*Afterword • chronological table*

## **Preface**

Fifty years has passed since the occurrence of arsenic poisoning caused by Morinaga Milk Company (hereafter known as Morinaga). Most victims of this incident except for a few were newborn babies. According to the report released by the ministry of Welfare at the end of 1955, the number of individuals affected was 11,778 and a further 113 had died. One of the most notable characteristics of the Morinaga milk incident is the large number of people from the same age group who fell victim to the poison. It is very rare for a single incident to impact such a large number of people as this one did. In 2011 the victims of the Morinaga milk incident will be turning 50 or 51 years old. It was the summer of 1955 when the powdered milk produced at the Morinaga factory in Tokushima was shipped to nearby prefectures in western Japan. The factory's location in Tokushima is the reason that the majority of poisoning victims were concentrated in the western region of the country.

The infants and babies affected by the poisoning were unable to communicate which made it difficult to isolate a reason for their illness. This, in turn, caused the damage to spread. As milk is an essential part of an infant's diet, consumers, particularly mothers, did not suspect it was causing the illness and therefore continued to feed the powdered milk to their children. If they had been only a little bit older, they could have told their mothers, "Mommy, when you give me the milk I always get a stomach ache," but instead all they could do was cry. Their tears were most likely caused by the pain and discomfort from the poisoning. In fact, it was reported that babies who were fed the poisoned milk cried louder than usual during the night.

Fifty years has passed since these events occurred. Many of the victims' parents have passed away or become very old. Their eternal love for their children was the driving force behind the permanent control strategy, which was developed over a twelve-month period, thirty-one years ago. We have named our victims relief association the "Hikari association". "Hikari" is the Japanese word for "shine" and it is the families' wish that when this strategy's implementation is complete, a light will be able to "shine" on the victims of these terrible events.

The victims' relief project and permanent control strategy by the Hikari association are insufficient and have been ignored so far. In the interest of the victims and their families affected by the Morinaga milk incident, all our efforts are required for this strategy to be effectively implemented. We would like to inspect the current status of this strategy's implementation and increase public awareness of the lack of action taken thus far. We have been considering the reasons that some items are yet to be implemented and will endeavor to base our inspection on concrete evidence.

We hope that publishing this report will help the permanent control strategy to proceed further.

## 1. Outline of the incident

At the end of June in 1955, a strange illness spread among bottle-fed children in the western part of Japan. According to their mothers, those children started suffering from fever and diarrhea without showing any other symptoms beforehand. They were also throwing up the milk that was fed to them and doctors were not able to identify a specific reason for their sickness.

It was on August 10<sup>th</sup> when this illness was reported for the first time, appearing in Okayama's Sanyo newspaper. The writer of the article, Mr. K, was himself a parent with an 8-month-old daughter. The newspaper headline read "Babies affected by the summer heat; Many occurrences in the southern part of Okayama prefecture. Some serious cases with anemia." The article went on, "Due to the continuous heat during summer, babies, particularly in the southern part of Okayama prefecture are suffering from anemia. This has resulted in some infants in a critical condition in Okayama University Hospital and Okayama Red Cross General Hospital in the past week. Extreme cases are exhibiting symptoms similar to those of leukemia sufferers. In these instances patients have lost up to a quarter of their blood and have required treatments such as blood-forming medicine or blood transfusions."

Mr. K had been covering Okayama Red Cross General Hospital at the time and was told by one of the nurses that "a 'black' baby has been coming for examinations recently". He became curious and enquired about this to the head doctor, to which the response was "I think it is Molinia. Some antibiotic medicines, such as penicillin, cause the whole body to become moldy and the skin to turn black."

At the time of the first report, Mr. K's brother and 10-month-old niece were visiting from Tokyo. Both Mr. K's own daughter and his niece were bottle-fed babies who had consumed Morinaga powdered milk. Soon after they were fed the milk, they started suffering from diarrhea. When they were presented at Okayama Red Cross General Hospital, their doctor said "You do not have to worry, but stop using the Morinaga powdered milk and change to one from another company."

It was not until twelve days later, on August 24<sup>th</sup> that the powdered milk produced by the Morinaga Milk Company was found to be mixed with arsenic.

Mr. K's daughter and niece recovered as soon as they stopped consuming Morinaga powdered milk. Mr. K started to wonder about this incident and frequent Okayama Red Cross General Hospital. On August 19<sup>th</sup>, he found the letter "M" on the records of 16 patients who had been hospitalized there. It turned out that all those who had been marked with an "M" were patients who had consumed Morinaga powdered milk.

Mr. K wrote a draft article which was due to be printed on the morning of August 10<sup>th</sup>. Its content

included a reference to “infants who had been fed Morinaga powdered milk” but this draft was not published in the morning edition, rather it appeared later that day, in the evening edition. Moreover, during the editing process “fed Morinaga powdered milk” was changed to “bottle-fed”. It is claimed that this change was made “for a reason ordered by the company”, according to Mr. K’s memoranda from ‘Pursue a “strange illness”’ in *20 years History of the Fight against Arsenic Poisoning by Morinaga*.

It had been clear “since around August 5<sup>th</sup>” that something was wrong with Morinaga powdered milk products. In the publication, *A Report on the Occurrence of Arsenic Poisoning by Powdered Milk in Okayama Prefecture*, a diary entry written by Dr. Eiji Hamamoto, pediatrics professor in the Okayama University medical department, makes reference to this date.

All of the pediatricians at Okayama Red Cross General Hospital were pupils of Dr. Hamamoto and some doctors from Okayama University Hospital had sought help there. This meant information about the recent events reached both hospitals immediately. This begs the question, what if they had announced the danger of Morinaga powdered milk in early August when it was first detected? Furthermore, had they made an announced on August 12<sup>th</sup> when Mr.K presented his baby, the damage would have been significantly less. Instead, the announcement was postponed until August 24<sup>th</sup>, when arsenic was found in the Morinaga powdered milk products tested at the forensic medicine laboratory within Okayama University medical department.

On August 24<sup>th</sup> 1955, this incident was given extensive coverage in every newspaper. The Asahi newspaper headline read “Strange illness occurring in bottle-fed babies. Three dead in Okayama”, however, the word “Morinaga” did still not appear in the headline of Okayama’s Sanyo newspaper. As a result of this, readers were not aware that consumption of Morinaga powdered milk was the cause of illness unless they read the whole body of the article. It was assumed by many that the issue was common to all bottle-fed babies. Numerous mothers who became upset by the article rushed to hospital and lined up outside in spite of the hot weather to present their babies. Out of 197 bottle-fed babies who were presented to Okayama University Hospital on August 25<sup>th</sup>, 94 were found to be suffering arsenic poisoning from Morinaga powdered milk.

In Okayama Red Cross General Hospital there was not enough room for all the patients so some were forced to occupy beds in the halls. A newspaper article on August 25<sup>th</sup> reported the number of patients in Okayama prefecture to be 216, and more than 100 in each prefecture of Kinki, Chugoku, Shikoku regions. In Okayama, five patients had officially died from the poisoning and even more deaths were estimated. It was reported that patients were showing symptoms of high fever, diarrhea, darkened skin, and their abdomens had swollen up. The following day, the number of patients nationwide reached 1463, and 23 were dead.

The medicine used to treat the arsenic poisoning was British anti-Lewisite (BAL). BAL was originally

discovered in the United Kingdom during the Second World War as an antidote for arsenic gas used in combat. Who could ever have imagined that such a virulent poison was being mixed with powdered milk designed for babies? The information about why arsenic was present in the powdered milk was the cause of much confusion. Arsenic had only been found in a powdered milk product called “MF Can” which was produced at a factory in Tokushima. While thirteen of the elements added to the powdered milk were taken to Okayama University medical department for examination, no trace of arsenic was detected in any of them.

It was actually the Morinaga factory in Tokushima who announced that arsenic had been found in sodium phosphate, a chemical being used as a stabilizer. The stabilizer had not been sent for examination so all of the tests performed during the investigation had effectively been done so in vain.

It had not been known to anybody but producers that a stabilizer was being used in the powdered milk. At the time, there were no refrigerated tanker trucks for transportation, so the milk was becoming oxidized on the long trip from the farm to the factory. The quality of the milk used was a major factor. If milk of low quality is used for powdered milk products, it is difficult to dissolve in water for consumption. This problem does not occur if good quality milk is used. In the case of Morinaga, the milk being used was almost rotten therefore they needed to add sodium phosphate as a stabilizer. According to the press release by Morinaga, they had been using this stabilizer since 1952.

Sodium phosphate can be classified into three grades of purity, known as reagents, these are: the first reagent, the second reagent, and the grade suitable for industrial use. Believe it or not, the type of sodium phosphate that Morinaga had been adding to their milk was the one for industrial use, which is more commonly used as an insecticide or for cleaning boilers. In fact, during the time in question, the scales at the factory were broken so the stabilizer was not measured before being added. This is why the amount of arsenic found in each product was different depending on the date of production and lot number.

The sodium phosphate in which the arsenic was found was actually produced from industrial waste. This particular waste was generated during the process of refining bauxite into aluminum at the Nippon Light Metal Company, Ltd. factory in Shimizu. It was first delivered to Japanese National Railways (currently JR) but was returned due to the presence of arsenic.

This sodium phosphate was delivered to Morinaga factory in Tokushima after being rejected by many medicine companies. The Nippon Light Metal Company made an inquiry to the Ministry of Welfare via Shizuoka Prefectural Sanitation as to whether this “medicine” would constitute as a poison, in accordance with the “Poisonous and Deleterious Substances Control Law” of November 1954. They did not receive an answer from the Ministry of Welfare until November 1955, the following year. If

their response had been completed much earlier, this incident would never have occurred.

Aside from these details, it is needless to say that all producers have a responsibility to their customers when it comes to product quality. Including components that are best used for cleaning trains, as demonstrated by Morinaga, is nothing short of irresponsible and dangerous.

Nothing can excuse the actions of Morinaga. It is clear that they neglected both their duty of care as well as and security practices, which in turn lead to this incident.

In contrast, once the investigation was underway Morinaga insisted in criminal court that they had been “deceived by the medical company”. Morinaga claimed to have thought the medicine was the same as what they had been using before, therefore did not check for quality. They claimed this was an offence by the medical company against “the principle of trust”. The response from the medical company was mixed. On one hand they accepted the fact that they had actually delivered a low quality product. On the other hand, they stated, “if Morinaga had made it clear what the medicine was to be used for, we would have delivered the proper product.” The medical company did not ask about the usage of their medicine because Morinaga wanted it to remain confidential.

The reason Morinaga chose to use low quality milk as a material was due to a sudden increase in their share of the powdered milk market. This growth was the result of an effective marketing campaign, which included a baby contest and commercials featuring well-known personalities. Their market share had exceeded 50% by 1955. The amount of milk Morinaga collected increased by 3.1 times over the period between 1950 and 1955. Morinaga had outdistanced their competitors, Yukijirushi and Meiji, by 2 times and 2.6 times respectively.

As previously mentioned, there would have been no need to use a stabilizer at all if only Morinaga had used fresh milk as a material. Although they had been advertising that Beta Dry Milk, a higher-ranking product than MF Can, was safe, it turned out not to be true according to a recent thesis. (Nakashima. T, 2005, *50 years since the case of arsenic poisoning caused by Morinaga Milk*, Vol. 3, p. 90-101).

Morinaga was found not guilty at the first trial in Tokushima district court on October 25, 1963. At a review by an appellate court in Takamatsu high court on March 31, 1966, the original decision was reversed and remanded. Following this, at a hearing in the Supreme Court, a final appeal was rejected on February 27, 1969. Eventually, it was through Tokushima district court that the head of factory production at Morinaga, Tokushima was sentenced to three years’ imprisonment. Eighteen years had passed since the indictment was first issued. It was one of the top ten longest lawsuits in history.

## 2. Treatment for the incident

From August 27<sup>th</sup>, 1955, the families of the victims started coming together to move towards a negotiation with Morinaga. Mr. Tetsuo Okazaki wrote a leaflet containing a proposition “for an alliance of families of the Morinaga Milk arsenic poisoning victims”. Mr. Okazaki’s own daughter had been receiving treatment in Okayama Red Cross General Hospital. This leaflet was handed out to the family of each victim on every floor of the hospital by some victims’ parents. Families agreed to the proposition as soon as they read it and eagerly expressed their support for the alliance to proceed.

The movement was reported in the newspaper the following day, which resulted in other alliances being organized in both Okayama University Hospital and Kurashiki Central Hospital. Representatives of each hospital gathered on August 31<sup>st</sup> and agreed to hold a rally on September 3<sup>rd</sup>. At the rally, an alliance of arsenic poisoning victims from Okayama prefecture was decided upon. Mr. Okazaki was selected as the first chairman. Members of this alliance visited a Morinaga resident office in Okayama and gave notice that the organization had been formed. Their proposal was that, after due consultation, Morinaga should enact an immediate response to the incident. At the group negotiation with Morinaga executives on September 6<sup>th</sup>, Morinaga ended up promising to pay only 3,000 yen to each non-hospitalized patient and 10,000 yen to each hospitalized patient to cover doctor’s fees and as general compensation.

Following the establishment of these alliances, families of victims nationwide started to rally together as well. On September 19<sup>th</sup>, thirty representatives from nine prefectures gathered in Okayama city and held an inauguration meeting, the “National conference of the Morinaga Milk Incident Victims’ Alliance”. Members of Zenkyo reported that they were suffering financial difficulty from doctor’s and hospital fees and expressed concern about possible aftereffects of the poisoning. They also stated their dissatisfaction with Morinaga’s insincere attitude toward the events, as well as the inequality in their reimbursements.

It was announced after three days of negotiation between Zenkyo and Morinaga that Morinaga would pay; 430 yen per day towards carer costs, the actual cost for commuting, and 150 yen per day for any other cost relating to commuting. They also decided to raise the payment for non-hospitalized patients by 2,000 yen and provide three cans of milk per patient as replacement for the contaminated milk they had purchased. Morinaga further responded that they would propose a tentative plan for condolence money for deceased patients.

Morinaga, however, gave notice on October 17<sup>th</sup> that further negotiations would be postponed. On October 22<sup>nd</sup>, the Ministry of Welfare announced to the media, “Morinaga has requested advice from the Ministry of Welfare about the issue of compensation for the poisoning incident. The Ministry of Welfare has advised that a neutral committee of well-informed persons be organized and that a solution to this problem be left for this group to decide.” Members of the committee were Mr.



Teizo Utsumi, Mr. Takeo Koyama, Ms. Shigeko Tanabe, Mr. Ryo Masaki, Mr. Tasuku Yamasaki. All five of them agreed to become members on the proviso that Morinaga would follow their decision unconditionally. Morinaga accepted this request as well.

The explanation Morinaga gave to Zenkyo was different from this official version. They claimed that, “All of the sudden a five-member committee has been organized and we were told to cease negotiations about reimbursements, condolence payments or otherwise, with Zenkyo from now on. We will not continue our negotiations”. Zenkyo decided against the five-member-committee.

On December 15<sup>th</sup>, an opinion report by the committee was published. Zenkyo saw problems with the compensation amount for victims and with the question of aftereffects. It can be summarized as below.

Compensation for the dead 250,000 yen

Compensation for surviving victims 10 000 yen, regardless of seriousness

No consideration of aftereffects

Additional compensation for hospitalized patients is maximum 2,000 yen

The amount of compensation Morinaga has already paid is to be deducted from the figures shown above.

This conclusion demonstrates the way in which Morinaga borrowed the power of the government to authorize compensation that had already been paid. This ensured they would not have to reissue any payments following the outcome. In the committee’s report, the lead up to the conclusion was around 30,000 characters long. On the other hand, in the actual conclusion, which is the most critical part, only 170 characters were used. The conclusion reads as follows:

“These special doctors have considered all the opinions and concluded that ‘there is generally no need to worry about the aftereffect of this poisoning. The symptoms which are present now are not an aftereffect of the poisoning, rather they are GENBYO.’ We have decided not to set any other standard for compensation besides those outlined in the conclusion of Chapter 2, and in general remarks (3) of the 1<sup>st</sup> paragraph.”

I wondered if there would be any criticism of this opinion report and checked some newspapers but found nothing. I thought to myself, what could be an “original illness” for mere 1 year-old baby? The content of this opinion report was the same as what Morinaga had put forward in criminal court. The intention of this report was to depict Morinaga as a victim who had been deceived by a medical company. That was what the “neutral,” five-member committee was really about. The day following this announcement, a copy of the opinion report and a notice from Morinaga stating, “the content of this opinion report will be in effect immediately” were sent to each victim. The rest of the owed compensation was sent to all hospitalized and non-hospitalized patients by registered mail next day.

It was very polite of them to enclose a government–printed post card as a receipt so that the victims could post it with ease. In spite of the committee’s decision, Zenkyo made the following request:

- Payment of 500,000 yen as compensation for the dead
- Establishment of a regular check-up system
- Establishment of a research laboratory for arsenic poisoning
- Six years Payment of 2,000 yen per month as health management money for serious and moderately serious cases.

Zenkyo decided to boycott Morinaga if their request was refused.

Morinaga responded to Zenkyo by saying that their opinion report was official and they would therefore not accept the request. They said that besides this they would create a detailed plan for regular check-ups, as well as the laboratory for arsenic poisoning. To represent their discontent with this response, Zenkyo initiated a boycott. Companies such as Japanese National Railways who were associated with many victims, cooperated with the boycott and removed Morinaga products from their supplies section. Despite this, the boycott did not spread to the general public so it ended up not causing large-scale damage to Morinaga.

Some members of Zenkyo were abused or bribed by Morinaga in a maneuver intending to split and confuse the movement. No repentance was shown by Morinaga whose actions had already led to the death of many people in what was clearly a mistake on their part.

Prior to this incident, there had been some cases of arsenic poisoning in the world but none involving children. On October 3<sup>rd</sup>, the Ministry of Welfare asked the Japan Medical Association to establish a small committee within the Society of Child Health and introduce “Standards for diagnosis”.

According to “Standards for judgment of healing”:

1. Essential conditions: a) general symptoms are not seen, b) blood condition has recovered and is almost normal, c) kidney has become soft and shrunk to the size of two fingers.
2. Collateral conditions: a) if the electrocardiogram does not appear normal, continuing control is essential, b) if the state of the eyes does not appear normal, continuing control is essential, c) some pigment deposit left does not have to be considered, d) for addicts with symptoms other than those above, a decision will be made following special examination.

Most of the patients had been told they had recovered. This led to huge problems later on.

Anxious about the risk of aftereffects, members of Zenkyo persevered with the Morinaga

---

negotiations and at the end of March 1956 also petitioned the government in order to find a solution to this situation. As a result, the government gave an official notice to each prefecture asking that they establish a closed examination system for managing aftereffects. The notice said;

- (1) Available to both hospitalized and non-hospitalized patients who are undergoing treatment
- (2) Patients who are concerned about aftereffects following convalescence should be admitted to a hospital with various departments and are advised to undergo treatment if their symptoms are a result of poisoning. All costs are to be covered by Morinaga

Around that time, Zenkyo was running out of struggle funds. Zenkyo head offices in each prefecture had been calling for compromise. Members of Zenkyo decided that they would not continue their struggle any longer. On April 9<sup>th</sup>, a compromise agreement including items (1) and (2) as mentioned above was reached between Morinaga and Zenkyo and entitled "Matters of a laboratory and further offers". The details are as follows:

- Morinaga will offer 30,000 yen for all deceased victims to cover the cost of a memorial service, incense and flowers for the first anniversary.
- Morinaga will establish a public corporation to support research.
- Morinaga will offer two cans of Beta dry milk (1 pound each) to all victims.

Parents were still worried about aftereffects. According to the questionnaire done by Okayama association in February 1956, only 18 out of 137 members answered they had recovered perfectly. Morinaga sent out a notice to all the victims saying,

"Treatment underway at each hospital will be discontinued at the end of January. Patients who remain concerned can be examined at Okayama University Hospital pediatrics unit. If it is deemed that symptoms were caused by arsenic poisoning, patients will be able to receive treatment at the expense of Morinaga."

This meant that only a certificate from Okayama University Hospital would be accepted. Though all patients except for a few were told that they had recovered perfectly, they were still suffering from hypertrophy of kidney, anemia, skin diseases, eye diseases and diarrhea. These symptoms were considered by Morinaga to be a *GENBYO* and the fee was on the patients.

The strength of the bond between Morinaga and Okayama prefecture can be seen by the fact that first place of the Morinaga baby contest was awarded in Okayama. At a round-table discussion for "50 years history of Morinaga Milk", a Morinaga employee spoke about how Professor Hamamoto of Okayama University Hospital had been a great help, and how Sanyo Newspaper had been very

favorable, as had official institutions such as Okayama prefectural office and a state health center. Thanks to them, their marketing share had increased by over 70% where it had previously been only 20%. The extensive damage caused by the poisoning in Okayama prefecture might have been due to a cozy relationship between industries, universities, official institutions and a local newspaper company.

※

### **GENBYO**

The committee selected to make a ruling against Morinaga coined the term *GENBYO*, which literally translates as 'original illness'. It was devised to sound like a technical term but is in fact not based on any medical definition. The average person may have thought it was a reference to some kind of illness, the origin of which was the parents' genetic constitution. The reason it was not called a "hereditary disease" was that if a parent's genetic constitution became clear and turned out to have no connection with the child's illness, information would have been inconsistent.

The committee insisted that the aftereffects shown by victims were not a product of arsenic poisoning but rather symptoms of a previous illness that pertains no relation to arsenic. It was not deemed necessary to find out what "an earlier poisoning or a disease" might have been. The committee emphasized that the symptoms were not related in order to convince parents that their babies were unluckily suffering from an unidentified poison or disease. The outcome of this was that parents were forced to accept their babies' misfortune as if it was some kind of natural disaster and take responsibility for ongoing treatment.

In short, the committee intentionally misled the public into believing that poisoning aftereffects were not the result of a perpetrated crime but rather an unfortunate natural disaster.

### **3. Always keep the passion to fight**

The fight of Zenkyo which continued for eight months ended up in a rally on August 22th, 1956. Two months later, the alliance of arsenic poisoning victims from Okayama prefecture dissolved. The member of the alliance was divided into two groups. One sought to keep an eye on children by founding an alliance named "Protect Children Suffered from Morinaga Milk Poisoning Association from Okayama Prefecture" (PCA), on the other hand, the other insisted on bringing a civil action.

Actions by PCA was kept steadily after the year, despite the fact that it was hardly reported on newspapers and other media. Tetsuo Okazaki, the chairman of the association, had fully understood that once they stopped fighting, it would be very hard to raise passion again. Thus, he decided to take the strategy of sending petitions and making demands and protests again and again. He had

sent 317 letters to various institutions in thirteen years. He sent 67 letters in the year. These letters are classified roughly into three groups.

One is requiring related organizations to do checkups to prevent aftereffects from presenting by offering early medical treatment. One is demanding to make a laboratory Morinaga promised to establish a laboratory truly for victims. One is explaining the significance of their fight to PVA members. To fulfil these purposes, he kept writing letters every single day.

Mr. Okazaki and others sent petitions requiring the implementation of closed examinations and went to Okayama Prefectural Office every day. As the result, it became possible victims to have examinations at ten hospitals in Okayama prefecture not only at Okayama University Hospital, which had been quite unpopular among parents, from June to September. As soon as the implementation of prefecture-wide examinations had been announced, 1,500 victims in 2,000 victims in Okayama prefecture applied to it.

The standard adopted in this examination was “standards for diagnosis” introduced by the Society of Child Health mentioned in the preceding section. It is showed below.

1 Whether or not general symptoms of arsenic poisoning are not seen.

2 Whether or not blood condition had recovered.

(a standard value is Sahli 70% or more, Red Blood Cell around 3.5 million, White Blood Cell around 6 thousand)

3 Whether or not kidney has become soft and shrunk to the size of two fingers.

In case that symptoms not in the three standards are seen and judged to need examinations, have a checkup in specific departments. We checkup based on the three standards. However, in case that any symptoms of arsenic poisoning are not appeared and victims do not feel anxiety and their parents understand, 2 and 3 can be omitted.

Even prefectural Health Bureau did not know what exactly general symptoms in standard 1 meant. It was interpreted as physical symptoms tentatively. When these symptoms are not seen, doctors could omit standard 2 and 3 with understanding of parents. As the result of the first examination, several dozens of people needed to have a second closed examination but all of the victims who had an examination in Okayama University Hospital ended up being concluded that they were completely recovered.

The Society of Child Health, which introduced this “Standards for Diagnosis”, is called “six-members committee”. The committee was constituted of the chairman, Yoshito Nishizawa (professor at Osaka University), Eiji Hamamoto (professor at Okayama University), Yoshio Kitamura (professor at Tokushima University), Miho Hirata (professor at Hyogo College of Medicine), Tsuneo Nakamura (professor at Kyoto Prefectural University of Medicine) and Kunio Yoshida (professor at

Nara Medical University). Members who had testified about the matter of aftereffects in five-members committee as a medical scientist were Yoshito Nishizawa, Eiji Hamamoto and Shigenobu Kuriyama (former pediatrics professor at Tokyo University). The conclusion that aftereffects were not deserved to be concerned was produced by the opinion of these three members.

PCA had required Morinaga to establish two or more designated medical research laboratories in each prefecture and to create a research department of arsenic poisoning in the Public Interest Incorporated Foundation which Morinaga was going to establish. The incorporated foundation Morinaga had established was named “the association serving Morinaga”, however, its main purpose was to contribute to improve public health by making surveys and researches for raising the quality of infant nutrition and baby food, especially milk and food made of milk. It did not include researches of arsenic poisoning. The requirement from PCA was completely ignored.

Three people in five-members committee were also in this association. Takeo Koyama (the chairman of the association), Tasuku Yamazaki and Teizou Utsumi (the auditor). Also, Eiji Hamamoto and Yoshito Nishizawa were in the association as councilors. 12 out of 27 councilors were professors at medical faculty of national universities.

“The contribution” written in the main purpose of this association meant to offer subsidies for researches mainly produced by the member of Japan Pediatric Society. The association offered three types of subsidies; specific research subsidy, general research subsidy and the association prize. If you look at the sum of specific research subsidies offered during 1956 to 1966, 199 out of 413 were given to members of Japan Pediatric Society and the total amount was 18,580 thousand yen.

Some of the members of six-members committee were offered these subsidies as well, Eiji Hamamoto 2,030 thousand yen (twice), Tsuneo Nakamura 2,200 thousand yen, Miho Hirata 150 thousand yen (twice) and Yoshito Nishizawa 100 thousand yen. The other pediatric doctors offered subsidies and prizes belonged to medical faculty of national universities and medical faculty of famous public universities. It is impressive that subsidies have been offered to doctors nationwide. Under the control of the association, even though parents took their children to a hospital in doubt about arsenic poisoning, no doctors would admit symptoms.

Under this situation, it is not easy for PCA to keep taking actions. To make matters worse, media, “a hero”, said nothing before Morinaga spending plenty of money in advertisement. Posts PCA members wrote to insist that they had been suffered from aftereffects had never been seen on media.

Parents participating in PCA demanded aftercare for all children needing medical care. They went on a sit-down strike at the entrance of Okayama Prefecture Health Bureau in order to fulfil their demand and succeeded to make a promise that Morinaga would support to provide medical treatment. This success means when we band together, it become possible to get medical payments. They sent request statements to former members of the associations which had been already dissolved in order to prompt them to re-establish associations and resume action, but no one appeared.

Mr. Okazaki published *“the History of Morinaga Milk Incident”* in April, 1957. In the book, He wrote about the happening of the incident, the establishment of victim association and a nationwide association “Zenkyo”, and the history of actions they had made in about one year, for example the negotiations with Morinaga and so on. What he emphasized repeatedly in this book is the attitude of Morinaga that did not have no repentance as an assailant and confused victims movement in a malicious way.

The number of members of PCA had been decreasing. Opportunities to show their opinion had also been decreasing and Japan Mothers Convention they kept participating every year was the only opportunity. Let’s have a look at the diary of Y who participated in 6<sup>th</sup> convention held in Tokyo in August, 1960.

Four participants from Okayama were in the convention and it lasted three days. Since we did not have enough activity funds, we put just one-way fare in our pocket and took a tent and uncooked rice just in case we had to spend a night outside. We ate only bread and milk to save money. It shocked participants that there were still people struggling from the aftereffects of arsenic poisoning. Only “Japan Welfare Newspaper” and “Asahi Entertainment” reported it, regardless of the fact that many news organizations heard it.

The appeal in the convention brought an opportunity to petition the minister of Health, Labor and Welfare, Masa Nakayama (Nahoko Takada, a member of the House Councilors, mediated it). In the fourth day, they were short of accommodation fee and spent a night at Meguro Police Station. They visited the house of the president of Morinaga, Isamu Ono, the next morning. He was not there at the time, however, then they visited Morinaga main office. They could not see the president there as well but they were given a lunch. Since they had not eaten rice for a while, it pleased them. Hard work lasting for one week made them stay in bed after they had been back in Okayama.

When Morinaga was found not guilty at the first trial in Tokushima district court in October, 1963, newspapers reported it widely. The civil trial in Okayama district court were influenced by this judgement, it was decided that Morinaga would pay settlement money of 30 thousand yen for each.

In around 1965, general meetings of the association came to be held in Okazaki’s house with the decrease of participants. They decided to have a general dissolution meeting in its 10th anniversary. Morinaga welcomed the dissolution and brought souvenirs. On the other hand, parents of seriously ill children did not agree and insisted the continuation of the association strongly. As a result, the association decided not to dissolve and to require related organizations implementation of examinations and medical treatments.

In March of the following year, Takamatsu high court reversed and remanded the original decision made in Tokushima district court. In November of this year, “the Council to Prevent Drug-Induced Hepatitis of Okayama” was established and Katsumi Ensako, the director of Okayama Doujin Hospital, was elected as the chairman. Masahiko Ohira, hygiene professor at Okayama University Medical School joined in order to support thalidomide victims and Morinaga milk arsenic poisoning victims. Mr. Ensako had listened to PCA members and keenly felt the need to implement prefecture-wide

examinations. Doujin Hospital did not enough facilities, however, he asked Mizushima Kyodo Hospital its support. 35 victims had had examinations from March to September of the following year and it turned out that all had some sort of disorders in skin, eyes, ears, tooth, lever, kidney, intelligence, development, bone, and blood, there were just two who had no disorder in their internal organs, and one had several disorders. Mr. Okazaki was asked for his cooperation from the hygiene laboratory of Okayama University Medical School and came to know that Osaka University was going to do the same thing.

#### **4. The 14<sup>th</sup> year**

Morinaga made a final appeal in the Supreme Court, however it was rejected and remanded to Tokushima district court on February 27<sup>th</sup>, 1969.

In the spring of the year, Katsumi Isobe, the Director of Shikoku Morinaga Industry Sales, visited Mr. Okazaki's house. It was surprising to him, Mr. Isobe explained that he came to tell Mr. Okazaki his transfer to Osaka. He is the one who brought souvenirs on hearing the association was going to dissolve in its 10<sup>th</sup> anniversary.

Mr. Okazaki had already known that professor Maruyama (Osaka University) and his colleagues were doing long-term examinations in Osaka. He thought that Isobe visited him in order to grasp this movement.

PCA anural general meeting of that year was held on Sunday, August 24<sup>th</sup>. Anural general meetings would be held on Sunday around August 24<sup>th</sup> when it had been announced that Morinaga powdered milk was found to be mixed with arsenic. Mr. Okazaki found it fateful that the general meeting of this year was going to be held on the day, August 24<sup>th</sup>. Although he did not mention the movement in Osaka in the meeting, he said, "The accumulation of dissatisfaction for 14 years possibly explodes. Even though we were just a few, we should be the leader of the movement."

On October 17<sup>th</sup> of the same year, Mr. Tameda and Mr. Niizuma, city news reporters of Asahi Shinbun Osaka Headquarter, visited Mr. Okazaki's house. Since he had got a call from them previous night, he prepared documents which showed the history of the incident.

They said, "Professor Maruyama and his colleagues have completed a report *"Visit in 14<sup>th</sup> year"*. If this report shows the fact, it means that Japanese media had betrayed victims for fourteen years. We have responsibility to inform the fact widely."

Mr. Okazaki said, "We have insisted for fourteen years. However, the government, doctors, and all media including Asahi Shinbun had ignored our voice. I ask you to decide whether or not you will announce the fact after understanding the core of the problem and the history of PCA's fight. Even if you will decide to report it, please do not mention PCA until we make the decision to allow it officially."

If Asahi Shinbun reports long-term examinations professor Maruyama doing, victim's family and the nation would be shocked. It was easily anticipated that dozens of people would make applications for



participation to PCA as the result of it. Eventually, the association would become uncontrolled just as the alliance of arsenic poisoning victims. Mr. Okazaki thought that it must have been avoided to recreate confusion of fourteen years ago.

Coverage had lasted for two days. They asked questions until they fully understood. The final question was about the data of examinations done by the association voluntarily. They could not understand that the association had already done the examinations which proves the result of professor Maruyama's long-term examinations two years ago. Then they asked him the name of the hospital which had offered examinations. However, Mr. Okazaki rejected on the grounds of a promise between him and the hospital and said, "it totally depends on you whether or not you believe the story."

The memorandum written by Yoshisuke Niizuma, one of the reporters who visited Mr. Okazaki's house, is in the book *"20 Year History of the Fight against Morinaga Arsenic Poisoning Milk"*. In the fall of 1969, when he visited Osaka Prefectural Public Health Laboratory, he heard about an interesting presentation which was going to be made in a meeting of Society of Public Health in Okayama. He saw the presentation title "14<sup>th</sup> year visit, Morinaga Arsenic Milk", but he did not know the incident at that time.

He visited professor Maruyama's laboratory to ask about the long-term examination he was going to read a paper on. Mr. Maruyama rejected and even said, "I do not trust Asahi Shinbun much". Niizuma visited professor Maruyama's house and asked him to show data but it was rejected as well. He had visited professor Maruyama's laboratory and house for three days. On the evening of third day, professor Maruyama said, "Do you truly have determination to keep working on this issue? Newspapers hardly continue to report one issue. They always report issues sensationally just once. It means that they use victims." Niizuma nod and thought that although he did not know what would happen, he wanted to report this issue.

Niizuma and Tamada visited Mr. Okazaki in order to verify professor Maruyama's "14<sup>th</sup> year visit", on the other hand, reporters in Okayama office interviewed seriously ill children. The word Niizuma had heard in Osaka Prefectural Public Health Laboratory got them interested in the issue.

Asahi Shinbun published in October 19<sup>th</sup> was full of "Morinaga Arsenic Poisoning" victims. Though the full text professor Maruyama's report was on the paper, "the name" of PCA was concealed. Mr. Ota, a lecturer at hygiene laboratory of Okayama University Medical School, called Mr. Okazaki to tell that since professor Maruyama was going to visit Okayama to participate in a meeting of Society of Public Health held in Okayama on October 30<sup>th</sup>, he wanted to set a meeting of professor Maruyama and PCA members.

Mr. Okazaki got a lot of calls from PCA members. Everyone's voice sounded excited and they asked him what action they should take next. It was a matter of time before the name of the association which had been concealed on the newspaper became known among victims. A few days later, Mr. Okazaki came to get a lot of calls from victims in all over the country all day.

After Asahi Shinbun's report, all media suddenly changed their attitude and started to report the issue. It literally showed an example of "there is safety in numbers."

Mr. Okazaki thought that the future of PCA depended on what actions he would take by the meeting of Society of Public Health. He thought that there was a strong need to decide a direction before the meeting, without it, PCA would make the same mistakes as the victim association had done at the time of incident happening. To avoid it, it needed to involve former fellows who were worthy of trust.

In response to Mr. Okazaki's demand, Katsumi Kurokawa, Touichi Kitamura, Junnichi Uchida and others decided to join in the leadership and fight with PCA members in Okayama who had shared a hard time with them.

One of PCA members, Masakazu Minami, who lived in the east end of Okayama prefecture had seriously ill child. He had fought with Mr. Okazaki while he worked as a teacher. He got a call from Mr. Okazaki telling him that they were going to have a meeting with professor Maruyama, he hurried to Mr. Okazaki's house. Professor Maruyama eagerly listened to parents with nodding. Parents kept telling him their hard experiences. When Maruyama left Mr. Okazaki's house, he said, "I would do my best on regret of the medical community."

After talking for about four hours from the evening, the meeting ended. Some of PCA members were going to stay the night at Mr. Okazaki's house and attend the meeting of Society of Public Health in the next day. However, a newspaper reporter was still there. He said, "Before you discussing tomorrow meeting, I came to think I have to tell a thing. Actually, professor Nishizawa comes to the meeting as an opponent. Morinaga is behind him. It is dangerous to welcome the presentation of professor Maruyama without any consideration." As soon as listening to it, Minami made a banner and wrote "Osaka University Professor Nishizawa (Adviser of Morinaga)! Will you fall under the control of Morinaga again?" with trembling hands. 27<sup>th</sup> general meeting of Society of Public Health spent much time to heated discussion about Maruyama's report. Professor Nishizawa pointed out, "It is a problem that in spite of such crucial research, there is no doctors involved in it" and he even said that he regretted as a human being but he did not feel any responsibility as a doctor. "We cannot conclude that there are aftereffects, but at least we can say that the present examination shows the fact that there are more abnormal children among ill children." Ensako who cooperated to offer opportunities of examination appealed the need of examinations. "You all know that it has been taboo in the medical community to be involved in Morinaga Milk Incident up to now. Which doctor did work to solve this problem? Professor Maruyama praised the works carried out by school nurses who did long-term examinations under his lead.

Suddenly, someone proposed to listen to victim's voice. Mr. Minami was asked by Mr. Okazaki, walked to the center of the stage with his seriously ill child. He had nothing prepared in his heart. He spoke his hard history, losing words a couple of time. Tears prevented him from finishing his speech, and he could not see faces of people around him. Professor Higashida, Kansai Medical University, added after Minami, "I am moved now. In this meeting, we should focus on how we get back the mistake our colleagues made.

## **5. Movement of investigation into Morinaga has been spreading**

Once PCA had been known among victims, lots of letters had been sent to PCA every day. From one thousand to ten thousand yen of donations were in letters. Appreciation to the effort made to establish PCA and fight against Morinaga until today was written on letters. Mr. Okazaki spent all night writing back to these letters every day.

In order to eliminate weak points of the former association, leaders agreed on the direction that PCA would be constituted of one nation-wide association and Okayama would fight as the center of it.

The first PCA national general meeting was held in Okayama city on November 30<sup>th</sup>, 1969. In this meeting, directions showed below were adopted.

- 1, PCA does not do actions for purpose of money.
- 2, Members do their best to establish branches, district organizations and sections, and to obtain cooperative doctors and organizations.
- 3, Until achieve it, we do not negotiate with Morinaga.
- 4, We make organizations against these directions dissolved.
- 5, In the case you disagree directions above, it is allowed to establish another association.

Mr. Okazaki thought that people who participated in such an “unattractive” association were trustworthy.

Branches were established in all over the country. Okayama, Tokushima and Osaka in November, 1969, Nara in January, 1970, Hiroshima and Kagawa in February, Kyoto in August, Hyogo in September, Kyusyu in April, 1971, Yamaguchi in September, Ehime in December, Oita in Murch, 1972, Wakayama in June, Shimane and Kochi in August, Tokyo in September, and Shiga in January, 1973.

Supporting organizations were also established in each prefecture. They can be divided into two groups. One is “measures conference”, the first one was established in Nara in May, 1970. Its main members were those who related to medicine and medical institutions such as Nara Medical University and Nara Prefecture Federation of Democratic Medical Institutions. Measures conference was constituted of organizations such as labor union, so to speak, adult organization. They were established in Okayama in September, Kyoto and Hiroshima in October, Osaka in February, 1971, Hyogo in September, 1972, Kagawa in December, Wakayama in January, 1973, Ehime in April, Kochi and Tokushima in July. In August, 1973, it became a national organization named “National Morinaga Milk Poisoning Measures Conference Liaison Council”.

The other is the association for “accusing Morinaga”, and it was constituted of individuals, mainly university students and office workers. It took “Minamata Accusation” civil movements which made nationwide actions at the time for the model.

In April, 1971, "Association for Supporting Morinaga Milk Poisoning Victims" was established in Hiroshima, and then "Association to Accuse 'Moringa', company producing arsenic milk, and All Things which Supported Its Crime" (Okayama, Morinaga Accusation) was established in Okayama in April. Representatives from 13 prefectures gathered in Okayama in August of that year. They decided to form a national liaison council and have an executive office in Okayama city.

Okayama, Moringa Accusation aimed to inform people of the incident widely and published the incident history as their first action. Their main publication is "*Arsenic Milk 1*" (published in June, 1971) which is about the history of the incident and its effect. In "*Arsenic Milk 2*" (published in August, 1973), they reprinted "*the History of Morinaga Incident*" written immediately after the incident and added documents to it. "*Arsenic Milk 3*" (published in May, 1974) has the minutes of "Okayama Investigation Committee of Powdered Milk Arsenic Poisoning". In addition to these publications, they printed the judgement of Tokushima district court, which had found Morinaga not guilty, and sold it at the actual expenses. It came to be difficult to obtain and was sold out in a several days after the release.

Morinaga Accusation was youthful and had ability to get things done. There were no regulations by association's rule, it made it possible to freely make actions at their own responsibility. Among their actions, they put effort into a boycott against Morinaga products. They sold their original boycott stickers, and profits were appropriated on activity funds. Since they emphasized individual conversations as a means of boycotts, they persuaded people from the point of why they needed to boycott. It might sound inefficient but it was the most effective way. They developed a boycott, moreover, got people who approved and joined in the movement with this way.

The definitive difference of victim movements at the time of incident happening and at this time was that they could fight with of citizens.

On the other hand, Morinaga commissioned Ministry of Health, Labor and Welfare to implement investigations and examinations as soon as professor Maruyama reported that Morinaga milk arsenic poisoning victims showed aftereffects. Ministry of Health, Labor and Welfare called six-members committee (it was considered still existing) to conclude that it was impossible aftereffects to appear but there was a need to offer examinations all together in limited regions in order to relieve parents who felt anxious. The region meant Okayama prefecture. PCA requested Ministry of Health, Labor and Welfare and Okayama Prefecture Health Bureau to provide victim list to doctors who had cooperated the voluntary examination, to have them do examinations and to make the committee public. All of these requests were denied, however, PCA boycotted this "government-controlled examination".

Morinaga planed on recreating the circumstance of 14 years ago with this government-controlled examination but voluntary examinations that agreed PCA's intention were offered in each region,

and they all proved that victims were suspected of having aftereffects. The result of “government-controlled examinations” done in Okayama was announced in December, 1972.

It concluded that although they had formed a group appearing an abnormal symptom of arsenic poisoning in common, we could not point out any characteristic common things among examinees but dyschromatosis which is considered as an incidental image. This was the conclusion Morinaga looked forward but its influence was not strong enough to reverse the result of voluntary examination.

A year after Maruyama reporting, the number of PCA members amounted to eight hundred. There were a few board members arguing that we should start negotiation with Morinaga soon. On December 27<sup>th</sup> of 1970, PCA got an invitation to the second meeting of the National Liaison Conference of Anti-Pollution Measures. They visited the head office of Morinaga in the second day as a program of “negotiations with company polluting”.

Morinaga had been waiting for PCA to make a proposal of negotiations, establishing a public relations department. However, PCA said, “We came here to save the face of the National Liaison Conference of Anti-Pollution Measures not to negotiate.” Morinaga proposed negotiations because PCA did not do it. PCA demanded Morinaga to come to the place at the time which PCA would determine as conditions of negotiations and Morinaga accepted it.

PCA national board of directors decided to have the first negotiation with Morinaga in Okayama city on December, 12<sup>th</sup> and they notified Morinaga of it. On one day before the date, Mr. Okazaki got a call from Morinaga asking to meet him. He refused it because he was busy but Morinaga was eager to meet even though it would be just 5 or 10 minutes and eventually Mr. Okazaki and Mr. Kurokawa met Morinaga. Morinaga proposed to have a chairman who both could trust, to have the same number of participants from each side and to prohibit people excepting media from entering on the meeting of the next day. Mr. Okazaki and Mr. Kurokawa answered, “We should discuss them tomorrow, however if you ask us to answer now, we say no. In the case you are not satisfied with this answer, you can reject negotiations.” Morinaga was planning to recreate closed-door negotiations they had had with the nationwide association “Zenkyo”

PCA demanded things showed below from Morinaga in the first negotiation.

A, Matters PCA asks Morinaga as immediate demands of all victims

- 1, Take relief measures to victims who urgently need nursing immediately.
- 2, Make compensation for the dead to their family sincerely.
- 3, Reimburse expenses for voluntary examination victims have paid without any qualification immediately.
- 4, Reimburse expenses for study, research, examinations paid by cooperative medical teams without any qualification immediately.
- 5, Establish permanent measures such as checkup, medical treatment, nursing to all victims.

B, Matters PCA proposes in order to solve problems referred in A immediately and get rid of life time anxiety of victims and their family

- 1, To make two-tier negotiations, “headquarters negotiation” and “local negotiation”
- 2, To have “headquarter negotiation” once a month and prioritize PCA’s schedule
- 3, To have “local negotiation” as needed in branches of each prefecture or branch offices

Morinaga deferred making an answer to A until the next negotiation, B was accepted. After that, headquarter negotiation had been held once a month. It was open to public and everyone could attend. In the negotiations, comments implying the close connection between Morinaga and administration were often heard. According to Morinaga, since they were under the supervision of Ministry of Health, Labor and Welfare, it was not allowed to decide something by themselves, they had to get a permission of Okayama prefecture. They said about reimbursement PCA asked, “We have not received directions from Ministry of Health, Labor and Welfare but Okayama prefecture, we cannot negotiate without instructions from Ministry of Health, Labor and Welfare.”

## **6. Frame of the permanent control strategy**

The second headquarters negotiation was held in Okayama city on January 10<sup>th</sup>, 1971. Morinaga made an answer to the demands proposed by PCA in the former negotiation. According to it, “1, We would like to hear opinion of the countermeasure meeting. At the moment, we would like to wait for the result of examinations Ministry of Health, Labor and Welfare and Kyoto prefecture doing. We want to know what name of disease PCA supposing in A1. 2, We offer our condolences to bereaved families each time, however, most of them are rejected. Professionals say that it is not related with poisoning. 3, We are willing to reimburse examination fee, but it should be asked to prefectural health bureau.”

Headquarters negotiation had been held once a month, however, in 8th negotiation in July, Morinaga red out the statement “suspension of the negotiation” and left. Things PCA had gained were “Morinaga bears expenses for medical treatments which victims have paid so far”, “Morinaga offers 20 thousand yen of fees for nursing of seriously ill victims each month” and so on. When it comes to other important matters Morinaga deferred answering and said that they would answer in a “permanent measures strategy” PCA demanding.

Since Maruyama report was published, this issue had been reported on newspapers every day. Especially, a lot of reporters attended the headquarters negotiation between Morinaga and PCA every time. PCA pursued Morinaga’s corporate responsibility and demanded to offer permanent measures on admitting the responsibility. To this argument, Morinaga did neither reject nor admit. Morinaga made statements which sounded like they paid attention to press release every time, eventually they got stuck and finally the negotiation came to be suspended.

By taking the strategy of suspending negotiation, public opinion to Morinaga became critical. PCA got an ammunition and Morinaga itself created the condition in which a boycott appealed by cooperative organizations easily spread in society.

Headquarters negotiations was resumed on October 28<sup>th</sup>. Morinaga had to sit at the table again after just three months of suspension. Even during the suspension, Morinaga had proposed resuming to PCA board members several times. The condition of resuming the negotiation was a proposal of “Morinaga Permanent Measures Strategy”. Morinaga framed it in a hurry in order to overcome the condition.

I researched the press tendency at that time. The number of articles related to Morinaga Arsenic Poisoning Incident which four newspapers, Asahi, Mainichi, Yomiuri and Sanyo, had published in between January and October of 1972 is showed below. They are the sum of nationwide edition and Okayama edition and four numbers in parentheses mean the number of articles published on each newspaper mentioned above. This data shows how much this incident was paid attention at that time.

January (8,5,11,4) February (3,5,5,2) March (4,4,3,1) April (5,6,6,3) May (3,1,4,0) June (7,4,7,3) July (7,6,10,1) August (16,21,16,12) September (5,8,9,5) October (10,7,10,7)

Morinaga submitted “Permanent Measures Strategy” to PCA on December 19<sup>th</sup>.

The purpose: On powdered milk poisoning incident, we took measures under the direction of the government and prefectures. For the purpose of discharging our moral obligation, we would like to implement measures below to victims who are still in bad health.

#### 1. Health Management

##### (1) Medical Checkup

- ① Those who interested in it can have a checkup in a year.
- ② Victims will have continuous examinations, if they are diagnosed to need them.
- ③ The company bears expenses. Medical fees which doctors instruct are handled by the association.
- ④ The association will direct other medical checkups individually.

##### (2) Medical Treatments

- ① Victims instructed to take medical treatment by a doctor at a medical checkup can take it.
- ② The company bears copayment.
- ③ Besides case ①, copayments for medical treatments which doctors instruct are borne by the company.

##### (3) Transportation Costs

Transportation costs needed for medical checkups and medical treatments are borne by the company on the basis of another standard.

##### (4) Hospital, Clinic

Hospitals and clinics are chosen within the medical area around the habitation and victims have medical checkups at every medical facility which is able to offer them.

(5) Questionnaire on Health Checkup, Questionnaire on Medical Treatment

- ① Health checkup is given with the questionnaire on health checkup (uniform form specified separately).
- ② Medical treatment is given with the questionnaire on medical treatment (uniform form specified separately).
- ③ The association provides the questionnaire on health checkup and questionnaire on medical treatment to those who will take a checkup and treatment.
- ④ Questionnaire on health checkup and questionnaire on medical treatment are kept by victims themselves and their copies are stored by the association.

(6) Payment of Expenses

- ① The company pays the expenses (1(1)③) to examinees through the association.
- ② The company pays the copayments (1(2)②) to Health Insurance Claims Review & Reimbursement Services through the association.
- ③ The company pay the transportation costs for checkups and treatments to examinees through the association.

2. Support

The association pays pension to victims who have chronic and severe symptoms (mental and physical) and have strong limitation in everyday life. The persons subject to it and other things are decided by the association.

3. The Association

We establish an association to do works related to medical checkup, medical treatment and support.

- ① The company offers a prescribed fund to the association.
- ② Management of the association is specified separately.
- ③ Board members of the association are composed of victim side, medical specialist and company side.
- ④ The association places the executive office in OO.
- ⑤ The association asks a manager in each prefecture in order to do works smoothly.

4. Others

- ① We discuss matters mentioned above five years later.
- ② We sincerely ask the cooperation of the government, administration, medical association, other associations and others to go through with this project smoothly.



This is the summary of almost all of the “Morinaga Permanent Measures Strategy”. As soon as it was submitted, PCA considered it in a board meeting and in February, 1972, they decided “total refusal in any situation”. At the same time, PCA made decisions such as “1, We will fight in the way that we do not use the strategy as a bargaining chip and do not let Morinaga use it. 2, We ask the company to take back it. 3, We clarify that Morinaga has 100% of cooperate responsibility and Ministry of Health, Labor and Welfare has 100% of administrative responsibility. 4, We frame a permanent control strategy of victims, by victims, for victims.”

PCA demanded Morinaga to establish “permanent measures”, however, they did not expect its quality. It was only for seeing how much Morinaga understood their responsibility with the proposal from Morinaga. They thought that parents of victimized children would have to establish a strategy to “revert their body to the normal” in the end. As a material for discussion, Hideyasu Aoyama (hygiene assistant professor at Okayama University Medical School) yet submitted “a draft regarding to permanent relief of victims of Morinaga arsenic poisoning milk incident” in May, 1971. Eventually “Aoyama Draft” was considered and reinforced at Japan Pediatric Society Morinaga Arsenic Milk Investigation Subcommittee and finally adopted in December of the same year. In addition to it, Kyoto Prefecture Morinaga Milk Arsenic Poisoning Follow-Up Survey Subcommittee had investigated and studied victims for one year and two months. They announced the conclusion as a proposal for the establishment of social system to relief victims from the point of “medicine, education, working and supervision”.

Parents in PCA made up drafts of relief measures which “they considered desirable” depending on the condition of their children with referring to these drafts. They discussed them at each brunch, put them together as a “Brunch Demand” and submitted it to the front offices of each prefecture. PCA headquarter organized them in each item and established the first strategy. It was distributed to all members and discussed again. Items of demand increased to several hundreds, discussed from scratch. PCA repeated this process four times, finally the draft became systematic.

PCA had had eight discussions by July, 1972. They established “Subcommittee for Framing Permanent Measures” in the headquarter and wrapped up strategies. The final draft was distributed to all members at the begging of August and it was going to be adopted at 4<sup>th</sup> national general meeting on August 20<sup>th</sup>.

However, Morinaga announced an executive board statement, “We admit the lack of public responsibility. Regarding forward measures, we totally follow the supervision of PCA.” Morinaga disturbed PCA.

## 7. Foundation of Hikari association

The permanent control strategy was adopted unanimously at the 4<sup>th</sup> PCA national general meeting. PCA was going to fight under the slogan of “all power to realization of permanent control strategy”. This strategy officially called “control strategy regarding to permanent relief of victims of Morinaga arsenic poisoning milk incident” was given a good reputation by media and some professors said, “It shows the ideal image of the welfare for pollution victims in present-day Japan.” It means that the society admits Morinaga has the obligation to realize this strategy. In other words, it means that there was a national consensus that victims have validity to demand things written in the permanent control strategy.

On the other hand, PCA needed to figure out the true purpose of the executive board statement. Isamu Ono, the president of Morinaga, attended the 14<sup>th</sup> headquarters negotiation held in Okayama city in September 24<sup>th</sup> for the first time. Regarding to the statement, Ono said, “We admit the causal relationships and corporate responsibility for the purpose of moving the negotiation with PCA forward, however, it does not mean our regal approval of the causal relationships. We are going to dispute causal relationships of each victim.”

Moreover, on November 4<sup>th</sup>, Morinaga made an announcement that they were prepared to offer 1.5 billion yen to victims relief. I would like to show concrete contents. “1, 1 billion will be a fund and expenses of medical examination, medical treatment and nursing are covered by its interest. 2, 5 hundred million yen will be condolence money for deceased patients and lump sum payment for welfare. 3, 1.5 billion is one-off expenditure and it is the sum of “payment of compensation.” 4, For the implement of these strategies, an organization which is managed fairly is necessary, it will be composed of PCA, the company and Ministry of Health, Labor and Welfare.”

The executive board statement announced on August 16<sup>th</sup> ultimately meant the same as this announcement. Morinaga’s direction of “We are going to totally follow the supervision of PCA” without admitting its corporate responsibility and causal relationships was just a sophistry to divert social criticism.

The president of Morinaga who were asked to attend was not in the 15<sup>th</sup> headquarters negotiation held in Okayama city on December 3<sup>rd</sup>, the executive director red out the document of “We would like to discuss in a few members negotiation in order to develop relief of the victims within the limit of 1.5 billion. If PCA did not understand our intention, I would leave my seat” and left. PCA declared “breakdown in headquarters negotiation” and decided to file a civil suit and start a boycott with changing the place of negotiation to a national meeting.

The reason why PCA had not decided to do boycotts until that time came from a bad experience at the time of incident happening. They did a boycott to make Morinaga accept their demands but it ended in miserable defeat. It was only ten years after the defeat in the war. The scars of the war were still there, people had their hands full living and could not afford to help others. In addition to it,

the alliance of victims had interests only in getting their demands accepted, they did not make effort to seek understanding from the society, eventually the action ended up not having much influence. From this experience, Okazaki and others thought that once they started a boycott, it is necessary to succeed. The time came finally.

Supporting organizations had asked every individual and organization to get involved in boycotts since its foundation, on the other hand, PCA came to make an appeal to the society for a boycott for the first time. Labor unions and others adopted “a boycott against Morinaga products” one after another in response to the request from victim unions. As newspapers competed to report these decisions, it caused emotional damage to Morinaga before the implementation. Newspaper advertisements and TV commercials of Morinaga had been decreasing.

Organizations called citizen’s group such as labor union expressed their intentions to be involved in a boycott immediately. Needless to say, it is the management which feels uncomfortable with this kind of actions. However, there were exceptions in citizen’s groups. For example, Japanese Consumers’ Co-operative Union did not take part in it.

PCA made the decision showed below regarding to a civil action in January, 1973.

- 1, Firstly, we take a civil action in Kinki region immediately. Following that, we take it in Chugoku, Shikoku, Kyusyu and Kanto region and bring them into joint actions.
- 2, Lawsuits mean join actions. PCA bears expenses for it, even though the plaintiff wins, we will not receive money. All money will be put aside in the fund for permanent measures and will be spent in permanent measure in the future.
- 3, In the case Morinaga stops relief measures which the plaintiff now receives after filing civil suits, these relief measures will be kept with the fund for permanent measures.

The first civil suit began on April 10<sup>th</sup>. 36 victims living in five prefectures within Kinki region filed a civil suit against Morinaga and against the government in Osaka district court. Following it, 8 seriously ill victims living in Okayama prefecture filed a civil suit in Okayama district court on August 24<sup>th</sup>. 11 victims living in Shikoku region filed a civil suit in Takamatsu district court on November 24<sup>th</sup>.

It had been 18 years after the indictment of the criminal trial. Tokushima district court convicted to Morinaga in the remanded trial on November 28<sup>th</sup>, 1973.

Mr. Okazaki wrote the situation at the time down as follows. “The boycott involved people in all levels. I can say that it was the biggest boycott in recorded history. It had influence on people of culture and religious figures including photographer Takigawa, Yoshida, Kodanshi (professional storyteller) Kyokudo Nanryo, folk singer Suzuki Kiyoshi, cartoonist Hayato Tamura and even Christian groups. In addition to this social atmosphere, the dedication and fighting by the defense counsel, stunning team play, resolute testimony of the cooperative medical team, the mobilization system of PCA and saturation coverage made the situation advantageous to the plaintiff. Even court side was modest and cooperative to the plaintiff, subtly reflecting the public opinion. Morinaga and the government denied the causal relationship in the court as usual but their attitude seemed to lack their fighting spirit. Rather than saying it, it was Morinaga and Ministry of Health, Labor and Welfare

who had understood the risk they would take when they got into a court battle much more than PCA had.”

This is about the time when the first civil action started on April, 10<sup>th</sup>. The conviction to Morinaga in the remanded trial added insult to injury. In the sentence, the court admitted not only “corporate responsibility” but also “administrative responsibility”.

In spite of the opposition from the defense counsel of Morinaga, victims themselves stood in court as witnesses of the prosecutor in the 23<sup>rd</sup> trial in November, 1972. Some of the audiences had a feeling of the conviction to Morinaga from the atmosphere of the trial. Eventually, the court in March, 1973 sentenced two defendants of Morinaga side to three years in prison, which is the maximum punishment under the law.

When the situation was getting to the worst for Morinaga, Ministry of Health, Labor and Welfare made an action. In July of 1973, PCA got a proposal to sit at a negotiation table from Toshio Yamaguchi, the parliamentary vice minister of Ministry of Health, Labor and Welfare at the time. Knowing PCA’s attitude that they are willing to have a discussion to make the permanent control strategy get implemented, Ministry of Health, Labor and Welfare approached to Morinaga as well.

On the letter sent to PCA from Ministry of Health, Labor and Welfare on September 27<sup>th</sup>, it was written, “We recommended to Morinaga to make efforts to accomplish the permanent control strategy PCA suggested in a comprehensive way, Morinaga showed agreement. We expect you to utilize this opportunity from a broader perspective.”

The answer from PCA was, “In the case that Morinaga approves the permanent control strategy and promises to make efforts to accomplish it and Ministry of Health, Labor and Welfare guarantees it, we permit Morinaga and Ministry of Health, Labor and Welfare to sit at a negotiation table in order to fulfil their responsibility and accomplish the permanent control strategy.”

Concurrently with the civil trial, the first tripartite conference was held at the room of the Minister of Health, Labor and Welfare on October 12<sup>th</sup>. PCA requested that all of the board members of headquarters (or executive directors) attended and three parties concerned discussed on an equal footing to avoid being recognizes as a closed-door negotiation. On the 2<sup>nd</sup> meeting (October 21<sup>st</sup>), they discussed unconfirmed issues. On the 3<sup>rd</sup> meeting (November 17<sup>th</sup>) it was decided to establish the committee on incorporating Relief Measures Committee (later Hikari Association).

The criminal trial convicted Morinaga just before the 4<sup>th</sup> meeting (December 1<sup>st</sup>). The vice minister Yamaguchi advised Morinaga, “You should not appeal to a higher court. Otherwise, you would be found aggressive and the meeting will end up in failure.” Morinaga gave up appealing then. The 5<sup>th</sup> meeting on December 23<sup>rd</sup> was directly influenced by the judgement of the criminal trial. The minister of Health, Labor and Welfare, Kunikichi Saito and the president of Morinaga, Isamu Ono attended as well. “*the 5<sup>th</sup> Tripartite Meeting Confirmation*” which was signed and sealed in this meeting defined the establishment of Hikari Association and relief measures taken after that.

## **8. Contents of the permanent control strategy**

The full text of the 5<sup>th</sup> Tripartite Meeting Confirmation I mentioned in the preceding section is showed below.

### Confirmation

Ministry of Health, Labor and Welfare, Protect Children Suffered from Morinaga Milk Poisoning Association (“PCA”) and Morinaga Milk (“Morinaga”) has had tripartite conferences five times since the first meeting was held on October 12<sup>th</sup>, 1973 in order to relief all victims of Morinaga Milk Poisoning Incident which happened in 1955. We have reached agreement on articulated below by today, we would like to create this confirmation to make them clear.

- 1, “Morinaga” accepts its corporate responsibility completely and sincerely apologizes. Morinaga promises to owe all duties for victims relief henceforth.
- 2, Regarding to victims relief, “Morinaga” respects the strategy for permanent relief of Morinaga milk poisoning victims (the permanent control strategy) suggested by PCA and promises to completely follow judgements and decisions made by Relief Measures Committee, which is established on the basis of the strategy.
- 3, From the standpoint defined in Article 2, “Morinaga” promises to execute directions by Relief Measures Committee faithfully and bear all expense needed by the committee.
- 4, Ministry of Health, Labor and Welfare promises to proactively support to accomplish “the permanent control strategy” PCA suggests and when Relief Measures Committee asks administrative measures, the Ministry will cooperate.
- 5, This confirmation is just the first step in victims relief, Ministry of Health, Labor and Welfare, “PCA” and “Morinaga” confirm to cooperate for victims relief with each other on their standpoint and responsibility and promise to maintain “tripartite conference” until the issues have been completely resolved and make efforts for the accomplishment of “the permanent control strategy”.

As a necessary measure for it, we establish “Relief Measures Management Committee” in “tripartite conference”.

December 23<sup>rd</sup>, Showa 48 (1973)

The Minister of Health, Labor and Welfare, Kunikichi Saito

Protect Children Suffered from Morinaga Milk Poisoning Association Chairman Syukuichi Iwatsuki

Morinaga Milk President Isamu Ono

(Notes) “Relief Measures Committee” in the confirmation is later “Hikari Association”. This association is defined in the permanent control strategy, Concrete Measures, (8) Relief Measures Committee for Morinaga Milk Poisoning Victims (a) the definition of “Relief Measures Committee”.

I explained only the establishing process, did not mention its contents. As it is impossible to write full text here, I would like to show the summary of concrete measures.

## **Strategy for Permanent Relief of Morinaga Milk Poisoning Victims**

### A, Preface

The happening of the incident and subsequent progress is explained here, and it is asserted that administrative measures were insufficient, it caused children suffered from aftereffects. In addition to it, by making this permanent control strategy announced it wishes to accomplish the strategy in a wider way as well. It says, "This strategy clarifies social responsibility all offering enterprises are supposed to fulfil their responsibility and proposes a new pattern of victims relief. We hope that this strategy will contribute to general people with disabilities who are not given enough reliefs in our country's poor welfare policy and hope that they can live a happy life as the constitution guarantees basic human rights."

### B, Principals of The Permanent Control Strategy

It says there is no victims relief without principals below.

- (1) All victims are covered under this strategy. It concludes unregistered victims.
- (2) The responsibility of Morinaga: The incident was caused by Morinaga's breach of duty of care as a food manufacturing company and the situation of today came to exist because their actions taken after the incident were focused on only corporate profits.
- (3) Responsibility of the government and local municipalities: They neglected to manage industrial waste and to let citizens know the fact, their attitude led to increase in victims. By establishing "five members committee" and "six-members committee", they abandoned victims. Local municipalities helped victims denial by Ministry of Health, Labor and Welfare, cooperating with Morinaga as terminal organizations.
- (4) Factual investigation of victims: "Victim Notebook" will be provided to all victims for the purpose of eternal removal of the anxiety, factual investigation, medical measures and observations.
- (5) Contents of the permanent control strategy: It aims perfect recovery and protection of the right to exist, the right to live, the right to receive an education, which are belonged to victims who have been hurt unjustly. Things below are needed, compensation for the dead, appropriate compensation measures for damages victims suffering from and security strategies for health and happy life.

### C, Concrete Measures of Permanent Relief

I, Issues needed to be considered in executing concrete measures

#### (1) Medical features of Morinaga Milk Poisoning

(a) Medically inexperienced poisoning: As arsenic poisoning in growth and development process has been never experienced in human history and medically unknown, it is impossible to predict future condition of victims themselves and their descendants.

(b) The frequency of symptoms in central nervous system: Their behavior abilities are limited by symptoms in central nervous system such as minimal brain dysfunctions syndrome, mental deficiency, epilepsy, cerebral palsy.

(c) The influence of blank period of 17 years: Victims have spent 17 years without taking health cares. It badly influences mental, emotional and life development.

(d) Symptoms impossible to be identified with today's scientific level: These physical and mental disabilities cannot be identified, there are many undeveloped fields in terms of medical treatments as well.

## (2) Basic Issues Regarding to Concrete Measures

(a) Continuous health care: Health Care Association needed to be established.

(b) Grasp of victim's actual situation and the system for it: establishment of Follow-Up Survey Association with the cooperation of epidemiologists and clinicians

(c) Contents of medical treatment and care: treatment and care without being bound by the social security system

(d) Consistency of each measure: each measure must be executed with linking together.

(e) Relief responsibility, relief system and the responsibility for the incident: We do our best, standing on administrative responsibility.

## II, Concrete Measures

With consideration of issues above, measures showed below and the management are framed.

### (1) Health Care, Follow-Up Survey

(a) regular checkups: Regular closed checkup is offered more than once a year. Medical institutions offering checkups are decided at the desire of victims and their family, a uniform medical record will be used.

(b) Unregular checkups, health consultations: victims can take health consultations at any time as needed.

(c) Management registration center: In order to carry out health care and follow-up survey, we create management registration center and manage it with the cooperation of epidemiologists and clinicians.

### (2) Medical Treatments

(a) Consultation: Victims can take medical treatments at any medical institutions as needed. Method of treatment is not limited, it includes all methods in Japanese, Chinese and Western.

(b) Expense for medical care: Medical treatments are offered for free. In addition to it, expenses for attendant, dietary supplement, accommodation for visiting a hospital and incidental expenses and expenses which parents bear such as transportation costs and losses caused by leaving from work are compensated. Costs of equipment for recuperating at home are compensated as well.

(c) Organizing of medical teams: It is desirable to organize medical teams to enhance a medical treatment system such as "professional team" composed of professional doctors and meet victim's request.



- (d) Consultation and judgement: Desks for appropriate judgement and advice regarding to medical treatment, checkup, to find works, job training, admission to facilities are needed at least one in each prefecture.
- (3) Health handbook: We make a handbook used for the management of health care, medical treatment, consultation and used as a patient registration card. It can be used in a follow-up survey as well.
- (4) Compensation for family
- (a) Nursing care costs: In the case victims unable to live their life completely by themselves are recognized to need nursing care, nursing care costs are provided depending on the nursing level.
- (b) Compensation for family's health: Compensation for medical costs for diseases induced by nursing
- (c) Compensation for family's life: Compensation for losses caused by leaving from work for nursing.
- (5) Protection and Enhancement and facilities for it
- (a) The principal of protection and enhancement: home is the base of living and the place of protection and enhancement.
- (b) Consultation and judgement: Consultation institutions provide consultation regarding to job choices and protection and enhancement and make a judgement.
- (c) Education: We encourage victims who could not receive compulsory education to utilize education systems such as special needs school, special school and home-education depending on their ability.
- (d) Job training and facilities: We offer trainings for acquiring job skill to victims recognized to need them as a result of consultation judgement. We ask businesses understanding our policy to cooperate and establish job training facilities.
- (e) Protection and employment office: We establish offices where victims unable to work and live independently can work and receive protection and incomes as average workers get are compensated.
- (f) Cooperative businesses: We ask businesses understanding victims employment and training. Decrease in income made by lack of ability are compensated based on the standard salary of national public officers.
- (g) Accommodation: An accommodation is established for victims who cannot live independently and get cared in their homes. It does not mean social isolation. Family's intentions are respected and in order to maintain their connection we establish an accommodation for parents as well.
- (h) Medical center: A medical center will be established next to an accommodation. It offers outpatient and inpatient treatment and it has a facility as a laboratory.

(i) Protection and enhancement program and facility management: (b) ~ (h) must be managed under a consistent direction. Each facility is placed into one institution, users pay necessary expenses.

(6) Reinstatement of the right to live

- (a) Pension: Victims unable to earn money by themselves are provided pensions based on the standard salary of national public general administrative officers for their entire life.
- (b) Compensation of income difference: If victims cannot get work because of their mental or physical matters, or cannot get standard income for the lack of ability, income difference is compensated based on the standard salary of national public general administrative officers. Leaves with reasons above are also compensated.
- (c) Consolation for marriage failure: If the fact that they are victims prevents them from getting marriage or the fact leads a divorce, appropriate consolations are taken.
- (d) Damages in life: Damages in life led by the incident are compensated appropriately.

(7) Research institute and research center

- (a) Research institute and research funds: It is necessary that regarding to health management and medical treatment, medical scientists and professionals research problems and develop measures with cooperating each other.
- (b) Research center: It is effective to place a research center next to medical treatment, protection and enhancement facility.
- (c) Research Committee: A research committee is established to promote research business.

(8) "Relief Measures Committee for Victims of Morinaga Milk Poisoning"

- (a) Definition of "Relief Measures Committee": It is run democratically with PCA's independence.
- (b) Organization of "Relief Measures Committee": (omit)
- (c) Expenses: With the decision by "Relief Measures Committee", Morinaga bears all of necessary expenses.

III, Compensation for the dead and compensation for past damages of survivor

- (1) Compensation for the dead: All damages caused by death are compensated.
- (2) Compensation for past damages of survivor: There is an obligation to compensate for past damages.

IV, Requirements in the future

When more measures for victim relief come to be needed, Morinaga have to comply with them. The permanent control strategy does not restrict requirement from victims themselves.

D Conclusion (omit)

## 9. Permanent control strategy (1)

Hikari Association is an institute for implementing the permanent control strategy. The permanent control strategy was set for relieving the victims. The association and the strategy shouldn't be opposed to each other, as said in the Article 3 of the "Donation" of Hikari association's policy.

"This foundation is established to promote the welfare of the victims by way of implementing projects for relieving disadvantages caused by the Morinaga Milk Arsenic Poisoning Incident, and researches, studies, and other operations relevant to those disadvantages. This ultimately should lead to improvement of public health and social welfare."

It is also said, in summary, in the establishment prospectus of the association as,  
"Under the spirit of the permanent control strategy, we will implement various projects to relieve every victims for long time to come. We will also carry out for the victims continuous health care, treatment, life security, and projects to protect and foster them in order to promote their welfare and do surveys and studies related to this."

Moreover, it is written in the minutes of the founder committee of Hikari Association as,  
"In managing this foundation, we have agreed upon respecting opinions of the victims and their relatives (mainly PCA) and working to consider those. We'll also consent that hereafter the board of directors must be consisted of 15people (5 recommended by PCA and 10 with learned knowledge and experiences)."

I've so far mentioned about the path the permanent control strategy has followed until its conclusion, the background of the establishment of the Hikari Association, which was founded for the implementation of the strategy, and the contents of the strategy. We could feel, from these and the "Donation", the establishment prospectus, and minutes of the founder committee, the enthusiasm to take action to relieve the victims. When you see the contents of the permanent control strategy, it is so likely that, if kept up with strong will, relief projects will definitely be executed.

So the key of the problem is in the way the strategy is conducted and how far the relief project has completed. This chapter is dedicated to sequentially clarify these points. I will first introduce you the relief benefits at times of Hikari Association's foundation. (To keep it simple, I will only mention benefit standard changes caused by significant decision making.)

Relief Benefit List (1975) (Budget amount 489,288,000yen)

### 1. Health Care

Examination Expense: Full amount

Transportation Expense: Actual cost of public transportations such as city trains and buses

Accommodation Expense: Hotels 4,000yen per day  
Houses of Friends or Relatives 2,000yen per day  
Food Expense: 400yen

## 2. Medical Care

Medical Expense: Medication of diseases not designated by the Association: self-payment portion  
When High-Cost Medical Expense is Applied: Up to 30,000yen  
Transportation Expense: Actual cost of public transportations such as city trains and buses  
Accommodation Expense: Same as the Health Care  
Acupuncture and moxibustion: Insurance self-payment portion (actual cost)  
Hospitalization Attendance Expense: Actual cost of hiring nurses  
(Other rules apply for Families)  
Difference from Hospitalization Expense: Expenses considered necessary  
Hospitalization Miscellaneous: 500yen per day  
Severely Ill at home: Actual cost for Diapers, powders, bed sore prevention

## 3. Nursing

Nursing Allowance: 30,000yen per month  
Special Nursing Allowance: 20,000yen (for recipients of nursing allowance who requires special consideration)

## 4. Livelihood Protection

### Weighting Allowance

Rank A: People with a Grade 1 or 2 disability: 50,000yen  
Rank B: People with a Grade 3 disability: 45,000yen  
Rank C: People subjected to limitations in daily life: 20,000yen

## 5. For Group D (People other than the recipients of weighting allowance)

Counseling, payments, and other cares

## 6. Scholarship

Junior College, Universities, Technical College: 6,000yen  
Special Loan: 5,000yen  
Benefits: Elementary, Middle, High school, and all other schools: 6,000yen

## 7. Facility Residents

Weighting Allowance: Residents in Social Welfare Facilities: 20,000yen  
Transportation Expense for Visitation: Actual cost  
Nursing Allowance when at Home: 1,000yen per day when person who requires constant nursing support

self-payment portion of Facilities' Running Cost: Equivalent of self-payment portion (with maximum limit)

These benefits were applied to all victims. Ministry of Health had already disposed of the list of victims at the time of the incident occurrence in 1955, though Morinaga kept the copy of them. At the time the Hikari Association received the list, 12,401 were entered and 497 of them had already past away. It was predicted that there were a considerable amount of people who didn't have their name on the list, although they should have been. In September of 1974, the Hikari Association sent those victims who were not entered to the list a greeting, and this was the very first step of the relief project.

This time, in the questionnaire, about 3,000 people agreed on making contact with the Hikari Association in order to receive benefits from the relief project. For the time being, the project was conducted for these people.

Benefits shown in the list above are standards of how much the victims would be paid. Implements of various relief projects and construction of faculties for healing the victims were also included in the permanent control strategy. Morinaga promised that they will pay all the expense that is need, including all these above.

It took a long time from the time of foundation of the Hikari Association until the relief project got on track. Medical expense was already paid to some point by direct negotiations, so it wasn't so difficult to get those payment on track. Since the project is conducted based on the report of various committee, weighting allowance, nursing allowance, and faculty resident weighting allowance was paid earlier than other benefits.

To implement the project, the Association had to recognize the status of the victims. The first fact-finding survey was conducted in 1978 (5 years after Hikari Associations' foundation). 51% of 12,650 objectives answered this and 19% of whom answered had a difficulty in their life. The permanent control strategy place high importance on counseling. It is prescribed as, "when asked about healing, examination, jobs, job trainings, and faculty entrance, proper judgement and guidance should be given".

Experts would be the one to do the counseling. Number of consultations reached up to 14,000 in 10 years.

It was difficult to bring the relief project to the level that the permanent control strategy had required. However, in times of foundation, staffs and experts had the enthusiasm to realize what they dreamed of. This could be seen in the report of the medical committee which says, "we will guarantee the highest level of medication under scientific judgement of present standard", and they keep no exceptions.

The Association also admits to pay the dental treatment expense under moderate limitations as, “In regard of voluntary treatment, the estimate of the dentist is examined in the dentist committee in advance to the treatment. In 1982, where proper amount seems to be paid, 64% of the requested amount was paid (80% in 1983) .”

10 years transitions of the budget after the Association founded is shown below.

Year	Total	Managemen nt Cost	Perce ntage	Project Cost	Perce ntage	Others	Perce ntage
74	348,955	101,759	29%	242,152	69%	5,044	1.4%
75	489,288	137,294	28	351,994	72	-	-
76	553,229	155,999	28	387,230	70	10,000	1.8
77	643,630	50,372	7.8	574,938	89.3	18,320	2.8
78	702,093	58,769	8.4	621,244	88.5	22,080	3.1
79	787,707	68,552	8.7	698,340	88.7	20,815	2.6
80	878,854	74,861	8.5	771,166	87.8	32,827	3.7
81	927,622	83,037	8.9	802,495	86.5	42,090	4.5
82	973,466	80,375	8.3	858,984	88.2	34,125	3.5
83	1,083,922	90,274	8.4	951,667	87.8	41,981	3.9

(Unit:1,000yen)

It has been 30 years, at 2004, from when the Association was founded. This chapter’s target is to clarify how much actually the relief project is implemented in 30 years stretch. For convenience, I would divide the 30 years into three parts and compare them respectively. The first period is from the foundation of the Association to 1984, the second period is from 1985 to 1994, and the third period is from 1995 and thereafter. From the table above, we could see that the total budget triples in the first 10 years. This is the result of, as the Association become mere widely known, more victims pursuing for the benefit. It is a pleasure if the project could help as many victims as possible.

Another thing is that the percentage of the managing cost has rapidly declined from 1977. It is predicted that, in order not to be criticized about the managing cost counting up to 30% of the total amount, the cost calculated less than actual, by way of some accounting techniques. Away from that, there should be no way for saving 20% of the cost.

It seems that the project was implemented in the first period always with the consideration of the permanent control strategy. This could be seen from the next sentence. “The amount of payment was set, in the case of Rank A victim, who suffers severe disabilities, to reach the salary of a government official, if summed up with the disability pension (11,300yen for the Grade 1). This

revision took in account the wage increase of the officials base on recommendation by the National Personnel Agency in August of 1974.” (p80 “The 10 year course of the Hikari Association”)

The topic of “pension” has the only concrete standard in the permanent control strategy. In this topic, it is said as “pension is paid, to the amount based on the salary of general administrative government officials, for the whole life to the victims who are unable to earn incomes by themselves.” Therefore, with the combination of the basic allowance, the additional allowance, and public pension, it is said that “this enabled to pay at the range from 20,000yen to 140,000yen, which enhanced individual condition-based support,” and this deserves a heigh praise. In regard to the deceased, PCA made an approval on “The relief of bereaved family of the victims” and proposed this to the Hikari Association. This led to, following the judgment of the special committee about the deceased, Morinaga bearing all the cost, and, in April of 1976, Mr. Kurokawa, the managing director and Morinaga concluded an agreement to regard this payment as “excluded from the budget.” Afterward, “The operating procedure of family aid” was concluded in October of 1979, and Family Aid A and Family Aid B was determined to be paid. Aside from this, in January of 1976, funeral offering (50,000yen) and funeral allowance (350,000yen) was offered to bereaved family.

Until then, some amount of money had been paid to bereaved families as solatium, thanks to the negotiation of the chairman of PCA. Although, besides the parties concerned, the exact amount of money paid was kept secret and it never became public. Moreover, these payments were conducted based on an agreement concluded between Mr. Kurokawa, the managing director, and Morinaga, which makes things more obscure. The contents of Family Aid are not on the Relief Benefit List too. An bereaved family of whom past away in 2000 testified that all they received was 4000,000yen as funeral offering and funeral allowance. There are no progress in construction of institution and medical center for the victims. In advance to the foundation of the Hikari Association, PCA from Okayama built a village called “Sun’s Village” in Kaidani of Okayama. This village consist of 3a of paddy filed, orchard, and workshops, which its construction was enabled by funds based on donations of supporters. With the concept of making this place a co-working space for the victims, this village was donated and transferred to the Hikari Association in 1978.

## **10. Status of the implementation of the permanent control strategy (2)**

When we read “the basic confirmation about the relief project for the victims entering their 30s” (hereinafter called as “The 30s”) which the Hikari Association announced in October of 1984, it could be predicted that the implementations of the permanent control strategy were virtually abandoned. These are published in the 1986 January issue of “the permanent control strategy,” which could be summarized as below. This considered by PCA (the parents’ Association), Taiyou Association (Association of the victims themselves. They were separated from the parents’ Association), and the Hikari Association.

In the I Introduction, it is said as, 1. In examining the implementation of the relief project for the victims entering their 30s, to reconsider the relief project, PCA requested to the Hikari Association a consideration of the implementation of the project after the parents of the victims has past away.

In order to do that, “at first, the victims would maintain their health, be socially independent, and be able to live without their parents’ support. Second, relatives, the Association, and the neighbors would establish a regime for supporting the victims. Third, workplaces should be guaranteed. Fourth, we would consider faculties which fits to each victims, including utilizations of public systems.”

2. The premises on implementing the relief project for the victims entering their 30s are, (1) The promise that every important decisions will be made under an agreement of three Associations (the Hikari Association, PCA, and the Taiyou Association), (2) The importance of cooperation with experts and governments, (3) A principle to utilize as priority public systems, and (4) Firm maintenance of the policy of the tripartite meeting confirmation and the establishment prospectus.

On II Specifics, 1. Consultation Project “With the victims entering their 30s, their lifestyles become more diverse. Therefore, the consultation system of the office should be strengthened.”

2. Health and Medication “Consideration would be kept for the most important theme about the subjects of the relief project, which is, the strategy against the steep increase in the medical expense and medications which is not covered by insurances.”

3. Livelihood Protections and Aids “The basic aim of the livelihood protections is to make economically steady the victims’ life. However, supports should not be limited to monetary payments, and, in order to guarantee the victims a healthy and cultural life, should be recognized as comprehensive, including welfare, medications, and educations. The contents of the benefits from the livelihood protection projects for the victims severely ill, put together with public benefits, should be able to get a public consensus. The standard amount of income security for victims themselves would be 60% of the average wages of 30-year-old workers.”



4. Faculties “Establish a tripartite system for researching, and investigating about faculties.”

I will omit 5. Management and System. It is mentioned in the “supplementary note” for “Livelihood Protections and Aids” as, “the point is that the contents of the benefits from the livelihood protection projects should be able to pay for the victims’ living expense, since the relief project was targeted to them.”

Above is the summary of “The 30s”. It could be said that this document oriented the path the relief project went through. A noteworthy fact is that the word “the permanent control strategy” never appeared in here. Although the basic target of the relief project is to implement the permanent control strategy, this is never mentioned in “The 30s.”

The announcement of “The 30s” cannot be unrelated to the fact that the budget of Hikari Associations had surpassed 1 billion yen two years earlier. The topic “3. Livelihood Protections and Aids” proves this.

As mentioned in the last chapter, the Hikari Association kept the salary of a government official as the criterion for the paying amount. There is no specific explanation about why that turns into “60% of the average wages of 30-year-old workers” at this point of time. Rather, to “guarantee the victims a healthy and cultural life,” it is appropriate to raise the amount of the payment. However, it happens to be reduced.

Table 1 on the next page shows the list of the living allowance, the disability allowance, and average wages in 30 years between 1975 and 2004. From 1975 to 1985, recipients of Grade 1 disability pension had been paid from the Hikari Association 50,000 yen per month as living allowances. This had been reduced to 45,125 yen on 1986. On the other hand, the amount the recipients of Grade 2 disability pension receive as living allowance has increased to 58,100 yen. Disability pension, which is a public pension, and the living allowance, in total, reach up to 110,000 yen for both Grade 1 and 2 recipients. This is inconsistent, since Grade 1 victims, who suffered severely from the incident, receives less living allowance, which should serve as a compensation, than Grade 2 victims.

The basis for setting these standards comes from “The 30s,” which says, “The contents of the benefits should be able to get a public consensus.” The movement concerning the foundation of the Hikari Association could be summarized as the desire to implement the permanent control strategy. The Hikari Association, which is the institution for implementing the strategy, could be established because it was “able to get a public consensus.” This could only be regarded as an excuse for the reduction.

Note: With the foundation of the Hikari Association, recipients of Grade 1 and 2 disability pensions had temporarily received 50,000 yen as a basic living allowance. In addition to this, 40,000 yen of

additional allowance was paid to Grade 1 recipients. This became unsettled in 1987. The calculation process became more complex and, from 1988, the name of the benefits changed from living allowance to care fee. Still, the Hikari Association paid more benefits to Grade 1 recipients than they did to Grade 2. However, this situation had changed gradually, and currently Grade 1 receive less than Grade 2. Although, in “The 30s,” it has been told that the standard changed based on the consideration of tripartite committee, this trend could already be seen, from around 1987, in the notice of determination sent to the “care fee applicants”.

Comparison of Average Wages, Disability Pension, and Living Allowance Table 1

Year	Average Wages	Disability Pension	Living Allowance	Year	Average Wages	Disability Pension	Living Allowance
1975	158,562	Grade1	50,000	1991	372,289	73,125	50,975
	188,010	35,373			440,812	58,500	65,600
		Grade2					
		28,300					
1976	179,259	41,250	50,000	1992	377,779	75,500	52,650
	209,702	33,000			446,400	60,422	67,758
1977	196,409	45,125	50,000	1993	357,758	76,800	53,500
	229,312	36,100			426,142	61,442	68,858
1978	206,925	48,133	50,000	1994	368,717	77,842	54,258
	240,661	38,508			439,358	62,275	69,825
1979	217,450	49,791	50,000	1995	396,460	81,835	57,075
	255,842	39,833			439,496	65,458	73,442
1980	234,754	52,250	50,000	1996	396,625	No	No Change
	278,135	41,800			474,684	Change	
1981	248,600	56,250	50,000	1997	391,849	No	No Change
	294,940	45,058			469,282	Change	
1982	253,719	58,652	50,000	1998	384,128	83,283	58,177
	300,587	46,900			455,923	66,625	74,775
1983	265,738	No	50,000	1999	366,558	83,775	58,425
	313,948	Change			447,022	67,017	75,183
1984	277,008	59,775	50,000	2000	367,833	No	No Change
	327,500	47,817			450,233	Change	
<b>1985</b>	<b>288,209</b>	<b>61,875</b>	<b>50,000</b>	2001	378,833	No	No Change
	<b>342,913</b>	<b>49,450</b>			461,364	Change	
1986	291,210	64,817	45,125	2002	364,049	No	No Change
	346,544	51,900	58,100		441,190	Change	
1987	309,562	65,258	45,467	2003		83,025	57,779

	367,020	52,208	58,533			66,614	74,383
1988	313,315	65,333	45,567	2004		82,758	
	330,165	52,267	58,633			66,208	
1989	333,765	69,375	48,425	Disability Pension Upper row: Grade1 Downer row: Grade2			
	395,338	55,500	62,300				
1990	362,232	70,967	49,534	Living Allowance Upper row: Grade1 Downer row: Grade2 The amount of living allowance is decided based on the disability grade.			
	423,218	56,775	63,725				

(Note) Average Wage Upper row: the average of male and female combined

Downer row: the average wages of male

Moreover, they proudly state their achievements in “The 10 year course of the Hikari Association” as, “During this ten years, there were restless requests for educational materials for various schools, and inquiries and material about the Association’s project from all quarters, such as pollution victim organization, disability organization, and consumer organization.” (p.129) this book was published in March 5<sup>th</sup> of 1985. “The 30s” had already been discussing about the standards’ reduction from before. Nevertheless, they proudly show of their projects’ achievement to other pollution organization, which only makes them a hopeless idiot or a big liar.

To make matters worse, the source of the criteria for the amount of money is unidentified for the “workers’ wage.” No explanation is made on who did the research, and everything could be unreliable. There are no explanations about the reason for not making the “the salary of general administrative government officials” a criterion, as written in the permanent control strategy. The amount doesn’t even reach 60% of the average wages in Okayama prefecture, which is shown in Table 1. Moreover, it is unclear whether they used as a criterion, when considering about payment to male, the male’s average wages or male’s and female’s average wages.

There are no ideas such as “combined with public benefits” in the permanent control strategy. Morinaga is able to atone for their sin only by paying the victims pensions similar to government officials through their lifetime. Moreover, in Section 3 of “Tripartite meeting confirmation,” which the Hikari Association regard as a policy for the relief project, it is said as, “it is confirmed that we would bear all the expense that are needed.” In Section 5 they “confirm that we would make our best effort to implement the permanent control strategy.” The Hikari Association violate this section.

In addition, it is not written that “60% of 30-year-old workers’ wages” will be continually made the criterion for payments for the future, when Victims enter their 40s and 50s. However, the standards were kept the same after this year. When we hear that the payment for victims entering their 30s is based on “60% of 30-year-old workers’ wages,” we normally think that, from now on, the payment

will be based on the wages of the workers at the same age with the victims, but that was not the case in here.

There are more discrepancies. No matter how many years passes on from then, the standards would be kept at the level of the wages of workers in 1985, the point of time when Victims were 30 years old. Do they really think that “the contents of the benefits from the livelihood protection projects” are “able to pay for the victims’ living expense”?

“A public consensus” seems to be working as a magic wand to silence the victims, and it has been used since then and even now. Therefore, I want you to look at the Table 2 in the next page. This is the comparison with the compensations of other pollutions and drug-induced incidents.

**Table 2**  
**Comparison with the Compensations of Other Pollutions and Drug-induced Incidents**

■ Morinaga Arsenic Milk			■ Victims of Medicine Side Effect	
Allowance	Immediate Compensation	Monthly Pension	Medical Allowance	Monthly Benefits
Living Allowance (Grade of Basic Disability Pension)	none	Grade1¥58,425	(1)Outpatient	¥36,030—34,030
			(2)Hospitalization	¥36,030—34,030
			(3)Combined	¥36,030
Weighting Allowances (Criteria of Hikari Association)	none	Grade1¥71,100	Disability Pension	
			Grade2¥64,000	Grade1 Yearly ¥2,737,200    ¥228,100
			Grade3¥28,600	Grade2 Yearly ¥1,900,000    ¥182,500
Caring Allowance (Criteria of Hikari Association)	none	A= ¥85,200	Disability Child Care Pension	
			B= ¥68,160	Grade1 Yearly ¥855,600    ¥71,300
			C= ¥51,120	Grade2 Yearly ¥685,200    ¥57,100
Health Care Expense (Criteria of Hikari Association)	none	Grade1¥20,000	Yearly Survivors’ Pension	¥2,394,000
			Grade2¥10,000	Survivors’ Immediate Compensation ¥7,182,000
Survivors’ Pension	none	none	Funeral Expense	¥189,000
Survivors’ Immediate Compensation	none	none	(From the Homepage of Ministry of Health, Labour and Welfare)	
Funeral Expense	none	¥400,000	■ SMON	
■ Minamata			Health Care Allowance(Adopted to everyone) ¥42,700	
Solatum Rank A 18,000,000yen		¥60,000	Caring Expense	
Rank B 17,000,000yen		¥30,000	Severe III	¥42,700 + ¥48,130
Rank C 16,000,000yen		¥20,000	Super Severe III	¥42,700 + ¥92,800

Funeral Expense      ¥200,000	Extra Super Severe Ill    ¥42,700 + ¥154,400
<p>Uncertified Patients</p> <p>(1) ¥2,600,000 will be paid as immediate compensation to whom has disorders of sensation in peripheral limbs.</p> <p>(2) Required cost for Acupuncture and moxibustion will be paid to whom are not applicable to immediate compensation but has certain symptoms.</p> <p>(3) Additional amount for organizations (60 million – 3800 million yen) will be paid to 5 organizations.</p> <p>(From the Homepage of Kumamoto Nitiniti Newspaper)</p>	Settlement (1) Over ¥10,000,000
	(2) Over ¥20,000,000
	(3) Over ¥40,000,000
	(4) Over ¥60,000,000
	Amount of settlements depends on individual symptoms and conditions. Ranks above are not completely specific. (Organization for SMON of Okayama)

## 11. Status of the implementation of the permanent control strategy (3)

It is enough for us to be suspicious that what the Hikari Association mean by the word “the public consensus” is “the Morinaga’s consensus.” It is written in the contract and the memorandum that the Hikari Association would prepare the budget list every year and claim for payments to Morinaga, which makes Morinaga make the payments in three parts. However, I’m doubtful that Morinaga will pay without saying anything. This could easily be predicted from the way things have gone at the beginning of the incident, although compensations should be the responsibility of the offending enterprise. Morinaga must had led the director of the Hikari Association who had seen nothing of life and PCA’s board member who is very naïve around by the nose, and strongly reflected their intentions to the budget list.

When we see Table 2 of the prior page, we could see that victims of Morinaga receive less in almost every item, except for funeral expense. We could see how meaningless the word “the public consensus” is from this comparison.

When we compare the benefit contents of 1975, which was introduced in p.37, with that of 15 years later (1990), there are evident recession in the relief project. I have mentioned the living allowance, and the same could be said about other reliefs. Medication expense such as additional fee for hospitalization and cost for Chinese medicine, acupuncture, moxibustion, and massage was limited. Actual cost had been paid for buying medical and hygienic equipment and self-help device for the severely disabled, but only some amounts of aid was given at the time of 1990.

Accommodation expense has increased for 1,000yen per day, and scholarship became 20,000yen, but these seem like a propaganda since nobody goes to nursing school or high school at the age of 35.

In regard to facilities, “Sun’s Village,” which was transferred to the Hikari Association in January of 1979, were abandoned in February of 1988. This was cause by the Hikari Association “not having a clear policy for facilities’ construction.” This project had raised its capital by donations from supporters. The village was abandoned by a simple reason, which is, the difficulty on finding new representatives to alter the retired. As of 2004, a fine accommodation facility built as the Tomata dormitory of education center is left as an abandoned house. There seems to be no serious discussions about the facilities since then.

In 1995, victims would turn into 40, which bring a new policy into existence. That is “the ways to implement the relief project for victims over 40 years old.”

In p.39, I’ve shown the budget of the Hikari Association from its foundation to 1983(10 years). Budget amount of the following years, only the total amount and without the detail, are, 1,106,260,000yen (1984), 1,113,815,000yen (1985), 1,229,687,000yen (1986), 1,246,749,000yen (1987), 1,247,458,000yen (1988).

**Hikari Association Budget 1989-2004 Table3**

**numbers: percentages (percentages at closing period)**

Years	Living Allowance	Medical Expense	Consultation Expense	Management Cost (Branches)	Management Cost (Headquarters)	Budget Amount (Unit: thousand yen)
89	39(40)	15(14)	8(7)	22(21)	7(7)	1,292,730
90	38(38)	15(16)	7(7)	22(21)	7(7)	1,357,545
91	38(38)	14(15)	7(7)	22(22)	8(8)	1,420,560
92	38.4(38)	14.2(15)	7.5(7)	22.6(22)	7.8(8)	1,464,008
93	37(38)	15.5(15)	7(6)	22.9(23)	7.8(8)	1,520,389
94	38.2(40)	15.7(15)	5.9(5)	23(23)	8(8)	1,519,711
<b>95</b>	<b>39.4(43)</b>	<b>14.7(12)</b>	<b>5(4)</b>	<b>23(24)</b>	<b>8.1(8)</b>	<b>1,532,668</b>
96	40.9	13	5.2	23.6	8	1,524,334
97	41.5(43)	13.7(12)	4.5(4)	23.9(25)	8.1(8)	1,539,868
98	42.3(43)	13.1(13)	4.4(4)	24.5(26)	8.1(8)	1,536,913
99	42.3(43)	13.8(14)	3.7(3)	26.5(28)	7.2(7)	1,552,433
00	41.7(43)	14.8(14)	4.2(3)	26.1(27)	7.3(7)	1,576,449
01	41.1(42)	15.1(15)	3.6(3)	26.4(27)	7.2(7)	1,578,914
02	40.8(41)	16(16)	3(3)	26.7(27)	6.9(7)	1,577,348
03	39.3(41)	17.8(17)	3.7(3)	26.4(26)	6.5(7)	1,628,572
04	38.6	17.6	3.7	26.4	6.9	1,639,839

(Management cost, both headquarters and branches, are labor cost for the Hikari Association)

I've showed you the transition of the budget amount of the Hikari Association, which is relevant to the theme which will be mentioned in this chapter. I've written that the reconsideration of living allowances in "The 30s" has started the recession of the relief project. The recession is more accelerated in "the ways to implement the relief project for victims over 40 years old" (hereinafter called as "over 40 years old"). The budget of 1995 is written in boldface because, in this year, victims would turn into 40 years old, and from then the relief project would be implemented in accordance with "over 40 years old."

This statement is transcribed in the 'Hureai' (the bulletin of the Hikari Association) (No.75, issued in 1<sup>st</sup> of February, 1995), occupying as much as 8 pages. It is difficult to summarize what is written in there, since this statement consists of empty and meandering sentences (this could be said to all sentences written by the Hikari Association.)

The statement consists of Introduction, I General Remarks, II How the project should be, I III Management and System, IV Finances, and supplementary note. Introduction and General Remarks occupy 5 pages and the rest 3 pages.

However, what they really want to tell is the “IV Finance Problems.” If this read at first and the rest afterwards, the whole statement would easily be understood. This is the most important chapter. Although it is a little long, I will quote the whole sentence.

Quotations below—

Gaining public consensus and support inures the development of the permanent relief project. To permanently implement this kind of relief project, steady secure of the resource is a important theme, which is, the “Finance problems.”

The PCA also sees, fulfilling the confirmation of the tripartite conference, the steady secure of the resources for the relief project as theme of the “Finance problems.” Hence they require Morinaga to not let the incident fade away in the firm, to always clarify their responsibility on the incident and execute their responsibility as a offending enterprise, and, under the confidential relationship between the PCA and Morinaga, to fulfill their commitment with the PCA and put the relief project at the center of the company management. The PCA make these a policy for developing the relief project permanently. These are summarized as below.

- ① Decisions is always made based on the tripartite conference.
- ② The solution to the theme is not to voluntarily secure the fund, but to guarantee a steady resource to support the permanent relief project.
- ③ To establish both the relief of the victims and company management. The resource should be used to the project which is able to get public consensus and support, since the resource is not unlimited and given at first.

The association will respect the policy of the PCA and, based on the confirmation of the tripartite conference, will consider “Finance problems,” in association with “over 40 years old,” on the finance problems committee in cooperation with the PCA.

Quotations above—

Above are the full sentence of the “Finance problem,” which are to simple considering that this is the most important theme. From this, it is predicted that, in Morinaga, recognitions of responsibility as a offending enterprise has faded away. This also shows that they are trying to lower the amount of the payment for relief project. It appears to me that these statements are made by board members of PCA who have the baking of Morinaga.

Before the Hikari Association’s foundation, claims of both sides were open to public. This made it possible for the project to get the “public consensus,” however, there is no way to do so with statement like one above. It seems so weird, since PCA has suggested this statement, although, normally, Morinaga should be the one who starts this discussion.

In the confirmation of the 5<sup>th</sup> tripartite conference, Morinaga committed itself to “bear all the expense that are needed.” However, the Hikari Association has “controlled themselves” when



requesting their budget, and it is inevitable that this trend keeps on getting stronger. It could be said from this that what they mean by “public consensus” is “Morinaga’s consensus.”

Keeping these in mind, we will see “How the project should be” and take a closer look at Table 3. ‘1 Consulting Project (1)Premise of the project’ of Chapter 2 starts as, “consulting projects aim to prepare windows that can comprehensively accept consultations and is a premise for relief project implementation which protect human rights and guarantee independence and development.”

If the project is “a premise for relief project implementation,” reliefs start with consultation. They mention its importance as well and talk about the “creation of method and system” in ‘(2) The Focus of the project.’ In here, the emphasize is put on “solutions which utilize the public system and social resource,” “aids which help victims participate in local groups and establish human relations,” and “creation of a network of supporters by way of developing activities which arrange various aids and organizing local cooperators, siblings, and guardians of the victims.”

They focus on creating “method and system” which rely on someone’s help, instead of positively helping by themselves. This attitude is clearly shown in the budget (look at the item “Consultation Expense”). It sharply decreases from 1975. At the closing (numbers in parentheses), it is reduced by half compared to 1989 and is reduced up to nearly 1/3 in 1999. Although, no “premise” can be kept with reducing the budget, they set the “cooperator” system as a substitute for the reduction. This is a system which “commissioned cooperators of the relief project to the consulting windows.”

They make people with no expert knowledge visit victims as a companion to talk with, and pay them just a little money, since they are “volunteers.” They are, just like the name, “cooperators of the Hikari Association” and this system abuses their feel of satisfaction, which are illusions, that “they are helping the victims.”

In ‘2.Health and Medical project (1)Premise of the project’, they define the Health and Medical project as, “the project to support the improvement and the maintenance of healthcare prevention and health of all victims, considered that they suffered from health damages of arsenic poisoning from their childhood.”

In ‘(2)Focus of the project’, it is stated that “necessary medical examinations are basically performed in public examinations or examinations at the company,” and express that the Hikari Association will not perform those initiatives. The point in here is that they position the examination as “a part of the supports for the victims’ voluntary health care.” They say, in short, that victims should take care of themselves by themselves. Healthy victims can do so, however, victims who are severely ill can not, and what is the meaning of the Hikari Association if this could be tolerated.

In this paragraph, it is repeatedly emphasized that they will utilize “public examinations or examinations at the company”. They will “promote offerings to the Association of the data of public examinations or examinations at the company from the victims.” They are not willing to bear an expense by themselves and trying to profit from that of others.

In regard to medical project, they reduced their supports (medical cost for treatment that are not applicable to allowances, which were fully paid, would be paid only partially, and additional costs for advanced treatment would not be supported any more). What is important in here is that, until then, the Hikari Association had utilized “public systems and resources” as to make up for the lack of relief projects by them. Although this was kind of a modest statement, they claim these systems and resources as “rights of Japanese citizens” in “over 40 years old”.

At the start of ‘ I General Remarks’, it is written that, “victims were not properly followed up considering the fact that they suffered from health damages of arsenic poisoning from their childhood.” Medical personnel criticize that, in an unprecedented incident like this, any changes in health perspective could occur to victims and they cannot be predicted.

In ‘3.Linelihood guarantee and support project’, they say that “in case victims become disabled in the middle of life with any reasons, they will not be treated the same as the receivers of the living allowance now who are disabled prior to their adulthood and be basically supported with public systems (social insurance and social allowance), considered that they are in different conditions in terms of income security, since they have their jobs and receive social insurances.” Hereinafter there would be no support for victims who suffer from symptoms which are believed to be after-effect of arsenic poisoning.

In regard to the amount of living allowance paid, it is “a reasonable amount compared to similar public system and standards seen from the survey results.” Moreover, “ the slide method of the standard amount for allowances take the form of that of basic disability pension. This reflect not only the changes in CPI but also but those in standard wages of workers, so this will be maintained.” Well then, I want the “standards seen from the survey results” to be publicized. Table 1 in p.43 shows the average wages per month of workers who work at office which employ more than 30 regular workers in Okayama. This numbers come from the Statistics Management Office of Okayama. Although many require the Hikari Association to clarify the sources of the information, why don’t they?

\*the slide method: a method in which the amount of money paid every month fluctuate depending on the given balance of total payment.

In regard to faculty constructions, they say that “we will provide supports for smooth Admissions of victims in cooperation with national and municipal government” and declare that they “will not construct faculties only by ourselves.” Tomata dormitory, a building in abandoned Sun’s Village which I mentioned in p.39, is left as is for 10 years after, although it is considered as “one of the future concept of the Association’s project.”

As seen above, the relief project following “over 40 years old” clearly intend to water down the permanent control strategy. Major concepts of the strategy were spoiled in “The 30s” and subsidiary concepts in “over 40 years old”, and it comes down to present.

A notable change in distribution of the budget at 1995, seen in Table 3, is that the reduction in consulting project are transferred exactly to increase in management cost (labor cost). The cost of living allowance, Medical expense and labor cost in total equal to 90% of the total budget. The Hikari Association wastefully spend the labor cost, which eats up 30 and some percent of the total budget, just for the payment of various allowances. No one would believe that “the Hikari Associations do things other than payment of allowances” (Mr.Maeno, the vice chairman).

Although they never mention the deceased people, as many as 900 people were enshrined at a temple in Kouyasan, which caught by surprise the parents who visited the shrine.

(next page: List of the status of implementation of the permanent control strategy)

**Status of implementation of the permanent control strategy Table4**

II Strategies(○:Implemented ●:Not Implemented △Partly Implemented)				
1			Health Care, Follow-up Survey	△
	イ	A	Periodic Health Examination: Implement detailed examinations more than once per year.	●
		C	Respect activities by medical institutions such as investigating the status of the victims.	●
	□		Irregular Medical Examinations, Health Consultations: Always accept consultations if needed.	△
	ハ		Management and Registration Center: Administer this institution for Follow-up surveys in cooperation with doctors.	●
2	イ		Medical Treatment: Treatments include, with no limitations, every kinds of therapy(Japanese, Chinese, Western)	△
	□	A	Compensate for Medical expense, Miscellaneous expense, Transportation expense, and damage due to absence from work.	●
		B	Compensate for the cost to manage the environment for Home recuperation.	△
	ハ		Organization of the Medical Team: Desirable to be organized based on victims' request	●
	二		Consulting Judgement: Prepare windows for Victim Consultation	○
3	イ		Health Notebook: Issue to victims notebook for Health care without interruption.	○
4	イ		Compensation to Families: Admit the necessity of caregivers and pay for the expense in stages	△
	□		Guarantee Families' Health: Guarantee medical and treatment expense for diseases cause by caregiving	●
	ハ		Guarantee Families' Life: Guarantee living expense if incomes are reduced or the jobs are lost because of caregiving.	●
5	ハ	B	Education: Give trainings which are essential for social maladjusted people after compulsory education also.	●
		D	Support for professional educations if those improve the life of the physically disabled.	●
	二	A	Trainings are given in public job-training center or offices that sympathetic to our project.	○
		B	Establish job-training facilities.	●
	ホ		Establish protected employment office and guarantee incomes of the same level of that of people in same age.	●
	へ		Cooperating Office: Ask for victims' employment and job-training and	△

		compensate for the income reduction.		
	ト	A	Home for Victims: Establish facilities to accept those who aren't able to live by their own and cannot be treated at home.	●
		D	Install accommodations for parents to the facilities.	●
	チ		Medical Center: Equipped with sufficient volume and function for outpatient and hospitalization. Also includes function as a research institute.	●
	リ		Protection and Fostering Project and Management of Facilities: Desirable for these facilities to be in the same place.	●
6			Reacquisition of Living Rights	△
			イ Pension: Supply life-long pensions, based on the salary of general administrative government officials, to the victims who are unable to earn incomes by themselves.	
	□		Compensation for Difference in Incomes: Compensate for the difference in incomes if not able to earn standard amount due to capacity shortage.	△
	ハ		Compensation for Unsuccessful Marriage: If it was caused by the subject being a victim, proper measures will be given.	●
	ニ		Damage in Life: Proper measures will be given to damage in life caused by this incident.	●
7	イ		Research Institution, Research Expense: Since many are unknown in the medical field, cost for researches will be provided.	○
	□		Desirable for the research facilities to be placed together with treatment facilities and protecting and fostering facilities.	●
Ⅲ	1		Compensation for the deceased: Compensate for damages caused by death.	●
	2		Morinaga is also responsible for the compensation for the damage in the past of survivors.	●

## 12. Current status of the victims relief (4 cases)

On the Table 4 in the previous page, I've evaluated how actually the permanent control strategy is implemented. We notice from here that strategies which require considerable capital, such as facility and medical center constructions, are rarely implemented. Also, paying amount is lowered in strategies such as pension and compensation for income reduction.

Of course, it is difficult to completely implement every specific item of the strategy. It might be inevitable that some strategies would be implemented prior to others. However, if that is so, they have to explain why some are not implemented. They never took responsibility for explaining to victims, and never listened to criticisms to the relief project. What they did was "10% implementation", getting rid of whom go against them.

So far, we have seen the status of the victims relief by comparing resources. From now on, we will verify how the strategy is actually adopted and managed. Relief project depicted by the Hikari Association looks different when it is applied to people in real life.

We start with the case of Ms. N, who is the daughter of Mr. Kazuyuki Yamada and lives in Hiroshima. Ms. N lost her education opportunities because of the after-effect of the Milk Arsenic Poisoning. In the amendment of school education law in 1978, it was obligated to establish schools for handicapped, and ones were established in Hiroshima in 1979. In the same year, when Ms. N was 26 years old, she entered the school as a overaged 6<sup>th</sup> grader. However, she struggled to get great results from the education, since she had never been to school. Her parents hoped to develop her ability before it was too late for her to become independent.

So, in May of 1985, Mr. Yamada requested to the Hikari Association for "sending instructors for holidays". However, in the judgment he received in late September, it was written as, "the sending cannot be decided as reasonable". Given the permanent control strategy, he never thought his request would be denied. He sent a letter to the director and auditor of the Hikari Association, requesting the disclosure of the decision-making process in the "relief strategy committee". There was no reply, so he sent a document for denial of the judgement to the Hiroshima Office of the Hikari Association and requested for the instructor sending again. The members of the relief strategy committee were experts, such as doctors, who was commissioned by the Association. Teachers of the school had pointed out for the necessity of "home-visit instructions, in relation with what is taught in school, in holidays", which made no sense why the request was denied.

Mr. Yamada made direct appeals by sending letters every year to the director of the Hikari Association. As long as four and a half years, he had made offers to the Hikari Association, at times

with 4,000 signatures, and in collaboration with the government, but he received no reply from the director.

The request had finally become true in October of 1990. Executive director of the Hikari Association agreed to Mr. Yamada's request. It became true if Mr. Yamada gave up on the first judgment of request denial, but he made it happen by persistent negotiation. However, many will give up in their way, not having the time and energy to do so.

After that, he wrote a letter to call the director to account for wasting 4 and a half years of time, which received no reply. Mr. Yamada has kept on requesting for the reformation of the Association, which doesn't listen to victims' claim, and reliefs following the permanent control strategy.

In "The 30s", it is said as, "The basic aim of the livelihood protections is to make economically steady the victims' life. However, supports should not be limited to monetary payments, and, in order to guarantee the victims a healthy and cultural life, should be recognized as comprehensive, including welfare, medications, and educations." In other words, there might be less monetary payment, but that will be recovered by other contents such as welfare, medication, and education.

If these are not implemented, as seen in the case above, the relief projects by the Hikari Association becomes unreliable. Moreover, "Hikari", the bulletin of PCA, writes about following requests of Mr. Yamada as below.

It is discussed in the second directors' meeting in 2003 that, "Measures taken by PCA organizations should be implemented under cooperation and responsibilities of national headquarters and Hiroshima headquarters, and should be dealt with, considering the past progress, by four interested to the 'tripartite conference' (Ministry of Health, Labour, and Welfare, Morinaga, PCA, and the Hikari Association) communicating and adjusting with each other." 1 and a half years since then, Mr. Yamada has got no reply from the four subjects. These are unknown except for interested parties, and other articles in "Hikari" also becomes unreliable.

Next case is about Mr. Enohara Iori and her daughter Ms. R. She had gone in and out to the hospital from when she was in the second year in middle school to present, and there are still no prospect for recovery.

Mr. Enohara has kept a distance from activities of PCA since the foundation of the Hikari Association. Although the after effect of Ms. R had gotten worse, he felt a little relieved that the permanent control strategy will be implemented. However, in case the support might not be enough, he worked hard to save some money. A few years ago, he retired from his job and his son succeeded the family business.

Since then, he became worried about the future of Ms. R, and became interested in the relief projects of the Hikari Association. He read the permanent control strategy after a long time and compared them with the relief project Ms. R is receiving. Thereupon, too many items were not implemented, and few that were implemented was far from satisfying, which was irritating to him. He thought that the Hikari Association and PCA are not performing there duties.

Even when at home, Ms. R's conditions got worse depending on the weather. When it started raining, she got a headache and her mental state got worse. Mr. Enohara always thought that it might feel a little better if she overcomes this. Since her daughter is suffering from the arsenic poisoning, she never felt happy that she was born. He hoped that her pain was, even at least for one day, relieved.

So he consulted the Hikari Association that it is worthful to conduct an experiment on rooms with pressurizing and depressurizing device, since the headaches were cause by change in atmospheric pressure. A doctor from the relief stratesy committee came to hear his idea, but few years has passed neither with an execution of the plan nor a reply of denial.

These attitude of the Hikari Association made Mr. Enohara to organize "Association to request for the complete implementation of the permanent control strategy" and start calling for his fellows' participations.

At first, he sent a acceptance-recorded mail requesting for the observance of the permanent control strategy to the vice chairman of the Hikari Association, but he got no reply. Then he prepared a open letter concerning the neglect of the relief project. No one replied. Next, he sent a letter to members of the PCA of Okayama raising an alarm at the miserable status of the relief implementation and calling out for fighting together.

Then, the chairman of PCA of Okayama told him that "Association to request for the complete implementation of the permanent control strategy" includes the word "association", which can be interpreted as branch faction activities, and will be penalized, so he was convinced to quit the activities or change the name. He changed the word "association" to "volunteers", and the activities were given a silent approval.

In order to object the letter Mr. Enohara wrote to PCA members, the chairman of Okayama headquarters of the Hikari Association claimed that "PCA has not pursued for the complete implementation of the permanent control strategy from the beginning." According to this, the permanent control strategy was released only to confront "the permanent control measures", which Morinaga had released earlier. They claimed that the permanent control strategy was made just to see Morinaga's reactions.



When the 35<sup>th</sup> national meeting of PCA was held in June 22<sup>nd</sup> of 2003, Mr. Enohara requested for giving a speech in the meeting. The request was denied and he was not allowed to participate in the meeting. These are against the rules, so he protested by raising a banner in front of the meeting place. At the same time, he gave out cards of “Volunteers to request for the complete implementation of the permanent control strategy” with the HP address to the participants. However, the cards were picked up by staffs of the PCA.

He also requested for giving a speech in the 36<sup>th</sup> national meeting in 2004. The national board of directors told him that it will be allowed if he closed the HP. He denied this demand, so he was only allowed to participate in the meeting but could not give a speech. At the meeting, he was always strictly monitored, even when going to smoking rooms or restrooms.

As seen above, PCA and the Hikari Association together thoroughly suppress criticisms against relief projects. Does the rules of PCA exists to save the association itself, not the members. It is written in the preamble that the association should be “operated voluntarily and democratically”, but this seems meaningless and empty.

The third case is about Ms. Y in Okayama city. She has grade 2 disabilities (both of her legs are disabled). She is currently living with her parents, who are over 80 years old, and her father, who is the oldest in the family, do housework such as shopping. Her mother cannot go out since she cannot walk well too.

Ms. Y doesn't use wheelchairs, so she rarely goes out. At one time, she occasionally went out of her house but a insensitive word of a staff in the Hikari Association of Okayama office made her hesitate to do so. The officer said to her that “she cannot do anything by herself”, and this has caused a damage to her for a long time.

When I visited her for an interview, what I saw was that the family is living by relying to each other. It can take turn for the worse if anyone of them was missed. I saw Ms. Y's father go buy some food and then she and her mother struggle to go to the kitchen and cook, by holding on to something.

Sometimes, staffs of the Hikari Association visit them, but they never bring ideas to make their life easier. At the first impression, I thought that, in order for Ms. Y to spend a life actively relating with communities, she need to go outside her house at first. Therefore, the Hikari Association should work on relief projects to adopt barrier-free design to her house, but there are no such proposals.

The last case is about Mr. Tetsuo Okazaki and his family. I have mentioned Mr. Okazaki again and again in this sentence, but there are still many things to talk about. If there were not for Mr. Okazaki, PCA was not as it is now. Of course, it is not that Mr. Okazaki did everything by himself, but no one

can deny that he was the core of the activities. If there were not for PCA, there was no “Visit in 14<sup>th</sup> year” or the reunion of victims.

“Hikari”, the bulletin of PCA, which was established after the reunion, was printed in mimeograph at first. Mr. Okazaki, who was the executive director, wrote articles, print them in mimeograph, and send them to members who lives nation-wide. At the time of monthly publication, he printed, in mimeograph, address of every member, cut each of them by scissors, and paste them to the envelope. He and his family manage these works, which are unthinkable in present times, in which the addresses are printed completely by machines.

In addition to editing and publishing “Hikari”, meetings were held every week, and Mr. Okazaki wrote all the sentences which PCA publicized, such as the agenda for discussions, the summary of decisions made in the previous meeting, and so on. Almost all important documents, such as statements, protest notes, petitions, requests, and so on, were also written by him.

Unable to stand by any longer seeing his busyness, we supporters took the task of sending “Hikari” from April of 1971 in order to reduce his burden. At that time, “Hikari” was published in letterpress printing, not mimeograph, but it still took required long time to folding and putting into envelopes over thousands of letters and pasting addresses to them, even with 10 people.

I think that one of the reasons why the fight of PCA, which became a national organization, gained the understanding of the citizens was that every meeting were released to public. This is an idea of Mr. Okazaki too. Anyone was able to attend any meetings such as national board of directors, in which the plan of the fighting is made, or negotiation with Morinaga. Journalists attend to the meeting as representatives of the citizen, and important decisions were reported in newspapers.

In these ways, the “understanding of the citizens” were gained and, under a “public consensus”, the permanent control strategy were established. There is no such fact that things decided in private meetings gained “public consensus”.

Mr. Okazaki has led PCA in the fight for long years, but has retired from the executive director in 1982. From before and after then, veteran directors such as the chairman of PCA was dismissed from the organization, which showed the conflicts in policies. In 1986, Mr. Okazaki was expelled from PCA, which he organized by himself and served as the basis for the reunion. It was told that he was expelled because of his “branch faction activities”, but the real reason must be his attitude against the permanent control strategy. His requests, for the complete implementation of the permanent strategy and getting rid of PCA’s submissive relationship against the Hikari Association, that resulted in his expulsion from the organization.

It is written in the rules of the association that, “members can give utterances in national committees and meetings”, and the right to protest is preserved. In order to avoid a chaos, Mr. Okazaki announced to the chairman that he wouldn’t attend the meeting himself and designate a reader to exercise his right to protest at the meeting. However, no time was given for the speech in the meeting.

The executive director edited the bulletin, so it was not Mr. Okazaki’s job. It is written in the protesting speech, which was not read in the meeting, as, “for example, the bulletin ‘Hikari’ features criticism against me using several pages over and over again, but doesn’t insert any one sentence of my opinion. Looks just like a country somewhere! In theory, they should publish all my opinion in ‘Hikari’, organize every member’s opinion, and finally make a decision on something. Not doing so, even though they know they should, makes specific political party members “capable””.

Mr. Okazaki passed away in December of 2000. In advanced to that, in August of the same year, her daughter Yuriko, who was a victim of the incident, had passed away, which might have hastened his death. Yuriko, who eagerly worked as an elementary school teacher and was admired by her students, died young because of Thymoma she had been affected with for several years. Her parents grieved that her death could be prevented if the relief measures in the permanent control strategy, such as periodical detailed examinations and studies on after-effect of the Arsenic poisoning, was properly implemented.

Another achievement of Mr. Okazaki is that he had gathered documents on the Morinaga Arsenic Milk struggle, to the minute detail, from the very beginning of the incident. Those documents are organized and housed in the first and second floor of the storehouse. In the year the two had passed away, the Western Tottori earthquake struck this storehouse and damaged the roof of the building.

For other pollution incident, resource centers, which are built by victims’ organizations or municipalities, take the responsibilities for disclosure of the resources to support studies.

According to the Shikoku Newspaper (November 15<sup>th</sup>, 2001), in regard to Minamata disease, one of the four major pollution disease, there are “Minamata disease museum” built by victims’ organization and “Minamata resource center” built by Minamata city. In regard to Niigata Minamata disease, there is a resource center built by Niigata prefecture, and to Itai-Itai disease, there is one built by victims’ organization. Also, in regard to Yokkaichi asthma, citizens’ group are trying to build a resource center.

However, in regard to the Morinaga Arsenic Milk incident, PCA and the Hikari Association are indifferent, and no momentum to establish something like these above is seen. Ms. Yukiko Okazaki had restored the storehouse at her own expense, making every effort to preserve the resources her husband had left behind.

Nursing of her daughter for 5 years, her daughter's death, followed by that of her husband, had given Ms. Yukiko unrecoverable damages. Right after the restore of the storehouse, she got ill and a scar, which she got by a sloppy surgery at the time she was being called up to the Joshi Teishintai (Women's Volunteer Corps), got worse, and passed away. Died in April 2004 at the age of 73, she dedicated a major part of her life to support her daughter, who was a victim of the Morinaga Arsenic Milk Poisoning incident, and her husband, who struggled against this incident. She is definitely a victim of this incident too.

When someone had passed away, as a matter of courtesy, one should express his condolences on the death, no matter what had been going on between him and the deceased. Furthermore, Mr. Okazaki is the founder of PCA and contributed more than anyone to the foundation of the Hikari Association. For all that, at the time of his death, there were no news of his death or one "word of condolences" on the Hikari Association's bulletin "Hureai" and PCA's bulletin "Hikari". (Honorifics omitted partly)

## **Postscript**

We've briefly seen the 50 years from the occurrence of the Morinaga Arsenic Milk Incident. I've written about this incident several times, and I realize something new every time I do so. This time, I strongly feel that the Ministry of Health, Labor and Welfare is not listening to the victims' request at all. I cannot believe that they stand on the side of the offending enterprise Morinaga instead of protecting many of the citizens.

There might be an excuse if it results in a positive outcome, but everything they do had worked negatively. The Ministry of Health, Labor and Welfare should also take responsibilities for the victims being left with after-effects and things getting to the point that cannot be recovered. After the Hikari Association had been founded, they are still not active for protecting the victims. They do nothing to and just watching the hollowing of the permanent control strategy. They should read the note of confirmation of the tripartite conference one more time.

What is stranger is that the present PCA are not trying to protect the fruits which parents secured 31 years ago. They had, as written in the note of confirmation of the tripartite conference, "made the Morinaga promise that they will do their best to implement the permanent control strategy". It is even written in there that "they will bear all the expense that is needed" for that.

We are requesting for the complete implementation of the permanent control strategy, which the board members of PCA advertise as irresponsible. They think that "the permanent control strategy was released only to confront the permanent control measures of Morinaga" or "it is against the spirit of the permanent control strategy to pursue complete implementation of every item written in the strategy". From things you have read so far, you know that the permanent control strategy was not made just to see Morinaga's reaction. For now, the permanent control strategy has been implemented for about 10%. They should at least implement 50% before saying that it is impossible to "pursue complete implementation of every item written in the strategy". Morinaga must be crying in happiness with PCA, who is a victim of the incident, positively protecting the offending enterprise. I want them to give at least half of that positiveness against the victims.

Were the damages they suffered 50 years ago that slight? Some of the victims had wasted their life because of drinking arsenic milk. Nothing is enough to apologize and compensate that. Although the permanent control strategy may be well-made, it is not perfect. Bodies will not be completely recovered even if the strategy was completely implemented.

The note of confirmation of the tripartite conference confirmed that the victims have the right to receive compensation. I cannot understand why PCA is willing to give that up, which they should be ashamed of doing so. PCA is, by quoting from past documents words that renounce the rights, ignoring the context, making an assertion that works negatively to the victims. Why in the world is PCA renouncing the rights which victims are deserved to receive?

What would this look like from victims of other pollution incident? At the beginning, it was proudly announced that “a new pattern of victims’ relief will be shown”, but no such thing was realized. Although “The Hikari Association System” may be unprecedented, it means nothing if the permanent control strategy is completely implemented. The Hikari Association now serves only as a bad example, never as a good model. It is natural that victims of other pollution incident never follow its method.

When you read this booklet, it must be confusing because you won’t know whether I’m criticizing the Hikari Association or PCA. I don’t have the answer for that too. I think this the reason why the reliefs measures have been delayed.

The chairman and the vice chairman of the Hikari Association has been a member of PCA. The vice chairman also serves as the chairman of the PCA now. Moreover, many board members of the PCA are also holding the post of the director of the Hikari Association. These two organizations seem to be integrated under one same policy. As a result, they tend to act as the way the stronger, which is the one that executes budgets, prefers. PCA is like a subcontractor of the Hikari Association.

Furthermore, bulletins of the two organizations are edited by same person. The bulletins of the Hikari Association and PCA strongly criticize thoughts against them, but never post one sentence of self-criticisms. Board members of the Hikari Association proudly speak a lot that “the association had maintained for 30 years”. It seems that maintenance of the organization is important than the relief project. The real intention of the board member of the Hikari Association is that “to maintain itself is the purpose of the Hikari Association, and PCA and victims exists just to help achieve that”. This may be the reason why they desperately try to exclude who make objections to them.

January 20<sup>th</sup>,2005

Nose Eitaro

## Timetable of Morinaga Milk Arsenic Poisoning Incident

1949	★The establishment of Morinaga Milk
1952	★Morinaga baby contest was held (in Okayama prefecture firstly)
1955	★Spread of a strange illness among bottle-fed children in the western part of Japan (June)
	★Made an announcement “the cause of a strange illness is arsenic poisoning by Morinaga Milk” by Okayama Prefecture Health Bureau (August 24 <sup>th</sup> )
	★The establishment of “Alliance of Families of the Morinaga Milk Arsenic Poisoning Victims” mainly among patients of Okayama Red Cross General Hospital (August 27 <sup>th</sup> )
	★A civil trial to Morinaga started in Tokushima district court. (September 20 <sup>th</sup> )
	★Six-members committee reported “Standards for Judgement of healing” and others to Ministry of Health, Labor and Welfare. (November 2 <sup>nd</sup> )
	★Five members committee published an opinion report. (December 15 <sup>th</sup> )
1956	★The alliance of arsenic poisoning victims from Okayama prefecture dissolved. “Protect Children Suffered from the Morinaga Milk Poisoning from Okayama Prefecture” was established. (June 24 <sup>th</sup> )
1957	★The Association Serving Morinaga was established. (February 20 <sup>th</sup> )
	★ <i>The History of Morinaga Milk Incident</i> was published. (May 24 <sup>th</sup> )
	★Participation in Japan Mothers Convention was decided. Made Morinaga promise to offer medical treatments to all victims and canceled the participation. (August 2 <sup>nd</sup> )
1958	★PCA made Morinaga promise offer medical treatments to 10 victimized children. (October 10 <sup>th</sup> )
1960	★Participated in 6 <sup>th</sup> Japan Mothers Convention. Petitioned the minister of Health, Labor and Welfare, Masa Nakayama. (August 20 <sup>th</sup> )
1962	★PCA 7 <sup>th</sup> general meeting was held. “Okayama prefecture” was eliminated from association’s name. (August 27 <sup>th</sup> )
1963	★Tokushima district court found Morinaga not guilty. The Tokushima District Public Prosecutor’s Office appealed in the Takamatsu High Court. (October 25 <sup>th</sup> )
1964	★A group of 55 members reached to a reconciliation in Okayama district court. (April 1 <sup>st</sup> )
1965	★PCA 10 <sup>th</sup> general meeting. Rejected the dissolution of PCA and decided to keep fighting. (August 24 <sup>th</sup> )
1966	★Takamatsu high court reversed and remanded the original decision made in Tokushima district court and Morinaga made a final appeal in the Supreme Court. (March 31 <sup>st</sup> )
1967	★PCA carried out closed examinations with the cooperation of doctor Ensako. (March to the end of September)
1968	★Got a proposal for cooperation from the hygiene laboratory of Okayama University Medical School and provided documents. (December 9 <sup>th</sup> )
	<i>Museum of Morinaga Arsenic Milk Poisoning Incident [Okayama City, JAPAN]</i>

1969	★The final appeal in the Supreme Court was rejected and remanded to Tokushima district court. (February 27 <sup>th</sup> )
	★Professor Maruyama (Osaka University Faculty of Medicine) published a report “Visit in 14 <sup>th</sup> year”. (October 18 <sup>th</sup> )
	★The first PCA national general meeting. PCA became a nation-wide association. (November 30 <sup>th</sup> )
1970	★Morinaga and PCA had the first headquarters negotiation in Okayama city. Defined rules in following negotiations. (December 12 <sup>th</sup> )
1972	★“Control strategy regarding to permanent relief of victims of Morinaga arsenic poisoning milk incident” was framed. (August 20 <sup>th</sup> )
	★Morinaga was absent from the 15 <sup>th</sup> headquarters negotiation. PCA decided to bring a civil action and start a boycott. (December 3 <sup>rd</sup> )
1973	★The first civil suit was filed in Osaka district court (April 10 <sup>th</sup> ) and the second in Okayama district court. (August 24 <sup>th</sup> )
	★Morinaga signed on the confirmation admitting its cooperate responsibility in the 5 <sup>th</sup> tripartite conference. (December 23 <sup>rd</sup> )
1974	★Establishment of the Hikari Association Foundation was accepted (April 25 <sup>th</sup> )
	★PCA withdrew the civil case nationwide. Requested for discontinuation of the boycott (May 24 <sup>th</sup> ).

Translation supervisor

Museum of Morinaga Arsenic Milk Poisoning Incident

Director: Hisaya Okazaki

1-10-30,Bancyo Kitaku , Okayama city , JAPAN ,700-0811