

Activities of the Victims' Group in Nagasaki Area

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Abstract

The Mitsubishi-Nagasaki Pneumoconiosis Patients Association was established in 1983. Since then, the association has been involved in a variety of activities on behalf of victims.

The association is composed of workers, retirees and subcontracted workers. The current membership is more than 100, while the initial membership was approximately 20.

Some members of the Association filed damage suits against their employer, Mitsubishi Heavy Industries, Ltd. The first litigation was settled with reconciliation three years and five months after it was brought to the court. The second one filed in the Nagasaki District Court is now pending. The Patients Association is the core of the plaintiffs in those litigations.

In both cases, many asbestos bodies were identified in the organs of the plaintiffs. A number of members are dying from lung cancer; among them, some of the victims, whose pneumoconioses were initially registered as Grade 2 (lowest grade) under the pneumoconiosis law, were approved after asbestos was identified by X-rays and/or autopsies. Other members' applications were also acknowledged as a result of the efforts of the supporting physicians and medical institutions that found asbestos-induced lung cancers at their independent medical checkups. The fatal diseases were misdiagnosed at the regulatory medical checkup carried out by pro-corporation doctors.

The Association has been working in close collaboration with the Mitsubishi Nagasaki Shipyard Branch of the All Japan Shipbuilding and Engineering Union.

Displaying strong solidarity, the Association and the branch have urged the employer to pay compensation to the victims, to improve dust control measures at workplaces, questioning their poor policy on prevention of pneumoconiosis. For one thing, they researched the past use of asbestos in the shipyards and conducted questionnaire surveys on the victims' awareness about their experiences of handling asbestos.

Certainly, the compensation helped victims to gain some relief, but their lives were lost and the beloved fathers or husbands would never come back again. Their grief is never compensated.

Many pneumoconiosis victims and other asbestos victims are left unable to obtain workers' compensation or take legal action; they just wait for support. I hope that this international conference will enhance our energy to act on the basis of an accurate recognition of the situation we are facing now.