From Coal Miners to Pneumoconiosis Victims : Recognition Processes of Occupational Diseases and Shifting Labor Identities

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On 26 December 1985, 84 former miners and family members of 39 former diseased miners from the region Chikuhô in Kyûshû, supported by a group of lawyers already linked to other famous cases of pollution, such as that Minamata, filed a lawsuit against the state and six big mining companies. These miners were victims of an incurable and particularly atrocious illness called, in Japan, *jinpai 塵肺* - pneumoconiosis in English - which causes a slow death by asphyxiation in people having breath silica or coal dust during a certain period of time. After nearly ten years of proceedings, July 20 1995, the Fukuoka district court ordered the six mining companies to pay 197 million yen in damages to about 104 victims, but did not recognize the responsibility of the State. After settlements with Mitsubishi, Sumitomo and Furukawa, July 19 2001, on appeal, the Fukuoka High Court ordered the three remaining companies, and the state, to pay 1.91 billion yen. April 27 2004, after a settlement with two other companies, the Supreme Court of Japan finally pronounced against Nittetsu and the State and granted a total of 566 million yen in compensation to complainants. This lawsuit was only one of the 102 pneumoconiosis liability trails that encountered important media coverage between 1972 and 2005.

Those suits produced a large amount of documents. These records, kept in part at the University of Kyûshû, consist of preparatory documents assembled by the defense, witnesses' auditions, statistics and surveys, inspection sheets and biographical elements on victims. These documents are especially valuable for the historian because they starkly reveal the extent of what was the social invisibility of this disease. Historical writings themselves also show this invisibility. The question of the history of occupational health is generally quite absent from labor history in Japan. In addition, there is a very surprising lack of any mention of pneumoconiosis in the abundant literature on the social history of coal mining. Examples include labor relation histories of mining of such great historians as Sumiya Mikio, Ogino Yoshihiko or Ichihara Hiroshi, history of miners labor unions such as Tanrô, the very thick volumes on the history of Fukuoka Prefecture, where the history of mining occupies several volumes, the descriptions by Ueno Hidenobu, who was a minor himself, of the poor living conditions of the inhabitants of Chikuhô, or even a description of the working conditions very difficult and violent customs of the mine by Sakubee Yamamoto, who worked as a miner for 50 years, in a series of 700 illustrations that were recently classified as World Heritage by the Unesco. It is all the more surprising to note the absence of any mention of lung disease due to dust, that explosions and their victims are thoroughly discussed. It is as if, contrary to these catastrophes, and until the recent trials, pneumoconiosis had never held any significant role in these mining communities and their memory.

Furthermore, this absence of pneumoconiosis in the social history of coal miners in Japan is all the more surprising that a very large number of scientific studies has been demonstrating the reality of this epidemic. As early as 1888, the works of Ôtani Shûan, professor at the medical school of Nagasaki, brings to light that 4 miners of the coalmine of Miike on the 5 he had studied, were not affected by tuberculosis has it was first thought. Having analysed the spits of the miners, he judged that their symptoms are owed to dusts of coal and that one has to diagnose an "anthracosis" (Ôtani 1888, 919-920.). Latter, the first use of X-ray to diagnose a pneumoconiosis was recounted in a 1916's publication. This publication by Koizumi Chikahiko and Inaba Yotarô, army physicians, was heavily influenced by German publications. It used for the first time the term of "jinpai" (pneumoconiosis) that is still in use today and stated that X-ray examination was necessary to the diagnosis of pneumoconiosis and was a way to find the disease in his early stage and propose a job post change as a measure of prevention (Koizumi 1916, 119-125). The early formal recognition of silicosis (1930) under the influence of ILO was without significant consequences on the working conditions of coal miners, but it stimulated a professional expertise that was developed in the context of a large coal mining rationalization movement. As the trials archives shows, from that period, most company physician were supposed to know this disease. However, this well established scientific knowledge is contrasted by an under recording in official statistics that there is every reason to regard as very important, even though the Silicosis Act of 1955 and Pneumoconiosis Act of 1960 had institutionalized mechanisms for regular screening and financial compensation by social insurance (Rosental and Thomann 2017, 141-173).

To understand the mechanism that fuelled the invisibility of victims of pneumoconiosis, even after its institutional recognition in 1930, 1955 and 1960, as illustrated by the very existence of pneumoconiosis trials, one must take the full measure of the barriers that impeded coal workers in the recognition process of this occupational disease. One has first to realize that the recognition of this disease, which first symptoms occur long after the dust began their work of destruction of the lung, depends on a medico-legal definition. The conduct of regular medical visits, the interpretation of radiographs, the clinical examinations and the decision to grant

From Coal Miners to Pneumoconiosis Victims : Recognition Processes of Occupational Diseases and Shifting Labor Identities 149

financial compensation to the worker depend not only of medical decisions but also of administrative ones. I.e. it depends on standards and practices that are the result of a power struggle between an industry that has been always been able to impose its medical expertise to workers who were in a position of weakness. This medical expertise in mining company was all the more ambiguous than some scientific research, foreign or Japanese, financed by industry, diffused the idea than, contrary to silica, coal dust was not dangerous for the lungs. Furthermore, the process of rationalization that accelerated from the 1930s was far from being univocal in itself. After WWII, employers invested a lot in the health management of the miners and their families, but this rationalization of the biological life of their employees was done having mainly in mind the elevation of the productivity. Health tended to be the object of a difficult negotiation between cost and return on investment. In this context, infectious diseases such as tuberculosis and dysentery were a more immediate threat to worker productivity than a chronic disease like pneumoconiosis that meanly threatened older worker health. Chikuho liability suits revealed indeed that, in numerous cases, including in mines run by large companies, the periodical examinations didn't take place at all or that workers weren't even informed of the outcomes of the examination (Thomann 2014, 151-172). For the workers, it was all the more difficult to break the boundaries this "power knowledge", to borrow Michel Foucault expression, and to turn to other sources of expertise, that paternalist policies big mines implemented after WWII contributed to make coal mining communities very closed ones as the expression *"ichizan ikka 一*山一家" illustrates.

Labor unions were not in a position to break those boundaries. After the Meiji Restoration in 1868, large reserves of coal were discovered and developed at a rapid pace to provide the energy needed for the emergence of a modern, industrialized nation. In this context, trade unionism, even if it existed, was severely repressed until 1945. But the fast rise of unions after 1945 was immediately followed, in the 1950s, by an early decline of the mining industry and an overabundance of labor which largely emptied the unions bargaining power. The boom called *Jinmu (Jinmu keiki 神武景気)* which saw the production of coalmines increased by 40% in 1956-1957, represented the last period of prosperity for coal. From 1959, the industry began to collapse. Rather than occupational health issues, unions put especially emphasis on the more immediate problem of unemployment as the industry was subject to successive rationalization plans. Throughout this period, the major industrial groups continued their strategy of investing in other activities, rather than putting money into an industry that was inherently unstable. In Chikuhô, between 1956 and 1959, 22,900 workers lost their jobs. In 1970, there were only five mines in this region although there were up to 256 after the Second World War.

Beyond the weakness of the labor movement, we must also take into account the existence of a

kind of "cognitive barrier", some risks contributing to hide others. We must realize how much the mine labor was subject to a specific environment with pervasive violence and risk perception monopolized by the explosions, and work accidents induced by rapid mechanization, the intensification of work, and handling of heavy materials such as steel pillars. Some coal mine archives show that in the 1960s, in was not rare to have miners working three or four month in row without taking even a day off, including Sunday. There was also always a coexistence of large mines held by the big industrial groups and much smaller units with little capital owned by local entrepreneurs. In these small mines called *tanuki bori* which operated with networks of shallow galleries, safety standards were rarely observed. Mine operators have tended not to invest adequately in their mines to improve safety and to try to increase production with the existing facilities and workforce. Thus, the accident rate was remarkably high. The rate of fatal accidents in large mines went up from 3.89 per million working days (man shift) in 1958 to 11.4 for the period 1962-1965. The rate of death from accidents at work, ie the number of deaths per 30,000 days of work in Japan in the years 1955 to 1964 was four times that of Great Britain, six times that of the Netherlands and two times that of Germany. The number of accidents that had killed 10 or more between 1955 and 1964 in Japan was 26 when he was only four in GB, three in Germany and six in France (Fujimoto Takeshi, 1967, 273-297).

If security in the smaller mines, but also the largest, was so neglected, it is also because miners labor was long attached to a very low social status, even if there was, in large mines, an elation of life standard after WWII. There was, at the beginning of the industrial revolution, the widespread use of forced labor, and with the industrialization of extraction after the Meiji Restoration, mining attracted buraku populations of neighbouring regions of Kyûshû. In addition, since the early 1930s, to replace the women and children who could no longer work in the galleries after the reforms inspired by the International Labour Organisation, there was extensive use of workers from Korea. During the Second World War, there was a wide use of forced labor of Koreans, which represented up to half of the workforce in some mines, but also Chinese. In addition to their low social status, workers had been long subject to a particularly oppressive system called naya-hanba 納屋飯場. In this system, a subcontractor, known as nayagashira 納屋頭, watched day and night workers who were under his authority, he housed and fed them in a sort of barrack dormitory called hanba. The nayagashira was generally responsible for recruiting workers, often at his own expense. Once he hired a group of workers, he assigned them the task on the vein on the basis of the orders of the company (Ichihara 1997). Even within the same mine, it was relatively easy to remove the coal on some walls while it was harder on others, this leading to large wage differentials. This power was still raised by the fact that not only they calculated and paid the wages of miners, but they sold them the equipment they needed for work and often lend them money. They were present in From Coal Miners to Pneumoconiosis Victims : Recognition Processes of Occupational Diseases and Shifting Labor Identities 151

all aspects of miners daily lives. This left them in a state of perpetual debt, both financially and socially. From the interwar period, this system tended to be replaced gradually by supervisors directly employed by the mines. But in a lot of mines, supervision of miners was still based on methods that placed workers in a relation of dependency and where violent methods were not absent (Ueno 1960).

The fact the pneumoconiosis trial occurred very late, nearly two decades after the closure of most mines in the region, is a strong demonstration of the strengths of all these barriers against the recognition of the disease. Such a trial was not possible as long as the workers were employed by a mining company, and they were members of a local community dependent on the coal industry. Most miners began to sue the mining companies, and to make their disease socially visible, once these companies have completely abandoned the region Chikuhô and at a time when they had become entirely dependent on public welfare. But the mobilization that enabled them to cross the boundaries of social invisibility was also possible thanks to the help of group of lawyer that had experiences in other pollution trial such as the Minamata disease trial. They could also benefit from new screening campaigns organised by doctors not linked to their previous employer. These new actors, helped by artists, such as famous photographs, were able to give to their mobilization an echo that put the recognition process of pneumoconiosis victims over the borders of the closed world of the mining world, but also of the medical expert and administrators, into the public sphere. Consistent with the approach of Gramsci, the Chikuhô liability suits shows us that a mechanism of power can be overturned if there is enough outside, informed help available for even a so seriously disadvantaged group such as Japanese coal miners. The paradox of this situation is that if these miners and their family have been able to achieve a social citizenship that medical expertise, funded by industry and the government, was never able to give them, this victory finally came in a world already disappearing.

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