

Lessons from Minamata repeated: innocent, sick, unwanted and ignored

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Photo credit: Yuyun Ismawati

When you have known someone who has suffered, the reason to push our fight to prevent the next Minamata happening in ASGM countries becomes even stronger and more urgent. It becomes a personal fight.

I would like to share my sadness with you all. I was informed by my team, that Emak Rum'ah, 71, one of the community members who had been in pain and who had a stroke over a year ago, passed away yesterday, May 10, 2014.

I took the above photo on February 26 this year, when I went to one of the ASGM hotspots area with our team including a doctor, Yunita, (on the left) who examined some of the mercury poisoned victims in the village.

I met Ibu Rum'ah, mother of Supanta, a miner, during my first visit in early February at Supanta's house. She was already in a bad condition and could not move her body except her left hand. She had been diagnosed with a stroke by the local health clinic who had treated her with ineffectual drugs, i.e paracetamol, vitamin B, and some others while were insignificant to treat her illness. Although the local doctor already identified her high blood pressure, they did not give her the appropriate pills.

That end of February, our colleague, dr. Yunita was walking around the village and found almost 75% of the villagers have high blood pressures above 140 mmHg. We took the digital blood pressure kit around the

village and measured some villagers who were willing to be assessed; some of them already had their hair results.

Ibu Rum'ah was a housewife; not a miner, nor a gold worker or mercury seller. She was just an ordinary villager, living in her simple staged house with her husband. Last year he passed away after suffering from a 'stiff' stomach and digestion problems for almost two years. She said that her husband, a farmer, died at 70, suffered from severe constipation - he would not eat anything and found it very hard to defecate for most of the previous year before he passed away.

After her husband died, she stayed at her house for a couple of months before she suffered her stroke. Her children, two sons and one daughter, took turns caring for their mother by moving her regularly from one house of another. I told them to stop moving her around as her condition was increasingly getting worse.

During my first encounter with her, we could still communicate well although she could not move her whole body. She remembered how her grandson, three years old - who was running around the house - was an expensive cesarean boy, she said, born at the nearby city hospital.

When I asked her how old she was, she seemed confused but we joked over whether she was 71 or 17. I convinced her that she is 17 and she smiled. That was my most emotional and memorable moment with her.

When I visited her again several weeks later with dr. Yunita, a recent heart attack had added to her problems. All her family had already gathered at Supanta's house but apparently it was still not her time. When Yunita examined her, she found her blood pressure high (100-180 mmHg) but she had given up taking the medication. It was too expensive, Supanta said.

I could only hold my breath and watch as she spoke slowly to Yunita. She did not seem aware of her surrounding nor recognise anyone but was still able to talk and move her left hand. When Yunita asked her age, she turned her eyes to me, looked at me for a couple of minutes, and with a weak smile to me said softly, "I am 17.....".

Everybody in the room laughed and was amazed with her smile and unexpected comment. And then her daughter-in-law (on the right side) asked her whether she knew who I was. She said: "Of course I remember, she's Ibu Yuyun, my friend...".

When we analysed her house location, the water sources and its surrounding, we discovered that it was situated in the third row behind the main street of the village. Along the main street, there are several ball-mills facilities, amalgam burning and gold buyer kiosks. Because she was a housewife, she stayed at home most of the time, sitting on the low floor, where there was poor ventilation and air circulation in the house which only contributed to her gradually getting a weaker body due to the increasing effects of mercury pollution. She also consumed local rice and fresh water fish from the neighbourhood that was contaminated with mercury. We took some rice, fish, soil, air and hair samples in the village but not a sample of her hair nor blood.

More than 30 villagers are already suffering badly from suspected mercury poisoning. Most of them have suffered pain and a stroke or tremor (partially or over the whole body) for more than 4 years. In the neighbour, Emak Onah, 60, also a housewife, suffered has had tremors for 7 years already. She lives across the street from a ball-mills unit and amalgam burner kiosk. Her 16 years old daughter is her carer now, sacrificing her youth to take care of her mother. Her husband left her 7 years ago when her tremor was started getting worse.



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Photo credit: Yuyun Ismawati

Included in this list of sufferers is Hesty, 9, a girl, that shows cerebral palsy symptoms. She has another sad story, being abandoned by her parents since she was 2 years old, with a main diet reliant on PediaSure formula powder milk.

Sadly, this situation is not exclusively happening in this village, but is being repeated in hundreds of hotspots inside Indonesia and could be found in more than 70 countries with ASGM. It has been shown that the use of mercury in ASGM is the key to the production of social and environmental suffering. However, the new mercury treaty does not set any target to stop or ban the use of mercury in the ASGM sector nor ban the export or import of mercury for the sector.

While not yet on the scale of the Minamata tragedy in one location, the worldwide pattern is the same but effecting many more innocent people who are falling sick and dying. They are unwanted by the authorities and ignored by their own community who do not comprehend or investigate the problem with any sense of urgency.

After 60 years, the Minamata victims are still struggling to fight for justice, compensation and recognition. Whether they are congenital Minamata victims or direct victims of the Minamata tragedy, almost all of them were innocent but got sick and were then unwanted and ignored by society. The truth is that mercury traders and gold traders are making their profits and enjoying a sweet life while ordinary people live a bitter life and die as a direct consequence of mercury poisoning done by their neighbours.



Photo credit: IPEN

We must find a better way to stop all the upcoming tragedies and do it in systematic way to prevent one Minamata happening in each of 70 countries. It is time to stop the suffering!

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