
The Minamata Disease: An Ecofeminist Analysis

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The Minamata disease is, to this day, one of the most devastating environmental and public health disasters of the twentieth century, the consequences of which left a deep scar on Japanese and global society alike. The handling of the case exposed severe systemic failures in governance, legal accountability, and human rights protection, underscoring not only the need for an alternative approach to climate governance, but also the necessity to integrate gender considerations into environmental health policies. In fact, the Minamata disease, like any environmental crisis, is characterized by a deeply gendered impact, exacerbating pre-existing gender inequalities.

Theoretical Framework: Ecofeminism

[Ecofeminism](#) provides a fitting theoretical perspective for framing the case at hand, offering a critical analysis of both the environment and gender dimensions. The term was coined in 1974 by French author Françoise d'Eaubonne in her work *Le féminisme ou la mort* ("Feminism or death"), and refers to an umbrella term that subsumes a broad spectrum of views, all of which share a common core claim: an entanglement exists between the exploitation of nature and the oppression of women, rooted in androcentrism and patriarchal power relations. Its aim is to challenge dominant western (gendered) conceptual dualisms, such as the oppositions male/female, reason/emotion, mind/body, or human/nature, in which the first term, associated with masculinity, is set against the subordinated latter, associated with femininity (see [De Vido, Russo, Tramontana](#) 2026, 47). As Australian philosopher Val Plumwood argues in her 1993 book *Feminism and the Mastery of Nature*, these dualisms historically enabled and justified both gender subordination and the degradation of the natural world.

This theoretical framework highlights the process of ‘[othering](#)’ and subjugation of nature, that parallels the patterns of oppression of women, where both are objectified and relegated to a lower tier within the hierarchical structures of (anthropocentric) power. As professor Chaone Mallory notes, ecofeminism’s strength lies in recognizing that nature, “subjected to the subordinating process of dualism, is perhaps the ultimate ‘other’ upon which the human self gets constructed” (see [Mallory](#) 2013, 251-254).

Nevertheless, this association of women with nature has faced many internal critiques, particularly for its tendency towards [essentialism](#), namely the assumption that a subject is constituted by pre-social, innate, and unchanging qualities, an outcome of its biology. Equating women with nature reinforces the idea that women, as natural nurturers and caregivers, are essentially closer to nature and reduces them to an eternal ‘[feminine principle](#)’ ([Mies, Shiva](#) 1993), an argument that for centuries has been used to justify their very oppression. The idea that men and women are endowed with innate essences that are neither historically nor culturally contingent stand in opposition to the feminist [constructionist](#) struggles, which highlight how subjects are constituted by the social, historical, and cultural contexts they inhabit. This construction of an inherent connection between women and nature contradicts the need to disrupt the human/nature dichotomy ([De Vido, Russo, Tramontana](#) 2026, 15-16).

This critique led to a marginalization of ecofeminism from mainstream academia for several decades, hindering its potential as a legal method of international law. Nonetheless, more recent intersectional ecofeminist revitalizations opened new interesting paths of research that provide the means to better examine schemes of oppression within and across species, utilizing a method that combines an understanding of persistent discrimination in our societies with the knowledge that human beings belong to the environment and not *vice versa* ([De Vido, Russo, Tramontana](#) 2026, 17).

Historical Context: The Roots of Neglect

Although the disease was officially identified in 1956 in Minamata City, Japan, contamination and exposure, affecting both humans and non-human animals, had begun decades earlier, with the first unrecognised case of the disease likely emerging as early as 1941, as a result from prolonged chronic exposure to methylmercury-contaminated fish from industrial wastewater

discharged into the sea by the Chisso corporation ([Furuya](#) 2026, 108). Said corporation was a pioneering chemical company in the manufacture of vinyl chloride and octanol, both of which required a complex chemical process that produced methylmercury as a byproduct.

The first victims of the disease were not humans, but local animals, particularly cats, which began exhibiting abnormal behaviors, such as seizure-like movements and erratic running before sudden death, leading the condition to be initially known as “dancing cat disease” and dismissed as a curiosity rather than an indicator of an escalating environmental disaster. The entire feline population of Minamata was wiped out by 1955, just one year before the first officially recognized human cases emerged.

Mercury poisoning is a severe neurological disorder, characterized by long term disabilities, multi-generational health impacts, and in extreme cases to paralysis, coma, and death. Its symptoms might include numbness in the hands and feet, tremors, muscle weakness, loss of coordination, and impairments in speech and vision (see [here](#)).

It took twelve years and a [second deadly outbreak along the Agano River](#), in Niigata prefecture, for the Japanese government to officially acknowledge the cause of the disease, after a long period of denial, scientific controversy, and corporate resistance. This delay is largely attributable to the importance of the Chisso corporation as a central pillar of Japan’s post-war economic recovery, and to its generous economic contributions to Minamata City’s municipal revenues, accounting for more than half of the total tax incomes, and therefore making the city almost completely reliant on the company ([Furuya](#) 2026, 112).

The silent and prolonged nature of the crisis exposed the dangers of regulatory inertia and corporate influence, whereby the inadequacy of the legal response mechanisms, compounded by delayed recognition, exacerbated long-term public health crises that disproportionately affected marginalized populations, including women and girls.

The Minamata case exemplifies the concept of “slow violence”, coined by South African professor Rob Nixon in his 2011 book *Slow Violence and the Environmentalism of the Poor*, in which he addresses an invisible violence “that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all” ([Nixon](#) 2011, 2), often escaping media attention and legal accountability. The silent and invisible accumulation of mercury in

the food chain, coupled with a delay in the onset of tangible symptoms, hindered the mobilization of timely legal interventions. Likewise, the decades-long and contested legal process for the recognition of victims mirrors the inadequacy of the legal and political frameworks in addressing crises that are not “immediate in time, explosive and spectacular in space” ([Nixon](#) 2011, 2), but rather silent and prolonged in time. The case of the Minamata disease illustrates how invisible and entrenched environmental harm that unfolds over decades often evades existing jurisprudence and prevents prompt swift regulatory action ([Furuya](#) 2026, 109).

Gendered impact of Minamata Disease: Bodies as Sites of Control

As established, the Minamata disease was characterized by a deeply gendered impact, and the ecofeminist approach provides a compelling analytical framework for understanding this dynamic.

Women, especially those of childbearing age, were disproportionately impacted by the crisis due to two intersecting factors: their biological susceptibility and their socially assigned roles.

On the one hand, high levels of mercury exposure in pregnancy heightened the chances for the fetus to develop congenital Minamata disease, which results in profound developmental impairments and lifelong disabilities with symptoms analogous to cerebral palsy, a tangible demonstration of the inter-generational consequences of industrial pollution. On the other hand, women bore the brunt of most of the primary caregiving responsibilities, in accordance with their socially assigned roles as *ryōsai kenbo* (“good wife, wise mother”), a term popularized at the end of the Meiji era (late 19th century), and entrenched in nationalism and Western gender discourses (see [Kagawa](#) 2024, 65-93). Because of this socially imposed burden, women were coerced into managing the physical, emotional, and economic consequences of the illness within families and communities.

Despite being disproportionately affected by the crisis, and their central position in the struggle for recognition and justice, women were largely excluded from the decision-making processes, compensation schemes, and legal redress mechanisms. This marginalization is not an isolated phenomenon, but rather an evident example that reflects a broader pattern of systematic exclusion of women and other vulnerable groups from decision-making processes,

that exposes how those most affected by environmental harm are customarily denied agency in addressing it.

Coercive Reproductive Measures: The Eugenic Shadow

Even more troubling than the disease in itself are the emergency directives issued by the Japanese government after the second outbreak of the disease in Niigata nine years after the first officially recognized case (1965). In this case, the Niigata University Medical School conducted more through epidemiological studies, forcing the first public acknowledgement of the link between mercury levels in pregnant women and foetal health risks ([Furuya 2026, 113](#)). Under the guise of “public health protection” in 1965 the Niigata local government issued a series of coercive reproductive measures: mandatory medical testing for pregnant women, recommendations for sterilization and birth control, and breastfeeding restrictions. Despite Minamata disease not being infectious nor genetically inherited, pregnant women with high mercury levels were pressured into terminating their pregnancies, meanwhile women in fertile age who displayed mercury levels above 50ppm were strongly encouraged to undergo sterilization (the normal mercury level is usually < 1.0 ppm, according to the [NCBI](#)). Furthermore, the sensationalized media coverage of the crisis, with newspaper headlines such as ‘Fetal deformities expected’ or ‘Government Advises against Pregnancy’ ([Furuya 2026, 113](#)), coerced women into reproductive decisions they did not fully consent to, reinforcing the state-imposed reproductive injustices.

Between August 1965 and June 1967 at least seven women underwent [forced sterilization or coerced abortion](#). The number of victims is likely to be higher, seven is solely the number of women who decided to file lawsuits seeking damage for the irreversible consequences imposed upon them. The men-made failure in preventing exposure despite early warnings exposes a deep environmental reproductive injustice that deprived women of informed choices regarding their own bodies, and therefore completely undermined their bodily autonomy. Instead of implementing policies to prevent mercury exposure or holding the Chisso Corporation accountable for its actions since the earlier stages of the contamination, these coercive reproductive measures placed the burden of the response solely onto women’s bodies, reinforcing state control on their reproductive choices. The blame was placed on women, condemning them for potential future cases of congenital Minamata disease.

This dynamic of state control over women's bodies was further enabled by Japan's "[Eugenic Protection Law](#)", enacted in 1948 and that remained in effect until being revised to the "[Maternal Health Act](#)" in 1996, that allowed voluntary and involuntary sterilization for hereditary diseases, mental illnesses, and intellectual disabilities in order to "prevent the increase of the inferior descendants from the eugenic point of view" ([Article 1](#)). This constituted a legal framework that facilitated interventions violating fundamental human rights, such as the right to informed consent and the right to reproductive freedom ([CEDAW's General Comment No. 35 \(paragraph 18\)](#)).

Therefore, the Minamata case, from an ecofeminist perspective, can be considered a gendered form of slow violence, where women's bodies became sites of both environmental harm and legal control, almost perfectly exemplifying the intersection of reproductive injustice and state neglect in environmental crises.

Legal Redress and Global Governance

The legal path towards the recognition of the injustices faced by the Minamata victims has been long and incomplete, characterized by a complex interplay of litigations, political settlements and legislative measures, with no comprehensive solution. The fragmented and incremental nature of the redress efforts created for decades a vicious cycle of lawsuits to challenge the strict recognition criteria imposed by the government, unsatisfactory political agreements, and partial legislative measures (see [Yorifuji et al.](#) 2013, 114-115). The legal framework, based on response to crises and disasters using securitization discourses, was not adequate to provide the necessary long-term prevention measures and the protection of the right to life and health. Only in 2004, almost fifty years after the first outbreak, did the Supreme Court of Minamata issue a [ruling](#) that recognized the government's responsibility for failing to prevent the spread of the poisoning despite having the regulatory authority to do so.

It is important to note that, despite the prolonged litigations and the existing legal measures, over 9.500 applicants remain [unrecognized](#), with ongoing struggles for recognition and redress from both the government and the polluting corporation under initiatives such as the "[No More Minamata](#)" movement.

Although the [Minamata Convention on Mercury](#), adopted in 2013, represents a critical step toward global mercury regulation, “its effectiveness hinges on how well it incorporates gender-sensitive approaches to environmental governance” (see [Furuya](#) 2026, 109). The convention aims to regulate mercury trade but falls short in addressing gender-specific vulnerabilities making the adoption of the 2023 [Gender Action Plan](#) (GAP) a crucial supplement. The plan introduces key measures to ensure that women’s rights and roles are integrated into mercury governance through measures such as gender-disaggregated data collection, targeted health interventions, and economic support for women in affected communities.

Conclusion

The Minamata disease is not only one of the most severe environmental disasters of the twentieth century, but also a profound example of how ecological harm intersects with gender inequality and systemic injustice. Eco-feminist analysis allows us to move beyond the immediate and superficial effects of environmental degradation, and to uncover the broader patterns of injustice that lie beneath the surface.

The protracted denial by the Chisso corporation and the delayed response from the Japanese government to the dangers of mercury pollution uncovered the inadequacy of the existing regulatory mechanisms in addressing the silent, cumulative nature of slow-onset environmental disasters, and therefore their failure in preventing prolonged human (and non-human) suffering.

The state’s recourse to regulating women’s bodies and fertility, rather than tackling the root causes of the disaster and holding corporate actors accountable, demonstrates how environmental governance in the context of chronic environmental harm focuses on reparation rather than prevention, and, as a consequence, forces the most vulnerable to bear the burden of systemic political and economic failures.

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