DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

GHQ/SCAP Records (RG 331, National Archives and Records Service)

Description of contents

(1) Box no. 2853

(2) Folder title/number: Chiba (30)

(3) Date: Aug. 1948 - Dec. 1948

(4) Subject:

Classification	Type of record
9760	e, g, r

(5) Item description and comment:

Chiba

(6) Reproduction: (Yes) No

(7) Film no. Sheet no.

(Compiled by *National Diet Library*)

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Dec. LARA shipments to Gamma not reported to Hanto

B-2 - Dec 1948

Cuba — (42 empl.)
Toyo Judoba - Koatan Kojo - (auto repairs & sales) delinquent & no payments
Asahi Furniture Mfg Co. (15 empl.) delinquent in payments.
Both going notices to straighten out affairs
Both dormant properly suspended as to ~~assessable~~ matters.
Prefecture check on maintenance conditions in area —
363 plants formerly delinquent
— as of 15 Dec 48 —
226 paid up in full to Oct 1st
137 still delinquent
57 plants owe total of ¥2,480,000
letters for forfeiture attached 37 plants paid up in full. Others paid up by 1 Nov
Condemnated efforts pay off.

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Chiba - B-2 for Sept 1948 —

Insurance - Payments delinquent — but policies not cancelled. Delinquency has caused approx 1/3 of his associations (unions) to discontinue medical treatment to insured.

Prof. action: ① Personal calls on delinquents by heads of local mis. assn.

② Prof. has requested additional subsidies.

Nagano - B-2 - Sept 48 - Normal. Info.

Gunma - B-2 for Sept. 48. —

Insurance — Many employers delinquent in submitting contributions

Ibaraki - B-2 for Sept 48 — INSURANCE

Basic medical fund "payment has increased the requests for medical aid.

	WHI Assoc -	215	managed by	local offices
(OVER)	"	34	"	by Corporate Juridical Body (same ?)
	"	28	"	by the Associations (What does that mean ?)
Total	"	90 undecided		
		367	in Pref.	

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B-2 for Sept (cont'd) Aomori

During August 168 H.I. Assoc. dsc. as a result of the activity of Agricultural Assoc. reorg. into Agricultural Co-op. Assoc.

SAITAMA - B-2 for Sept 48 - INSURANCE
No info. in report.

TOCHIGI - B-2 for Sept 48 - INSURANCE
No insurance info. in report.

YAMANASHI - B-2 for Sept 48 - INSURANCE
No insurance info. in report.

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Available Institutions

Hospitals		Clinics
National	8	337
Pref.	0	-
City	0	-
R. Cross	1	9
Ins.	26	3
Other —		
Private	50	71
(Juri. Persons) (NS)	11	62
TOTAL	96	482

Institutional Aid		
	Hosp.	Clinics
National	8	337
Pref.	0	0
City	0	0
R Cross	1	9
Ins	26	3
Pvt	50	71
Juridical Persons	11	62
Total	96	482

Technical Aid (Physicians)

Doctors	1972
Nurses	6708
P.H. Nurses	515
Other	
Dentists	981
Pharm	876
Midwives	2745

Appeal System —

Prefecture has Referee —

Month	No. of appeals	Member of What Assoc.	Disposition
Aug	—		
Sept	—		
Oct	—		

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

accounting - of 30 Nov. - Gen. check
Appeals - Ret. pensioners
Personal
Institutional
subbank - ¥2.01%
¥17,222,273.57
estimate
21,000,000

CHIBA
PREFECTURE

POPULATION - 2,140,511

INSURED POPULATION -

Health Insurance - 42,249.
Nat'l. Health Ins - 2,021,793.
Welfare Pension - 40,288
Seamens Insurance - 799.

Total Insured -
% Insured -

INS. ASSOCIATIONS

INSURANCE SECTION

Authorized Strength - 76
Present Strength - 62

Type	Soc. Adm.	Gov. Adm.
NHI - Wkg		
Partial Active -		
Suspd	—	
Dist	—	

N.H.I. - Society adm -

Wkg	21
Partial Act -	2
Suspended -	8
Dist	1
Total	32

Gov. Adm -

Wkg	66
Partially Activ -	71
Suspended -	86
Dist	59
Total	282

Headaches - Soc. Adm - 14
Gov. Adm - 0
Total 14

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26 Dec 48

Mrs. Clarke B-2 - Nov 48

Delinquent Pay to -

Dejan Valve Manuf. Co.

Asahi Ship Bldg Co.

Drive made to bring out delinquent payments

Check on next Sampan Trip

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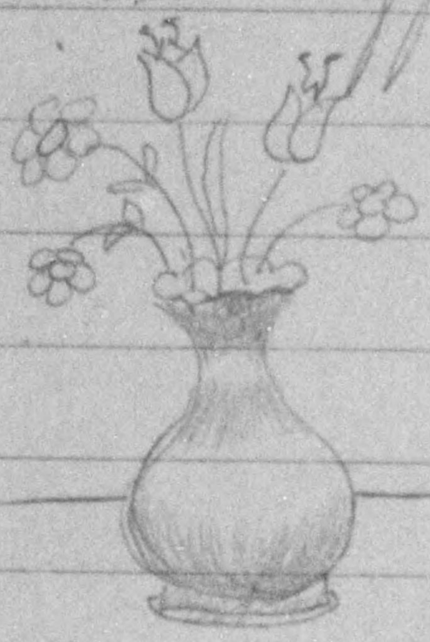
H.I. on Wages
NHI on family income

Deceased insurance refunds

Contract Officials — 50% coverage Mutual Aid.
50% " NHI (voluntary)
100%

NHI Pres Consults establishment



(50c)
H.I. - Reports — Generally OK
H.I. (Contractors) Report —

NHI Reports (monthly) — Poor - not rec'd.

Reason - Delinquent payments by insured
Small amounts in treasury of Assoc.
Difficult to keep Dr. Specs.

What is done — Benefits of plan.
Thurs. Knowledge of contract.
Ask for good treatment of patients
Est. of clinics

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Clubs has Soc. Ins. Committee
10 people on each subcommittee of
(273 groups) village

information program — publicity —

Doctors general attitude —
Co-op. in general.
710 for point 4 — Seems satisfactory.
Bills are received & sometimes
not checked with patients

Patients attitude toward
min. doctors —
Some think treatment & will not be
as good as pvt. treatment

Docs sent in report by 10th of next month
Doctors are paid by 25th

Doctors and nurses not sufficient to
cover prisons - clinics &
dispensary.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

KANTO MIL GOVT REGION

DATE DEC 1 1948

	INF:	INIT:	DATE
G Officer	:	:	:
Executive Officer	:	:	:
Adjutant	:	:	:
Education	:	:	:
Public Health	:	:	:
Sanitary Eng	:	:	:
Veteranarian	:	:	:
Det Comd'r	:	:	:
1st Sgt	:	:	:
Procurement	:	:	:
Legal	:	:	:
Economics	:	:	:
Labor Rel	:	:	:
Welfare	:	:	:
Information	:	:	:
Translation	:	:	:

REMARKS:

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

HEADQUARTERS
CHIBA MILITARY GOVERNMENT TEAM
APO 181

019 29 November 1948

SUBJECT: Social Insurance

TO: Commanding Officer
Kanto Military Government Region
APO 201
ATTN: Capt. Nerri, Welfare Section

The attached information, obtained from the Chiba Prefecture Insurance Section, is a copy of the number of individuals insured in cities and guns in Chiba Prefecture, as of 22 November 1948.

FOR THE COMMANDING OFFICER:

Robert L. Robertson

ROBERT L. ROBERTSON
Major Cav
Adjutant

Incl:
Survey on Number
of People on Insurance

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

HEADQUARTERS
CHIBA MILITARY GOVERNMENT TEAM
APO 181

019

29 November 1948

SUBJECT: Social Insurance

TO: Commanding Officer
Kanto Military Government Region
APO 201
ATTN: Capt. Nerrie, Welfare Section

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FOR THE COMMANDING OFFICER:

Incl:
Survey on Number
of People on Insurance

ROBERT L. ROBERTSON
Major Cav
Adjutant

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

22 November 1948

NUMBER OF PEOPLE ON INSURANCE:

Cities & Guns	Health Insurance	Seamen's Insurance	Welfare Pensions	National Health Insurance
Chiba City	8,779	58	15,513	98,366
Choshi City	3,001	211	1,267	66,044
Ichikawa City	5,305		1,275	86,790
Funabashi City	3,713		691	76,079
Tateyama City	1,842	74	1,173	32,669
Kisarazu City	674	40	1,601	34,838
Matsudo City	828		1,126	48,761
TOTAL	24,142	383	22,646	443,547
Awa Gun	1,224	25	1,605	158,182
Isumi Gun	1,777	8	1,637	116,460
Kimitsu Gun	809		1,490	145,387
Chosei Gun	2,545		1,124	116,570
Sambu Gun	1,219		1,606	161,766
Ichihara Gun	512		806	98,239
Chiba Gun	747		987	95,240
Tokatsu Gun	5,516		2,059	196,654
Imba Gun	1,515		3,119	187,598
Katori Gun	1,608		2,125	185,234
Sosa Gun	420		564	59,773
Kaijo Gun	215		520	57,143
TOTAL	18,107		17,642	1,578,246
GRAND TOTAL	42,249	22 799	40,288	2,021,793

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KANTO MIL GOVT REGION

DATE NOV 29 1948 1948

FOR	ACT	INF	INIT	DATE
Comd'g Officer				
Executive Officer			JCG	NOV 29
Adjutant				
Education				
Public Health				
Sanitary Eng				
Veteranarian				
Det Comd'r				
1st Sgt				
Procurement				
Legal				
Economics				
Labor Rel				
Welfare				
Information				
Translation				

REMARKS:

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

HEADQUARTERS
CHIBA MILITARY GOVERNMENT TEAM
APO 181

MCW/me

019

26 November 1948

SUBJECT: Insurance Conference

TO: Commanding Officer
Kanto Military Government Region
APO 201
ATTN: Capt. Nerri, Welfare Section

1. Attached is a brief summary of the insurance conference held on 29 and 30 October in Chiba Prefecture.

2. Also attached is the completion of the form which you requested that we forward to you. Some additional information has been added for your information.

FOR THE COMMANDING OFFICER:

Robert L Robertson

ROBERT L. ROBERTSON
Major Cav
Adjutant

2 Incls
1 - Insurance Conference
2 - Insurance Survey Form

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SOCIAL INSURANCE INITIAL CHECK SHEET:

Date 13 Nov 1948

Prefecture Chiba Population 2,140,511 Welf. Dept., Chief Mr. Y. Taga

Number of population eligible for insurance 2,104,646

Number insured (NHI) 2,021,793 % of population insured 94.4%

Number insured (HI) 41,044 % of population insured 20%

2,063,837

Prefecture Insurance Section Functions

Authorized Strength 76

Present Strength 62

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ORGANIZATION
(Numerical)

GOVERNOR
|
Vice
Governor
|
Chief of Mr Yokouchi
Welfare Department
|
Head of Mr Yamakawa
Insurance Section

General Affairs (18)	Collection Affairs (13) Mr OTA	Qualification Affairs (15)	Benefit Affairs (1) (8)	NHI Affairs (5)	Seamen's Affairs (2)	Insurance Examiner (Investigation no. 1)
(1) General Affairs	Investigation on premium.	Institutional Referrals	Medical Benefit, Distribution of Medical Examinations & Sick & Wounded Allowances & other Benefit Welfare Pensions	National Health Insurances	Seamen's Insurance	
Personal, Statistics, General Affairs, Insurance Institutions	Premium Collection	Qualification Affairs				
(2) Financial						

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INSURANCE ASSOCIATIONS

	National Health Insurance		Health Insurance	
	Privately Operated	G.T.B. Operated	Privately Operated	G.T.B. Operated
Active	21 (32)	66 (282)	14	1051
Suspended	8	86	0	0 (30% delinquent)
Partial Active	2	71	0	0
Discontinued	1 (juridical persons)	59	0	0

Have NHI Prefecture Advisory Councils been formed? Yes, the Chiba Prefecture National Health Insurance Committee.

Have NHI Prefecture Advisory Councils been formed elsewhere in the Prefecture? No.

How many?_____ Where?_____

How are appeals handled? Appeals will be accepted by the Social Insurance Investigation Committee, and then taken to the Prefecture Administration.

Chiba Appeals Referee – Mr Oda – H & WP & S.

Appeals Bd – for NHI

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HOSPITAL STATUS BY GUNS AND CITIES:

Class	Name	Address	Beds	Clinics	Those having NHI & HI Associations: NHI	HI	Those having admitted NHI & HI patients: NHI	HI
Nat'l	Total of 8		3180	337	Yes	Yes	Yes	Yes
Pref.	-		-	-	-	-	-	-
City	-		-	-	-	-	-	-
Red Cross	Narita	Imba Gun	100	9	Yes	Yes	Yes	Yes
Private	30 having over 20 beds each		1492	71	Yes	Yes	Yes	Yes
Insurance	Shirai Village Union Hospital	Shirai Mura, Imba Gun	26	3	Yes	Yes	Yes	Yes
Others	11 having over 20 beds each (juridicial organizations)		783	62 / 42	Yes	Yes	Yes	Yes

HOSPITAL ADMINISTRATION:

	Adequate	Inadequate	Remarks
Doctors	✓		
Nurses	✓		
Drugs	✓		
Equipment & Supplies	✓		
Admin. Personnel	✓		
Finances	✓		

Average % of use of beds for Aug, Sept, & Oct:
Unable to secure information at present.

NUMBER OF INSURANCE PATIENTS HOPITALIZED IN LAST SIX MONTHS:

	May	June	July	Aug	Sept	Oct
NHI	198	161	207	209	?	?
HI	60	87	204	40	?	?
Welfare pensions	-	-	-	-	-	-
Unemployed	-	-	-	-	-	-
Seamen	-	-	-	-	-	-

Doctors in Prefecture: 1972
No. associated with insurance cases: 1505
Attitude of doctors: Fair & improving.

Number of nurses in prefecture at present: 6708

Number of nurses in prefecture three months ago: 5375

Is their pay adequate? Fair.

If not, what is being done about it?

How many doctors and nurses in each gun? Doctors: 1972 Nurses: 6708

Pharmacist: 876 Health nurses: 515

Midwives: 2745 Others:

See attached sheet for breakdown by Cities + Guns.

Record of number of people insured in each gun: (See attached sheet)

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STATUS ON DOCTORS IN CHIBA PREFECTURE BY CITIES AND GUNS:

Cities & Guns	Doctors	Dentists	Health Nurses	Midwives	Nurses
Chiba City	379	105	75	200	2,251
Ichikawa "	155	78	20	126	864
Funabashi "	76	63	8	83	219
Choshi "	53	31	10	54	172
Matsudo "	34	24	3	41	134
Kisarazu "	41	26	7	54	172
Tateyama "	40	21	12	50	278
TOTAL	778	348	135	614	4,188
Tokatsu Gun	117	66	34	233	203
Chiba "	85	37	31	156	306
Ichihara "	66	44	21	85	92
Kimitsu "	109	51	49	183	104
Awa "	125	71	38	217	256
Isumi "	106	30	24	131	255
Chosei "	109	52	38	144	153
Sambu "	128	66	33	358	216
Kaijo "	28	29	15	74	56
Imba "	145	89	40	250	458
Katori "	129	69	41	218	333
Sosa "	47	29	16	82	88
TOTAL	1,194	633	380	2,131	2,520
GRAND TOTAL:	1,972	981	515	2,745	6,708

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NUMBER OF PHARMACISTS IN CHIBA PREFECTURE:

Chiba City	175	Chiba Gun	49
Ichikawa City	117	Ichihara Gun	22
Funabashi City	57	Kimitsu Gun	25
Choshi City	25	Awa Gun	46
Kisarazu City	16	Tokatsu Gun	55
Tateyama City	30	Imba Gun	49
Matsudo City	27	Sosa Gun	9
		Samba Gun	47
TOTAL	447	Isumi Gun	47
		Chosei Gun	36
		Kayo Gun	11
		Katori	32
		TOTAL	429 (428)

GRAND TOTAL: 876 (875)

NUMBER OF PEOPLE INSURED IN EACH GUN:

Chiba	218,571
Ichihara	99,557
Tokatsu	429,916
Imba	192,230
Katori	150,914
Kaiso	227,211
Sambu	164,591
Chosei	119,739
Isumi	119,882
Kimitsu	184,839
Awa	176,794
TOTAL	2,104,246

HOSPITAL STATUS OF CHIBA PREFECTURE:

Class	Name	Address	No. of Beds	No. of Doctors
Nat'l	National Chiba Hospital	482 Sakusabe, Chiba City	600	14
"	National Narashino Hospital	455 Fujisaki Tsudanumamachi, Chiba Gun	400	10
"	Chiba Medical University Attached Hospital	312 Inohana-cho, Chiba City	645	270
"	Chiba Medical University Narashino Branch Hospital	Okubo Tsudanuma Machi, Chiba Gun	100	6
"	National Konodai Hospital	Konodai, Ichikawa City	1000	26
"	Tokyo National Railway, Kisarasu Branch Hospital	Takayanagi, Kisarazu City	30	5
"	National Sakura Hospital	Sakura Machi, Imba Gun	105	11
Red Cross	Japan Red Cross Narita Hospital	Narita Machi, Imba Gun	100	9
Insurance	Shirai Union Hospital	Shirai Mura, Imba Gun	26	3
Private	Kashiwado Internal Hospital	2,118 Nagasucho, Chiba City	57	6
"	Nakamura Kokyo Sanotorium	188 Chiba Dera-cho, Chiba City	84	2
"	Shiina Hospital	40 Shinmachi, Chiba City	27	2
"	Hokuso Hospital	Nakanodai Nodamachi, Tokatsu Gun	70	3
"	Shikiba Hospital	Kokubu, Ichikawa City	87	2
"	Limited Partnership Nakayama Brain Disease Hospital	229 Nakayama, Ichikawa City	140	1
"	Takahashi Hospital	578 Ichikawa, Ichikawa City	43	3
"	Katsuda Hospital	883 Kisarazu, Kisarazu City	20	1
"	Takeyama Hospital	778 Kisarazu, Kisarazu City	45	3
"	Hagihara Hospital	862 Kisarazu, Kisarazu City	25	3
"	Munemasa Hospital	379 Kisarazu, Kisarazu City	24	2
"	Takeuchi Hospital	360 Kachiyama Katsuyama Machi, Awa Gun	24	1
"	Hojo Hospital	1089 Hojo, Tateyama City	25	1
"	Nakahara Hospital	19 Nigaura Wadamachi, Awa Gun	20	2
"	Mura Kami Hospital	Okubo Amatsu Amatsu Machi, Awa Gun	30	1
"	Uchida Surgery	1528 Nishishiba Machi, Choshi City	24	1
"	Company Ltd. Tateyama Hospital	197 Hojo, Tateyama City	137	8
"	Tojo Hospital	Hiroba Tojo Mura, Awa Gun	75	4
"	Kameda Hospital	929 Motomura Tojo Village, Awa Gun	45	2
"	Nakamura Hospital	620 Kimekura, Isumi Gun	20	1
"	Kirino Hospital	Kozu Kozumachi, Isumi Gun	20	1
"	Asahi Hospital	1219 Kemizu Katsuura Machi, Isumi Gun	22	3

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"	Takeda Kaigan Hospital	5335 Toyoumi Toyoumi Machi, Sambu Gun	150	4
"	Tomitsuka Inernal Hospital	265 Oami, Oami Machi, Sambu Gun	101	1
"	Masuda Gynecology Hospital	21 Yamakura, Toyohara Village, Sambu	26	2
"	Hitomi Hospital	272 Omigawa, Omigawa Machi, Katori Gun	35	1
"	Riseido Hospital	1825 Ogishima, Shinshima Village, Katori	20	2
"	Miharudo Hospital	4503 Narita, Narita Machi, Imba Gun	45	3
"	Juntendo Hospital	81 Honcho, Sakura Machi, Imba Gun	25	3
"	Takeda Hospital	1015 Koshi, Mobara Machi, Chosei Gun	26	2
Others	Tokyo Medical College Attached Konodai Hospital	Government Property, Konodai, Ichikawa	100	15
	Chiba Prefecture Kyodo Hospital	136 Nagasuka, Kisarazu City	115	9
	Choshi Union Hospital	245 Shinsei, Choshi City	40	9
	St. Francisco Companion Ass'n Kaijo Sanitorium	4017 Nonaka, Yazashi Village, Kaijo Gun	90	1
	Kujukuri Home	21 Yamakura, Toyohara Mura, Sosa Gun	26	2
	Soga Hospital	1100 Imaicho, Chiba City	42	4
	Noda Hospital	Nakanodai, Noda Machi, Tokatsu Gun	70	3
	Tokyo Dental College Attached Hospital, Ichikawa Branch	1910 Sugand, Ichikawa City	30	1
	Chemical Treatment Laboratory Attached Hospital	2418-2 Niiyama Konodai, Ichikawa City	90	8
	Into Medical Treatment Union Hospital	259-Ho Yachimata Machi, Imba Gun	20	2
	Kosei En	328 Kaburaki-cho, Sakura Machi, Imba	160	2

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T.O./sk

Nov. 19, 1948.

To: Head of Health Section, C.M.G.T.

From: Head of Health Section, C.P.G.

Subj: Report on the state of Condition of the 3rd National Health Insurance Conference.

Through the two days of 29 and 30 of Oct,1948, there was held the 3rd Kanto Yamanashi district national health insurance conference in Amatsu-machi, Awa-gun. Excepting Saitama prefectural representies, from Tokyo Metropolis, Kanagawa, Chiba, Ibaraki,Tochigi and Yamanashi prefectures, all headmen of Insurance Section, national insurance officials and the secretaries of National health insurance organization federation were present at the conference. The main matters of conference were as follows: 1. The influences brought about by the enforcement of the revised National health insurance law and their guidance condition

2. The stabilization policy of Insurance economy

3. The strengthening policy of the guidance organization

The main matters desired at this conference were as follows :

1. To deliver a large amount of assistance by national treasury to the insurer
2. To expressly insert in the artiśles of the law, the rate of assistance.
3. To expressly insert in the articles of the local finance law,the liabitity of assistance by national treasury toward the expenses

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enforcement of the revised National health insurance law and their guidance condition

2. The stabilization policy of Insurance economy

3. The strengthening policy of the guidance organization

The main matters desired at this conference were as follows :

1. To deliver a large amount of assistance by national treasury to the insurer
2. To expressly insert in the artisles of the law, the rate of assistance.
3. To expressly insert in the articles of the local finance law, the liabitity of assistance by national treasury toward the expenses of carrying on National health insurance
4. To increase the number of guidance officials to each regional administration office.
5. To Set up an independent section for national health insurance within prefectural government.
6. To guide greatly the actimity of health nurses and to guide them jointly with assistant nurses to be provided in a near future within the prefectural government.

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NATIONAL HEALTH INSURANC

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

TIONAL HEALTH INSURANCE PROGRAM

CHIBA PREFECTURE

縣 葉 千

— 1949 —

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	AS OF FEB 28	MAR 10	MAR 20	MAR 31	APR 11	APR 20
MUNICIPALLY OPERATED	141	149	159	162	167	183
TO BE MUNICIPALLY OPERATED	133	125	115	113	115	99
AGRICULTURAL COOPERATIVE UNION OPERATED	16	16	16	15	15	15
UNION OR SOCIETY OPERATED	17	17	17	17	16	16
COMMUNITY DISAGREEMENTS & FINANCIAL DIFFICULTIES	7	7	7	7	1	1

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Chiba

National Health Insurance

千葉縣

(Feb. 16, 1949)

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Chiba

onal Health Insurance

縣 葉 千

(Feb. 16, 1949)

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DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

6 — Community disagreement & Financial difficulties.

155 — Applied, to be municipally operated. (Not operating)

122 — Municipally operated (active)

15 — Union operated Society (active)

16 — Agricultural Cooperative Union (Active)

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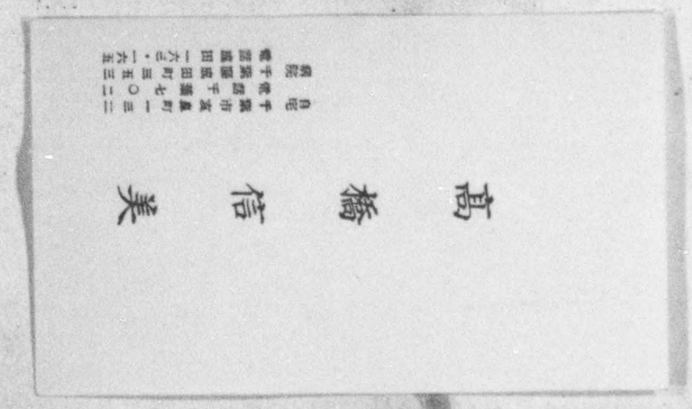

高橋信美

自宅 千葉市玄皇町一三二
電話千葉七〇二
病院 千葉藤成田町三五三
電話成田一六三・一六五

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Nobuyoshi Takahashi
President
Chibaken medical Association

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Chiba - 17 June 1949

SCAP — Wlf Min

Kanto — Chiba

Prefectural Sections
Mayors
Chiba Med Assoc
Doctors
Repr of - ① Ins. Assoc
2. Munic. NHI
3. Cities not covered

Personal interest -
Same type of INS myself.

(1)

Meeting to justify NHI program.
Seems make like we are talking around the subject
NHI is primarily meant to cover those not covered by other ~~foo~~ insurances.
Some exceptions but very small %
Also it gives more safety and medical help to those of low income.
To me that makes it worth while
I am concerned with 7 prefectures — the present conditions will work — and does in at least 75% of the places I have been.
Bad places — cause of trouble was NOT collecting premiums. Then doctors were not paid. That caused dissatisfaction

(OVER)

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I would (2) settle one, too
My answer to you is this
① Have NHI plan budgets
properly and promptly.
② Collect ALL ~~for~~ contributions
as they are decided on
③ Pay the doctors promptly
according to plan

Then the NHI plan will work. It calls for co-operation & coordination, and mutual honesty and respect between all concerned — the insured, the insurers, and the doctors.

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You therefore must endeavor to better educated to work to this end for the good of your people & the improvement of you countries health.

To me a boy or girl brought back to health to grow into a strong man or woman is a better monument to your memory than a big statue

Help make Health work & under present conditions. Today all citizens are in a difficult position. Conditions are slowly improving & yours will also.

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AGENDA FOR INSURANCE MEETING

1. Brief introductory remarks by Mr. Yokouchi, Director of Welfare Department.

b. Introduction of Dr. Rorhlich and Mr. Knoy (Social Security Division GHQ-SCAP), Capt. Nerrie (Kanto - Welfare Section), Miss Wyckoff (Welfare Section - CMGT), Mr. Yamanaka (Interpreter -CMGT), MR. MORIKAWA (INTERPRETER)

c. Introduction of Japanese representatives on panel.

d. Explanation by Mr. Yokouchi of the procedure of the meeting, i.e.,

(1) First, the main questions raised by the Doctors will be read to the audience, one by one.

(Mr. Yokouchi and Mr. Yamakawa as Co-chairman will call upon either occupation representatives or Japanese representatives to answer the question. Who will answer the question will have been decided upon prior to the meeting.)

(2) Question, or point raised will be answered by named person.

(3) If so indicated, a further discussion of the point raised will follow, either from the panel group or from the audience.

(General discussion on any point will be limited, in order that all question or points raised by the Doctors may be covered within the alloted time of the meeting)

e. Following completion of the questions and answers, meeting will be opened for questions from the audience, and general discussion.

f. Either one or both representatives from GHQ-SCAP will make concluding remarks.

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T-4

PROBLEMS AND POINTS RAISED BY DOCTORS REGARDING NATIONAL HEALTH INSURANCE (27 May 1949)

J(MIN) — 1. There are too many insurance programs that the citizens must belong to and cannot afford, and as a result, payments are not made or are late and consequently the payments to the doctors are delayed. Therefore, it was suggested that the insurance programs be consolidated.

J(MIN) — 2. As the doctors taxes are extremely high (1948 - 26% of their income and 1949 - 59%). It has been necessary for the doctors to raise their fees in order to meet expenses. Under the medical fee point system, doctors are unable to meet the cost of treatment. Therefore, they wish the medical fee point raised. Some suggested point be raised to 15 yen per point.

J(MIN) — 3. The present N.H.I. Law has not improved over the previous one. The present law has given more consideration to the insured than to the doctors.

J(MIN) — 4. Payments to the doctors are usually 2 - 3 months delayed. (See attached survey regarding payments.)

J(MIN) — 5. Citizens are now having difficulty in paying their taxes and if they cannot pay their taxes, how are they going to meet an additional expense, such as N.H.I.? As N.H.I. demands 100% cooperation between insured and doctors, if there is not 100% cooperation, the program cannot operate. It did not operate during the war when it was compulsory and they do not believe it will operate even under the democratic system, as cities, towns and villages and the individuals in these communities, at the present time, are not on an economically sound basis.

SCAP — 6. A suggestion was made for a program to replace N.H.I. which was as follows: A deposit system be inaugurated, joining optional (individual policy system). If no medical treatment has been given during the year, a percentage of the premium paid would be refunded to the insured. This would also be a government subsidized program.

J(MIN) — 7. In order to meet expenses, it has been necessary for the doctors to raise their fees for non-insurance patients. The payment received under the medical fee point system as insurance doctors, is a great deal lower than the fee they have found necessary to charge other patients to meet expenses. Consequently, they are not meeting their expenses.

Mie Yokkaichi — 8. As a result of a survey made in Ichihara Gun on the citizens reactions to N.H.I., public opinion was as follows:

<u>Goi-machi</u>: 14.3% for the program
73.9% bad
11.8% indifferent

Reasons for "bad" were as follows: Law itself "bad" (majority), lack of cooperation of the doctors and premium too high.

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Ushiku-mura: 5.8% Good
92.8% Bad
1.4% Indifferent
Reasons for "bad" were as follows: Law itself "bad" (majority), lack of cooperation of the doctors and premium too high.

J(MAIN) - 9. The majority of the individuals who need benefits under N.H.I. are those individuals within the low income brackets or unemployed, therefore, if the medical aid service under the DLSL was expanded, there would be no need for N.H.I.

J(MAIN) - 10. General statements as to the program and the reasons it is not effective were as follows: Insured late in paying and mayors not really interested.

Mr. Yokouchi - 11. Elimination of all taxes on doctors.

J (MAIN) - 12. Lowering of doctors taxes. Aim of the program is to give adequate medical treatment. In order to give adequate treatment, doctors must expand their medical equipment and prescribe treatment and medicines regardless of cost and to do this, they must have sufficient funds. However, due to high taxes and low payments received under insurance system, the doctors are unable to secure in many cases, needed medical equipment and cannot always prescribe higher cost medicines needed. If adequate medical treatment is not given, there is no reason for the program to exist.

J(MIN) - 13. In Chosei Gun, a survey was made of 26 towns and villages, including 16 doctors. Survey made from January through April. Following information obtained: An average of 2,638 points per doctor per month or 26,380 yen per month. After deducting living costs only 10,310 yen (average) remained. This is not enough - consequently wants taxes deducted and fee point raised to 15 yen per point.

J(MIN) - 14. Treatment of patients is only between the doctors and the patients and the government should not be involved.

J(MIN) - 15. The N.H.I. Law does not take into consideration that doctors are professional people. Doctors are not butchers, grocers, clothing salesmen, etc., and because they are not, and their business or profession cannot be handled as the business of the grocer, etc., their costs are higher and thus the law should take this into consideration when system of medical fee established.

J(MIN) - 16. The medical fee point system does not take into consideration that some medicines are higher than others.

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MR. YAMAKAWA - 17. Request made that more medical fee investigation boards be established, for at the present time it takes the one board in each Gun too long to review the bills submitted and thus a delay in the payment to the doctors.

J (MAIN) - 18. Upon the receipt of payment by the doctors, only the total amount paid is sent along with the payment. If the payment is less, the doctors have no idea for what particular reason or item the bill was reduced. Desire that when the payments are made and are less, that an itemized bill be sent along with payment.

J (MAIN) - 19. Kimitsu Gun reported that the majority are operating under N.H.I. however, already 2 - 3 places are in the red, due to lack of funds. To avoid this, it was suggested that the National subsidy be increased.

J (MAIN) - 20. Before such a program as N.H.I. goes into effect, or becomes compulsory, or is pushed by the Government, that a vote should have been taken throughout the country as to whether the citizens wished such a program.

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Date: 26 May 1949

To: Chiba Military Government Team - Welfare Office

From: Chiba Prefecture Welfare Dept., Insurance Section

Medical Fee Payment Condition Report

The following information covers all Guns and Cities except Chiba, Ichihara and Katori. Foregoing Gun reports have not been received to date.

1. Dates Doctors requested payment of medical fee:

Next Month	5th	5-10th	17th	10-20th	25th	30th	Total
Cities							
Towns	44	45	1	4	1	1	96
Villages							

2. Period paid Doctors bill:

Days from receiving request	1	2	5	7	14	15	20	21
Cities								
Towns								
Villages	1	2	2	2	1	4	11	2

25	30	40	50	55	75	Total
43	19	6	1	1	1	96

3. All of the Municipally or Society operated city, town and villages are paying the Doctors as set by their constitutions

4. There are places that are delaying in their payments. Delayed periods as follows:

Delayed Period	One Month	Two Month	Total	Reason for Delay
Cities				
Towns	8	3	11	Delay of Payments by the insured.
Villages				

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Survey of National Health Insurance Payments
Chiba Prefecture

16 June 1949

Average payment per family per year:

Highest	18,000	yen ?
Lowest	50	yen
Average	1,203.91	yen

Average payment per person per year:

Highest	575.00	yen
Lowest	100.00	yen
Average	228.19	yen

Remarks: Survey made on 187 towns and villages, which is 60% of all communities in Chiba Prefecture.

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Cuba - 8 June 1947

Lowest + highest income paid in Prof. (per person)

(1) Consolidation of insurance into one program

(2) Lower doctors income taxes - now too high. (Now 59% of total income)

(3) Not enough consideration for "poor" in program.

(4) Desire to raise fee for "poor" (assistance)

(5) Develop "deposit system" — Pay in to fund — Receive repay % if not sick by end of year

(6) Slowness in paying the doctors for their services.

(1) Expand Med. Aid program under DLSC To include more lower bracket incomes.

(8) Lack of energy on part of administrative personnel C.

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Present

1. Prof. memoranda personnel
2. Chiba doctors evacuation
3. Active city town & villages (NH)
4. From communities not active in
5. Survey Bd. of NH Doctors Bull
6. Medi Fee Fund Pay + Comm
7. SCAP — Kanto — & CIC G T
8. [illegible]

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(9) Eliminate all taxes on doctors

(10) After audit of doctors bills difference be amt paid & requested ~~+~~ include an explanation of difference

(11) What is relationship between cost of medicine & treatment and # of visits. Are pts dependent on type of service or type of service

(12) Want local investigating bds for Dr Bills Present system too slow

Suggestions —

1. Emphasize need to collect all premiums (contributions) once the amounts have been decided on.

2. Emphasize need for prompt payment of doctors according to existing procedures

3. Emphasize need for concentrations effort and cooperation on the part of insurers, doctors, and insured.

4. Give everyone concerned a thorough briefing in contents of the constitution of the NHI admin.

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Chiba Prefecture

Population :- 2,140,511

Prefecture Insurance Section (Mr. Yamakawa.)

Authorized Strength - 76

Present Strength - 62

Insurance Coverage - 94%

Nat'l Health Insurance -	2,021,793
Health Insurance----	42,249
Welfare Pension Ins.---	40,288
Seamens Insurance--	799
Total	2,105,129

INSURANCE ASSOCIATIONS

TYPE	CONDITION	SOCIETY ADM.	GOV'T. ADM.
N.H.I TOTAL (314)	Active	21	66
	Partially Active	2	71
	Suspended	8	86
	Discontinued	1	59
	TOTALS	32	282
H.I. TOTAL (14)	Active	14	1051
	Partially Active	0	0
	Suspended	0	0
	Discontinued	0	0
	TOTALS	14	1105

H.I. REFEREE - Mr ODA

INSTITUTIONAL AIDS

TYPE	HOSPITALS	CLINICS
National	8	337
Prefectural	0	0
City	0	0
Red Cross	1	9
Insurance	26	3
Private	50	71
"Juri. Persons"	11	62
TOTALS	96	482

TECHNICAL AID (Personnel)

Doctors -	1972	Dentists -	981
Nurses -	6708	Pharmacists -	876
P.H. Nurses -	515	Midwives -	2745

Mutual Aid?

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Yokouchi - Wilf

Yokouchi

Gla Dus-Asst

Tokuk
6:12 - Ubaec
Cal

X X-5
X X 1

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Notes on Dr. B's trip to Cuba to
hear Doctors on Insurance (27 May 1949)

Dr B — Miss Wyckoff — Vice Gov. of Cuba —
Pres. of Cuba Prof. H.A. & Cuba City H.A. &
120 physicians —

① Doctors want to consolidate all ins. plans into one —
② Abolish income taxes for doctors — No 5% (1944-49)
③ Abolish the 2-3 mo delay in payments
④ More publicity to ins. especially in rural areas
⑤ Raise "med. fee point" value to 12½ yen from 10

(From note of Dr. B — 31 May 49)

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Present

NHI Chief
Gen'l Affairs
Collection Chief
Health Dirs.

Cuba – 11 May 1949.

Miss Wyckoff
Capt Trimble

Meeting in date on 14 May / Details of action & matters to be brought up to date

Improvement in NHI Situation —
How many Assoc. more active?

	Active	Inactive	Total
red –	83	1,005	188
solute champagne ☐ –			95
blue ▥ –			
green ▥ –			

Requested classifications

Reductions between Doctors & { Issued / Insurers }

Reported Not Good

Doctors in close — NOT good.

P A Insurance Co. Cuba Pan Am Life Ins. Co. — Head Office – Unknown
Benefits – life – lump sum – ds paying off ok? Yes
Premiums on salary deduction basis
Employers do NOT adopt premium

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3 copies

HEADQUARTERS
KANTO MILITARY GOVERNMENT REGION
APO 201

12 May 1949.
date

SUBJECT: Report of Field Trip to Chiba MGT Welfare Section.

TO : Commanding Officer
Kanto Military Government Region
APO 201

1. The undersigned, accompanied by -------

---

arrived at Chiba M.G. Team on 11 May 1949
date
and departed 11 May 1949. Authority VOCO
date Order No.
Hq. Kanto Military Government Region, dated ---------.

2. * What did you do? (Inspect What? - Conference With---?) Be Specific.

a. Conference with Lt. Col. Hester, C.O. of the CMGT

b. Joint conference with Miss Wyckoff, team W.O., and with the personnel of the prefectural insurance section of the Prefectural welfare department.

3. * Brief Statement of your Findings.

a. Explained the purpose of my visit.

b. Discussed the prefectural insurance situation with special attention to the following :

1. Reported dissatisfaction of doctors in some localities with the idea of treating insurance patients.
2. Reported lack of faith by insured patients in the quality of the treatment given them as insured patients.

4. * Your Recommendations to the Section Head and Team Commander.

a. None

b. Found that most of the dissatisfaction on the part of doctors was caused by Health Insurance, not National Health Ins. Tardy payment of doctors fees for the treatment of Health Ins. Patients is the cause. These payments are controlled at the National level and are difficult to adjust at the prefectural offices.

Recommended that the Chiba insurance officials collect facts and figures without delay and forward them to the National Welfare Ministry for prompt action by the Medical Fee Payment Fund.

NAME _____

RANK _____

SECTION _____

*Note - Use Reverse Side for Additional Remarks.

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(Continued from reverse side)

3,b,3. Discussed the pending visit to Chiba of Dr. Benevides, Chief of Kanto Region Health Section, at the request of the Chiba team welfare officer when he will discuss the relationship between the medical profession of Japan and insurance patients with representatives of the Chiba Doctors Association, prefecture insurance personnel and representatives of insurance associations.

(Continued from opposite page)

4,b,2 and 3.

That the prefectural insurance section work thru its district offices and field workers on the problem of collecting all premiums due each month every month so that the NHI Association bills for medical services are backed with funds with which they can be paid promptly.

That the prefecture insurance officials and a group of NHI Association representatives be at Doctor Benevides talk with the members of the Chiba Doctors Association.

That any doctor who misuses his profession in the treatment of insured patients be reported by name thru the prefecture insurance section to the Doctors Association for corrective action.

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Team Folder

HEADQUARTERS
KANTO MILITARY GOVERNMENT REGION
APO 201

10 December 1948
date

333.

SUBJECT: Report of Field Trip to Chiba MGT

Welfare Section.

TO : Commanding Officer
Hq. Kanto Military Government Region
APO 201

1. The undersigned, accompanied by Mr. Pollack, Welfare Section, SCAP

arrived at Chiba M.G. Team on 1 December 1948
date

and departed 1 December 1948. Authority VOCO
date Order No.

Hq. Kanto Military Government Region, dated 1 December 1948.

2. *What did you do? (Inspect What? Conference With--?) Be Specific.

Conference with Chief of Insurance Section, Welfare Department, of Chiba prefectural Government.

3. *Brief statement of your Findings.

Social Insurance is in a confused state but both the prefectural officials and M.G. Welfare Officer are concentrating on improving the situation thru publicity which will build up confidence of the insured in insurance and in the insurance doctors to whom they look for aid. The nursing situation is not good due to the low pay of these individuals. National Health Insurance Associations are not sending in reports as required nor are reports being received from all individual nurses (OVER)

4. *Your recommendations to the Section Head and Team Commander.

None

NAME R. A. MERRIE, JR.

RANK Capt.

SECTION Welfare

*Note Use Reverse Side for additional Remarks.

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3. (CONT)
employed by National Health Insurance Associations.

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Welfare Visit to Chiba — 17 August 1948
by myself and Mr. Metsker.

17 August 1948

Short conference with Lt. Col. Hester before driving to Narita with Miss Wyckoff for adm. review (collective) of 7 towns—

Towns	Population	P.A. Case Load.	Hansei-kai
Usuimachi	4, 310	25	
Tomisatomura	12, 436	84	
Shigumura	5, 320	23	
Asahimura	6, 303	40	
Kawakamimura	4, 098	21	
Shisuimachi	6, 315	25	
Yashimatomachi	20, 050	99	

Present from each town were the mayor the welfare official and the head of the hansei-kai.

Case load records of each checked, payments from Nat'l Govt & Pref. discussed. Methods of payments to P.A. recipients discussed. General in-service training period for these officials and for the district welfare officials present.

Such a program as this is very great strain on the M. G. welfare officer.