

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

Description of contents

- (1) Box no. **3059**
- (2) Folder title/number: **(2)**
Field Trip Reports - Section Chiefs
- (3) Date: **Nov. 1949 - May 1950**

(4) Subject:

Classification	Type of record
9750, 9760	d

(5) Item description and comment:

Shikoku

(6) Reproduction: Yes No

(7) Film no.

Sheet no.

(Compiled by National Diet Library)

IR 2R
 GY M
 File

SUBJECT: Tokushima Field Trip Report
 15 May - 19 May 1950

16 May a.m. NARUTD CITY

Meetings, 3-8 April and 8-12 May. Conference with Minsei-iin to explain and discuss reorganization. Understood and no resistance. Asked much help, still, as volunteers. They now show some discouragement and the feeling they've cut off from the program by the reorganization.

Has already started in-service training program for the full paid officials. to the extent possible without interference with their work.

No. of staffs not enough. Problem is how to increase the no. of paid officials. Have case loads of about 125 per worker.

Discussion, with Mayor present, of need for staff. Suggestions: Concentrate understanding of recipients to report changes in their situations, Visit families not likely to have much change less.

During April- 20 applications filled by Minsei-iin, 8 cases by workers. Continuing this acceptance of application by Minsei-iin. Continuing to ask Minsei-iin to stop taking applications, and sent applicants to the office. Clients asking Minsei-iin to do it, because they feel shy about coming to the office. Transition period. Later clients will come to the office.

Recording must be convincing of need, must contain the evidence.

Mayor concerned about the casual laborers; worried about getting assistance.

For staff * : Some discussion about their demand for assistance "for today", since there is no work today, especially concerned about rainy season. Except for this can provide work. But rain unpredictable. Possibility of paying on rainy day? Working over a two weeks period.

1 1/2 hour visit for first investigation. In addition, several collateral calls.

For the 28 applications in April, 19 approved, 9 pending.

Clients get monthly unifications as to when to call for their money, delivered by errand boy.

Expect 23 applications for May.

Suggested thought about paying through checks.

Indicated importance of a private interviewing space.

Mentioned Ministry training document.

WEDNESDAY 17 MAY PREFECTURAL OFFICIALS

2 Asked them to open: Minsei-iin fear of arbitrary control by officials- not being warranted. Working out O.K. Comment: there must be safeguards. Supervisory review, hearings.

Mentioned Ministry leaving to-----organization. Wants them to consider geography as well as case loads. Asked that we point this out.

Working closely with Tokushima City.

Minsei-iin to be out. Plan for discretizing money allocated to Minsei-iin training.

New DLSL passed 29 April. Effective May 4. Slightly amended on medical point.

Weekly Report 25 March 1950
Continued

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current Cases	Current Deaths	Cumulative Cases	Cumulative Deaths	Current Cases	Current Deaths	Cumulative Cases	Cumulative Deaths
HOKKAIDO	-	-	-	-	-	-	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	1	-
MIYAGI	-	-	1	-	2	-	6	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	1	-	2	-
FUKUSHIMA	-	-	-	-	-	-	1	-
IBARAKI	-	-	-	-	-	-	9	1
TOCHIGI	-	-	-	-	-	-	1	-
GUMMA	-	-	-	-	4	-	21	1
SAITAMA	-	-	-	-	-	-	4	2
CHIBA	-	-	1	-	-	-	8	-
TOKYO	-	-	-	-	1	1	206	19
KANAGAWA	1	-	1	-	3	1	393	20
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	4	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	3	-
AICHI	-	-	-	-	-	-	1	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	1	-	6	-
HYOGO	-	-	-	-	-	-	1	-
NARA	-	-	-	-	-	-	1	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	-	-
OKAYAMA	-	-	-	-	-	-	1	-
HIROSHIMA	-	-	-	-	1	-	2	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	-	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
TOTAL	1	-	3	-	13	2	671	43
RATE								
Current	0.1	-	0.0	-	0.8	0.1	3.6	0.2
Previous	-	-	-	-	1.5	0.2	-	-

See footnotes at end of table.

Work done on problems revealed on charts. Asked gun offices to investigate. But they returned no telling information. Will send someone from Pref. Office. 24 communities are to be studied. In 14 payments are above average and in 10 below average. Assistance standard important and income verifications. Will you visit some families? During recertification survey they found little change in amount of assistance for months, and realized the original figure had little basis.

Many questions. Lazy people.

What have been the objectives in work with Tokushima city? and accomplishments: 1st: Encouraged giving of training to the full time officials and giving of understanding to the population of reorganization and about complaints. Assist applicants. Had about 10 contacts with city officials, but could give nothing specific about accomplishments.

Training: Emphasized new ministry regulation. New person appointed as training supervisor. Mr Akeyama. Suggested he review the Tokyo material before going to Miyazaki.

18 MAY TOKUSHIMA CITY A.M.

Met with staffs, including case workers.

Four persons in Central Office do other things besides case work.

Five persons in branch office spend half day for registration and ration business and half day for case work. (One working on production during maternity leave of case worker in one branch office. Chief of branch office also helping. He is complaining about the need for an additional person.

Problem of responsibility for payment of medical care for a person, 80 and sick, who came from Hokkaido.

Shifting of village persons to Tokushima City for hospital care. Send them for re-registration, and with their ration books to transfer. Prefecture officials went down to the village in one case and clarified the regulation to them. "Why not send a reminder of the regulation to all the localities then the guns. "Will do.

Relative responsibility again.

Property again. Populace indignant at giving assistance to people with property.

Client first source of information, etc.

Mayor present for a while. Repeated recording of reasons for need, the factor of difference that produced dependence, and recording of income and verification. Also staff need. He said he'll support more staff if convinced of the need.

Old city - 8 areas, 4 workers for 8 areas, 2 areas each, meaning a case load of 200 each.

New city, 5 areas - 1 area each. Highest load 180, lowest 50. Average 100.

Supervisors? Mr Shono, vice section chief only. Chief doesn't want more than one. Perhaps later, as you see how the number of staff and the work develops. Uses prefectural officials for considerable help.

No. of copies of records? Two. 1 for Minsei-in why? Discussed and suggested this be rethought and changed. Expense, maintaining currency. Case records are kept in the branch offices. Statement made that this is transition by way of taking a gradual step with minsei-in. Plans to discontinue MI will see they don't need the records.

Do case workers come in from the branch offices with any regular time? Twice a week. Also called in for training meetings in addition.

Weekly Report - 25 March 1950
Continued

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	2	1	22	6	2	-	8	1
AOMORI	-	-	8	1	-	-	5	-
IWATE	-	-	7	1	-	-	3	-
MIYAGI	4	2	19	3	5	-	18	-
AKITA	1	-	7	5	-	-	4	-
YAMAGATA	-	-	8	-	-	-	4	-
FUKUSHIMA	-	-	10	-	-	-	1	-
IBARAKI	-	-	15	3	-	-	1	2
TOCHIGI	-	-	7	2	-	-	4	-
GUMMA	1	-	13	1	1	-	4	-
SAITAMA	3	1	24	6	1	-	3	-
CHIBA	2	-	17	2	-	-	5	-
TOKYO	12	-	149	22	1	-	52	1
KANAGAWA	4	-	42	2	-	-	7	-
NIIGATA	1	-	19	3	-	-	4	-
TOYAMA	1	-	5	1	-	-	4	-
ISHIKAWA	-	-	3	2	-	-	-	-
FUKUI	-	-	4	-	-	-	1	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	4	2	-	-	-	-
GIFU	1	-	15	3	1	-	5	-
SHIZUOKA	1	-	19	-	-	-	8	-
AICHI	1	-	22	7	-	-	4	-
MIE	4	-	21	7	-	-	1	-
SHIGA	1	-	4	-	-	-	1	-
KYOTO	2	-	23	5	-	-	4	-
OSAKA	4	1	36	3	-	1	7	1
HYOGO	3	-	26	2	-	-	7	-
NARA	-	-	8	1	-	-	1	-
WAKAYAMA	-	-	4	1	-	-	4	-
TOTTORI	-	-	5	-	-	-	-	-
SHIMANE	1	-	15	2	-	-	-	-
OKAYAMA	-	-	11	1	-	-	-	-
HIROSHIMA	5	1	37	5	5	-	11	1
YAMAGUCHI	-	-	5	2	-	-	1	-
TOKUSHIMA	-	2	8	4	-	1	3	2
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	4	1	-	-	-	-
KOCHI	-	-	16	2	-	-	2	-
FUKUOKA	-	-	11	-	-	-	3	-
SAGA	-	-	2	-	-	-	3	-
NAGASAKI	2	-	11	1	-	-	1	-
KUMAMOTO	-	-	9	1	-	-	4	-
OITA	1	-	1	-	-	-	-	-
MIYAZAKI	-	-	6	-	-	-	3	-
KAGOSHIMA	-	-	-	-	-	-	-	-
TOTAL	57	8	702	110	16	2	201	8
RATE								
Current	3.7	0.5	3.8	0.6	1.0	0.1	1.1	0.0
Previous	3.5	0.6			0.8	0.1		

See footnotes at end of table.

Education aid needed most in April, Sept and Jan when terms start. Now granting, 50% in April, 30% in Sept and 20% in Jan. Ministry, however, granting money on a monthly basis city is paying as above and waiting for the Ministry to send the money. The need is obvious and why can't the Ministry grant the money this way, instead of monthly. At present a particular problem. If money given for education aid to the family, the family will spend for other purposes. Asked the school principal to keep the money. Officials check the money kept by the principal.

Must give the money to the principal, or the children will not be able to go to school. Money payment only an ideal.

AFTERNOON

Women who serve as concubines- about whom it is very difficult to determine income. From 3 to 6% of cases are in this group. Creates a difficult community attitude. Only solution- accept her statement on her income.

60 year old people reviewing a restaurant. Can manage, but can't pay the tax. Hasn't opened assistance because current income, without considering tax, is adequate for support.. Tax cannot be that high. Either tax is wrong or they are not in need.

Transient problems Demand emergency grants at the moment.

April new cases increased 4 times over March. Release of Minsei-iin part of the reason.

Ration point checking.

Persons who refuse assistance and suicide or starve. Newspapers raise hell with welfare department. Discussions of assuring knowledge of program, answering false accusation, proper recording.

Debts.....Usurious interest, Not in Ministry standards.

Training emphasized the Ministry statement.

Minsei-iin review ^{of cases} It is done after action taken by the officials. Must be on basis of verified policy.

Weakening of families. Old asked to leave houses of in-laws to get assistance.

Assistance contradictory to ideal of independence. Necessity for a private place for interviewing.

Hiroshima) had one each. The current and cumulative case rates were 0.8 and 3.6 respectively, and the corresponding death rates were 0.1 and 0.2.

Fifteen cases of malaria and three deaths were reported in the present week compared with 12 cases and two deaths last week. There were more than twice as many cases last year at this time (34) and over four times as many during the same period of 1948 (63). No cases have been reported for two weeks or longer in more than half (26) of the prefectures. Cases increased over last week in twelve of the prefectures, decreased in seven, and stayed the same in the remaining one. About a third (14) of the prefectures reported having cases this week, one or two each. The current and cumulative case rates were 1.0 and 0.7 respectively. Corresponding death rates were 0.2 and 0.1.

More than twice as many scarlet fever cases were reported this week (108) as in the previous period (49). No deaths were reported currently, whereas there was one in the preceding period. Present cases were 57 percent higher than those (69) recorded for the twelfth week of last year and two and a half times the corresponding 1948 total (43). There were increases over last week in fourteen of the prefectures and decreases in six while seven others stayed the same. The remaining nineteen prefectures have reported no cases for two weeks or longer. An outstanding increase occurred in Fukui Prefecture, from zero to 34, nearly a third of the week's total. Twenty-two other prefectures currently reported from one to ten cases each. The current and cumulative case rates were 7.0 and 5.2 respectively, while the cumulative death rate was less than 0.1.

There were 22 cases of epidemic meningitis this week compared with 28 cases last week, and there were 6 deaths in each of the two periods. Cases in the twelfth week of last year (41) amounted to nearly twice and those in the same period of 1948 (71) over three times the current figure. Over half (25) of the prefectures have reported no cases for two or more weeks. Changes from last week included thirteen prefectures with decreases and seven with increases. The one remaining prefecture did not change. Thirteen prefectures having from one to three cases each accounted for the present total. The current and cumulative case rates were 1.4 and 1.5 respectively. Corresponding death rates were 0.4 and 0.3.

There continued to be no Japanese "B" encephalitis, cholera, or plague.

Measles cases increased nearly 50 percent, from 1,295 last week to 1,928 in the present period. This week's number was well under half that (4,289) recorded for the same period of last year but 13 percent higher than the total (1,708) for the comparable 1948 period. Cases increased over last week in over half (24) of the prefectures, decreased in seventeen, and did not change in three. No cases were reported during either period in the remaining two prefectures (Tottori and Yamaguchi). The largest numeric changes were increases in Aichi (from 99 to 331 cases), which last week recorded the largest decrease, and in two prefectures on the island of Shikoku, Kagawa (38 to 254) and Ehime (46 to 169). Those same three prefectures along with Saitama (235 cases) together accounted for over half of this week's total cases. Thirty-eight additional prefectures had from 1 to 108 cases each and the remaining four (Yamagata and Oita besides Tottori and Yamaguchi mentioned above) none. The current and cumulative case rates were 124.3 and 70.9 respectively.

There were 2,096 cases of whooping cough this week compared with 2,247 last week, a decrease of 7 percent. Present cases were nearly 40 percent higher than those recorded for the twelfth week of last year (1,508) and almost three times the corresponding 1948 number (731). The majority (27) of the prefectures had fewer cases this week than last week, while eighteen had more, and one did not change. The most marked numeric change was a decrease from 123 cases to 37 in Ibaraki Prefecture, while there was nearly comparable increase in Toyama, from 58 to 129. The latter prefecture reported a large decrease last week. Four prefectures located in central Honshu that together accounted for well over a fourth of all current cases were Tokyo (174), Shizuoka (149), Saitama (129), and Toyama (129). The 42 other prefectures had cases ranging from 1 to 92. The current and cumulative case rates were 135.1 and 167.6 respectively.

SUBJECT: Field Trip Report from Ehime Prefecture

DATE : 23 May to 25 May 1950

Prepared by : George Yamashita

23 May 1950 --

Based on the agenda discussed at the all Japan Social Insurance Section chiefs' conference held at Tokyo from 16 May to 18 May 1950, Ehime Social Insurance section have drawn up the quarterly plan. Priorities for the current quarter set by them is given below.

(1) Increase of standard of average wage to ¥6,535. Average wage for health insurance is ¥5,2000 which is far below the national standard and recognized figure by Ministry of Welfare. All out investigation will be launched.

(2) The increase of average rate of NHI contribution to ¥2,000. The average contribution per household is ¥1,250. In order to increase the contribution rate the percentage of partial liabilities will be persuaded to cut down to 40% which is recommended by Ministry of Welfare against the present average of 50% - 70%.

(3) Statistical survey of medical care costs in town and village. In order to stimulate the re-establishment of NHI program the statistical survey of medical care cost of each household will be conducted in each town and village.

(4) Supervision of medical care benefits and thorough review of medical care bills. To balance the insurance finance Ministry of Welfare has recommended that the average points per case for medical care benefits should be given 55 points (¥10 per case). The average amount of medical care benefits per capita for last three months as follows:
 General - Jan. 74 points, Feb. 70.3 points, March 77.8 points.
 Dentist - Jan. 74 points, Feb. 73 points, March 74.7 points.

It is considerably higher than the figure recommended by Ministry of Welfare, therefore, surveillance of medical facilities and purveyors will be conducted and guidance will be rendered for those require. Closer supervision will be given to all medical care bill continuously.

Second priorities.

(1) Collection NHI contribution. Because of poor collection of contributions, NHI program is facing financial difficulty. If this keeps up, NHI program have to be discontinued its activity, therefore, all effort must be put into the collection of contributions.

(2) Re-establishment of liquidated NHI programs.

(3) National subsidy on insurance benefits. Ministry of Welfare has recognized the need of national subsidy and planning to grant 30% of cost of benefits from national subsidy. However, it is still a doubt whether Ministry of Treasurer would approve of such plan.

- (4) Closer supervision of Social Insurance Medical Fee Payment Fund Office. Due to high cost of social insurance operation Ministry of Welfare has recommended that all Social Insurance Sections give closer supervision on Fund Office. The present practice of Reviewing and Auditing Committee members taking medical bills to home to review must be discouraged. Strong requests have been received that 1½ month deposit be decreased to one month or discontinue the deposit entirely. With revision of DLSL, the review of medical bills will be made by the Reviewing and Auditing committee of Fund office. However, the actual payment of the bills will be made by the town and village authority.
- (5) Study of possibility of changing the certificate of insured on all programs.
- (6) Surveillance of benefits and supervision of purveyors.
- (7) Supervision of medical facility attached to Medical University should be brought under Social Insurance Program.
- (8) Limited use of penicylin. The section will watche closely the purveyors in using penicylin to the standard.
- (9) Limitation of gold plate and false teeth. Recently issued Ministry instruction will be strickly observed.
- (10) Closer supervision of Seamen's unemployment insurance.
- (11) Shoup Tax Mission -- Many town and villages will benefit by the Shoup Tax Mission recommendation of local taxation. Section should watch those towns and villages and with the extra income to towns and villages stimulate them to establish NHI program.
- (12) Newly form Social Insurance Medical Council by law will be organized by 1 July 1950 (Law was effective on 1 April 1950. The reason for delay of forming the council was because they just had a general meeting of old council and seem unnecessary to have another similar meeting so soon)
- (13) NHI promotion week 1 May - 7 May 1950. The collection of contribution week is also planned.

24 May ---

Interviewed the official in charge of Medical Allowance under DLSL, Welfare Section regarding the provision in DLSL which gives Reviewing and Auditing Committee of Fund Office to review the medical bills under DLSL.

Law No. 144, effective 5 May 1950 was issued which gives the authority to review the medical bills under DLSL. However, the following two points were not clearly explained.

1. Do the Reviewing Committee of Fund Office have the final decision on the review.
2. How long would it take before the purveyors acturally receive the cash .

24 and 25 May 1950

Interviewed Ozu-cho, Kita-gun, Ehime Prefecture NHI officials, mayor and Social Insurance Section chief of the town office during the month regarding the deactivation of NHI program in their town. The program had suspended its operation from 1 April 1950 because the amount in arrears had went up to ¥656,993.20 for contributions and ¥1,342,976.41 for partial liabilities, total of ¥1,999,969.61. Officials stated that the plan to suspend the program was discussed at the Advisory Council meeting which agreed on suspension, then the issue was submitted to the assembly for vote which voted in favor of suspension of the program. The procedure went through without the public hearing. Mayor pointed out that since the Advisory Council and the assembly represent the will of people he didn't think it necessary to hold the public hearing on this particular matter.

The interview revealed that classification of standard remuneration classes were divided into 60 categories and the rate of contribution was lower than the resident tax. The rate of contribution and partial liability was 30%-70%, which account for twice as much amount of partial liability in arrears than that of contribution in arrears. The unpaid medical bills amount to ¥2,404,788 from December 1949. The town is the co-owner of Ozu Health Insurance Hospital with National Government who entrusted the operation of the hospital to Ehime Social Insurance Society.

The mayor stated that the assembly is intend to reactivate the program after clearing the financial stringency since the public is in favor of operating the program.

It was suggested that Article 8 of the National Insurance Law be applied to collect the amount in arrears. The town Social Insurance Section chief stated that they have already enforced the law and by end of May or June the collection of all contributions and partial liabilities should be completed.

Discussed applying Sha-Otsu-Hatsu No. 10, dated 31 January 1947 to those families in financial difficulties to assist payment of partial liabilities under DLSL. It was suggested that the authority should study the suitable rates of contribution and at least set the rate of contributions and the partial liabilities close to 50%-50% bases when they are open the program. The guidance of the Prefectural Social Insurance Section will be rendered. Mayor also suggested that the full time District Office personnel in charge of NHI should be appointed to guide them closely and frequently so not to make the same mistake or assist the other with the same problem.

SUBJECT: Shikoku District Social Insurance Section Chief's Conference

PLACE: Tokushima Prefecture

DATE: 9 May 1950

ATTENDANCES

- (1) Mr Sakai, Medical Affairs Section, official, Insurance Bureau, Ministry of Welfare.
- (2) Tokushima Prefecture Welfare Department Chief
- (3) Ehime Prefecture Social Insurance Section chief, National Health Insurance Federation official and two other officials
- (4) Kagawa Prefecture Social Insurance Section chief, assistant chief, National Health Insurance Federation official and two other officials
- (5) Kochi Prefecture Social Insurance Section chief and assistant, National Health Insurance Federation official and an section official.
- (6) Tokushima Prefecture section chief and assistant, Insurance referee, National Health Insurance Federation official and three section officials.

NATIONAL HEALTH INSURANCE

1. Are there insurers who charge more than 50% of partial liability, if any, its method in decreasing it? (Ehime)

Kagawa: Average percentage of partial liability is about 55%. This is due to financial stringency of associations and poor collection of contribution. If contribution can be collect 90% to 100% every month, there will be no problem in decreasing the percentage rate to 50%.

Tokushima: In similar circumstances as Kagawa.

Kochi: During the year of 1949 of 21 associations, 3 associations charged 70%. For those three associations the Social Insurance Section held a conference and discussed the possibility of cut down the partial liability to 50%. All three associations decided to approve the 50 - 50 base. (70% of partial liability and other charged 50%.)

2. Situation of submittal of Monthly Activities Report and its guidance for preparation. (Ehime)

Ehime: They have been struggling with this problem for a long time and finally decided that if the reports are not submitted on time that they would not send any subsidy. Result has been seen but still inaccurate reports have been submitted, therefore, with cooperation of District Office Welfare Section supervision of preparation reports has been launched.

Kagawa: Submittal of monthly report on time has been stressed time after time but has failed every time because they have not a full time employee at associations and in most cases female employees handle it as a part time work. In order to overcome this, they have asked insurers to employ a full time worker to handle association business.

Tokushima: Only 1/3 of associations have been submitting properly and on time. Others are just trying and don't seem to do right.

Kochi: They have been sending a prefecture official to the association who don't submit their report properly and on time and teach them how to prepare it.

Shikoku District Conference Report cont'd

(3) Unification of point value and reduction of its value

Ehime: Some associations charge @ ¥8.00 and other ¥10.00 which averages @ ¥9.60. Because of present financial stringency due to poor collection of contribution and partial liability, many insurers wish to reduce the point value to @ ¥3.00 so they could manage to meet the both end of the finance. On the other hand purveyors insist that point value should be increased, however, if their tax rate of 40% were reduced they could consider reducing the point value. Perhaps this is difficult but it is logical.

Kagawa: @¥10.00 which is same as in Health Insurance Program. NHI associations with facilities which operate successfully have set @ ¥10.00 with agreement made with Medical Association. However, if they could reduce it to ¥8.00, it would be helpful to insurers but believe it would be difficult.

Tokushima: @ ¥10.00 which is same as Health Insurance program. However, city NHI have set it @ ¥12.00 with general practitioners. City authority is discussing the possibility of reducing to ¥10.00 with Medical Association but it is only the discussion period yet.

Kochi: Point value is set for ¥10.00 following Health Insurance program. But all insurers wish to reduce the point value.

The reducing of point value is entirely depends on the cooperation of Medical Association, however, Medical Association will not consider reducing it without reducing the rate of their tax. Therefore, this conference requested the Ministry of Welfare official who is attending the conference to convey the message that the scientific figure of 23.7% of tax rate for doctors calculated at Medical Affairs Section of Social Insurance Bureau be submitted to Treasury Department for consideration and it should also convey through National Tax Bureau to Local Tax Office. The official promised to do so.

4. NHI administrative structure and re-establishment activities (kagawa)

Kagawa: At present 4 officials are handling NHI program in Insurance Section, in view of increasing of re-establishment of liquidated association it is only fair to request more personnel. Their biggest concern at present is the establishment of Mitoyo-gun NHI Association

Tokushima: 5 prefecture officials and 2 National Insurance Federation officials are handling NHI programs. During the fiscal year they are planning to re-establish 15 associations. In general association with facility operates more successfully, therefore, their aim this year will be to have all associations operate medical facilities and at same time strengthen the financial condition.

Kochi: 4 prefecture officials and 3 NHI Federation officials. At present they have only 16 associations and their 1950 goal is to re-establish 20 associations in total. Most of the towns and villages are afraid to re-establish NHI because of many failure of already established associations. Therefore the re-establishment depend largely on the success of existing associations and concentration must be placed on them first.

Ehime: 7 prefecture official (including Public Health nurse) 6 NHI Federation officials. Plans to re-establish 7 more associations this year. Effort will be place on getting more prefectural subsidy through Prefecture Assembly Welfare Committee and town and village Mayors Association.

Shikoku District Report cont'd

Wrong reports of the newspaper articles are really hurting the re-establishment and something must be done about it.

5. Review of NHI medical treatment remuneration (Tokushima)

Kagawa: Three medical professionals are appointed by NHI Federation to review the medical bills which are sent by associations on doubtful bills.

Kochi: Only doubtful bills are sent in to NHI Federation and two federation officials examine these bills. Average monthly bills are about 10.

Ehime: Two medical professionals are entrusted to review the doubtful bills.

6. Request national subsidy and prefecture subsidy on insurance benefits (Kochi)

Ehime: In order to overcome the present financial difficulty ^{the subsidy} it should be requested ~~the subsidy~~ from either source on benefits. When Mr Onodera, Insurance Bureau, Ministry of Welfare visited Matsuyama City, he stated that Ministry of Welfare is transferring ¥4,000,000 to NHI from Welfare Pension Fund (long term benefits). Is this true? If it is, how would the fund will be applied in strengthen the NHI program.

Mr Sakai: He has not heard about it and believe that Ehime Section Chief has misinterpreted it. But will inquire about it when he returns to Tokyo.

Kagawa: Believe it would be difficult to request subsidies on benefits but would like to increase subsidy on other subjects.

Tokushima and Kochi believe the matter was important enough to convey to Ministry of Welfare through Mr Sakai.

7. Activities of National Health Insurance Advisory Councils (Ehime)

Kagawa: They are having a head ache on this program. Their effort will be placed on this program by guiding each Council on how to operate it according to Law.

Tokushima: All councils are functioning well.

Kochi: Councils are not held every month as it provided in Law. Supervision will be given more closely.

8. Increase of subsidy for National Health Insurance Federation (Kochi)

Kagawa: Little subsidies are given to the federation and NHI program is entirely supported on membership fees. At present they can't increase the rate of membership fees, therefore, only solution is to request national or prefecture subsidy because they cannot work without necessary fund.

For the fiscal year of 1950 Kagawa received ¥300,000 from Prefecture but this is for the establishment of Mitoyo-gun NHI program only and no subsidy on others. Other three prefectures agreed with Kagawa. Kochi and Ehime receive no prefecture subsidy.

The request will be sent to Ministry of Welfare.

9. Request full time NHI personnel in District Office (Kochi)

Kochi: With activation of many liquidated association the responsibilities of NHI officials are increasing by day. But NHI division can't handle

10. it without the cooperation of District Office, however, even there, they have shortage of personnel, therefore ~~the~~ welfare official is handling the program on part time base. For the progress of any program adequate personnel is essential, therefore, they request increase or place ~~an~~ officials who would handle the program on full time base. Of course, there is personnel ceiling so we must request to higher the ceiling. It matters little whether they could get national or prefecture civil service personnel.

Ehime: Plan had been considered to place NHI Federation officials in each district but it was impossible with present NHI Federation budget. Another solution is to set up a separate NHI section under Welfare Department then they might get more personnel to handle the prefecture. Everyone thought that the time was not ripe enough to establish separate section but to request increase or place full time official in charge of NHI in District Office.

COLLECTION

10. Collection result (Ehime)

Ehime: In the month of April all effort was put into collection but the result was 91% which lower than the goal set by Ministry of Welfare which is 95%.

Kochi: They have done their best but with closing of major factories in Kochi, the collection result was not too impressive. The percentage was only 85%.

Tokushima: Had difficult time but collected 88%.

Kagawa: Health Insurance	84.5%
Welfare Pension	
Insurance	88.0%
Seamen's Insurance	83.0%

11. What has been done on delinquent employers (Kagawa)

Kagawa: In 1949 the section gave notice to all delinquent employers and if the employers ignored the notices, they had their properties attached. Section took such action on 150 employers, but of these 50 employers paid the contribution immediately. The amount in arrears for the rest of those employers is ¥3,000,000. But the problem is that Insurance Section have been attaching the properties on second hand after Tax Office attached usable and easy to sell property first. Tax Office has the proper disposing unit whereas Insurance Section has none. Thus even they attach the properties, it is difficult to convert it into cash which they need. So it is useless to attach any property unless one know how to go about in disposing those properties properly. They could ask the private concern to act for them but the commission they charge is so high they can't pay for it. Therefore, they request Ministry of Welfare to hold a training course in how to dispose of attached properties and its legal procedure.

Tokushima: Haven't attached any because it was useless.

(12) Request revision on the provision of disposal of attached properties (Kochi)

Kochi: Would like to revise it so they have the same disposing method as Tax Office.

Ehime: Believe it might be difficult but agree to the idea.

Other two prefectures agreed the issued should be conveyed to Ministry of Welfare.

13. When employers change hand, who has responsibility for the defrayment of contribution by former employer. (Tokushima)

Tokushima: When the business or factory changes hand new employer should take over every thing.

Kochi: It all depends on how the contract reads between the employers at the time of transaction and ~~collected~~ ^{Collect} the contribution accordingly with the contract.

BENEFIT

- (14) Regarding limitation of recognition on use of gold plate (Kagawa)

Tokushima: Use of gold plate should be limited within the ration and not to request dentists to use blackmarket gold.

Kochi: There should be some sort of standard.

Mr Sakai: As Tokushima has stated before the limit should be within the ration and applying of blackmarket gold should be strickly eliminated.

The recently issued Ministry of Welfare instruction on this matter was referred to the usage of the blackmarket gold.

15. The sphere of recognition of nursing (Ehime)

Kagawa: This is very complicated and confusing problem because nothing is definitely set and they are in the dark on this problem. A single person without any relatives, everything could be grant but how far they could go is another question.

Kochi: Nursing benefit has been granted on critical patients only. Haven't came across many so far.

Ehime: In Ehime 20 points are granted for in-patients with meals but in actuality National Hospital charge for meal alone, 53 yen a meal, which is quite expensive. Request negotiation with Ministry of Welfare to lower the price.

- (16) Activity of Reviewing and Auditing Committee of Social Insurance Medical Fee Payment Fund Office. (Ehime)

Ehime: Since reviewing of medical bills is done in 4 days, 4 hours daily, they do not believe that the committee members, even though they are professional, cannot render their service accurately and thoroughly to those bills.

Tokushima: In Tokushima two process of review is made. First review the whole bills and set aside the questionable bills. Secondly these questionable bills are reviewed again. This system seems to work successfully and recommend to others.

However, there seem to be in need of improvement on reviewing procedure. This will be convey to Fund Office for consideration.

- (17) Guidance and supervision of insurance doctors (Kochi)

Kochi: They are in need of more personnel and budget and materials in order to supervise and guide insurance doctors properly since this is becoming one of the main obstacle of the progress. Unnecessarily treatment and overcharge by purveyors can be overcome if Medical Association will cooperate. This will also improve the present financial difficulty. Kochi Dental Medical Association already have

promised to cooperate in this matter.

Ehime: Frequent supervision or auditing by Ministry of Welfare is needed since prefecture has no technical adviser in the section.

Kagawa: The supervision made by Ministry of Welfare recently on dentists influenced the Dental Medical Association and the association is stimulating their members to improve their professional technique and administrative function.

However, Prefecture authority must be very careful in not turning over the supervisory authority to Medical Association intentionally or unintentionally. It ~~also used to~~ ^{always should} be on volunteer bases by medical association.

18. Necessity of report of admission to a hospital by insured patients or hospitals (Ehime)

Kagawa: Believe it is necessary because it does not show on the certificate.

Tokushima: Believe otherwise because they have provided a space to record it on certificate.

Kochi: They do not think there is any value because it is indicated on their records with the copy of certificate.

- (19) Request holding of the training course on clerical work of medical treatment. The training became more essential these days with increasing violators, some intentionally and unintentionally. In either case it hurts the progress of the program and loose confidence of insured. Especially this course is needed for dentists. The same request was made last year but no reply was received by Ministry of Welfare. Mr Sakai promised that he will convey it to the Ministry of Welfare and good or bad they will receive a reply on the matters.

20. Attach insured photograph on the certificate (Ehime)

Kagawa: Procedure will be complicated and confusing. Do not think it is of any value and therefore, not necessary.

Tokushima and Kochi: Agreed with Kagawa thus this topic was withdrawn for decision.

WELFARE PENSION

21. Counter-measure on the adjustment of books and records of Welfare Pension Insurance (Kagawa)

Ehime: In order to adjust the books and records of Welfare Pension insurance -- in four months from June to September, Ministry of Welfare have sent ¥18,000. This fund will be used to hire temporary workers to assist in adjusting books and records and other necessary office materials. However, this fund would enable them to hire only one worker which would not be much of help. They are wondering how the other prefectures are doing to meet the situation.

Kochi: They also received ¥18,000 and instruction to adjust them by September. All they could do is to try as much as they can.

Tokushima: Same

Kagawa: Received ¥25,000 and will struggle along within the budget.

Mr Sakai stated that the amount seem too little, he thought that it should be around ¥180,000. He promised he would check it when he returns to Tokyo.

SEAMEN'S INSURANCE

22. The condition of application of Seamen's Insurance Law on fishing boat (Tokushima)

Kochi: There are 82 boats covered at present. As for Seamen's Unemployment Insurance the fundamental rule does not apply for unemployment, however, this law is applied on volunteer bases.

The determination of true average wages are being investigated at present but due to their income on commission-bases, they could only estimate their income. They have placed their estimation at ¥4,700 but believe it is more and after the completion of investigation, they are positive it would bring the average to ¥7,000.

Tokushima: 7 boats are applied. Of these 1 boat is excluded from Unemployment Insurance. The average monthly wages coincide with officially recognized standards by Maritime Bureau.

Ehime: Average monthly income ¥4,486.

(23) The difference of wages of National Civil Service and Prefectural Civil Service

Kagawa: There is 2.85% of difference between these two services. When their national officials are transferred to other sections, they are re-classified ~~but~~ because of lower wage scale they can't get qualified personnel. *as prefecture civil service.*

In order to overcome this handicaps they are thinking of paying for overtime from prefecture fund to meet the difference but it is all up to the governor whether he would approve of this plan.

Kochi: There is a great difference in the wages of officials paid by national government and officials paid by local government.

Ehime: For the same grade officials of national and prefecture the wages are different about two steps. The only ~~way~~ ^{solution} is to request National Government to increase the wages so the amount of wages will collaborate with those of prefecture.

Tokushima: Apparently all prefectures are in similar condition. Above division chief class there is little difference but below that class, officials are receiving two or three steps lower wages than prefecture official even though they are the same grade.

Kagawa plan was adopted and they will petition to each governors under the names of Social Insurance Section chief of 4 prefectures.

24. Desire to hold Shikoku District Social Insurance Referee Conference (Ehime)

Ehime: Will ask the opinion of referee in attending the Shikoku District Social Insurance Section Chief's Conference

Kagawa: Approve. They should attend the District Conference. Other agreed to asked opinions of their referee.

COMMENTS BY MR SAKAI

(1) Reports especially NHI are coming in late, request that prefecture submit reports on time.

(2) Difference of national government employees' wages and prefecture employees' wages has been studied by Ministry of Welfare for some time and the result will be notified in future.

*Next conference will be held in Matsuyama City in autumn.

IR 2R.
 GV 24

SUBJECT: Field Trip Report from Tokushima Prefecture
 10 April to 13 April 1950

1. Social Insurance Consultation Center

The aim of this center is to popularize the ideas of mutual aid and secure the living conditions of general public by understanding the principal of social insurance program. *Advantage and benefits by*

The center is one of the facilities of juridical person, Tokushima Social Insurance Society and the office is in the prefectural social insurance office. Officials are entrusted with prefectural officials. Section chief is acting as center chief and Insurance referee is the executive secretary; one other prefectural official is entrusted as clerk.

For the fiscal year of 1950 the budget of ¥41,800 was appropriated by Social Insurance Society. However, they would like to bring this program under prefectural activities if they could get the prefectural subsidy.

Insured persons, insurers, employers, shipowners, purveyors, and etc will be invited to consult any problems on social insurance.

The consultation can be made orally or by letters. The center will also sponsor study class and round table conference at any time and place for anyone wish to hold such meeting.

The center began functioning from 1 April and as of 13 April already following:

HI	Medical Bill Payment	On insurance dentist
HI	Medical Treatment Contract	Health Insurance
HI	Definition of dependent	Society Federation Tokushima Branch
HI	Benefit on Medical Treatment	Employer
Accident Compensation Insurance		Insured
	Benefit on Medical Treatment	Employer
	Invalidity benefit	

Consultation programs:

- a. Health Insurance
- b. Welfare Pension Insurance
- c. Seaman's Insurance
- d. National Health Insurance
- e. Accident Compensation Insurance
- f. Unemployment Insurance

Extension of the center is being studied to include other program as education.

Tokushima Field Trip cont'd

2. Referee

a. Referee's library

Referee does not receive or purchase enough materials or books to have a library. Ho Hatsu received separately by insurance referee is only pertaining to benefits. Other material received is the "Social Insurance Times" published by Social Insurance Bureau, Ministry of Welfare.

The quarterly budget for fiscal year of 1950 for referee's traveling expense from National budget is ¥5,000 (April to June) This about 6 days over night traveling expenses which is only 2 days traveling per month. This not enough to cover the prefecture in diffusing the appeal system.

The administrative cost expenses is ¥1,220 per month.

Referee brought two subject or question for discussion.

- a. Payment of nursing benefit to the dependent who has to leave his or her position in order to nurse the patient.
- b. Simplify the form of notice of appeal decision which is sent to insured after the decision is resolved.

3. National Health Insurance

- a. Structure of District Office (10 guns and 7 district offices in Tokushima prefecture)

```

:
: District Office :
:
:
:....Welfare Section
  
```

This prefecture is the only prefecture on the island which has a separate welfare section in the District Office. Average of 5 to 14 officials are employed and one of these official handle NHI program only on part time. In most cases the welfare section chief handles the insurance program. No official from NHI Federation is stationed in any of the District Offices.

Their primary responsibilities are :

- (1) Guidance of NHI program
- (2) Diffusion of the program
- (3) Submit monthly activities reports from each societies through this office to Prefecture Social Insurance Section.

Average of 30% to 40% of the section's time is spent of NHI program.

b. NHI Federation

In the NHI division of Prefectural Social Insurance Section 4 prefectural and 2 federation officials are employed.

Tokushima Field Trip cont'd

The budget for the fiscal year of 1950 for Tokushima NHI Federation is as follows:

National subsidy.....	¥250,000
Prefectural subsidy.....	¥123,250
Membership fees.....	¥300,000
Balance carried from last year.....	¥ 8,000
TOTAL.....	¥681,250

The federation has no direct contact with each NHI association but makes negotiation with Medical Association, hospitals or doctors on the prefecture level for all associations.

In this year's plan they have included in their plan to employ one person who would be placed the responsibility of supervising Public Health Nurses employed by NHI program. Guidance of every association is also included in their plan.

c. Associations without any facilities

The rate of contribution usually follow the standard recommended by Ministry of Welfare which is based on 2-3-5 against the preceding year's resident tax. These associations usually make contract with doctors residing in their village for medical treatment and for medical facilities they utilize those hospital appointed by Ministry of Welfare, such as National hospitals, prefecture, city, Red Cross. For other hospitals such as Farmer Coop. hospitals, NHI hospitals, Commercial hospitals and Tokushima Medical University Hospital, Federation makes contract or agreement for them. However, the Tokushima Medical University Hospital which is under the jurisdiction of Ministry of Education has no point value but the medical fees are charged on the standard set by them which was established at all university hospitals' conference.

There is no reviewing system for them except for those doubtful bills which are sent to Medical Fee Adjustment Committee. The committee in turn transfer those bills to two doctors who are committee members for the review. Average 10 bills are sent in by all association.

No agency hold direct supervision over them, therefore their office workers really need special training.

d. Procedure in re-establishing NHI

There are two types of procedure exercised in this prefecture.

- (1) If the town authority think that their town should establish NHI for the benefit of the people, public hearings are held in each district to hear the opinions of the people. After the district public hearing, town public hearing is held and if the public favor the establishment the issue is submitted to the assembly for vote. No public vote is ever held.

Tokushima Field Trip cont'd

- (2) The other method is that the issue is submitted to the assembly by mayor for discussion, if the assembly favor the issue, the publicity campaign will start then the public hearing will be held. And after this the issue is brought to the assembly for the final vote.

e. Rate of contribution

In majority of the towns and villages the rate of contribution is based on the resident tax of the preceding year.

Average tax of a household with 5 in the family is ¥1000.

The calculation of rate of contribution is based on the following scale:

- $\frac{1}{2}$ by resident tax of 2-3-5 rate
- $\frac{1}{4}$ by flat sum
- $\frac{1}{4}$ by average per head

Partial liability is paid at the window.

f. Collection

Average collection percentage for the prefecture is 56.2% as of 31 December 1949. This is the latest report they have in the office.

Partial liability is collected by individual purveyor.

4. Medical facilities

Authorized hospitals and clinics

Owner	Name	Address	Note
1. Nat'l Govt	Tokushima Medical University Hospital	Tokushima City	×
2. "	Tokushima National Hospital	"	×
3. "	Bansei Sanitorium (TB)	Bansei-cho, Itano-gun	×
4. "	Tokushima Sanitorium (TB)	Nishio-mura, Itano-gun	×
5. Town"	Mugi-cho NHI Central Hospital	Mugi-cho	0
6. Company	Japan Mining Industry Co. LTD	Miyama-mura, Oye-gun	0
7. Company	Imperial Spinning Mill Co. LTD, Tokushima Factory Clinic	Kitajima-mura, Itano-gun	0
8. Juridical	Hirashima-mura NHI Assn. Clinic	Hirashima-mura, Naga-gun	0

Tokushima Field Trip Report cont'd

Owner	Name	Address	Note
9. Pref. Farmer Coop. Assn.	Kaibe Hospital	Hiwasa-cho, Kaibe-gun	0
10. Red Cross	Red Cross Komatsujima Clinic	Komatsujima-cho	0
11. Naruto city	Naruto City Hospital	Naruto City	0
12. Prefecture	Tokushima Health Center	Tokushima City	X
13. "	"	Naruto City	X
14. "	Ikeda Health Center	Ikeda-cho, Miyoshi- gun	X
15. "	Aisei Hospital	Tokushima City	X
16. "	Kitanada Clinic	Kitanada-mura, Itano-gun	X
17. "	Mina Clinic	Mina-mura, Miyoshi- gun	X
18. "	Aiba Clinic	Aiba-cho	X
19. Juridical persons	Awajima Sanitorium (Mental Hospital)	Naruto City	0
20. Company	Tokushima Express Co. Clinic	Tokushima City	0
21. Pref. Farmer Coop. Assn.	Awa Hospital	Ichiba-cho, Awa-gun	0
22. "	Mikita Hospita;	Mikita-cho, Kaibe- gun	0
23. "	Oye Cooperative Hospital	Kamojima-cho. Oye- gun	0
24. "	Anan Hospital	Haura-cho, Naga-gun	0
25. Village	Omata-mura NHI Clinic	Omata-mura, Awa-gun	0
26. Pref. Farmer Coop. Assn.	Kainan Welfare Hospital	Kawahigashi-mura, Kaibe-gun	0
27. Town	Handa-cho NHI Hospital	Handa-cho, Mima-gun	0
28. Village	Kamodoi-mura NHI Clinic	Kamodori-mura, Naga-gun	0
29. City	Tokushima Citizen's NHI Hospital	Tokushima City	0
30. Town	Sanno-cho NHI Hospital	Sanno-cho, Miyoshi-gun	0
31. Prefecture	Banshu Clinic	Banshu-mura, Naga-gun	0

X indicates the authorized hospitals
 0 indicates the authorization given with individual doctors.

SUBJECT: Administrative Review of Mima District Office at Waki-cho,
Mima-gun, Tokushima-ken - 13 April 1950

1. Structure of Organization

District Office:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> 1 - General Affairs Section 2 - Taxation Section 3 - Welfare Section 4 - Economic Section 5 - Forestry Section 6 - Farm Land Section 7 - Reclamation Section | <ul style="list-style-type: none"> (1) Section chief (2) Official in charge of DSL, Minsei-in, Child Welfare & Disaster (3) Official in charge of Child Welfare NHI and Repatriates (4) Official in charge of Consumer's Livelihood Cooperation, Statistic, Records and Reports | <ul style="list-style-type: none"> All programs Planning |
|--|---|--|

All officials are responsible to their respective section chiefs and chiefs in return are responsible to the District Office Chief who is responsible to Governor.

No official is stationed here from National Health Insurance Federation.

2. Coverage

There are 6 towns and 8 villages in Mima-gun and only 1 town and one village have municipally operated NHI program, with coverage of ~~757~~ and 3500 respectively. The town operates a hospital and village has no facilities.

3. Activities

20% of the section's time is spent on NHI as the chief of the section is very much interested in the program. Official in charge spent 25% of his time on the insurance program.

At the time of collection of tax and rice all sections are requested to lend assistance but it is not compulsory, therefore the Welfare Section usually refuse the request since they are the smallest of all and short handed at present.

a. The duties of their section are:

- (1) Enlightenment of re-establishment of NHI program

Official in charge will set NHI week or hold meeting with minsei-in and the district representatives to discuss the possibility of re-establishing

Administrative Review of Mima District Office cont'd

Preparatory liquidated NHI program. After the advancement of this stage, Re-establishment Arrangement Committee is formed. Committee members are appointed by Mayor with approval of the assembly.

Committee members are selected from the assembly members, minsei-iin doctors, and women's organization.

5 towns and villages with this gun already have form from the committees and one of these towns will re-establish NHI program in the near future.

This committee suggested by Mayor, began to study the condition of medical cost of resistant for one year. Then made a statistical report showing the cost of medical care and others such as death rate against the amount of contribution and partial payment which was shown to the public convincing that by establishing NHI program they could save unnecessary expenses.

This method was recommended to other committees also at same time the Welfare Section will conduct similar survey of other towns and villages where no NHI programs are operated. At the same time the surveillance of the financial condition of the town and of each individual resident is underway.

Public hearing is also urged by the District Office sponsored by the town authority but it has not proved successful in the past so the hearings by each district in the town is stimulated which have proven successful. The greatest obstacle the town and village face at present is that majority of towns and villages are short of fund in the true sense due to the construction of the middle school in their towns and villages and most of the towns and villages authority and public knows and benefits they could have by NHI, nevertheless their towns or villages do not permit me then to establish the program at this time until the deficit from constructing the middle school is cleared up.

(2) Guidance of NHI program

There are only two municipally operated programs in the district

- (a) Honda-cho with coverage of 7557
- (b) Furumiya-mura with 3500 coverage

Honda owns and operates a hospital which is very active and popular and insured and also residents of neighboring villages. Furumiya-mura has no facility at present but is planned to establish a clinic in the fiscal year of 1950 and already the application has been submitted and was approved. The Welfare Section's primary responsibility is to bring the program or sound principles by promoting a various activities and furnishing with reading materials which are sent by prefectures Social Insurance Section.

(3) Monthly statistical reports are submitted to the Prefectural Social Insurance Section through District Office by town authorities. Only one copy is submitted by them, therefore, District Office does not keep any copy in their file.

Administrative Review of Wima District Office, cont'd

4. Budget

The District Office, Welfare Section has received the following budget as itemized for the fiscal year of 1949 for the insurance program from prefecture.

¥11,000.....	Travelling expenses
¥ 3,050.....	Conference expenses
¥ 2,800.....	Communication expenses
¥ 1,900.....	Office expenses
¥18,750.....	TOTAL

Their traveling and activities are limited within above budget and thus forcing them to limit their activities to the minimum.

5. Information and Education

Informational and educational program is rather disappointed to them due to the fact that not much materials are given to them to work on, especially, the program which apply on purveyors. However, they do their best by sponsoring conference with insured, insurer and purveyors concerned. The future plan they are working at present is to obtain all the statistical reports and publicize those figure to open their eyes to the fact that the amount of contribution is really lower than what they ordinary pay for their medical care expenses.

They believe that educational program for purveyors are essential in order to receive full cooperation for them. The future plan will also aim at this aspect.

6. Audition

Under the Local Autonomy Law the District Office, Welfare Section has no power to audit the municipally operated NHI program. All auditions are conducted by Local Auditing Board which is set up in each town and village. However, the surveillance on NHI hospitals or clinics where national subsidy is granted are conducted by prefectural official and the District Office Welfare Section to find out exactly how the national fund is being spent.

7. Comments by Officials

In regards to the draft bill of the insurance tax, they commented that the bill itself might make collection of contribution lot easier but they do not think the system is based on the principle of National Health Insurance.

Due to the present financial difficulty, most of the villages are afraid to re-establish NHI. All of the present NHI program are in deficit and unless some sort of guarantee is given by the Central government, they can't stipulate them to re-establish NHI programs. National subsidy or benefits is preferable.

They were against the compulsory system unless the guarantee on deficit

changes from last week included twelve prefectures with decreases and eight with increases. Current cases were reported by 14 prefectures having from one to six each. The current and cumulative case rates were 1.5 and 2.0 respectively.

There were 31 cases of tetanus this week, about a third more than last week (23). The present figure was approximately half way between the numbers recorded for the same periods of 1949 (41) and 1948 (22). Prefectures with increases over last week numbered the same as those with decreases (13), while three remained the same and the other seventeen have reported no cases for two or more weeks. Twelve of this week's cases, nearly 40 percent of the total, occurred in Fukuoka prefecture and the remainder in fifteen additional prefectures having from one to three each. The current and cumulative case rates were 2.0 and 1.7 respectively.

About the same number of puerperal infection cases were reported this week (20) as in the previous week (21). There were 13 cases last year at this time and 18 in the same period of 1948. The majority (28) of the prefectures have reported no cases for two or more weeks. Nine prefectures increased over last week, seven decreased, and two did not change. Present cases were distributed among thirteen prefectures and ranged from one to four in each. The current and cumulative case rates were 1.3 and 1.2 respectively.

No cases of rabies were reported this week whereas there were three cases last week. During the tenth weeks of 1949 and 1948 there were three and one cases respectively. The cumulative case rate as of 11 March 1950 was 0.1.

Leprosy cases numbered nine this week compared with fifteen in the preceding period. Records for the tenth weeks of last year and 1948 show ten and fifteen cases respectively. Changes from last week included ten prefectures with fewer cases and six with more, while two others remained the same, and 28 have had no cases for two or more weeks. Nine prefectures accounted for this week's nine cases. The current and cumulative case rates were 0.6 and 0.5 respectively.

There were 23 percent more trachoma cases this week (2,535) than last week (2,068). The present figure was three percent less than that (2,617) recorded for

Administrative Review of Mine District Office cont'd.

is made by the central government. If the village is not willing or afford of financial difficulty, no successful program could be operated, therefore, the compulsory system will fail if the law would try to force them.

SUBJECT: Administrative Review of Tokushima City NHI

- 1. Name : Tokushima City National Health Insurance
- 2. Type of Association : Municipally operated
- 3. Date of Formation : 1 January 1949
- Predecessor : Association operated established in December 1944
- 4. Organization and staff

a. NHI Advisory Council

Members representing insured.....	13
Members representing purveyors.	12
Representing public interest	17
TOTAL	42

b. Welfare Committee

Advisory Board on social affairs including social insurance. The committee is formed by 11 assembly members.

c. Staff

NHI division is one of City Welfare Section's divisions consists of 24 clerks and 3 public health nurses.

Division Chief : 1

General sub-division.....8

Collection and Benefits sub-division.....15

24

d. Hospital staff

Doctors.....	11 persons
Pharmacist.....	2
X-Ray technician.....	1
Registered nurses.....	22
Clerks.....	5
Errand men.....	3
Mid-wife.....	1
TOTAL	45 persons

Cases

Diphtheria	315	424	383	2776	3446	3697
Dysentery	78	49	55	697	305	280
Typhoid fever	41	97	108	539	899	956
Paratyphoid fever	11	22	25	151	336	308
Smallpox	-	-	-	2	4	4
Typhus fever	73	9	20	568	55	131
Malaria	7	17	54	95	200	474
Japanese "B" encephalitis	-	-	-	-	1	-
Scarlet fever	64	76	39	757	835	458
Epidemic meningitis	15	32	59	190	221	338
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	1285	2950	1042	8655	15419	7117
Whooping cough	2669	1466	728	24252	11602	7169
Tuberculosis	7489	8218	5994	64331	62504	45730
Pneumonia	4904	4077	4081	43969	29999	34967
Influenza	2342	83	81	13342	391	899
Poliomyelitis	41	30	7	289	233	55
Yellow fever	-	-	-	-	-	-
Tetanus	23	34	20	226	302	245
Puerperal infection	20	11	26	162	178	234
Rabies	3	-	1	16	5	8
Anthrax	-	-	-	-	1	1
Glanders	-	-	-	-	-	-
Leprosy	15	26	14	75	107	66
Trachoma	2068	2237	2338	18223	17316	18516
Infectious diarrhea	-	1	NA	10	25	NA
Dengue fever	-	-	-	-	1	1
Tsutsugamushi disease	-	NA	NA	-	NA	NA
Schistosomiasis	18	NA	NA	55	NA	NA
Filariasis	-	NA	NA	21	NA	NA

Deaths

Diphtheria	41	41	44	302	394	413
Dysentery	24	13	9	183	93	75
Typhoid fever	8	14	18	90	92	114
Paratyphoid fever	-	1	1	5	8	18
Smallpox	-	-	-	-	-	-
Typhus fever	3	1	2	32	1	12
Malaria	-	1	-	11	6	2
Japanese "B" encephalitis	-	-	-	-	-	-
Scarlet fever	-	-	1	4	16	4
Epidemic meningitis	3	7	13	44	54	80
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.

Administrative Review of Tokushima City NHI cont'd

5. Balance Sheet

The balance sheet for the fiscal year of 1949 is as follows:

<u>Expenditure</u>	<u>Income</u>
¥46,707,138.00	¥ 41,001,380.00
Administrative cost .....5.3%	Contribution.....50.7%
Insurance benefit.....94.0%	Partial liability.....40.0%
Health expenses.....0.5%	National subsidy.....5.0%
Others.....0.2%	Prefecture <i>subsidy</i>.....2.5%
100.0%	Fine.....0.5%
	Balance carried to next fiscal year.....1.3%
	100.0%

6. Coverage (as of 31 March 1950)

Population.....	118,058
Household covered.....	23,080
Dependents.....	69,702
Total insured.....	92,782

7. Collection of Contribution

Percentage of collection is 71% and this percentage is high compared with the prefecture average of 53%. Partial liabilities are paid at the window. This practice is not only exercised by city but throughout the prefecture. If the partial liability has to be collect, the responsibility ~~is~~ ^{is} on purveyors and only the difficult cases are requested to be collected by city. However, if insured are too poor to pay the partial liability they are referred to "elfare Section in order to receive DLSL assistance *under H₂ Otsu Hatsu 10, dated 31 Jan. '47*

8. Method of Collection

- (1) Payment is made when a bill is sent. This is the similar method of ~~the~~ collection of tax.
- (2) If (1) fail, collection clerks will be sent out to each district which is assigned to them to collect contributions. For delinquent insured Article 8 of National Health Insurance Law was applied once before and would apply it in future if the situation becomes necessary.

9. Cash Benefit

Cash benefits are grant on two programs

- (1) Maternity Benefits¥300 per person
- (2) Funeral Service.....¥500 per person

	Cases	Cases	Cases	Cases
HOKKAIDO	180	1310	-	-
AOMORI	53	906	-	-
IWATE	167	1539	-	-
MIYAGI	137	680	-	-
AKITA	51	455	-	-
YAMAGATA	9	176	-	-
FUKUSHIMA	65	315	-	-
IBARAKI	64	433	-	-
TOCHIGI	13	473	-	-
GUMMA	45	283	-	-
SAITAMA	40	425	-	-
CHIBA	20	417	-	-
TOKYO	86	629	-	-
KANAGAWA	39	442	-	-
NIIGATA	45	237	-	-
TOYAMA	8	179	-	-
ISHIKAWA	19	146	-	-
FUKUI	23	192	-	-
YAMANASHI	16	148	-	-
NAGANO	15	120	-	-
GIFU	13	212	-	-
SHIZUOKA	39	451	-	-
AICHI	65	1186	-	9
MIE	22	187	-	-
SHIGA	3	65	-	-
KYOTO	34	203	-	-
OSAKA	90	730	-	-
HYOGO	80	875	-	-
NARA	21	182	-	-
WAKAYAMA	60	282	-	-
TOTTORI	20	83	-	-
SHIMANE	24	69	-	-
OKAYAMA	23	320	-	1
HIROSHIMA	132	758	-	-
YAMAGUCHI	13	97	-	-
TOKUSHIMA	10	99	-	-
KAGAWA	21	230	-	-
EHIME	24	175	-	-
KOCHI	10	109	-	-
FUKUOKA	145	1154	-	-
SAGA	12	177	-	-
NAGASAKI	43	525	-	-
KUMAMOTO	16	208	-	-
OITA	21	71	-	-
MIYAZAKI	26	170	-	-
KAGOSHIMA	6	100	-	-
TOTAL	2068	18223	-	10
RATE				
Current	133.3	130.6	-	0.1
Previous	160.4		-	

See footnotes at end of table.

Administrative Review of Tokushima City NHI cont'd

10. Rate of Contribution

2 - 3 - 5 bases of the preceding year's resident tax which is recommended by Ministry of Welfare.

11. Remuneration

Remuneration for doctors at the city NHI hospital are monthly wages and overtime. The service fee of 5 points is charged from patient for the home visit and all income from this is kept by doctors. No other remuneration is received.

12. Point of value

Point of value for public facilities is set for @ 10.00 and @ ¥12.00 for general practitioners.

13. Facilities

A hospital with 50 beds is operated by NHI program. All services except dental service are provided for. They have one of the best X-ray and sun lamp and other equipments in the prefecture.

14. Appeal Board

All cases of complaints or disagreement brought by insured, the authority and insured always came to satisfactory settlement and never have chance to utilize the Appeal Board in the past and believe the Board is utterly useless.

15. Report

Monthly Activities Report (Statiscal) is submitted to the prefectural Social Insurance by 15th every month.

Public Health nurses submit their Daily Report by month to Public Health Department. No other report is required.

16. Information

No specific method of informational system is set up. All informational materials are given to insured through district representatives.

Representatives of Youth Organization and Women's Organization were appointed as contact men but this idea did not function too well.

Recommended more constructive informational and educational plan be worked out.

Weekly Report - 4 March 1950
Continued

PREFECTURE	TETANUS		PUERPERAL INFECTION	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	3	7	1	13
AOMORI	-	3	1	5
IWATE	-	2	-	3
MIYAGI	-	2	-	3
AKITA	-	1	-	9
YAMAGATA	-	-	-	3
FUKUSHIMA	-	2	-	3
IBARAKI	3	16	2	3
TOCHIGI	1	4	-	4
GUMMA	-	17	5	7
SAITAMA	-	6	4	15
CHIBA	3	10	-	1
TOKYO	1	10	-	3
KANAGAWA	-	5	-	-
NIIGATA	-	2	-	2
TOYAMA	-	1	-	12
ISHIKAWA	-	-	-	3
FUKUI	-	1	-	-
YAMANASHI	-	1	1	2
NAGANO	-	8	1	4
GIFU	-	3	-	2
SHIZUOKA	1	10	-	5
AICHI	1	7	-	6
MIE	1	3	-	2
SHIGA	1	3	-	3
KYOTO	-	3	-	1
OSAKA	1	7	-	1
HYOGO	-	3	-	3
NARA	1	1	-	1
WAKAYAMA	-	3	-	-
TOTTORI	-	1	-	-
SHIMANE	-	4	-	4
OKAYAMA	-	2	-	4
HIROSHIMA	-	7	-	7
YAMAGUCHI	1	8	-	-
TOKUSHIMA	-	3	-	2
KAGAWA	-	5	-	-
EHIME	1	12	-	2
KOCHI	-	3	-	1
FUKUOKA	-	9	3	6
SAGA	1	3	-	3
NAGASAKI	-	4	-	-
KUMAMOTO	1	8	1	7
OITA	-	1	-	1
MIYAZAKI	2	10	-	3
KAGOSHIMA	-	5	1	3

SUBJECT: Administrative Review of Handa-cho NHI program

1. Name : Handa-cho NHI
2. Type : Municipally operated program
3. Date of formation: 1 January 1950

Prepent NHI was formally operated by Association which was established 1 Jan. 1943.

4. Organization and Staff

Office - 5 clerks and 3 public health nurses

Hospital 3 doctors
 1 X-ray technician
 1 assistant
 10 registered nurses
 1 nurse-aid
 1 chief clerk
 1 accountant
 1 clerk
 2 errand men
22 personnel

5. Coverage : (as of 1 April 1950)

Population household.....	1683
Population.....	8527
Insured household.....	1437
Dependent.....	6126

7563

Covered under DLSL..... 247 (97 household)

Remainder of the population is covered by other insurance program aside from NHI.

6. Collection of Contribution

Contribution is collected quarterly and partial liability is paid at the window at the time of receiving treatment.

Percentage of collection is 71% and partial liability which can't be paid at the time of treatment, the collection percentage is 63%.

7. Method of Collection

Notice of payment is sent to individual insured and they will sent or bring money to the office which is the same method used in tax collection. For those who fail to pay on notice, collectors are sent to collect the contribution. This method is used by collection of Postal Insurance premium.

HOKKAIDO	9	32	4	13
AOMORI	-	-	-	-
IWATE	-	-	3	3
MIYAGI	-	4	3	24
AKITA	1423	1743	-	1
YAMAGATA	-	-	-	1
FUKUSHIMA	-	-	2	8
IBARAKI	3	47	2	8
TOCHIGI	-	-	-	3
GUMMA	44	248	-	7
SAITAMA	15	156	-	12
CHIBA	15	201	-	2
TOKYO	13	287	2	27
KANAGAWA	1	212	1	6
NIIGATA	116	343	-	5
TOYAMA	1	167	-	6
ISHIKAWA	6	32	-	5
FUKUI	44	509	-	-
YAMANASHI	15	85	-	1
NAGANO	56	66	3	9
GIFU	105	1649	-	4
SHIZUOKA	57	307	3	7
AICHI	65	1235	-	5
MIE	113	543	1	3
SHIGA	12	221	-	-
KYOTO	-	498	-	-
OSAKA	1	385	-	1
HYOGO	5	1365	2	9
NARA	3	431	-	-
WAKAYAMA	34	206	-	1
TOTTORI	-	112	-	2
SHIMANE	6	608	-	-
OKAYAMA	3	405	-	7
HIROSHIMA	4	122	-	2
YAMAGUCHI	4	84	-	-
TOKUSHIMA	5	54	-	-
KAGAWA	13	70	-	2
EHIME	8	121	-	4
KOCHI	-	6	-	1
FUKUOKA	81	626	7	16
SAGA	11	46	-	3
NAGASAKI	9	68	-	2
KUMAMOTO	-	2	1	9
OITA	31	89	5	10
MIYAZAKI	11	23	2	49
KAGOSHIMA	-	-	-	1
<hr/>				
TOTAL	2342	13342	41	289
<hr/>				
RATE				
Current	151.0	95.6	2.6	2.1
Previous	113.7		2.5	

See footnotes at end of table.

Administrative Review of Handa-mho cont'd

8. Rate of Contribution.

Rate of contribution is based on 40 categories set by Advisory Board which rate is based on resident tax. This may not be quiet on 2-3-5 basis but it very close to that rate. The following rate is for monthly contribution rate.

Category	Income	Contribution
1	¥ 7001 - over	¥400
2	6001 - 7000	385
3	5301 - 6000	370
4	4601 - 5300	355
5	4001 - 4600	340
6	3501 - 4000	325
7	3001 - 3500	310
8	2701 - 3000	290
9	2401 - 2700	280
10	2201 - 2400	265
11	2001 - 2200	250
12	1851 - 2000	235
13	1701 - 1850	220
14	1601 - 1700	210
15	1501 - 1600	220
20	1001 - 1100	150
39	101 - 120	25 (From 27 down cont
40	100 and under	20 (is #5 difference)

The total yearly contribution is.....¥196,442
 Average per household a year.....¥ 1,319
 Average per person a year.....¥ 256
 Average tax per household.....¥ 750

9. Cash Benefit

Only cash benefit granted at this city is for maternity. The flat sum of ¥300 is provided for insured.

10. Budget (For fiscal year of 1949)

Expenditure	Income
¥9,695,300	¥8,695,306
Medical care 59%	National subsidy ¥548,109

Other detail items are not known to them at the time of interview since the statistical reports are being consolidated for the fiscal year of 1949.

This program has loan of ¥13,000,000 from Awa Commercial Bank in order to keep on operating the program. The application for loan of ¥500,000 from Finance Branch Office was submitted to Prefectural Social Section which is made possible under Ho Hatsu 21, dated 13 April 1950. A point value is set for ¥10.00.

	Cases	Cases	Cases	Cases
HOKKAIDO	710	5628	308	2417
AOMORI	129	1161	70	790
IWATE	146	1309	93	873
MIYAGI	163	1377	147	911
AKITA	141	1064	76	652
YAMAGATA	102	827	52	486
FUKUSHIMA	117	944	150	977
IBARAKI	141	795	196	1239
TOCHIGI	44	506	147	1019
GUMMA	142	873	234	1776
SAITAMA	187	1870	351	3143
CHIBA	142	1073	89	829
TOKYO	715	6739	161	2208
KANAGAWA	116	1887	102	1427
NIIGATA	171	1436	175	1244
TOYAMA	132	1214	89	1248
ISHIKAWA	114	1028	51	438
FUKUI	74	611	71	578
YAMANASHI	23	310	69	399
NAGANO	179	1527	192	1682
GIFU	104	948	98	844
SHIZUOKA	163	1171	145	1235
AICHI	386	3298	202	2198
MIE	119	1304	95	825
SHIGA	60	596	50	685
KYOTO	173	1784	56	561
OSAKA	485	3346	83	870
HYOGO	268	2446	92	982
NARA	41	336	17	258
WAKAYAMA	54	556	49	382
TOTTORI	59	456	52	322
SHIMANE	94	745	33	525
OKAYAMA	156	1148	81	*1057
HIROSHIMA	228	1817	99	1045
YAMAGUCHI	149	1090	75	477
TOKUSHIMA	41	404	51	525
KAGAWA	67	481	71	682
EHIME	94	884	126	1105
KOCHI	29	507	58	407
FUKUOKA	361	3168	132	1314
SAGA	88	916	60	479
NAGASAKI	117	1185	71	633
KUMAMOTO	72	841	63	772
OITA	179	723	105	468
MIYAZAKI	91	908	48	517
KAGOSHIMA	123	1094	69	465
TOTAL	7,489	64,331	4,904	*43,969
RATE				
Current	482.9	460.9	316.2	315.0
Previous	515.0		317.3	

See footnotes at end of table.

Administrative Review of Handa-cho cont'd

11. Advisory Board

Board members consist of

- 3 members representing insured
- 3 members representing doctors
- 3 members representing public interest

The board held meeting monthly as provided in NHI law, Article 8-20. There are also Welfare Committee who also act on advisory capacity. All members are assembly members.

12. Facilities

Operate a hospital with 40 beds.

At present there are 8 in-patient in the hospital.

Daily average patients are 50.

All services are rendered except for the dental service.

X-Ray, blood test, Sun Lamp and other equipment are the best in prefecture.

13. Remuneration to doctors

Monthly wages

Home-visit.....5 points (half is paid to doctor and other half is kept by NHI)

Quarter....Electric, water, charcoal expense.

PREFECTURE	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	-	-	-	-	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	1	-
MIYAGI	-	-	1	-	-	-	1	-
AKITA	-	-	*	*	-	-	-	-
YAMAGATA	-	-	-	-	1	-	1	-
FUKUSHIMA	-	-	-	-	-	-	1	-
IBATAKI	-	-	-	-	-	-	3	-
TOCHIGI	-	-	-	-	-	-	-	-
GUMMA	-	-	-	-	-	-	-	-
SAITAMA	-	-	-	-	-	-	3	2
CHIBA	-	-	1	-	-	-	7	-
TOKYO	-	-	-	-	34	1	193	15
KANAGAWA	-	-	-	-	36	2	346	15
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	4	-
GIYU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	1	-	3	-
AICHI	-	-	-	-	1	-	1	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	-	-	3	-
HYOGO	-	-	-	-	-	-	1	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	-	-
OKAYAMA	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	-	-	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	-	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
CITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-

TOTAL	-	-	* 2	-	73	3	568	32
-------	---	---	-----	---	----	---	-----	----

RATE

Current	-	-	0.0	-	4.7	0.2	4.1	0.2
Previous	0.1	-			7.3	0.3		

See footnotes at end of table.

Tokushima Field Trip Report cont'd

SUBJECT: Review at Social Insurance Fund Office - 12 April 1950

1. Organization and Staff:

Director: - (Prefectural Social Insurance Section chief is concurrently holding the position without any remuneration)

:
: ...General Affairs Section3 staffs
:
: ...Accounting Section10 staffs
:13 staffs

Reviewing and Auditing Committee consist of 15 members. Chairman of the committee receives ¥3,000 and members receive ¥2,000 monthly remunerations.

There are also Secretaries' Committee consists of 5 secretaries. Personnel ceiling is 8 members. The chief secretary. The chief secretary is appointed by the Central Fund Office and members are appointed by chief secretary. Monthly meetings is required but actually meeting is held every other month.

2. Designated Bank: Awa Commercial Bank

3. Number of the contract societies.

The contract is drawn between Central Fund Office and Social Insurance Society Federation and Mutual Aid Association Central Office. Therefore actually there is none with this Fund Office, having direct contract.

4. Number of cases handle and its amount

January 1950

In-patients	630, cases	¥2,627,099	@ ¥4,170.00
Out patients	16,549 cases	¥6,436,909	@ ¥ 388.00
Dentists	2,484 cases	¥1,654,802	@ ¥ 666.00
TOTAL	19,663 cases	¥10,718,810	

February 1950

In patients	432 cases	¥ 1,861,875.10	@ ¥4,310.00
Out patients	16,813 cases	¥ 7,226,099.40	@ ¥ 430.00
Dentist	1,685 cases	¥ 1,157,910.00	@ ¥ 687.00
	18,930 cases	¥10,245,884.50	

5. Inter-prefectural Payment

January 1950

Mutual Aid Association	.....1,937 cases	¥1,147,008.50
Health Insurance (Direct)	.....573 cases	¥ 371,841.50
Health Insurance (Indirect)	.....359 cases	¥ 305,715.00

February 1950

Mutual Aid Association	.....1,749 cases	¥ 960,678.50
Health Insurance (Direct)	..... 685 cases	¥. 336,869.20
Health Insurance (Indirect)	..... 398 cases	¥ 289,199.50

From other prefectures

Mutual Aid Association	.....9 cases	¥ 56,187.50
Health Insurance	.....50 cases	¥ 44,642.00

Weekly Report - 18 March 1950
Continued

PREFECTURE	SCHISTOSOMIASIS		FILARIASIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	-
YAMAGATA	-	-	-	1
FUKUSHIMA	-	-	-	-
IBARAKI	-	-	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	-	-	-	1
CHIBA	-	-	-	1
TOYO	-	1	-	-
KANAGAWA	-	-	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	-	36	-	1
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	1
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	2
HYOGO	-	-	-	1
NARA	-	-	-	-
WAKAYAMA	-	-	-	1
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	1
HIROSHIMA	1	7	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	3
KOCHI	-	-	-	-
FUKUOKA	1	20	-	1
SAGA	-	-	-	-
NAGASAKI	-	-	-	1
KUMAMOTO	-	-	-	4
OITA	-	-	1	1
MIYAZAKI	-	-	-	2
KAGOSHIMA	-	-	-	4
TOTAL	2	64	1	26
RATE				
Current	0.1	0.4	0.1	0.2
Previous	0.5		0.3	

See footnotes at end of table.

Tokushima Field Trip Report cont'd

6. Collection

The collection of bills of medical payment is showing an excellent result except for Mutual Aid Association. As far as 1½ months of deposits is concerned, it is showing a poor result due to financial stringency. 8 societies which have contracts, only 2 societies have deposit paid up in full. The requests to relinquish the provision for deposit have been received because societies do not have extra money to deposit.

7. Informational activities

Informational activities are entirely neglected. Discussed the important field it plays on development of any program and recommended that they study the subject. Only informational channel they have is through a printing mostly only to purveyors.

8. Comments by official

The greatest obstacle they face today is delay payment by Mutual Aid Association which is under the jurisdiction of Treasury Department.

Report requirement

1. 5 monthly reports (Two reports are required in duplicate and other only the original is required.)
2. 1. Twice a month report
3. 1. irregular report (whenever the central office need it, they will request for it.)

Weekly Report - 18 March 1950
Continued

PREFECTURE	RABIES		LEPROSY	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	2
AOMORI	-	-	1	2
IWATE	-	-	1	5
MIYAGI	-	-	-	3
AKITA	-	-	2	4
YAMAGATA	-	-	-	2
FUKUSHIMA	-	-	-	2
IBARAKI	-	-	-	-
TOCHIGI	-	-	-	7
GUMMA	-	2	-	9
SAITAMA	-	2	-	1
CHIBA	-	4	-	-
TOKYO	-	1	1	10
KANAGAWA	-	2	-	1
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	1
YAMANASHI	-	-	-	2
NAGANO	-	-	-	1
GIFU	-	-	1	3
SHIZUOKA	-	-	-	-
AICHI	-	-	2	2
MIE	-	-	1	2
SHIGA	-	-	-	-
KYOTO	-	-	-	1
OSAKA	-	-	2	5
HYOGO	-	-	-	-
NARA	-	-	-	-
WAKAYAMA	-	-	-	1
TOTTORI	-	-	-	1
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	5
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	4
TOKUSHIMA	-	-	2	4
KAGAWA	-	-	-	-
EHIME	-	-	-	2
KOCHI	-	-	1	1
FUKUOKA	-	5	2	7
SAGA	-	-	-	-
NAGASAKI	-	-	-	-
KUMAMOTO	-	-	-	3
OITA	-	-	2	4
MIYAZAKI	-	-	-	3
KAGOSHIMA	-	-	-	2
TOTAL	-	16	18	102
RATE				
Current	-	0.1	1.2	0.6
Previous	-	-	0.6	-

See footnotes at end of table.

SUBJECT: Kochi Field Trip Report *Notes* 28-31 March 1950

Tuesday 28 March 1950

Mr Hashida - Kochi Prefectural Welfare Department Chief
Mr Miyazaki - Kochi Prefectural Welfare Section Chief

(Two new officials, the keyones, Dept & Welfare Section Chiefs, *knew little*)

Mr Fujihira in Tokyo. So what about point of notification of trips in and out - then:

1. Tokyo meeting - Day Nursery Teacher's Institute operation - 28-30 March
2. 5th April Tokyo, UNICEF Goods business - 1 official from Child Wel Sect.
3. 4-4 April Mats - 4 section chiefs Physically handicapped
4. Tentative welfare program 17 & 18th April, National Welfare Dept. Chiefs in Tokyo
5. Latter part of April - Island Welfare Dept. Chiefs meeting in Kochi. 26 or 27th or 28th. One day only. Subjects: Tokyo material, repatriates, new fields of work of minsei-iin. Expect that Matsu Sha 72 will be the main subject of discussion in Tokyo. No. of allocation of staffs etc. and this will be subject of own meeting.
6. Received inquiry from Kagawa about meeting in Osaka of western Japan officials to be attended by GHQ. What was your opinion? They'll discuss it at their meeting in Mats on the 4th and 5th of April. On their own they decided it is not necessary but the issue was left to Takahashi.
7. 26-27 March - Womens Minsei-iin from Shikoku at Matsuyama. 15 from each prefecture invited. 11 went from Kochi, 4 from Matsuyama. Activity of Women Minsei-iin in community. DLS program, Child Welfare program of Widows program. Welfare Ministry represented. Welfare Museum out of the Industrial Hall in Kochi Fair. Will be a permanent building turned into a community hall.

What about the fire victims?
How cared for?

Emergency aid only. Then DLS for some. But nothing for housing neither in Disaster Law or in DLS Law. So approached Construction Ministry. Referred whole lot. Can't cover all burned houses in Japan. Approved 30 houses for next fiscal year. Now in shacks or in friends or relatives houses. Town will decide which 30 families will get the 30 houses. Prefecture money may add 10 more houses. Also will get some repatriates houses, perhaps 10. Applied for 20 repatriates that includes 7 that were burnt out. There will be a question as to whether they will be able to pay rent. A very poor group, Eta, and poor fishing group. (Fire Insurance is only for wealthy, industry and richer farmers.)

FC B
IF SR 15-23-5

GY GM
File

And Law

Much discussion about helping the burned out group. They feel these people will not do for themselves. Will merely spend in a few days any money given them. Saving the money for them. And after a while will have enough so they can build a house.

Counter argument made. Assistance can be negative or it can be positive and constructive. In general, he agrees, but this group, cannot be relied upon. They'll spend this money in a few days.

Eta group, carry on very low level of life and responsibility.

Treat them as you would any one else. You must carry out your own law. What they do is their concerns. Dynamics of democracy and social work practice. Eta is a big problem.

AFTERNOON

Meeting if need with money not the only problem in welfare. To prevent need is the issue. Coastal fishing now very poor. Declining industry too, increasing the assistance problem.

Central Government provided only 1 million instead of 10 million in total for quarter ending March, with the request that localities make up the difference, and the Ministry will make it up next year. Money short each quarter, but most for the last quarter. Total 9 million short.

400 -500 needy fishermen families added- middle of Feb. ¥1 million cost of Nahari fire. Factors for last quarter that contributed to the large shortage for the last quarter. When they complained to the Ministry they were told other prefectures are accepting the same shortage, eg. Kyoto got 6 million out of request for 45 million.

But the communities have paid the recipients anyway. Found the money somewhere.

DLS includes housing repair money. Exceeds the standard, and they got permission from the Ministry to exceed the standard.

Shortage at end of Oct.	- 3 million	- later covered
"	"	Dec. -1.6 million
"	"	Feb. -7.7 million
"	"	Mar. -expected for the total year 9.3 million.

Nahari money

-Livelihood aid - 43,000 - 1 mo.

Temporary aid -

Housing repair-100,000) Never paid. Requested
 Vocational aid -349,000) permission from Ministry but didn't get it.
 The money was paid over the standard.

Limit now 1000 yen for vocational aid. Wanted to give ¥5000 each. But Ministry did not give permission. Waiting. Get 4000 yen approved for the permission. Probably will. Vocational aid is a dead program, unless unit is changed.

DISASTER LAW

Any disaster expense under ¥6,000,000, total has to be paid by prefecture based on 1949 tax figures in Kochi. Over ¥6,000,000, certain percentage met by national government, under Art. 39. As of 31 March money would be 2.6 million. Spent ¥660,000, so it will be 1,940 mill. Spent the money for blankets, clothing, utensils, medical supplies. Mostly for blankets, bedding and clothings.

Something about background. Would like instead of 60 fields now defined by Ministry. Only 10 broad fields.

Unrestricted money payment. Agreed paid officials must let recipients know just how they determined the amount of assistance paid. Needy are paying debts from DLS payments. Fishermen would spend their money overnight. You must have faith, assume people can take care of themselves. *Stop* worrying that they'll spend all their money and won't be able to last the months.

You must accept people the way they are. You can't do much about that anyway. Still concerned about *laziness*.

Very depressed situation. The what. Very serious. wheat loss, rice loss, fishing loss, paper mill etc. Unemployed.

Won't bankrupt Japan. Can afford the need program.

WEDNESDAY 28 March 1950

In two villages political groups have requested to see the assistance records. Localities refused. First assistances. They think it is primarily the Communist group. Reported to Ministry. Ministry later sent instruction saying there is no legal prohibition, but protection of human right is involved. Requested this Ministry instruction.

After chart, investigation of severe communities revealed completely incorrect material on income determination. Just using random figures. Income very difficult to rectify. Must give clients sense of participation responsibility and cooperation. Detective attitude will not work.

Question is whether, with the small number of full time officials in the prefecture the necessary job can be done. (Figures on paid officials in Japanese statement) No full time officials are handling only LA.

Some localities geographically, can combine, others cannot. Ministry indicated this is a proposal, but did not ask for any specific proposals. They will work out a plan of what might be possible.

Minsei--in are opposing new plan. Indicate they will be completely passive. Child welfare officials find they have to visit minsei-in first, to save his face. They can go on with their work. Need to waste much time working with minsei-in, convincing of his assistance determination. Amount to be paid by prefecture in cases of institutionalization and how much parents will pay.

Tokushima minsei-iin meeting a practical confusion that assistance would increase, and that they weren't giving assistance according to the regulations.

What will Kochi do about Hatsu Sha 72? Are you satisfied with the city's plan's?

No reasons.

1. Only 2 full time officials for protection program. Too few.
2. Question about paid officials in the district offices of the city. Whether there are any not clear. One says none. Part or full time.)
3. No plan yet received from city, Believes there should be at least full paid men of at least 3rd class.

Discussion about place and rule and importance of case workers. Essential function of case workers. Determination of need and amount of assistance and provision of obvious services. Went thru points about 72 in Bulletin 148. Meaning of functional job analysis.

For Tokyo - The Prefecture boys received summary in Bulletin 148 as something new. Welfare Ministry might have sent some to them. Quite strange in discussion.

THURSDAY 30 March 1950 KOCHI CITY

Chief - Mr. Hasegawa

Mr Ikegami, chairman of minsei-iin, present will be one of the paid officials. There are 6 city hall branch offices. But they will have 12 offices for welfare. There are 2 city buildings that will be used and 4 more branches, now, minsei-iin branch offices, in homes of minsei-iin chairmen, will be used.

Gave introduction, role of CA, was of Ministry, Told pref. responsible, interested in the reorganization, for Ministry has suggested we be used for consultation. Minsei--in cannot handle complicated job on a volunteer basis.

What to start at half as of 1 April and by 1 June. Have the entire change completed. Expect difficulty to council minsei-iin to stop their activity altogether.

Half means. 6 areas will be administered. Rest will be other 6. Difficulty is in finding suitable personnel. Now 21 minsei-iin areas. Minsei-iin committees. Will combine them into 12. What primary factor of combination? Geographical, also similarity of economic conditions. Travel easy within the areas. How supervise? In beginning, each worker will visit city office once in two days and city hall person will visit office 3 times a month.

At present they have 3 copies of each case record, one in the city office, one in minsei-iin office and with individual minsei-iin. Applicant sign 3 times? No. Only once. Copies for the either two. Approvals on 2 copies, the one for minsei-iin office and for main office.

Clerk in Minsei-iin Office made the copies. Is there a clerk in each of the 21 offices? No. 17 in all. (A chart prepared in office shows this.

How many case records? What is the *purpose* of case records?

- Like a doctor, paid official must have a record.*
- To deal with family to have basis for changes. To follow dynamics in case of charge of workers.
 - Accountability

Up to 9th revision, minsei-iin did not have a record. Often 10th revision. Minsei-iin have been having a copy.

- Think about:
- (1) You'll record more about services.
 - (2) Confidentiality a factor. The more records, the harder it is to assure.

Minsei-iin have not been maintaining confidentiality.

Minsei-iin chief believes many minsei-iin will be relieved and placed to have paid officials take over. Many themselves on poverty border-line, not too good. though some are and have too many worries about their own life, to be able to give the time freely. He believes now the crucial time to change. If we continue with minsei-iin, LA will deteriorate *badly*. Besides, now a good time to try it a change. If it doesn't work, we can find another and better way.

Expects friction with the minsei-iin in his future role as a paid official. But expects to convince them.

For MR. Now have the 4 charts. Using them and suggesting them be shown to minsei-iin as strongest evidence. of minsei-iin limitations.

Total cost of the appropriation for 21 minsei-iin offices - ¥900,000 -100% city money, but doesn't even cover the salaries. so minsei-iin contribute in addition with an organization that collects money thru members collections, about ¥900,000 more. Other items, then salary, New Years Bonus, primary school childrens excursions. Needy children supplied money for excursions.

The ¥900,000 increased to ¥1,080,000 for next fiscal year, by the city. and they're very happy to be able to use this as a hose for further development and complete changeover by 1 June.

During a visit to Kochi, representatives of 150 workers at the city shipyard who have not been paid came to ask assistance because they have no money for food.

Only ¥193.5 per day, minus tax deduction ¥20.00. Work only about 20 days because of rain, as work relief wage. Insufficient wage and some are being supplemented with direct relief. Obviously insufficient earnings but this is the national standard wage for work relief.

Case workers need assistants, to work the records from drafts given by the workers and also to be in the office during worker's visit in the field. To write fine case records, takes one full day. Ass't will primarily be doing paper work in the office.

Money aid to be paid at the 12 district offices.

Looked at a sample case. Prepared by \$75 only. Nothing about income stated except the figure. But they'll (paid officials) go out and investigate further. Pointed out uselessness of material write bare income figure. Half the equation.

Staff about importance of income determination.

Paid staff have reviewed every case before city approval. Three case workers have been doing this in welfare section of central city office. Spend half their time in the field. Also interview people who come to office.

Separate sheet has case loady need and LA by district.

No. of cases	January	LA 57	February	LA 62
		MA 49		MA 47

Medical new cases include those in which allowance was charged for this month. Population 157,061

Case Load	March	LA 1,444
		MA 658

Staff	6	3 case workers	Closings
		1 (Reports	Jan LA 43
		(Statistics	Feb LA 38
		(Payments lists	MA 52
			MA 45
		1 (Budget	
		(Filing	

One person does filing for medical program only. The addition, One person handles voc. aid, funeral aid, maternity aid.

Chief of section : 1

Transient program in addition to the 7 in DLS. Also Child Welfare Program.

- 1 person handling treatments, mentally deficient, funeral aid
- 1 person handling institutions, aged
- 3 persons handling child welfare program. Supervision and guidance of children.

Libraries and sports grounds. 4 childrens playgrounds and Children's Day. Film shows (marionettes, slides). Giving of school stationary, anti-delinquency program, cooperate by investigating theatres and other gathering places. Major program of the three is guidance and supervision of nurseries and Mother's & Children's Homes. Calculation of city home fees in nursery and blind schools etc. All other 70 in section, counting those employed in city institutions. 2 persons handling general affairs work of the section. Section also has honorings as sub-section.

Then

21 areas, plus Federation Office (which also gets money from the city) Some of the chairman of the Minsei-iin committees receive salaries from the minsei-iin Federation. Which has membership that pays out 75,000 yen monthly for salaries. The committee of 21 chairmen decide the amounts paid to each chairman. Paid according to whether full time or degree less than full time. Collect about 900,000. The city adds about 900,000 to pay for additional helpers ¥88,592 in all a month for salaries. Other expenses in addition. Only 9 of the 21 chairmen receive some salary, wide range. In addition to the chairmen, there are 17 employees of the committees. Each committee chooses its staff and decides the salary. City has no control over the appointments. Committees decide what they shall do. Committee of the 21 decide the distribution of the 17 employed. They write the papers, and some interview the needy. Very few competent enough to be case workers.

○ men ▲ women

Eta district has large proportion on assistance and required men as case workers. Requires physically energy. On basis of study, feel women will not be effective.

From the 1st of April 7 out of 12 districts will have a full time case worker, and 4 helpers. What will the helpers do? Primarily to be in the office where worker is out. Temporarily, some offices will be in the minsei-iin houses. After 1 June expects other offices.

Who will supervise the case workers? Mr Ikegami as case worker. No good. Need a clear position with the responsibility and the authority. Aiming at 14 case workers. Problem of title. Case work supervisor. Even may need more than one. Need a medical advisory committee? Thinking of asking for a budget to set one up.

What will happen to those now employed by the minsei--in committees? No more city money for them. But minsei-iin may still have the money and may want to hire. Are leaving to minsei-iin the matter of their money.

What about the Minsei-iin Chairmens salaries? They will be discontinued.

What do you want me to discuss with the minsei-iin?

1. What they are thinking about the reorganization?
2. What will be their field of activity after reorganization?

Revolving funds being maintained in the Minsei-iin offices. Will have to be discontinued. Through it was a help to recipients, who borrowed on the fund for advances.

FRIDAY 31 March 1950

Point about fewer city branch offices, fewer extra copies of case records in the branch and city offices. Will only need one copy.

Raised questions altogether about the wanting 12 district offices. Asked them why not a larger central office? Also agreed that perhaps instead of central 4 areas they'll make one.

Down the line on Hatsu Sha 72

Full time case workers 9 will begin to function 1 April. 3 in central office and 6 in area offices. By 1 June expect to have 12, full case workers. "ill also have assistants for some of them. 4 assistants from 1 April and 8 assistants from 1 June.

Minsei-iin Meeting City chairmen

Story of why change, as we see it, why need for change etc.

Then showed the 4 island charts. Great interest and spontaneous discussion among themselves.

Adequacy of training of proposed case workers not enough. Don't see how ever 50 of their calibre can do the job. And how will just 12 be enough. You have a body of instructions and minsei--in will remain as advisor group.

Minsei-iin were continually asked to all kinds of community errands. Now that they're relieved of welfare business, they expect all kinds of errand, running requests, "now they're free to do it". City officials have been turning down many men. requests for use of minsei-iin.

FC IR
GT
File

SUBJECT: Field Trip Report Kochi
3 April - 8 April 1950
Surveillance made on the basis of Feb. Tokyo Conference

BY : George Yamashita

1. National Health Insurance

a. Structure of District Office

There are 7 guns and 6 district offices in Kochi prefecture. All district offices follow similar pattern as other prefecture on the island.

:
: District Office Chief :

:
: General Affairs Section :

:
: Welfare Division :

Social Insurance program is not handled by Welfare Division as did in other prefecture, in fact, no section handle the program at all. The reason was that the office never received an official notification regarding the jurisdiction of the program and therefore, didn't care to look into the matter. However, there is a part time official appointed by NHI Federation supposed to be stationed in each District Office but in reality they do nothing because they are too busy in their own work. Nothing has been done to change this situation since they were appointed.

Though no one handles the social insurance program in the district office, they receive traveling expenses from prefectural subsidy. In the fiscal year of 1949, total of ¥114,000 was granted for traveling expenses on social insurance to the district offices. No report on how the money was used or report of traveling was ever received by the section. Recommended that the section official look into the matter and find out exactly how that ¥114,000 traveling expenses have been used by each district offices.

b. NHI Federation

There is only one federation in the prefecture, Kochi Prefecture NHI Federation. Federation budget for 1950

Kochi Field Trip Report cont'd

National subsidy.....	¥100,000
Prefectural subsidy.....	0
Membership fee.....	¥550,000
	<u>¥650,000</u>
Balance carried from the preceding year....	¥100,000
Prefecture subsidy provided by law.....	¥ 90,000
	<u>¥840,000</u>

Functions of the federation are to guide the carriers and coordinate them. 5 officials are appointed in NHI division in the section, 2 are prefectural officials and 3 are the federation officials.

c. Reporting

Since there is no one in the district office to handle the insurance program, NHI carriers sent two copies of their monthly activities reports directly to the Social Insurance Section. No report is submitted to the federation. These monthly reports must be submitted by 15th of the following but 50% of NHI carriers do not follow the regulation. Some neglect the duty and other have no knowledge of how to make reports. In such case NHI official is dispatched to the association to assist and guide them.

d. Rate of contribution

Rate of contribution is calculated on the basis which was recommended by Ministry of Welfare, the rate of 2-3-5 against resident tax of the preceding year. No flate premium is paid by any association in Kochi prefecture. The rate of partial liability is 50%. Some association recommended pay at the wider method and other collect partial liability at the end of each month.

e. Review of medical bills

No reviewing and auditing system has been set up, however, each bills sent to NHI carriers by purveyors is review by the official who usually is in the grade of ¥5,500 monthly wages. The doubtful bills are sent to the federation for review by two of their personnel.

In December 1949, total of 3,980 medical bills were received by 16 associations. The total amount of the bills was ¥1,643,336.50 which make ¥412.90 per case. The per point fee is ¥10.

Out of the 3,980 case only 6 cases were sent to the federation for recheck.

The question of bringing the payment of medical bills through Social Insurance Medical Fee Payment Fund Office was brought. They admit that they have no reviewing board or system but under the present financial difficult ¥13 per case for reviewing charge is too much of burden for them.

Kochi Field Trip Report cont'd

In December they hand 3980 cases of medical bills. ¥13 per case equals ¥51,740. At present 16 associations are operating in Kochi, so average of ¥3,284 must be paid to the Fund Office per month. This figure is on average, actually some pay less and some pay more, but in any event ¥3,000 add yen is too big a burden to them.

The deadline for purveyors to submit their medical bills is set for within the first week of the following month and by the end of the same month cash is delivered to purveyors, however, the payment of those bills which were sent for review by the federation personnel will be delayed.

f. Contract with doctors

Each individual association contract as many doctors who reside in their towns. (Average of 2 practitioners in each town where NHI associations are operating). The central NHI Federation makes contract with all national hospital. Prefecture Federation makes contract with future hospitals, city hospital, Red Cross Hospital and Kochi prefecture Farmer's Cooperative Welfare hospitals. (There are two such hospitals in Kochi prefecture).

No supervising is carried by Social Insurance Section unless there happens some special problems. Individual association sets a point value with agreement of their own contract doctors. (A point value is set for ¥10.00 a point by all association)

g. Procedure of establishing municipally operated program

- (1) The issue is brought up for discussion into the assembly, if the issue is favored.
- (2) The public hearing is held, just on town level then district level because the hearing on town level does not draw as much people as they wish to stir serious discussion, so the hearings are again held in each district.
- (3) After the principle and knowledge are disseminated, the town holds a open discussion session by public.
- (4) Then if the discussion is in favor of establishing it, the assembly will take vote.

Although town provides as many opportunities as possible as to hear the opinion and argument of public, no public votes are taken. Final decision is made by the assembly vote.

h. Collection of contribution shows very poor result of 35% in the month of Jan in Kochi prefecture. Suggestion was made to apply Art 8 of National Health Law. NHI officials stated that they had thought of applying the article but it might face them to dissolve the association.

Kochi Field Trip Report cont'd

when there are many delinquent insured due to financial difficulty, Usually the presentation does the trick.

However, Ino-cho association operated program is applying this article to collect contribution in arrear before the association is turned over to the town and request the town to act accordingly. Town assembly refused to accept the transfer because the amount of contribution in arrear was too great. Thus, the association official applied this article to collect the contribution in order that the transfer could be made possible.

One other problem in connection with contribution is the payment of accumulated arrearage during the war. This has caused a considerable damage of non-cooperation by public as well as purveyors. They do not wish to meet the same situation again, holding a bag. This is one of the main reason in Kochi why it is slow in the re-establishing the association. From this view point National Government should guarantee payment of the deficit left by the dissolved association in the future. Or administer all associations from the national level.

It is a known fact that the association with clinic or hospital is operating more successfully than those without. And it is recommended by Social Insurance officials that Ministry of Welfare follow up this plan.

i. NHI Advisory Councils

Not much of activities are seen by each advisory council and they do not even meet once a month as provided by National Health Insurance Law, Article 8-20.

This was pointed out to the officials, but the official explained that paragraph 2 of Article 8-20 read in part, "barring exceptional circumstances", is misinterpreted to read in Japanese to hold meeting whenever there is some special circumstances arise they should hold a council meeting. Therefore, at most associations, irregular council meetings are held. Perhaps, different Japanese should be used to clarify the meaning of the article.

NHI Medical Care Adjustment Council and NHI Appeal Board show negative reports.

j. National subsidy

- (1) Construction cost - Law provide for 1/3 of the cost but actual practice perform by Ministry of welfare is within 1/3 of construction cost therefore the interpretation of within 1/3 could be applied on wide range. Ministry of welfare set the construction cost of one tsubo as ¥13,000 but nowadays in Kochi the lowest price of one tsubo is ¥18,000 to ¥20,000. No subsidy is provided to purchase land or smoothing of the field. Due to the land reform act and the prefecture like Kochi where there is more mountain area than flat land, it became impossible to buy flat land. Thus forcing them to pur-

Kochi Field Trip Report cont'd

chase the side of hills where expenses of flattening is great but no subsidy is given for that purpose. Therefore, national subsidy is not exactly $1/3$ of the construction cost.

(2) Administration cost

$5/10$ of administrative cost was supplemented by national subsidy in the fiscal year of 1949. But from 1950 $7/10$ of the national subsidy will be given.

Based on the standard set by the Ministry of Welfare, $7/10$ of expenses for one clerk where 2500 or less insured are members and 2 clerk where over 5000 insured are members are paid by national subsidy. The basic wage for these clerks is set for ¥52,000 a year. (¥4,334 monthly wages)

However, the actual present basic monthly wages is ¥6,307. Actually the wages paid by each association is higher than the standard set by the Ministry of Welfare. So the national subsidy actually does not cover $7/10$ of expenses of the administrative cost but about $4/10$ of the cost.

(3) Doctor's wages - No national subsidy is provided for the part of doctor's wages except for those who are appointed by Governor as health officers from insurance doctors. Usually 2 in large town and one in small village. No subsidy for the doctor's wages who are employed at association operated clinic or hospital.

(4) Public Health Nurse - Ministry of Welfare standard for Public Health Nurse is set for ¥24,000 a year. This is the only category for Public Health Nurse at NHI association. $1/3$ of ¥24,000 which is ¥8000 is provided by national subsidy. No Public Health nurse will work for ¥2000 a month so associations usually do not employ any PH nurses but Prefectural Health Department's PH nurse usually hold the NHI PH nurses' duty concurrently.

k. National Health Insurance Tax

The proposed National Health Insurance Tax plan was discussed. Official stated that perhaps it might make collection lot easier but they doubt it would bring any better result, as long as they separate the collection as resident tax and insurance tax. People will feel heavier burden on their part. They believe the collection should be made by one tax collection.

1. Remuneration

For the contract doctor no special remuneration is given except 2 point is charged to patients by doctors for home visit. Some doctors charge taxi expenses and collect from the insured patients when making home visit. This does not include in benefit. Some associations pay year-end bonus to the contract doctors who handled most patients. The amount of bouns will

Kochi Field Trip Report cont'd

depend on the financial condition of the association at the end of the fiscal year.

Doctors employed by the association received usual remuneration. Monthly wages, year-end bonus, half of home visit charge and resident and its expenses which amount to average of ¥15,000 to ¥20,000 per month.

Although the NHI Federation has no contract with commercial hospitals, if the insured persons desire to be treated by them, he is at liberty to do so. However, by the request of Kochi, Medical Association, in such case patients must pay the medical bills in full at the window. Then the patients will bring the bills to their respective associations and have them reimburse half of the medical bills paid by the patients. This is not a good practice and against the principle of social insurance system and the federation does not stimulate this practice among insured.

It is urgent that the doctors be trained for office work as to submit clear medical bills to the paying agency. Official thought such course should be taught in Medical School or send a selected student to Medical School by federation and upon graduation work for NHI operated clinic or hospital, setting the term of duty toward NHI Federation for so many years.

2. Secondly subjects on NHI

a. Abolition of District Offices

Since the collection food and tax is the greatest problem today in Japan, it is essential to keep the district office in operation. This problem too big to limit this offices completely. But as far as the Social Insurance Section is concerned they could do without the district offices.

b. Method of collection

- (1) Request of payment of contribution is sent to each insured (Tax Collection method)
- (2) District representatives collect the contribution and bring it to the NHI office. (This is same method used in collecting Post Office Insurance premium).
- (3) Let the insured collect the contributions within their district, each insured takes their turn each month.

3. Referee's Library

Referee has no library of his own because not enough books or materials are received. Separate copies of Ho Hatsu on benefits only are received. No other informational materials were received. Referee believes that copies of all Ho Hatsu and all materials concerning referee should be made available by Ministry of welfare.

Kochi Field Trip Report cont'd

Referee's desk is situated among other Insurance Section officials and if a person should work into the office, he would never find out which one is the referee without asking someone. Recommended that the referee be secluded from other officials, or partition the section so the person who makes appeal could gain privacy.

In addition to being a referee, he also act as an advosir to Collection Division. Absolute independent as referee was recommended.

During the month of February one case of appeal was reviewed and decision was given in favor of insured who received additional ¥4,000 cash benefit. During month of March he received 3 cases which are being studied and analysed.

4. Personnel and Personnel Training

There is no change in personnel since Janaury 1950, with only one vacancy. This vacancy is for the position of medical advisor. It is difficult to find a person with professional skill to accept a desk job. Only solution is to find a doctor who would accept a part time employment.

As far as the training of personnel is concerned, officials never thought about it.

Since personnel in Social Insurance Section will not be transferred as often as other sections, in fact, they seldom get transferred the experience they receive is better training program than any other mwthod. However, section chief promised that he will give some consideration to the matters.

5. Coverage and Eligibility

Problems of coverage are becoming less as employers as well as employee realize the advantage and benefit they are to receive. Especially in Seamen's Insurance where actual case of sinking of two ships and all the benefits received was made known to other ship owners. Some shipowners who were evading to be covered under the program, voluntarily requested to be covered.

However, the definition of dependent has too wide meaning. In Seamen's Insurance the word "family" is used for "dependent". And the family covers a wide range and in most cases persons who should not be included as "dependent" are included because of the wording of "family".

In other programs the determination of dependent is made by employers upon submission of register of each employee. A copy of the register is forwarded to the section. In other word the face value of the register is accepted without doubt. Section makes no effort to check the registers.

In some cases employers request the minsei-iin's recognition on the registers.

Kochi Field Trip Report cont'd

6. Determination of Seamen's Income

Common practice is that the wage report submitted by shipowners is accept on its face value. However, if low wages are reported section sends an official to investigate. For fishermen by agreement of fishermen, shipowners and Seamen's Union, the minimum standard of ¥4,000 to ¥4500 was set. But since fishermen work on the commission bases, it is difficult to determine, besides the rate of commission differ by districts. In Kochi the prefecture is divided into 11 districts.

The minimum standard for the seamen on steam and sail-driven boat is set at ¥4,000. Union would not recognize lower wage that minimum.

Some district shipowners' unions cooperate closely with the Social Insurance Section in collection Seamen's Insurance contributions. Unions collect the contribution and forwards it to Social Insurance Section. This was not request by the section but was done entirely on volunteer base by Unions.

Cooperation of Japan Seamen's Union, Kochi Branch was brought up for possibility in collecting Seamen's Insurance contributions but since all seamen are not members of union uniform collection can not be seem. Besides Union is having difficult time collecting their own membership fees.

7. Method of Payment, Cash Benefit

Cash benefit is paid by the Social Insurance cashier in the section to those who could appear at the cashier's window to claim. For those who live in the rural area, payment is made through, claim can be made at the bank in their district. If there is no bank, claim is paid through Post Office. All payments are made through Bank of Japan, Kochi Branch Office and the account is transferred to Chikoku Bank and the notice of payment is forward to their branch office where insured is residing. In case there is no banking facilities, Bank of Japan will transfer account to the Post Office where insured resides.

In all cases no cashing fee is charged. Ratio of resident tax and social insurance premium is average ¥600-700 resident tax to ¥1,200 to ¥1,300 insurance premium.

SUBJECT: The Case of Higashimata-mura Municipally Operated Program

This association is one of better operated association in Kochi. Their collection of contributions since January this year is 99% and benefit pay is almost 100%, yet the association can not make the both end meet. There are 560 households with 3,150 persons who pay. Average of ¥758 yearly contribution.

In the month of February their financial condition shows:

Kochi Field Trip Report cont'd

Income:	Contribution	¥47,150
	National subsidy	135,643
	Partial payment (50%)	
	$\frac{1}{2}$ of benefit paid ¥161,555	81,700
	TOTAL	¥182,793

Comparing the total income with benefit paid and other administrative expenses, this association is in deficit of ¥394,143.06 in the fiscal year of 1949. This is mostly due to poor collection of contribution in arrear. They have ¥718,489.45 contribution in arrear from year before.

The amount of deficit was paid off by loan but it does not solve the main problem. There are two solutions for clearing the deficit, 1st is to raise the rate of contribution which is rather impossible at the present difficult financial condition. Second is to collect the amount in arrear by applying Article 8 of NHI Law which they would like to avoid applying.

However, without the deficit the association still can not manage the association unless national subsidy is given to benefit.

Suggested all effort be placed on collection in arrear and after that raise the rate of contribution slightly to meet the both-end.

SUBJECT: Interview with Welfare Section Officials in Charge of Medical Allowance under DLSL

January	2,084 cases	¥5,934,297	Average per case	¥2,800
February	2,105 cases	5,517,006	Average per case	¥2,500
		In patient	@	¥3,650
		Out patient	@	" 462

Compared with the average per case for insured, the amount with very high. Of course there are various reason for this. First DLSL only give minimum assistant to the needy person, which would bring only long term patient. Other reason is the doctors are overcharging the clients.

Town authority have no special contract with any doctors as they do in Ehime Prefecture. However, they ask the patient to consult with doctors reside in their own town.

Whether it is National hospital, prefectural hospital, city hospital, Red Cross hospital or commercial hospital all medical facilities are opened for patients under DLSL.

Usually medical bills are sent to the town authority by the 10th of the following month by doctors and by end of the same month all medical bills are paid in cash. They have no reviewing system at all although the official in charge realize the necessity of such system but the section do not try to set up such system, or they don't even try to get fund from the prefecture for the purpose.

Kochi Field Trip Report cont'd

Doctors supposed to charge medical fees according to the standard point system set up by Ministry of Welfare which all insurance doctors are following. A point value is ¥10. Most of the doctors disregard this scale entirely and charge according to what they want to charge.

Suggested study of the following two problems:

- (1) Reviewing and auditing system
- (2) Method of payment of medical bills after the review.

The possibility of utilizing Fund Office for payment channel was discussed. Service fee of ¥13 per case of 2100 cases (which is average every month) amounts to ¥27,200 per month for whole prefecture. There are about 170 towns and villages, therefore, average of ¥161 per town will be paid to Fund Office to review all medical bills and pay through the same office.

Official stated that he is aware of high cost of medical allowance and have stimulated town official to look through their bills before paying them. There was a case which was request by a town to review the bill because town official thought the bill was unreasonably high. That bill was forwarded to Social Insurance Section for review. Asked whether any town ever applied Sha Otsu Hatsu No. 10, dated 21 Jan. 1947 or any needy family. Official stated that he did not know such Sha Otsu Hatsu existed and will look into it.

SUBJECT: Conference of Hihoku Four Prefectures' Advisory Council on National Health Insurance Association Operating Medical Facilities

Representatives of each prefecture's Advisory Council on NHI Association operating facilities and Social Insurance Section official attended the conference:

Agenda as follows:

1. Recommendation of doctor to NHI operating medical facilities and his remuneration. (Kochi)
There are many associations who would like to establish their own clinics or hospitals because associations with medical care facilities usually operate more successfully but they can't find doctors. Kochi asked other prefectural officials to recommends doctors from their respective prefectures if there is someone who would be willing to accept the position. Other prefectures have similar problem and requested other prefecture to assist them.

In Kochi on the average NHI association doctors receive ¥20,000 to ¥30,000 monthly wages, plus quarter and other remuneration and year-end bonus. ~~1/2 of the service fee for visit made to patients is given to doctors, which amount to 1/2 2,000 a month.~~

Kochi Field Trip Report cont'd

In Tokushima one association pays ¥15,000 monthly wage plus ¥5,000 remuneration and year-end bonus. $\frac{1}{2}$ of the service fee for visit made to patients is given to doctors.

And one town pay ¥15,000 monthly wage and ¥10,000 traveling expenses but no other remuneration.

Kagawa- ¥10,000 monthly wage and other remuneration plus quarter

Ehime-One town pays ¥70,000 annual wagw plus all the remuneration. One village pays ¥15,000 to 20,000.

All prefecture follow similat pattern in paying year-end bonus which depend on the financial condition at the end of the fiscal year.

2. The amount of prefecture subsidy for NHI medical facilities.

Kochi	¥3,000,000	
Tokushima.....	¥5,000,000	
Kagawa	¥1,000,000	(for Mitoyo-gun NHI only)
Ehime.....	¥1,000,000	(additional appropriation could be obtained if needed.

3. Question of joining a covenant with the central NHI association operating medical care facilities ^{Advisort} C council. This question was left from the previous Chugoku and Shikoku ^{Advisory} Council meeting to be discussed by each prefecture.

All prefectures agreed that they would not gain any advantage or benefit by ~~going~~ ^{joining} the central advisory council. So fat the central council has not been useful to other local councils expect to receive the membership fees.

Though Ministry of Welfare is persuading local councils to join the central council Shikoku District will wait further to watch the development and plan of the central council.

4. Condition of management of medical care facilities in each prefecture. It seems that although all are facing financial difficulty at present no facilities is meeting with severe crisis. All came to the conclsuion that ^{As}association with medical care facility is operating more successfully than one without any facilities. But need prefecture or national subsidy on benefit to help them out of financial difficulty.

5. The plan of NHI promotion week.

The date of the promotion of NHI program week is tentatively set for the week of 19 May 1950. The programs will be publicized through newspapers, radio, prints, poster, and on the street campaign. ^{Representatives} desired renting a movie films of story based on NHI program fromGHQ, CIE Section or Ministry of Welfare if they have any on their stock.

Kochi Field Trip Report cont'd

All representatives are still holding strong belief that in order to promote or for the progress of NHI programs, compulsory program should be applied same as on all other insurance programs.

Requested materials and statistical analysis for reason for having compulsory system and also on subsidy for benefit.

SUBJECT: Kochi Social Insurance Medical Fee Fund Office

1. Statistic during January 1950

For the month of January 26,375 bills were received for the amount of ¥13,964,566 which is ¥530 per average case.

Fund Office's income from 26,375 cases is $26,375 \times ¥13$ per case - ¥342,875

2. Inter-prefectural payment by Fund Office

Month of Feb. 7 cases ¥20, 198.50 were paid out by this office. Received from other prefecture as follow:

Mutual Aid Association	41 cases	¥1,300,141.50
Directly - Health Insurance Society	40 cases	¥ 310,460.50
Indirectly - Health Insurance Society	84 cases	¥ 338,049.12
TOTAL		165 cases ¥1,948,650.62

(These figures represent monthly average)

There are two ways in sending medical bills to agencies concerned in collecting bills from other prefectures.

- (1) Directly to Health Insurance Society
- (2) Indirectly through Social Insurance Medical Fee Payment Fund Office

3. Asked the opinion of the Executory Secretary as to the possibility of decreasing medical fee charge of ¥13.00 per case, since primary expenses which is largest of all, are being completed during past two years. Most of the Fund Branch Offices have completed construction of their of office building, purchased all necessary office equipment and other larger expenses are being paid. He stated that he knows that the voices are getting stronger on that point and believes that there is a possibility to decrease to ¥10 but they do not have authority to change it. They only follow the instruction from the Central Fund Office.

4. The biggest obstacle for the smooth operation of the Fund Office is based on the delayed payment of payment by Mutual Aid Association which forces the Fund Office to delay payment of doctors' bills. The complaints have been sent to the Ministry of Finance who supervise the association but no result has been seen yet.

5. Actual payment to purveyors is made two months after the insured patients have received treatment. Payment is made by groups, usually purveyors are divided into two or three groups by locality. City group is paid first and town group is paid on second and so on.

Kochi Field Trip Report cont'd

6. Reviewing and Auditing Committee

This committee is consisted of 15 members, 14 doctors and the Division Chief of Benefit Division of Prefectural Social Insurance Section. Members of committee receive ¥2,000 monthly commission which is set by Central Fund Office.

Average rejection rate of medical bills is 0.5%. The rejection percentage is getting small due to the fact that the doctors are getting used to the office work and following the standard described by Ministry of Welfare.

7. Contract

- a. Government-managed Society
- b. Government-managed Seamen
- c. Society-managed Society
- d. Mutual Aid Association, with exception of National Railroad Mutual Aid Association. But the juridical person Railway Kosei Kai has contract.

N.R.M.A.A. own a hospital who serve only their own members and do not accept other organizations' members.

8. Collection

Percentage of contribution		1½ months deposit
Health Insurance	83%	83%
Mutual Aid	84%	49%
Seamen's Insurance	83%	60%

This branch office receive the contribution for government-managed society through Central Office two months later, therefore, the branch office cannot pay earlier than two months after the medical bills are received. They could pay purveyors earlier if the government would pay earlier.

9. Medical allowance under Daily Life Security Law

Asked opinions on the possibility of paying medical allowance under Daily Life Security Law through Fund Office.

Director stated that he realize that medical care cost is very high for that program because they do not have the reviewing and auditing system as in the Fund Office and by applying the system on them, it would decrease the cost considerably. However, it would be unwise to draw a contract with each 169 towns and villages in Kochi Prefecture. The number are too many and complication and confusion will arise unless the number of personnel is increased. But the income from average of 2,000 cases per month from these towns and villages which add up to ¥26,000 per month for the entire prefecture could employ 4 official of ¥6,000 base plus allowances and he wondered whether these 4 personnel could handle all the

procedure, collection, contribution and 1 $\frac{1}{2}$ month deposit, review the bills before hand to be submitted to the Reviewing and Auditing Committee and sending notice of payment to each towns and villages and etc.

The better solution he offered was that medical bills will be reviewed by the committee but the payment to purveyors be made through each individual town and village separately and charge half price for reviewing.

In the case of NHI program it would be lot easier as far as the number of societies is concerned but considering the financial consitions majority of associations are in, one can't be too hasty to draw contracts with them, of course, these decisions must come from the Central Office.

In the Case of Accident Compensation Insurance they could handle it with present staff because number of cases is small. For the month of December 1949 only 421 cases of benefits were paid which amounted to ¥1,499,683.55

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN
WEEK ENDED 4 MARCH 1950

PREFECTURE	DIARRHEA				DYSENTERY			
	Current Cases	Current Deaths	Cumulative Cases	Cumulative Deaths	Current Cases	Current Deaths	Cumulative Cases	Cumulative Deaths
HOKKAIDO	12	1	234	20	4	-	20	6
AOMORI	9	1	80	16	-	-	1	-
IWATE	16	1	77	13	-	-	5	2
MIYAGI	10	-	78	4	-	-	13	1
AKITA	8	1	88	6	1	1	8	6
YAMAGATA	4	1	23	3	-	-	7	2
FUKUSHIMA	12	-	63	9	1	-	3	1
IBARAKI	9	-	40	-	7	7	31	15
TOCHIGI	4	1	37	8	5	2	19	8
GUMMA	2	-	24	-	2	1	37	9
SAITAMA	1	-	52	6	6	3	66	18
CHIBA	3	-	33	8	1	-	11	9
TOKYO	9	2	*189	*20	21	4	175	44
KANAGAWA	3	1	76	8	3	-	28	4
NIIGATA	12	-	100	6	9	1	41	8
TOYAMA	4	-	43	4	-	-	2	1
ISHIKAWA	1	1	47	5	-	-	53	-
FUKUI	6	-	19	2	-	-	1	-
YAMANASHI	2	1	13	3	-	-	1	1
NAGANO	5	-	44	2	1	-	4	-
GIFU	4	1	26	7	-	-	10	4
SHIZUOKA	4	1	32	4	6	1	33	8
AICHI	17	-	61	2	1	-	10	3
MIE	5	1	30	4	-	-	10	4
SHIGA	1	1	*16	2	-	-	1	-
KYOTO	2	-	39	5	-	-	14	3
OSAKA	10	3	94	17	1	-	18	2
HYOGO	12	-	100	9	1	2	19	7
NARA	2	1	27	4	-	-	-	-
WAKAYAMA	2	-	18	-	1	1	4	1
TOTTORI	2	-	9	1	1	-	2	1
SHIMANE	11	-	52	4	-	-	1	-
OKAYAMA	2	-	26	-	1	-	3	1
HIROSHIMA	5	1	*60	*3	-	-	4	3
YAMAGUCHI	10	1	98	8	-	-	3	-
TOKUSHIMA	3	1	21	3	-	-	1	-
KAGAWA	2	-	14	-	-	-	2	2
EHIME	6	3	39	6	1	-	3	1
KOCHI	2	-	18	6	-	-	1	-
FUKUOKA	15	5	206	22	2	1	22	5
SAGA	15	1	61	5	-	-	1	-
NAGASAKI	16	-	100	5	1	-	4	-
KUMAMOTO	6	3	38	4	-	-	2	2
OKI	10	3	64	13	1	-	2	-
MIYAZAKI	11	2	106	15	-	-	1	1
KAGOSHIMA	8	2	61	10	-	-	-	-

FIELD TRIP REPORT
 (Ehime Prefecture)
 6 March to 10 March 1950

6 March 1950

Mayors and Assembly chairmen's conference on preparation of establishment of gun-level NHI association in Mitoyo-gun, Kagawa Prefecture.

Date and time: 6 March 1950, 1000 to 17000
 Place : Toyohama-cho, Mitoyo-gun
 Attendants :: Mayors of 36 towns and villages in Mitoyo-gun.
 Assembly chairmen of 36 towns and villages in Mitoyo-gun.
 Speakers : Mr. Takahashi, Prefecture Welfare Department Chief.
 Mr. Fujita, Prefecture Social Insurance Chief.
 Mr. Goda, Vice-chairman of Kagawa Prefecture Mayor's Association.
 Guest : Shikoku CAR, Welfare Section representative.
 President and vice-president of Mitoyo-gun Medical Association.

First half of the conference was spent on discussing local administrative problems. Of course it did not concerned insurance therefore we waited in another room till it was over.

Entire afternoon was spent on the establishment of gun-level NHI association. This conference was held primary to give informations on principles of NHI, benefits and advantages to mayor and village heads and chairmen of assemblies. Mr. Takahashi -- He explained the financial aspect of the program, comparing the one year expenses spent on medical care and medicines in Mitoyo-gun with the total contributions and partial payment fees. Actual figures showed that this gun had higher death rate and higher medical care costs per household than that of per household on national average. Consequence is that people of Mitoyogun spent more money on medical care whther they liked it or not, than average per house hold in Japan. Then by establishing NHI association they could save more than half of Medical care cost on the national average. Comparison of figures is showed as follow:

National average medical fee per household	¥ 6,500	<i>How did they get medical care costs per household?</i>
Figure number of patient in year plus contribution rate, total contribution fee plus partial payment will be around	¥ 3,180	<i>the gun as well as the national average</i>

(average number of household in this gun is 5.3 per family)
 Question was raised by one of the mayors that it seems the different of medical cost on national average and NHI expenses is too far great to believe. It was explained that national average include all medical service cost whether it is under insurance program or not. It is a known fact many doctors charges more than official price. Under insurance program there is Medical Bill Reviewing and Auditing Committee who reviews all doctors' bills so they do not overcharge the insurer or insured. With the difference of above figure an association could easily establish a hospital or clinic with national subsidy.

Shikoku CAR.-- My speech was similar to the one you have made at Niihama, emphasizing the will of people must reflect the decision of each town and village assembly. Without the confidants of people they represent this program will fail to progress. Though it is not required by law, it would be wiser and adviseable to let people take vote on the issue.

Field trip report cont'd

Mr Fujita -- He explained law in details, showing the figures and reports of successfully operating associations in Kagawa prefecture. There is only one association of this type in Japan today and Ministry of Welfare have keen interest in the development of this association.

Mr Goda -- We have discussed this program at previous mayor's and assembly chairman's meeting and agreed that this program will benefit the people of Mitoyo-gun when you look at the high cost of medical care cost. Also you must take into consideration the fact that average number of patient per house in Mitoyo-gun is higher than the national average.

Take back all informations to your people and consult with them how they feel about establishing associations and electing hospitals. In any event we must have the confident and support of the people.

Serious questions were raised by Medical Association representatives such as successful operation of association and especially if they are going to construct hospital. The New Hospital Law makes it very difficult to operate unless one is well prepared financially and must have someone in charge who knows how to operate a hospital. Rate of contribution and partial payment were other problems.

The conference was closed with request that mayor's and chairman's confer with people of their towns and villages.

AT BHIME 7 March 1950

Prefectural Social Insurance Section Chief and members of the National Health Insurance Association Federation conferred with the officials of Uwa-cho and two other villages whose plan to establish NHI hospitals met deadlock due to misunderstandings among the officials. I have attend this meeting which was held in Social Insurance Section.

Attendants from each town and village:

Uwa-cho	Mayor, Chairman and vice-chairman of assembly
Nakagawa-mura	Village head, chairman of assembly
Iwaki-mura	Village head, chairman of assembly, 3 assembly members and two cooperation committee representatives.

Prefectural Social Insurance Section Chief explained the situation up to present. ~~As an~~ official in charge of insurance program, he cannot find any real problem in preventing the construction of NHI comprehensive hospital in two town and village. Today we are gathered hear to iron out our mutual complaints or misunderstanding and try to come to conclusion one way or the other, whether you going to to establish the hospital or not. As every one here knows when the issue was brought out and was placed for the decisions by each town and village, it passed

Field trip report cont'd

the assemblies animously for establishment of hospital. Based on that Social Insurance Section requested Ministry of Welfare for national subsidy accordingly with law. It was approved, as you all know, and part of the money have already been given to the committee and the same committee already bought the site of the hospital. Now because of few people who opposes this plan, you have back out on the assembly decision who represents the will of the people.

Uwa-cho -- The decision of town assembly has not changed from the beginning. There has been a movement to oust the mayor from his office by opposition but they have failed completely and the town will continue to carry out the original plan with the support of majority of the people of Uwa-cho.

Nakagawa-village-- Of course there is opposition in any type of planning, however, since majority of the people supported the plan to establish NHI hospital with coordination with Uwa-cho and Iwaki-village, the assembly voted for the establishment of the hospital. But the village will not participate in the program unless all three of the town and village coordinate as it was agreed on the original plan.

Iwaki-village-- After assembly voted for the establishment of NHI hospital, Cooperation Committee was formed to promote this program. The committee is consisted by leading village residents, such as ex-mayor and ex-assembly members. It seems like instead of cooperating this committee is opposed of the plan. Their main reason for against the plan is that this plan was first stimulated among the village people by former village head while he was in his office and the issue was brought into the assembly and the assembly passed it.

There is also an evident by this group which shows personal antagonism towards the mayor of Uwa-cho. All during the conference debates was always directed at personal feeling rather than the main issue of welfare of people and whether they really want it. There is also an evident showing that the village head was not speaking for himself or for the people but rather he was instructed to stick to one line.

It was pointed out that officials must never forget the people they represent. Forget all the personal feeling against one another or what the opposition instructed to say at the meeting. Then Prefectural Social Insurance official analysed medical care program and financial problem in Iwaki-mura.

They found that medical care cost in this village was higher than national average because of high rate of TB Patients. Calculating from their average incomes the rate of contribution was average and that village people could easily pay out the extra expenses. After the analysis was made Iwaki-mura officials showed different attitude and promised that they will not listen to the others any more without first hand informations

Field Trip Report cont'd

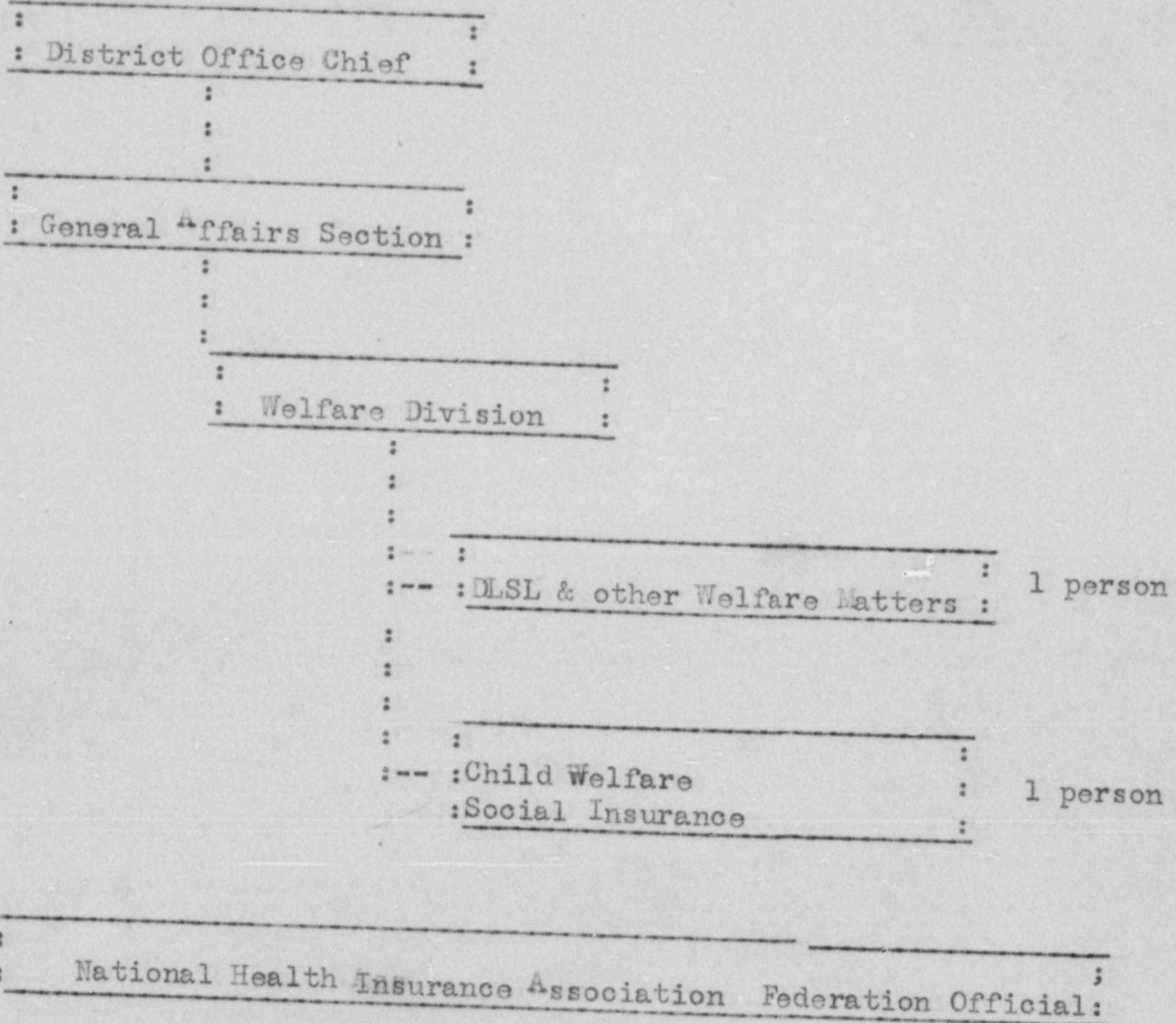
from the authority.

This was the case of personal agitation by opposition political group which tried to stimulate the ignorance group to oppose the issue.

National Health Insurance - Ehime Prefecture

Structure of District Office (Kitauwa-gun)
 There are 12 offices in Ehime prefecture.

Pattern of Kitauwa-gun is as follow: (Most of the district offices operate on similar pattern)



Transfer or appointment of district officials within district office come under the jurisdiction of District Office Chief, however, the transfer or appointment outside of district office come under the jurisdiction of Prefectural Personnel Section.

Field Trip Report cont'd

There are two personnels in "elfare Division under General Affairs Section. One is in charge of Daily Life Security Law and the other welfare matters. Other is in charge of Child Welfare Activities and Social Insurance. (Strictly an informational and educational channel)

One National Health Insurance Association Federation official is stationed in the district office. He is stationed there by Federation and his wage is paid from the Federation budget. He is only responsible for Federation and no one else. This is the only district office where such an official is stationed in Ehime District Offices. Even though he is independent on his field, he coordinates with official in charge of Social Insurance of District Office, General Affairs Section. His main responsibility is the guidance of the program and supervision of operation of associations.

There are 29 towns and villages in Kitauwa-gun. Out of these 29 towns and villages 16 operate municipally-operated associations and 11 have association operated program. Remaining two are expected to establish municipally operated association in 1950. Within the fiscal year of 1950 the above 11 society operated associations are anticipated to turn the administrative organs to municipals.

In Kitauwa-gun there are **two** hospitals and 11 clinics operated by associations. 5 more associations have submitted applications for national subsidy to establish clinic to Ministry of Welfare through Prefectural Social Insurance Section.

Informational materials are sent to Welfare official in gun office by Prefectural Social Insurance Section and separate materials are also sent to NHI carrier by NHI Association Federation.

*What do these
volunteers
do?*

There is only one NHI carrier in Ehime, however, there are 26 volunteers throughout the prefecture who acts as coordinator. Though they are volunteer workers but they are recommended by Federation in their appointment by Section and receive ¥1,000 a year remuneration which came out of prefecture budget.

There is no gun level Federation in Ehime which is found in many prefectures in Japan, but they have a study group instead.

Reporting

NHI carrier has only one monthly activities report to be sent to the Federation. However, if a special report is believed necessary he sends in such report on his own judgement. Welfare Officials in charge of Social Insurance has no report to send in, except the monthly reports

Field Trip Report cont'd

from all associations must go through the district office. Three copies of such reports are sent to the district office, one copy is retained there and two are forwarded to Prefectural Social Insurance Section.

The percentage of his time spent on social insurance activities is 50%, however, his responsibility on social insurance is placed only on informational and educational programs for National Health Insurance activities.

Proposed National Health Insurance Law

This law will be welcomed if it should pass the congress because it may ease the present critical situation derived from the increased delinquent of contributions.

Medical Care Payment

All Medical Care Bills for purveyors are sent to the Medical Association by 10th of the following month. Then those bills are sent to National Health Insurance Association Federation for review by their Reviewing Committee which is composed of medical professionals. The reviewed bills are returned to the associations for payment to purveyors by them. In most instance association take cash to doctors. When Reviewing Committee finds overcharge on a bill the corrected figure is sent to association who pays purveyors on the amount. Of course the notice is sent the doctor whenever the bill is corrected, usually by letter. All these procedure takes about two months from time an association has received a bill for payment and until a doctor receive cash.

Local Med Association

Contribution Rate

The percentage of resident tax and the rate of contribution is about equal in Kitauwa-gun.

The rate of contribution is based on the income year before on Ministry of Welfare proposed basis of 20-30-50. (This rate is recommended by Social Insurance Section throughout prefecture)

Problem

What provision is there to solve the two following problems?

- of what?*
- (1) When A town is united by B village to form one town who operates a NHI Association and people of B village wish to continue the operation of NHI but A town do not wish to have NHI?

*Raised
by
Whom?*

Field Trip Report cont'd

- (2) When A town who operates a NHI association is united with B village who do not wish to operate a NHI association, do the people of B village come under obligation to join the association since it becomes compulsory after the establishment of such association?
- (3) Is there any provision in NHI Law for volunteer insured whose village do not operate the association but would like to become member in other association?

National Subsidy

The amount of national subsidy received by Prefectural Social Insurance Section for NHI program in the fiscal year of 1949 is as follows:

(1) Administrative costs	¥6,594,450
(2) Travelling expenses	163,200
(3) Health Guidance Program	534,000
(4) Public Health Nurse (1/3 of cost)	2,234,602

National subsidy for Public Health Nurses is for the registered nurses whose yearly income must exceed ¥48,000. National subsidy covers 1/3 of wage plus traveling expenses. However, from 1950 non-registered nurses will receive national subsidy.

Officials do not know whether the above amount coincide with the amount which are provided by law. Usually most prefecture receive less national subsidy than provided in law.

Requested that they study the problem and make comparison.

To solve the critical financial condition NHI program, they have suggested that some national subsidy be granted on benefit payment. Another suggestion was to provide authorization of loan from Local Finance Office at Takamatsu.

Referee's library

Completeness of referee's library was discussed. Referee receives a copy of Ho Hatsu sent to Prefectural Social Insurance Section separately from Ministry of Welfare but he only receive Ho Hatsu on benefits only. No other materials such as informational materials or books, are sent to referee separately from Section, therefore he has no library of his own but the whole section utilize one book case. He stated that it was suggested at the National Referee Conference held in Tokyo in February this year that all copies of Ha Hatsu and other informational materials and books should be sent to referee in each prefecture by Ministry of Welfare so he could maintain a referee's library.

It was also recommended at the same meeting that district referee conference should be held to exchange mutual problems and also referee must attend all social insurance conference or meeting.

Field Trip Report cont'd

Surveillance of Matsuyama National Hospital

Matsuyama National Hospital receives average of 175 in-patients every month. 55% of these patients are receiving medical care under social insurance program. Government-managed have largest patients followed by Mutual Aid, Society-managed "ccident Compensation and National Health Insurance. Following the insurance patients next largest number of patients is under DLSL and self paying patients.

Out of 200 daily out-patients treated here 65% of patients are being provided medical care under one kind of social insurance program.

Hospital administration's greatest problem is delayed payment of medical bill by Social Insurance Medical Fee Payment Fund Branch Office. Since the new regulation which instructed all National hospitals to estimate budget and self-support themselves was issued they have been having difficulty in adjusting financial condition of the hospital because of the delayed payment by Fund Office due to the fact that the income from social insurance patients is the largest.

Medical bills are sent to Fund Office by 5th of every month and the actual payment is received 3 to 4 months after the submittal of the bills. Payment is made by bank note since they have deposit only with Bank of Japan. Last payment was received in November 1949. Payment of NHI Associations takes longer than Fund Office.

When a social insurance patient is received by hospital the certificate is filled out without checking the holder of certificate is the same person. No special attention is paid in handling the certificate. But they stated that haven't received any patient under false pretence.

Interview with patients

1. Mr Ouchi -- Government-managed. 250 yen is deducted from his wage every month as insurance contribution. He knows that his employer has paid the insurance contributions. His family consists of his wife and 9 children. He stated that if he was not insured he would not be able to pay for medical care he is receiving now and the temporary allowance paying for the family. He thinks that this program is wonderful. There is no fear of being mistreated because he is an insured patient.
2. Miss Hayashi -- She was working in Bank in Yokohama when she was stricken with illness. She came to live with her grandmother and enter National Hospital under social insurance benefit. Her family is not well-to-do family would not have been able to pay for medical care if she was a member of the society. All the other cash benefits are sent directly to her in check by mail.

FC
IR
GY
File

FE
ER
M

In you use the
all working
copy? See
Comments.

Second Social Insurance Conference

Held in Tokyo

From 14 February to 17 February 1950

Participants:

PH&W Section : Messers. Anton, Pollock, Knoy, Sullivan and Rohrlich.

Civil Affairs Section : Messers. Borish, Mosher.

Civil Affairs Regions:

Hokkaido:	Mrs. E. Meredith.
Tohoku :	Mr. M. Sherry.
Kanto :	Mr. H. Gaffney.
Tokai-Hokuriku:	Mr. M. Miyahara.
Kinki :	Messers. G. Hoshino, M. Hayakawa.
Chugoku::	Mr. G. Okamoto.
Shikoku :	Mr. G. Yamashita.
Kyushu :	Mr. M. Meyer.

Tuesday 14 February 1950 (0930 to 1700)

Mr. Anton : First of all I would like to thank you for your splendid report you have sent in even though it was not required. I was sorry that I was not be able to attend the first conference due to the fact that I was in the states.

70 to 75 % of medical care costs in Japan at present are paid through one kind of the social insurance programs. Out of 85 million population in Japan today 65 millions are involved in social insurance program one way or other., and also doctors receive their income through medical care program far greater than ever before. It is a tremendous and very important job we must perform.

Every level of government agencies are involved directly or indirectly in this program. Total amount of contributions frequently exceeds the total amount of all local taxes in most of the villages. So give your best and full ability on your responsibility.

1. Administrative Organization

a. Structural Pattern.

Explanation of structural patterns of each prefecture by all region representatives. Most of the prefectures follow the general pattern with only few exception. Social Insurance Section is directly responsibly to Welfare Department of the Prefecture except for appointment and transfer of national civil service workers who come under the direct supervision of Ministry of Welfare. Insurance Referee is also directly responsible to Ministry of Welfare and no one else.

Some prefectural social insurance section have Seamen's Division. Few Prefectures call Welfare Department Minsei-bu (Civil Affairs Department). This will be rectified so all prefectures use same official terminology. (Chugoku Region)

In many of the prefectural set-up Social Insurance Section is called Insurance Section. On Shikoku Island all four prefectures use that term. There must be distinction between Social Insurance

Conference report cont'd.

and Insurance. (Shikoku)

Relationship between Social Insurance Section and Maritime Office was discussed.

All regions expressed that there is absolutely no relation exist between two. Relation between these offices on Shikoku was explained as reported in the special report. Requested that some sort of instruction from Ministry level or revised the law to strengthen their relationship.

b. Personnel and personnel training.

As far as the NCS personnel are concerned they come under the jurisdiction of Welfare Ministry. But there are complaints from many personnel that they receive less basic wages than that of city officials or prefecture officials and also the rate of year-end bonus is smaller than them therefore, they would like to change their status to prefecture official rather than National Civil Service. On Shikoku Island NCS received higher basic wages than ~~than~~ PCS up to 31 December 1949 but of course PCS received higher rate of year-end bonus. But recently I have received information that prefectural officials' basic wages will be increased, which will be higher than that of NCS basic wages. Then the question arised whether to transfer the Social Insurance NCS officials to PCS. Most of the regions were in favor ~~to~~ of transferring them to prefecture.

No special training course for the personnel was reported from any prefecture.

c. NHI carriers.

The function of NHI carriers in Gun (District) office was discussed. Most of the regions reported that since Welfare Section in Gun Office is under the General Affairs Section, the gun officials are frequently used for other purpose than their primary duty as welfare worker, duties such as collection of rice and taxes collection. Therefore there aren't many officials in gun office who perform the duty as NHI carriers or even worse, they don't even understand the principle of social insurance.

Many National Health Insurance Federations have assigned their own workers who are under their payroll in the gun office, in such cases they perform their duty as NHI carriers fully as they are assigned for.

Since I haven't made a spot check on gun level I could not make any comment except my experience and surveillance made while I was assigned with the team.

Establishment of a separate NHI Section was discussed but the decision rest upon Governor of each prefecture whether he would like to establish NHI Section under Welfare Department.

*Interesting
development*

Conference report cont'd

d. Requested further informations on NHI program.

- Penetrating
+
questions*
- (1) National Health Insurance Federation and its personnel.
Function and reporting
 - (2) Reason for not handling the NHI program in gun office.
 - (3) Function of District Insurance personnel.
 - (4) How many Federations in the prefecture and their purpose.
 - (5) How close do they cooperate with associations and their relationship.
 - (6) Associations without any facilities -- how are they operating.
 - (a) Rate of contribution.
 - (b) How is the medical care program is operated.
 - (c) How is the medical care bills are paid.
 - (d) How many contract doctors.
 - (e) How are they supervised.
 - (7) Procedure of establishing Municipal operated program
 - (a) Do they get the vote of people.
 - (b) Or just the assembly vote.

NHI association in Ehime Prefecture was brought up for discussion at this time. Other prefectures had similar problem also. Even though it is not provided in Law, town or village officials should make it a practice to have confident vote by people in establishing association, clinic or hospital in order to avoid future conflict. Make sure people know what it all about and what benefit and advantage they receive from this program. As far as the case in Ehime is concerned, it would be adviseable not to become involved in it too deeply but we must think of some way to ~~retract~~ the letter of recommendation written by Lt. Ostby. Look into the successfully operating NHI association and try to copy the pattern by neighboring villages.

In Chugoku Region (Hiroshima) Prefecture is selling raffle tickets to raise fund to establish NHI hospital. The question was raised by the Chugoku Region officer whether this is in violation of Law. No one could find any provision against this type of fund collection as far as the social insurance program was concerned.

It was suggested by the Kinki Region officer that the national subsidy should be given to those who are operating the associations successfully and those who are not operating successfully should be given minimum subsidy.

Operation of comprehensive association in Ehime-ken with 11 towns and village was reported at this time. It was pointed out that with less expenses this associations are give far greater medical services to the insured. Also the gun level comprehensive association in Kagawa-ken was reported. They said that it is interesting project and should be watched with keen interest.

d. Budgeting - (explained by Dr Rohrliek)

On the national there are two type of account in "elfare Ministry.

General account General revenue
 Special account..... Insurance contribution

The expenses for the compulsory society are paid out from the general account. The expenses for auxiliary organs, councils and boards in the field are paid from the special account.

Prefecture has nothing to do with the special account but handled entirely by Social Insurance Section.

General account go through Prefectural Fiscal Section. NHI draws their expenses from the general account. On this the section chief has little to say about it. When it comes to the execution of the expense, it is entirely up to the Fiscal Section. This information was given by General Affairs Section of Insurance Bureau, Ministry of Welfare. Find out how true it is?

Special Account - (Social Insurance Account - (Health Insurance Account
 (Welfare Pension Account
 (Seamen's Insurance Account

Look into the local financial administration.

(1) Actual national subsidy on NHI Associations

- (a) Construction cost
- (b) Administrative cost
- (c) Doctor's wages
- (d) Public Health Nurses wages

(2) What would be the reaction of public if the contributions of NHI are collected as insurance taxes same way as local taxes. (This draft has been submitted already which will affect only municipally operated program)

(3) What is the percentage of local taxes compared with the NHI contributions.

2. Coverage and eligibility

a. Definition of dependent. Study HO HATSU no. 25. Determination of dependents is the most difficult problem since Japanese word has a wider interpretation or could interpret the way a reader wants to interpret. It is not clear out to the higher headquarter as the question of who makes the determination of dependents, employers or Social

Insurance Section and how did they arrive to such determination.
 ✓ They would like to know the actual practice in the field.

b. NHI exemptions and duplications

Study HO HATSU No. 35.

Are they actually excluding those who should not be covered? What success they have? Is it required or on volunteer basis by each association?

How do they adjust contributions and how do they set the rate of contributions and the rate of partial payment?

How much rebate insured get, if any?

c. Seamen's Insurance non-compliances

How do they determine the estimate of income?

It is very difficult to determine since they do not receive monthly income by rather from the in-take of the catch by seasons. Kochi-ken has set the minimum monthly income of ¥4,000 per person.

Another big problem is the collection of seamen's contribution. In each prefecture who is responsible for collecting this contribution, Social Insurance Section, Federation Union or Coop?

In Kinki Region Seamen's Union see to it that they pay their contribution but the trouble is that not all seamen are union members. Due to the fact that SCAP issued an order of non-allocation of heavy oil to wooden type boats, number of seamen's unemployment is increasing and at the same time the number of insured and employers are also decreasing.

At present there is none for the volunteer coverage on Seamen's Insurance.

3. Collections

Wednesday 0900 - 1200

a. NHI assessment

It is very vague to the information as to the determination of rate of contribution. For instance, on what year's income the rate of contribution is based on? Or by number of family and their income based on 20 - 30 - 50 bases, practiced by many associations.

In Kinki Region a flat sum of 15 per person is collected. In this case if the medical care cost is low, perhaps they will be able to manage it. on the other hand if the medical care costs, then the partial payment will increase which will make them difficult to meet the payment. Check on the rate of volunteer insured contributions.

b. Shoup recommendations and developments.

From Shoup recommendations a bill was submitted to the Congress to transfer the contribution duty to Tax Office. In the event the bill should pass, it is favour of passing, the possibility is that the whole Collection Division staff will be transferred to Tax Office. This resolution only covers, Health Insurance, Welfare Pension Insurance, Seamen's Insurance and Unemployment Insurance.

The maximum rate of remuneration will be increased to ¥24,000 for all programs. Income will include wages and allowances.

Advisory Council on Social Security have stated that their report will be published around 1 June of this year.

4. Benefits.

a. Relation to true standard remuneration. It is the common practice on the part of employers to disregard the standards remuneration. It is desired that we look into their actual practice. What is the practice of occupational injury by society.

b. Method of disbursing cash benefits

What is the method of disbursing cash benefits on each program, through Post Office pay cash at the section or send check or paid through the designated bank. If the benefits is paid with check, what is the fee for cashing the check?

It is common practice in Chugoku Region that when Social Insurance Section do not have cash on hand, the insured are referred to Welfare Section when Social Insurance Section receive it. Whether this is a good practice or not the question remain to be seen.

c. Benefits in kind

Kanto Region have reported that in some prefectures National Hospitals refused to accept insurance in-patients. On Shikoku Island they do not go as far as to refuse patients but insured patients are not welcomed.

Spot checks on government operated hospitals on this situation are desired.

d. Old age and survivors's pension for Seamen.

The pension is payable for the first time since the program became effective. However, the revised rate of 1948 which pays ¥500 monthly

is not adequate to meet the present financial condition. And many complaints were received in regards to this matter and Social Security Advisory Council have been studying the program and the rate will be change in future but until then the rate of ¥500 per month will be applied.

5. Appeals

a. Status of referees

This is a vital program to the democratic government and its procedures. This system has been set up in line with the spirit of Japanese Constitution and this program must be stimulated and be practiced by public. In this sense Referee must on the job full time. In many prefectures Refereed are used for office work and General Affairs Division of the Section. Absolute independency from administrative agency is necessary. A tentative plan to establish the Social Insurance Consultation Center in Tokushima City was reported and arose quite an interest to everyone. Whether an appeal could be made to Referee on the decision of eligibility was asked by Chugoku Region Offices. There were two interpretations on this question, 1st is that Referee handle appeal on benefits alone. 2nd of course is the system of fair hearing. Point to study with cooperation of Referees.

b. Appeal Boards & Councils

- (1) Appeal Boards - to treat individual case on benefit grant
- (2) Advisory Council - attached to each municipally managed program
- (3) Medical Care Adjustment Council - Prefecture level coordination between purveyor and insurers and insured.
- (4) Social Insurance Council - on Health Insurance
Welfare Pension
Seamen's Insurance
- (5) Central Social Insurance Medical Care Council
- (6) Prefectural Social Insurance Medical Care Council

6. Reporting Thursday 0900 - 1700

Reports are coming to Ministry of Welfare but many prefectures don't send them on time. Urge them to send them on time.

Report on the number is very vague. Try to get figures on this.

Report on coverage - Society should be covered.

7. Informational Service

a. Program responsibility

Since no national subsidy is given to informational service except for NHI program there is no one in any prefecture, responsible for this program. There should be some sort of set up in the section to handle this program.

What do you think
of asking for
Mr. Pedersen's help
on this?

Request cooperation of Labor Union for spreading knowledge and interesting matters to insured. Inquired into the possibility in setting up Social Security Section in every Labor Unions.

Auxiliary Organs

Explanations on various types of auxiliary organs were given by each regions based on their reports submitted previously.

Requested that we look into their actual activities and find out whether the institution or facilities are really given benefits to insured and are they really necessary.

9. Medical fee examination and payment

a. Problems of Medical Fee Payment Fund.

One of the practical matters concerned at present time is the service fee charged by Fund Office. Present rate of ¥13 per case seems to be high considering all the money Fund Office is making.

Other grave problems is the delay payment of contribution to the Fund Office by Government Agencies. This always interferes with the smooth operation of Fund Office and force them to delay payment to doctors. There is a question whether the amount of 1½ month expense deposit is necessary or not when considering Japanese economic difficulty at present.

Bills for Health Insurance, Seamen's Insurance, Mutual Aid Association are handled through this office. Workmen's Accident Compensation and Medical Allowance under DLSL are under consideration to bring their payment made through this office.

Shikoku representative explained that few towns and villages welfare officials in Kagawa-ken have requested Reviewing and Auditing Committee to examine their bills in non-official capacity and they found 10% of overcharge. Also it was explained that already Takamatsu city has employed a full time official to examine the medical bill.

b. Medical and auxiliary facilities.

In order to get the clear picture of actual operation of institutions and facilities, ask recipients and patients how they are being treated as insured patients especially at National Hospitals and Red Cross Hospitals. (Who makes contact on what rate?)

What is the treatment of insured patients from other prefectures and what is the procedure for Health Insurance program? and for National Health Insurance Program?

Nursing fee is included in the medical care benefits but most of the hospitals do not provide nurses to the insured patients and have patients' relatives nurse the patients, yet the nursing fee are collected by hospitals. Make sure Social Insurance survey this illegal practice in their respective prefectures.

Surveillance

- (1) Types of institutions encountered and nature of affiliation with the Social Insurances.
- (2) Interrelationships among insurance and other public facilities.

- (3) Elements of "health and welfare" facilities in each program
- (4) Operation of rest home.

FRIDAY 0900 - 1200

10. Future Plan

- a. Quarterly Conference
- b. Revision of D.D. (public welfare)
Present O.D. is still in affect but will be revised in near future.
- c. Reports (Requirement in new O.D.)
 - (1) Special Report
 - (a) Anything significant
 - (b) Recommendation
 - (c) New facilities or organization
 - (d) Questions to be answered such as required at the conference.
 - (2) Administrative Review
 - (a) Prefecture Social Insurance Office
 - (b) Local Agency
 - (c) NHI association
 - (d) Institutions or organizations
 - (3) Annex B-2
O.D. 59 is still effective until new O.D. comes out.
Report general aspect of the program.

11. Revision of Law.

Medical Fee Calculating Committee and Medical Care Council will be combined into one committee in near future.

Draft plan of

- (Insurance Tax Law will ~~not~~ pass the congress. 1 April 1950
- (National Health Insurance Tax Law was carried over until next session.

SOCIAL INSURANCE REVIEW
(activities for next quarter)

--- Priority No. 1

- 1. Medical care practices and facilities in the various social insurance program and public assistance.
 - a. Method of remuneration
Method of payment to doctors
Fee point system, salary, retaining fee in relation with capitation.
Payment in kind.
 - b. Types of facilities.
Insurance facilities, national hospital, other national government hospital, prefectural and municipally operated hospital, Red Cross hospital, coop. hospital and commercial hospital.
 - c.

- c. Mode of operation of this facilities and its ownership, direct operation, or lease or anyother relationship.
(Often association owns a facilities but let the other operates it)
- d. Inter-relationship, if any, between the medical care services and facilities provided under various programs, enable the insured to utilize the service and facilities other than those under their own insurers.
(When insurers have no facilities, they have to ~~to~~ go to the other. Or insured from other prefectures)

Secondly ---

1. What are the possible limitation of district offices and prefecture NHI Federation in NHI administration.
2. What is the nature of NHI Federation below the prefecture level .
(For example, district or smaller than gun federations)
3. To what extent did the establishment used in NHI plan of the city or village you visit ^{reflect} the popular will. What was the mechanism used?
(Vote of assembly ? or people ? Does the assembly reflect the people's will)
4. How does the collection under NHI differ from tax collection.
5. How has the problem overlapping insurance and relative to NHI assesement.
(Compulsory program of HI and volunteer program of NHI)
6. Just what basic income based on the assesement of NHI, income year before last ? or more current income?
7. Budgeting, subsidy and financial practices at the prefecture, municipal level as related to social insurance.
8. How are the collection and records obtained under social' insurance, particularly relation to federation or cooperation.
9. What form of payment are used under various social insurance programs.
(Check, cash, bank, through Post Office. How does it differ by programs, if it does.)
10. What benefits are giving by Welfare Foundation.
11. What is the status of referees.
(Does he have his own library of laws, and Hohatsu. Does those things come directly from welfare Ministry. How independent is he?)
12. What about government or private body constituted out side the law.
(Fee Adjustment Council, other council or Boards not provided in law, appointed by governor, and receive national subsidy)
13. What are the possibilities of bringing DLSL medical bills, Workmen's Accident Compensation under the Medical Fee Payment Fund Office.

- ✓ 14. Consideration of medical care cost under DLSL into HI or NHI.
(Needy families needing medical care will become insured)

Address by General Sams

Explained about Advisory Council on Social Security Council who will report on June 1, 1950. Unification of collection by the suggestion of Shoup Mission.

Public Health Department set-up.

Ministry of Welfare

I

Prefecture Public Health Department

I

Public Health Center (Only an administrative unit and just a tool)

I I I

Towns and villages

Under the new Hospital Law many hospitals could not meet the requirement so those little hospitals got together and formed a non-profitable tax-free juridical hospital. (3 years is given to change)
Social Insurance patients should not pay Hospital Bills, if the hospital has less than 10 beds, except where there is no hospital in the district.
Consideration of special subsidy for TB patients in NHI.

?
What is this?

The review list is quite a list. Enough in itself. But, what about the other items and points raised in the conference, and recorded in the body of this report, and noted as needing looking into?

George Yamashita

TZ

FIELD TRIP
OF
EHIME PREFECTURE
SOCIAL INSURANCE SECTION

January 1950

FC
IR
Gy
File

1. Persons interviewed

Mr. Matsumoto, Welfare Department Chief
Mr. Okuda, Social Insurance Section Chief
Mr. Izumi, Assistant Section Chief
Mr. Tomochika, Insurance Referee
5 division chiefs
Maritime Office officials

2. Structure of Administration

No Insurance Branch Office in Ehime Prefecture

: Welfare Department Chief :	
: Mr. Matsumoto :	
:	
:	
: Social Insurance Section Chief :	
: Mr. Okuda (NCS) :	77 persons
:	
:	
: Assistant Section Chief :	
: General Affairs Division Chief :	21 persons
: Mr. Izumi :	

Mr. Ikeda (NCS)	Seamen's Insurance
Mr. Tsuzuki (NCS)	Seamen's Insurance
Mr. Kimura (PCS)	Accounting
Mr. Inouye (NCS)	General affairs
Miss Kamada (PCS)	Accounting
Mr. Fujii (PCS)	Accounting
Miss Takahashi (Empl)	Correspondence and communications
Mr. Toida (Empl)	Accounting
Miss Shiraichi (Empl)	Typist
Mr. Nishiyama (Empl)	Correspondence and communications
Miss Atsugawa (Empl)	Seamen's Insurance
Mr. Morita (Empl)	Accounting
Miss Yokoyama (Empl)	Accounting
Mr. Tomozawa (Empl)	Seamen's Insurance
Miss Nitta (Empl)	Accounting
Mr. Ozawa (Empl)	Accounting
Miss Okada (Temp Empl)	Correspondence and communications
Mr. Koyama (Temp Empl)	Office-boy
Miss Ishizaki (Temp Empl)	Office-girl
Miss Kami (Temp Empl)	Clearing woman

Benefit Division Chief :
 : Mr. Kato (NCS) :
 : : 13 persons

Mr. Watanabe (NCS)	Benefit
Mr. Asano (NCS)	"
Miss Kada (Empl)	"
Miss Uwagawa (Empl)	"
Mr. Nomoto (Empl)	"
Mr. Onishi (Empl)	"
Mr. Yamada (Empl)	"
Miss Morioka (Empl)	"
Mr. Shimatsu (Empl)	"
Mr. Fujii (Empl)	"
Mr. Yoshida (Empl)	"
Miss Watanabe (Empl)	"

Qualification Division :
 : Chief Mr. Yagi (NCS) :
 : : 18 persons

Mr. Yanagibara (NCS)	Qualification
Mr. Takaichi (NCS)	"
Mr. Aihara (NCS)	"
Miss Abe (Empl)	"
Mr. Matsushima (Empl)	"
Mr. Hongo (Empl)	"
Mr. Hirooka (Empl)	"
Mr. Takechi (Empl)	"
Mr. Tachina (Empl)	"
Miss Nagoka (Empl)	"
Mr. Yoshino (Empl)	"
Mr. Nakazima (Empl)	"
Miss Narimatsu (Empl)	"
Mr. Takazawa (Empl)	"
Mr. Morioka (Empl)	"
Miss Nomoto (Empl)	On sick leave
Miss Ito (Empl)	" " "

Collection Division :
 : Chief Mr. Matsusuye (NCS):
 : : 15 persons

Mr. Undachi (NCS)	Desposal of arrearage
Mr. Utsumoniya (NCS)	Collection
Mr. Nomura (NCS)	Collection
Mr. Izumi (NCS)	Contribution receipts
Mr. Yasui (NCS)	Collection
Mr. Maeda (Empl)	Contribution receipts
Miss Ishibashi (Empl)	Contribution calculation
Miss Okada (Empl)	" "
Miss Yamamoto (Empl)	Contribution receipts
Miss Uyeta (Empl)	Contribution calculation
Mr. Tadokoro (Empl)	Contribution receipts
Miss Toritani (Empl)	Contribution calculation
Mr. Ishida (Empl)	" "
Miss Okubo (Empl)	Contribution receipt

:National Health Insurance :
:Chief Mr. Undachi (NCS) :

Mr. Shiraishi (NCS)	NHI
Mr. Miyoshi (NCS)	"
Mr. Matsuzawa (PCS)	"
Miss Uyeta (PCS)	Guidance of Public Health Nurses
Mr. Awai (Empl)	NHI
Mr. Shigeno (Empl)	"
Mr. Watabe (Empl)	"

: Health Insurance Referee :
: Mr. Tomochika (NCS) :

3. Personnel

The section has full force of regular personnel, except for two employees who are on long term sick leave. This situation is similar to that of the situation found in Kochi Prefecture. Officials here do not know how long they could keep these two employees on payroll and they don't know of any existing regulation regarding such situation. They stated that they are primary on pay roll for charitable reason. Their wish was to assign an official in Gun Office.

4. Information and Education

Publicity and information are handled by each division on their respective program and have no one in charge of this program for the section as a whole. Assistant section chief represent the Public Hearing and Information Section monthly meeting but seldom utilize the office. Educational program is entirely neglected, or perhaps they do not know how. Suggested appointing an official as the coordinator between each division on this program so that their effort will be more effective, rather than vague method they are applying.

5. Social Insurance Organ

a. Ehime Prefecture Health Insurance Society.

This judicial persons society was established in 1943 with their office in Prefecture Social Insurance Section. Chief of the section is the appointed local director.

Society operates a hospital at Uwajima which is the property of Ozu-cho. This hospital accepts insured person as well as general public under rental agreement with town hall.

Maximum capacity of in-patient is 30 and in month of November took care of 367 patient. 3 doctors, one dentist, one pharmacist, 9 nurses and 1 employee are employed here. Medical care is given free of charge for insured only.

This Society also operate a rest home for insured and will be able to accommodate for 50 persons. ¥100 per day is charged.

Society is financed by membership fee. At present they have 2500 members. There is no other source of subsidy and assistance, except for budget allotment from central office, but Central Office receive national subsidy from Welfare Ministry.

b. Seamen's Insurance Organization

Office in Insurance Section and the section chief is the local administrator. This organization operates a rest home whose maximum capacity is 15 persons. Appropriation is from the central office in Tokyo and there is no other source of subsidy.

c. Japan Seamen's Aid Association (Juridical person organization)

This association has a clinic in Matsuyama city, employing 1 doctor, 1 pharmacist and 3 nurses. It is financed by membership fees and no other source of subsidy.

6. Administration of Related Social Insurance Program

- a. Mutual Aid Association Prefecture Accounting Section
- b. Pension Prefecture Personnel Section
- c. Unemployment Compensation..... Public Employment Security Office
- d. Accident Compensation..... Labor Standard Office

7. Seamen's Insurance

The comparison between number of ships or boats should be covered by Seamen's Insurance Law, obtained from Maritime Office and number actually covered which is recorded in Prefecture Seamen's Insurance Section as follow:

Maritime Office			Social Insurance Secri		
Types	Number	No. of Seamen	Types	Number	Insured
Ship & fishing boats	493	2931	Ship and fishing boats	329	1,414

Monthly average wage - ¥5,181

The Social Insurance Section realize, that 30% of ships or boats are not yet covered. It is a problem to get in touch with the shipowners who, in most cases, are the captains of the ships. Even contact by mail will get little result. The officials realize that even though the program is compulsory and there is a penalty provision in the law, when not covered by Seamen's Insurance. However, they also realize that this violation is not intentional but due to little or no knowledge of the program. Seamen of Japan have been known as the lowest educated class in Japan and it is essential and vital problem to educate these seamen in order to make them realize the advantage they are missing. Then seamen could demand the shipowner that they should be covered by this program.

Educational program should be prepared on national level by Ministry of Welfare because this is not a regional problem but a nation as a whole and because they are constantly moving from one prefecture to another.

As far as reporting of employee's wages in concerned, it has improved and it correspond with other offices where such reports are required such as Maritime Office or Seamen's Union.

There is no established relation between Maritime Office and Social Insurance Section. Only existing relation is the mere contact when-ever it becomes necessary. Recommended closer cooperation with each other.

8. Health Insurance

Statistical Report of Government-managed Society

Month	No. of Employees	Number of Insured			Average Monthly Wages		
		Male	Female	Total	Male	Female	Average
Dec 49	2,207	30,884	13,498	44,382	5,849.501	3,039.191	4,994.795
Jan 50	2,211	30,901	13,456	44,357	5,894.374	3,069.820	5,069.572

It is noticeable that even though numbers of societies and male insured have increased, total number of insured have decreased in small numbers. The reason for this is because of increase in the number of unemployment.

The average monthly wage corresponds with that of a figure reported to Labor Standard Office to whom employers used to report higher wages than reported to Social Insurance Section. This is because of complete surveillance by the section and the realization of importance of the program on part of employers.

The number of employers who should be covered by Health Insurance Law investigated at Tax Office and Labor Standard Office on 25 December 1949, on one city and three guns revealed that these were 325 employers yet covered by this Law. The concentration has been placed on these employers to be covered by this program and at the same time surveillance on the remaining cities and guns will be made.

Number of volunteer societies and insured are increasing every month. At present there are 44 volunteer societies and 407 insured, 293 males and 114 females.

9. Welfare Pension

Month	No. of Employer	Number of Insured				Average Monthly Wages			
		Male	Female	Minor	Total	Male	Female	Minor	Average
Dec 49	2,282	57,746	25,351	1,615	84,712	6,039.95	3,398.44	7,209.59	5,271.75
Jan 50	2,286	57,644	25,355	1,611	84,610	6,066.94	3,411.65	7,268.15	5,294.10

Number of employers has increased but the number of insured decreased. However, the average monthly wage has increased. From these figures the present economic and employment situation of Ehime Prefecture can be told.

10. Collection

Since the critical days of insurance finance in September 1949, the collection has shown good results.

Collection of seamen's insurance contribution is still the bottleneck of all programs.

Since the collection results are improving every month, the section officials do not think of separate agency for collection. They pointed out the collection program and benefits program are inseparable and should not be handled by two different agencies not even at Tax Office.

But the collection of seamen's contribution is so low, they would like to see the present law on the collection provision revised to strengthen it, or appoint an agency, such as Seamen's Union, for their Seamen contribution collection agency.

The attachment of delinquent employers' properties is provided by the present law but even though they attach the properties, they cannot dispose them due to the financial difficulty of the community. 173 societies have been attached their properties, out them 39 cases have been disposed of their properties. Percentage of contribution collected as of 30 November 1949 as follow:

Health Insurance.	81.2%
Welfare Pension	89.7%
Seamen's Insurance.	68.9%

The section collects contribution on the increased basic wages derived from the false report by employers retroactively but the percentage is very small, specially since September 1949.

11. Benefits (Statistical report as follow:)

General medical care

Month	No. of Case	Amount	Per Person	No. of Case	Amount	Per Person
10	6,779	5,090,203.10	750.87	4,573	1,244,417.50	272.12
11	9,356	7,569,806.80	809.08	7,144	2,161,184.00	302.51

Dentists

Month	Insured			Dependents		
	No. of Case	Amount	Per Person	No. of Case	Amount	Per Person
10	1,528	1,183,600.00	774.60	554	2,655	387.11
11	1,702	1,421,503.00	834.60	655	2,969	379.03

Increase in number of benefit case and amount of medical fee payment are noticeable. In other words, more people started to benefit from this program than ever before. Utilization of this program by insured and benefit received by them could be used to stimulate the program of collection. Increase of number of cases and in amount amount paid for this program must be kept on the close surveillance and contact training program for the doctors and insured as well becomes necessary to avoid violation of laws and regulations in handling of insured certificates. As it is there is no specific system in handling these certificate by doctors or insured.

12. National Health Insurance

Number of Associations - 233

Town & Village	Society-manage	Special	Not yet Established
66	157	10	2

Operating Associations - 85

Towns & Villages	Society-managed	Special
62	22	1

Number of insured in 85 associations is 355,913 as of 31 December 1949.

Collection of contributions is still the biggest problem in this program also. The result of collection for the month of December 1949 was 75% but the collection of partial payment is far better, the percentage raga from 85 to 90%. The percentage of partial payment against contributions is as follow:

P.P.	Contribution
50 - 50	8 associations
60 - 40	12 associations
70 - 30	46 associations

There is a very interesting method of operation of associations experienced by Insurance Section, National Health Insurance Association Federation and these associations have been operating succesffully. The section officials have succeeded in collaborating 11 towns and villages to establish an

association in their own town and village. 11 associations utilize the central hospital and clinic. Office business such as collection of contributions and partial payments is taken cared of by each association and they contribute expenses to operate the hospital and clinic.

Significance of this method of operation is that under the present financial difficulty it is almost impossible to establish an association in each town with hospital or clinic but this method will enable every person to enjoy the benefits from social insurance system. The section is working on the other towns and villages.

13. Referee and Appeal Board

During period of January 1949 to December 1949 17 cases of appeal were received by Insurance Referee. The results of decisions by Referee after careful investigation are as follow:

In favor of Insurance Section	11 cases
In favor of Insured	2 cases
Partial payment was made	4 cases

The principle of Referee system hasn't been disseminated as well as it should be. Suggested that Referee makes a schedule for field trip to spread this program or inform and educate them the right of appeal. They stated that they would like to make a planned schedule but the shortage of fund prevent them from doing so.

Since the establishment of National Health Insurance Appeal Board, there has not been any case of appeal received by the board.

Officials stated if the decision of amount of benefit paid is satisfied and calculated correctly, there should not be any appeal. They seem rather conceited by their belief that the decision were satisfied by insured who received any benefits.

14. Social Insurance Medical Fee Payment Fund Office

Director	
General Affairs Division	5
Reviewing Division	3
Accounting Division	15
Payment Division	3
Collection Division	3
	29

Even though the closing date of receiving bills from purveyors is set 5th of every month, this office has extended its closing date to 8th, so that purveyors in local area could sent their bills in time.

It takes about 50 days before purveyors are paid through the designated bank. It was pointed out that the regulation states for 30 days.

Officials stated that as long as there are many delinquent depositors

and money is not sent by societies in 30 days, it was impossible to pay on time. However, comparing to the past the days have shortened considerably.

Number of cases handled for the November payment

Government-managed	18,852 cases
Mutual Aid Association	12,874 "
Society-managed	13,465 "
Seamen's	261 "
Total	<u>46,457 cases</u>

¥13 service fee is charged per case and total of ¥603,941 was received for the month of November 1949. Office operating expense was ¥341,047.67 during the same month.

Monthly budget is received from the central office.

Reviewing and Auditing Committee meets on 10th every month. Average rejection by the committee is about 5% every month.

They have a strong desire to bring the payment of medical allowance bills under Daily Life Security Law into this office. Each town and village could save 5% to 10% expenditures. However, they cannot handle it without an instruction from their central office. Some villages have already requested the Reviewing and Auditing Committee to examine their medical bills.

B-B
 JR
 GY
 Title

FIELD REPORT
 OF
 KAGAWA PREFECTURE SOCIAL INSURANCE SECTION

1. Personnel Interviewed

Mr. Fujita, Social Insurance Section Chief
 Mr. Ishikawa, Assistant Social Insurance Section Chief
 6 division chiefs
 Maritime Office officials
 Social Insurance Medical Fee Payment Fund Office officials

2. Structure of Administration

:Social Insurance Section:

Regular personnel 47

:Chief, Mr. Fujita (NCS) :

Present personnel 45

:

:

:Assistant Section Chief :

:General Affairs Division:

: Mr. Ichihara (NCS) :

Yanashiro (Empl)

Oyama (")

Ikeuchi (")

Akamatsu (")

Tanaka (")

Ozaki (")

Responsibilities - Personnel
 - General Affairs
 - Correspondence and
 communications

: Accounting Division :

Responsibilities - Budget

: Mr. Kunikata (NCS) :

- Wages

Saito

Hamada (Empl)

Okano (")

Nakagawa (")

Arai (")

Noguchi (")

- Payment of benefits

: Benefits Division :

Responsibilities - Determination of Cash
Benefits

: Mr. Tsutsumi (NCS) :

- Medical Benefits

Morisaki (NCS)

Komatsu (")

Nakamura

Sugita

Kushida

Uyeta

- Determination of Pension
Benefits

: Collection Division :

Responsibilities - Adjustment

: Mr. Ohoka (NCS) :

- Collection

Yamachi (NCS)

Nagao (")

Sato (")

Takiguchi (Empl)
Okamoto "
Hatakeyama "

: Qualification Division :		
: Mr. Nakamura (NCS):		Responsibilities - Loss of Qualification
Matsumoto (NCS)		- Qualification
Komatsubara (Empl)		- Basic wages
Yamashita "		
Fushimi "		
Manabe "		
Maruyama "		
Okazawa "		
Ohara "		
Yamamoto "		
Fujii "		

: National Health Insurance Division :	
: Mr. Miyanishi (NCS) :	
Takaki (PCS)	
Inouye	
Zota	

: Insurance Referee :	
: Mr. Mizobushi :	

3. Auxiliary Organs

a. Kagawa Prefecture Social Insurance Society.

This society is financed and operated in the same way as Ehime Prefecture Social Insurance Society. They are independent from the central society. This society owns and operates a hospital whose maximum capacity for in-patients is 30. They have 4 doctors, 1 pharmacist, 10 nurses, 2 nurse-aids and 5 clerks on their staff. They receive an average of 20 patients daily. This hospital is a very profitable institution and made a net profit of ¥ 300,000 in 1948 and ¥ 1,000,000 in 1949.

b. Seamen's Insurance Organization

This organization operates three rest homes, one on Takamatsu city, one on Marugame city and another in Sakaide city with maximum capacities of 5.7 and 5 persons in each home respectively. Each insured person pays ¥50.00 per day for service and the Social Insurance Section pays ¥200.00 per day to the operator of the home from Special Account provided by the Ministry of Welfare. The Central Office in Tokyo receives a national subsidy and allocates

the money to each local organization.

c. Japan Seamen's Relief Association

Exists in name only.

4. Information and Education

Informational and educational program is handled by each division separately as have done in three other prefectures.

There is no one in charge for coordination of each division. Suggested set-up procedure or appoint a full time official to handle this program. Utilizing of this program through labor unions was suggested. Officials stated that the idea is very recommendable but union officials themselves require advance education in order to pass them to their members. Clear picture was given regarding the interest on the part of union officials towards social insurance program on the case of Kotohira Railway Society Managed Society.

Union officials demanded the full payment of premium for employees by employee and employer was force to pay full amount of contribution. Law provided the contribution rate for employer and employee as 50 - 50 base. And the demand by union officials was the violation of Health Insurance Law. Union officials did not know the principle of social insurance program therefore had demanded such unlawful practice. After negotiating with union officials the Social Insurance Section came to the conclusion that it would be for the best to operate this society by government and they later took over the society.

5. Collection

The collection results as of 20 Jan 1950 as follow:

Health Insurance	82%
Welfare Pension	87%
Seamen's Insurance	80%

This is 8% to 10% increase in the result compared with September 1949 collection.

Until 20 Jan 1950 the section has attached the properties of 54 employers but the problem is how to dispose these properties so they could receive cash. Even though they attach the properties, they are having a difficult time selling those property. Another problem is that the properties have been already attached by Tax Office. Employer will not be able to pay contribution one or another.

General surveillance was made on basic wages and collected ¥5,452 retro-

actively.

The draft copy of Social Insurance Tax Law (19 Jan 1950) (Third Draft) was received at the Social Insurance Section Chief Conference held in Tokyo recently.

If passed at present diet session the plan will be effective from 1 April 1950.

6. Seamen's Insurance

Number of ships and seaman covered under the law as of 30 November 1949 as follows:

Type	No. of ships	No. of seamen
Fishing	6	88
Other type	224	781
TOTAL	230	869

Number of owners 151

Seamen's basic average wages as follows:

Obtained from Social Insurance Section	¥4,647.02
Obtained from Unemployment Security Office	4,619.708

Actual numbers of ships and Seamen's Insurance Law could not be obtained at this time. However it will be reported when they could obtain it.

8. Referee and NHI Appeal Board

Number of appeal received and decision made by Referee was 11 case from June to December 1949, average of 1.5 cases per month.

Even though the law provided for Referee to spend his full time for his duty. Referee here has an extra responsibility besides his primary duty. Recommended the Section Chief rectify this practice and see to it that Referee devote his full time on appeal.

NHI Appeal Board had handled only one case since the board was established. Emphasis was placed to them to take more interest in the field and a program should be set up to draw interest from public.

9. Social Insurance Medical Fee Payment Fund Office

:
:Director - Mr Goto:
:

General Affairs Section - 5

Accounting Section -11

Number of Societies

Government Managed Society	1
Seamen's Insurance	1
Mutual Aid Association	83
Society-managed Society	52
	<u>137</u>

Number of Medical Care

General	20,577
Dentist	3,946

Payable amount

¥1,054,944 per Per person ¥510
¥ 336,133

In case of Mutual Aid Associations and society-managed society, the amount $1\frac{1}{2}$ months of highest expenses must be deposited in the bank which the office has account with. The percentage of delinquent at the end of December 1949 was 55%.

The percentage on the payment of bill to the office is comparatively low with only 4% but still it will take $1\frac{1}{2}$ months before doctors could receive their cash.

George Yamashita