Infant mortality rate = Number of infanttdeaths under 1 year x 1,000
Total number of live births

Case - fetality rate = No of deaths from recified disease

No of reported cases of recified disease

Birth - death ratio = Number live births x 100
Number of deaths

Stillbirth ratio = Number of stillbirths x 1,000

Number of live births

Crude birth rate = Number of live births x 1,000
Population

On October 1, 1946, new declaration forms of birth, death, stillbirth, marriage and divorce were insugurated in Japan. From these schedules or transcripts will be prepared in the local government offices, which will be sent to the prefectural statistical offices and by them forwarded to the Cabinet Bureau of Statistics in Tokyo. The latter will prepare tabulations of the data. They will not be available until about the end of the present year for the month of October. However, a numerical report only of the number of births, deaths, stillbirths, marriages and divorces is submitted to G.H.Q., S.C.A.P. Tokyo at the endeof each month following the month reported. For example, the report for October will be completed by November 27th, and it will be available to you through the Weckly Bulletin of the Public Health and Welfare Section. It gives the information for each prefecture and each city of 30,000 population or over.

In summarication, public health officers of the military government should interest themselves in the graphic presentation of the morbidity reports which they are obtaining, both for their own u e and that of the executive officers. Secondly, their interests should go beyond morbidity and include births and deaths. Third, they should receive and be familiar with vital statistics data now available to them through the Public Health and Telfare Section of G.H.Q.

#### NATIONAL HEALTH INSURANCE

### Review of Social Insurance Systems:

Insurance systems created by the Japanese Government prior to the occupation, and which may be characterized as social insurance or related thereto, are the following:

Health Insurance (1922). A compulsory system for certain industrial, mining, commercial and transportation employees paying limited cash benefits during incapacitation and providing medical and dental care, maternity care, and funeral expenses. This type of insurance was further expanded in 1934.

National Health Insurance (1938). A program in the extension of "Health Insurance" and sponsoring voluntarily organized health associations which are supported by members' premiums and a government subsidy providing medical care and hospitalization to the rural population.

Seamen's Insurance (1939). A composite social insurance program for seamen providing medical care, limited cash benefits to the insured seamen for sickness, invalidity due to occupational accidents, old age, funeral expenses. Surviving dependents are also included.

Welfare Pension Act(Formerly "Workers' Annuity Insurance") (1941). A compulsory system for practically the same groups as are covered by "Health Insurance", providing cash benefits for old age, permanent disability, and aid to survivors on death.

Employers' Liability Insurance (1931 and revised in 1941).

A system of compensation for occupational disabilities providing medical care and cash benefits to injured workers in engineering, construction and lumber industries, and assistance to survivors of such workers.

Post Office Insurance and Annuities: Two programs administered by the Ministry of Communications comparable to the usual life and endowment or retirement commercial policies, but due to their extremely wide application (over 91 million policies with more than 26 billion yen face-value are currently effective), consideration must be given to these systems in appraising the social insurances.

National Health Insurance Associations in Miyagi Prefecture:

There are at present 195 National Health Insurance Societies in Miyagi Prefecture. The Federation of National Health Insurance

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National Health Insurance Associations in Miyagi Prefecture:

There are at present 195 National Health Insurance Societies in Miyagi Prefecture. The Federation of National Health Insurance Associations in Miyagi Prefecture has been founded for the attainment of their common objectives. These societies were organized voluntarily, based upon the National Health Insurance Law of 1938: societies encompass geographical districts, namely village, town or city. Il such districts in this prefecture now have such a society with the exception of Sendai and Shiogama. At present these two cities have under consideration the establishment of such a society.

It appears that as of June 1946 at least, practically all the inhabitants of the rural areas (Miyagi Prefecture excepting Sendai and Shiogama cities) were covered by National Health Insurance. The head of each household becomes a member of the society and is required to contribute to the society in the form of premiums; the remaining members of the household benefit as insured individuals. The rate of premiums is fixed by each society according to the rate of household taxepaid by that individual. Benefits of the society are in the form of medical care and hospitalization, including maternity benefits and funeral benefits. Certain societies have expanded their benefits to include: visiting nurse service, distribution of drugs, and nurseries.

The Governor, under the supervision of the Minister of Health and Welfare, exercises control over all the societies in the prefecture. He appoints the board of "insurance doctors" from those medical practitioners willing to treat the insured persons at an agreed-upon scale of remuneration.

In June 1946 the following conditions existed:

Number	of	societies	195
Number	of	members	141,540
Number	of	insured persons	943,564
Number	of	insurance doctors appointed	

### Present Status:

It has been decided by SCAB that the system of National Health Insurance needs revision. Under the influence of the inflationary trend many of the individual societies have been forced to discontinue benefits or are operating only in token fashion. The physicians comprising the board of "insurance doctors" have been criticized, the criticism probably based upon the fact that they are refusing to treat or neglecting by means of poor treatment their insured patients, prefering the private patient who is able to pay more. As a result the patients are complaining and giving up their insurance rights.

Several measures have been advocated to correct this condition. As early as February of this year the low patient census in health insurance hospitals and sanatoriums caused a survey of procedures and operations. As a result, a revision in the hospital and sanatorium procedures was directed in an effort to increase efficiency in the use of equipment, facilities, and professional personnel. Each institution surveyed was found to be well staffed and sufficiently financed to render service to a larger number of people. Heads of governmental insurance departments have initiated a program to bring about a cooperative plan among all government insurance agencies in making efficient use of insurance hospitals and sanatoriums.

In June, at a conference held in Tokyo which was attended by representatives of PH&W and CI&E and Japanese news correspondents, it was emphasized that the National Health Insurance was definitely in need of considerable rehabilitation and financial aid in order to prevent collapse of the program. It was felt that National Health Insurance is an important part of the over-all social insurance program because of its effect on the economic stabilization of Japan. The following points were indicated as necessary for keeping the program alignment.

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- 1. Substantial increase in the central government's subsidy.
- 2. A long term, low-interest loan from the Welfare Pension reserve fund.
- 3. Establishment of dispensaries or procurement of existing dispensaries, including those of the All-Japan Medical Treatment Corporation.
- 4. Coordination and standarization of all health insurance benefits of the various social insurance schemes with the view toward a unified system.

The possibility of achieving an immediate coordination and cooperation between the Health and National Health Insurance programs was clearly shown in a plan now operated by a factory in the vicinity of Tokyo. This factory had built a rather large hospital at the beginning of the war which now far exceeds its requirements. In order to utilize the facilities of the hospital, the National Health Insurance Associations of eight nearby towns and the Health Insurance Association of the factory have organized a cooperative association. The members come to this hospital for their treatments as out-patients as well as for their hospitalization needs. Their respective associations reimburse the hospital at the standard insurance rate. Each association involved has elected representatives to a council which meets with representatives of the hospital and the company in formulating the over-all policies.

In July the request of the Ministry of Welfare for a supplemental appropriation of ¥ 1,400,000,000 for National Health Insurance was not granted by the Ministry of Finance with the possiblity that another ¥100,000,000 may be authorized following further reports on the condition of the program. The important points to be covered by the additional appropriation are: an increase in salary for visiting nurses; an increase in pay for doctors on full time basis in National Health Insurance clinics and hospitals; a subsidy for establishing more clinics; and an increase in salary for administrative personnel in National Health Insurance Associations.

The Diet has created a Welfare Committee which has taken up the problems of the National Health Insurance program as one of its most important subjects. Already representatives from various prefectures have visited the Committee to inform them as to the difficulties and problems facing this program.

approximately 10% of the associations have suspended operations during the year 1946. The principle reasons given were: the increased cost in medical care by private physicians; the deficiency of medical supplies; the neglect by government in rendering adequate assistance; and the lack of a clinic for medical examination and group treatment. There are some indications that efficient operation may be served in certain instances at least by a central clinic for rendering economical group medical care.

# Points to be Stressed:

- 1. There is no reason to believe that a system of National Health Insurance can not succeed. Difficulties will always be encountered in a period of inflation or national economic instability. However, when national economy has been stabilized, such a system has every chance of success.
- 2. National Health Insurance is important because it involves

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# Points to be Stressed:

- 1. There is no reason to believe that a system of National Health Insurance can not succeed. Difficulties will always be encountered in a period of inflation or national economic instability. However, when national economy has been stabilized, such a system has every chance of success.
- 2. National Health Insurance is important because it involves the rural areas of Japan, areas notorious for the inadequacy of medical care when collective action was not in effect.
- 3. Corrective measures must fall into two categories: temporary and long-term.
- 4. Temporary measures include the granting of larger appropriations from the national treasury, but in the long run, to avoid socialization (if for no other purpose) adjustment of any existing disparity must be by means of an increased premium.

- 5. There must be greater coordination among the individual associations (within the National Health Insurance and between this form of insurance and other forms) in order to more efficiently utilize existing facilities as well as future developments.
- 6. Understanding between the Association officials and the members of the doctors' associations with aview toward improving medical ethics and establishing standardsof treatment would be beneficial. By this means, also, competent doctors might be induced to serve in areas where no treatment is at present possible.
- 7. In the United Statesthe investment of insurance companies funds is standard practice. Relatively safe, conservative investments may or may not be the usual procedure over here.