

## Concluding Observations

The research questions this book addresses are (1) How can we explain the origins and the early development of Japanese medical insurance systems from the early 1920s to the early 1950s? and (2) What is the nature of Japanese medical insurance programs?

This book has explained that there is a symbiotic relationship between Japan's status in international society and the development of medical insurance systems during the formative three decades in Japan. As Japan's status changes in international society, the agenda of the power struggle among interest groups also changes. On the surface, the power struggle among these interest groups determines Japan's medical insurance system; however, the agenda of this power struggle has a symbiotic relationship with Japan's status in international society.

With the new perspective of focusing on the symbiotic relationship between Japan's changing status in international society and the development of Japan's medical insurance programs, we can analyze the problem of the "continuity–discontinuity" dispute from a different angle. We no longer have to assume World War II as the only turning point, but can relativize the importance of World War II in terms of the development of Japanese medical insurance.

This book also explicates that the Japanese government tried to contain public subsidies as much as possible, while it tried to expand the insurance coverage as widely as possible. The Dodge Line ended Japan's isolation from the international community, forcing Japan to employ a consistent balanced budget policy. This development was a turning point in the development of Japanese healthcare policy. The Dodge Line constrained the national subsidy for the medical insurance as much as possible, while at the same time, the Japanese government aimed for universal medical insurance. In the postwar era, healthcare policy was politicized and there emerged constant, strong pressure to increase national subsidies to medical insurance programs. It was a complex problem, but due to the high economic growth, the Japanese government was able to postpone finding the solution to this complex problem. However, it has only been postponed. The problem has been growing and the solution remains to be seen.

# Index

- A**  
Advisory Committee on Labor, 164–166, 170, 180  
Advisory Council on the Social Security System, 14, 191, 193, 194, 196, 197, 199, 201–207, 210  
American Medical Association, 182–185  
Asia-Pacific War, 1, 3, 151, 234  
Association-Managed Health Insurance, 26, 62, 69, 86, 114, 136, 140, 168, 173, 181, 206, 231
- B**  
Balanced budget, 15, 160, 179, 192, 208, 217, 219, 220, 222, 224, 229, 233, 236  
Beveridge Report, 155–162, 166, 167, 169, 176–178, 193  
Beveridge, William, 155
- C**  
Clerical Employee Health Insurance, 117–119, 137–139  
Corporate Health Insurance Association, 22, 50, 59–61  
Corporatist framework, 13, 14, 21, 23, 24, 26, 62, 69, 75, 76, 86, 89  
Council on Investigation of Insurance Systems, 117
- D**  
Daily Life Security Law, 154  
Dodge Line, 13–15, 149, 151, 192, 196, 198, 208, 212, 217–224, 226, 229, 231, 233, 234, 236
- E**  
Economic Stabilization Board (ESB), 175, 192, 217, 220, 222, 223
- G**  
Government-Managed Health Insurance, 8, 51, 64, 69, 76, 79, 82, 83, 86, 114, 115, 136, 140, 168, 170, 194, 195, 197, 206, 211, 231, 232  
Greater East Asia Co-Prosperity Sphere, 95, 97, 98, 105, 128, 133  
Great Japan Medical Association, 75, 77–81  
Group free-choice principle, 77–84, 87, 108
- H**  
Hara Takashi, 23, 32  
Healthcare expenditure, 2  
Healthcare system, 2–5, 9–11, 13, 99, 128, 133, 135, 160, 178, 181, 183–185, 219  
Health insurance, 3, 4, 7, 10, 13, 14, 21–26, 33, 37, 53, 55–62, 64–66, 68, 69, 75–89, 93, 94, 98, 101, 102, 106–120, 133, 136–140, 142–144, 159, 163, 164, 167, 168, 171, 174, 177, 178, 181, 184, 185, 194, 197, 201–205, 207, 208, 231  
Health Insurance Law, 4, 21–26, 32, 37, 40, 42–47, 52, 55–57, 59–62, 64, 69, 75,

- 80–82, 93–95, 110, 112–116, 118–120, 134, 136–138, 140, 145
- Home Ministry, 35–38, 40, 42, 46, 49, 56, 57, 59, 60, 78, 80, 101–104, 108, 112, 116
- I**
- Ikeda, Hayato, 22, 222, 223, 226, 228
- International Labour Organization (ILO), 23, 32, 33, 37, 56, 57, 67
- Investigation Committee for Labor Insurance, 40, 41, 44, 45, 47–50, 52, 57, 60, 65, 78, 81, 87, 103, 114, 115
- J**
- Japanese Medical Treatment Corporation, 134, 136, 181
- Japan Medical Association, 4, 12–14, 21, 23, 24, 75–77, 79, 81–89, 108, 129–132, 135, 136, 145, 150, 202, 203, 233, 236
- K**
- Kanjan*, 129, 130, 174–176
- Kawamura Hidefumi, 104
- Kenseikai*, 23, 34, 39, 42, 48
- Kido Koichi, 108, 117, 128
- Koizumi Chikahiko, 134, 141
- Korean War, 226–229, 233
- L**
- Liberal Democratic Party, 4
- M**
- MacArthur, Douglas, 155, 182
- Medical and Pharmaceutical System Investigation Council, 128, 131, 133
- Medical System Improvement Measure, 131–135
- Meiji*, 4–7, 11, 77
- Meiji* Restoration, 2, 11
- Ministry of Agriculture and Commerce, 22, 32, 34–38, 40–47, 50, 52, 56, 78, 84, 86, 167
- Ministry of Health and Welfare, 4, 11, 108, 116, 118, 128, 132–138, 141–144, 150–153, 155, 159, 160, 162–165, 167, 168, 171–174, 179, 181, 185, 194, 195, 197, 201, 203, 204, 207, 211
- N**
- National Health Insurance, 8–11, 13–15, 93, 94, 98, 101–113, 118, 120, 127, 128, 133, 134, 137, 140–145, 163–165, 167, 168, 170–173, 181, 184, 185, 193–195, 201–205, 207, 210–212, 229–231, 235, 236
- National Health Insurance Law, 107, 110, 112, 113, 140–143, 202, 230
- National Medical Treatment Law, 11, 134–137, 234
- Nine Principles, 221
- O**
- Ouchi Hyoe, 191
- P**
- Private mutual aid association, 60
- Public assistance, 1, 6, 14, 49, 107, 110–112, 127, 145, 151–163, 165, 170, 171, 174, 178, 180, 181, 191–195, 198–201, 203, 208–210
- Public Health and Welfare (PHW), 165, 166, 171–174, 178, 182, 183, 197, 202–205, 207, 229–231
- Public mutual aid association, 43, 47
- R**
- Recommendations on a Social Security System of 1950, 205
- Reconstruction Finance Bank (RFB), 220, 221, 224
- Research Committee on Social Insurance, 103, 104, 108, 117
- S**
- Sams, Crawford F., 165, 183, 197
- Single exchange rate, 224–226, 233
- Social insurance, 1, 3, 8–14, 21, 23, 33, 46, 48, 49, 56, 64, 75, 76, 100, 102, 103, 107, 109, 111, 116, 118, 131, 133–135, 137, 142–144, 150, 154–172, 174, 178–182, 184, 191–194, 196–198, 200–203, 206–212, 219, 229, 231, 233–236
- Social Insurance Investigation Committee, 167, 168, 170, 171, 174, 175, 177–179, 181
- Social security, 5–15, 99, 149, 153–163, 165–185, 191–194, 197–212, 218–220, 230, 231, 233, 234, 236
- Social security plan, 14, 158–160, 166, 169, 171, 175, 177, 178, 182, 185
- Social Security Study Group, 166–168, 179
- Soeda Keiichiro, 42, 106, 129
- State-oriented centralized state, 94, 99, 101, 110
- Subsidy, 5, 24, 35, 39, 48–52, 55, 60, 66, 69, 87, 93, 103, 104, 106, 107, 109–111, 115, 118, 134, 137, 140, 150, 155, 157,

- 165, 170–174, 176, 179, 181, 184, 185,  
192–197, 199, 201–212, 230, 231,  
234–236
- Supreme Commander for the Allied Powers  
(SCAP), 10, 149, 150, 152–155, 163,  
165, 166, 171, 178, 180–183, 191,  
203–205, 207, 218, 220–223, 225, 227,  
230
- Symbiotic relationship, 1, 12, 13, 66, 93, 94,  
219
- T**
- Tomono, Taketo, 76, 86, 89, 159, 160, 162,  
164, 172, 197, 203, 207, 211, 230, 231
- W**
- Wandel Report, 180–185, 191
- Washington System, 15, 23, 28, 29, 32, 55, 58,  
67, 94, 95, 98, 120, 133
- Welfare, 2–7, 9–12, 24, 33, 40, 41, 46, 48, 58,  
96, 108–110, 112, 117, 118, 128–132,  
134, 135, 137, 141, 142, 145, 152–156,  
158, 162, 167, 170, 171, 177, 178,  
180–182, 192, 193, 203, 205, 207, 210,  
212, 218, 222, 234
- World War II, 1, 3, 4, 8–11, 13, 15, 96–98,  
134, 145, 155, 156, 160, 224, 230