

INSURANCE SCHEME AND SERVICE SYSTEM FOR MEDICAL CARE

—CASE OF U. K.—

(Vol. 7. No. 1)

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Discussions are now going in Japan about the "fundamental revision of medical insurance." The government's revision plan places emphasis on the elimination of deficits in insurance finance. However, it seems impossible to settle the serious crisis of medical care by taking simple financial countermeasures.

At present, the National Health Service in Britain is regarded as a typical medical care based on service system. It was established after World War II as a result of the failure in and reflection to the National Health Insurance, which was inaugurated as an insurance scheme in 1911. When we review the history of the National Health Insurance, we find the following facts: Its finance had been stabilized for a long time. However, the stabilization was realized by limiting the application scope of the National Health Insurance and reducing its medical benefit. On the other hand, management of hospitals became more and more difficult as a result of financial restrictions. In the second half of 1930's, many hospitals went

bankrupt. Besides, those hospitals which escaped the bankruptcy were also driven to the serious financial crisis.

The Royal Commission on National Health Insurance, which was established in 1924 with such a situation in the background, advised after discussing various problems of the medical care system that health services managed by public expenditures should be strengthened. A labor party congress in 1934 also adopted a similar resolution. Under these circumstances, the opinion was gradually gaining ground that the National Health Insurance should be turned into the National Health Service. At last, a concrete plan on the National Health Service was worked out as a result of the announcement of the 1942 Beveridge Report and the issuance of the coalition government's 1944 White Paper on a National Health Service.

In the world of history, simple analogy is impermissible. No doubt, however, experiences in Britain give us many lessons concerning various problems which Japan's medical insurance is facing.

SOCIAL SECURITY AND PUBLIC FINANCE

(Vol. 7, No. 3)

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The study of general tendency in social security expenditures tells us that more emphasis is being placed upon countermeasures for small or average income earners rather than those for the poor and needy. I would like to discuss what effects this change in the emphasis will have upon finance which has a function of redistribution of income.

In social insurance, social security's function of redistribution is mainly of a nature of horizontal redistribution. However, when a system to make insured persons pay insurance due according to their payment ability is adopted or when appropriation from the National Treasury, which comprises the people's taxes, increases, the function comes to have a nature of vertical redistribution. On the other hand, in the public help system, in which beneficiaries pay nothing and whose finance depends solely upon general taxes, its function has a nature of vertical redistribution.

Social security's effects upon finance and economy must be examined from the viewpoints of economic effectiveness, will to work, savings, economic stability, and economic growth. Especially, the fact that social security promotes not only redistribution but also economic stability and growth provides a theoretical ground of the assertion that social security must be strengthened. In the light of the facts that expenses for livelihood protection are decreasing, that the number of medical helpers is decreasing, and that the number of old people leading a solitary life is increasing, services in the field of social security must be improved to strengthen the social security system. It must also be pointed out that expenses for unemployment countermeasures are decreasing and that age of the unemployed is being advanced. Proper

steps must be taken for these problems. A main cause of the strengthening of medical insurance as countermeasures for average income earners seems to be an increase in appropriation from the National Treasury. The government is increasing appropriation from the National Treasury to cope with increasing deficits in the government-managed health insurance. However, this does not mean the fundamental settlement of the problem but is becoming a big factor for difficulties in public finance. Also, although expenditures for annuity system are comparatively increasing, many people demand that annuity standards be elevated, because commodity prices are going up and living standards are also being elevated. The problem is whether financial sources to elevate annuity standards should be secured by raising insurance due or by increasing appropriation from the National Treasury.

The Japanese social security standard is still low in comparison with the international standard. In order to elevate the Japanese standard, it is necessary to examine both contents of the Japanese social security system and methods to secure financial sources for the system. In other words, the problem is how to share expenses for social security between employees and employers and what role the appropriation from the National Treasury should play in social security. Also, the problem is upon which the financial emphasis should be placed, national hygiene and social security or social insurance.

Now that financial demands are increasing and tax burdens are becoming heavier, it is necessary to make efforts for the further improvement of social security while taking an effective operation of national finance into consideration.

STRUCTURE OF VIEW OF IDLERS IN THE U. S. PUBLIC HELP

(Vol. 8, No. 1)

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The words "moral inferiority" were always used to attack the poor and needy when expenditures for public help were going to be cut down. This article is aimed at studying from the viewpoint of the structure of the "view of idlers" how it has been formed and utilized.

(1) The "view of idlers" is permeating in the United States, which features tradition of diligence, influence of mass communication, segregation, and powerful state authority. That is why the United States has been selected in my article to study this problem.

In the United States, the principle "those who do not work have no right to live" has become a stern spiritual tradition by uniting puritanism. In the 19th century, this virtue of labor, which was based on puritanism, was formed into the "moral view of idlers" and developed into oppositionism to public help by uniting two other factors—capitalism and pragmatism.

(2) In such a traditional situation, the modern, powerful mass communication media, which sought sensational news materials, reported on the "scandal about welfare" in an exaggerated way. As a result, the "view of idlers as a public opinion" was formed

around 1960.

(3) This united segregation through the civil rights movement, which was gaining ground in the United States, and formed the "discriminative view of idlers."

(4) On the other hand, poverty grew more serious in the United States. The "illusion of prosperity" has been turned into the notion of "starving America." As a result, the public opinion also changed gradually.

(5) In an attempt to decrease the number of those receiving public help, which increased as poverty grew more serious, the Nixon administration worked out the "family Help Program." The program alike the Speehnamland system in Britain involved a factor which helped enterprises reduce wages. Although there was a program on employment guidance, the poor and needy belonging to the minority group were unable to change their walks of life because of the social situation of chronic unemployment. The "view of idlers" as a policy just promoted unemployment and low wages in the severe labor market.

(6) The era of the new conception "Green Revolution" was giving birth to an "organization of the poor and needy" which had to struggle against such a view of idlers.