

The Plight of the Sick or Injured Wage Earner in Mitaka City

Pauline Newell

Introduction

This study forms part of an overall study of social welfare administration in suburban Tokyo, being carried out under the Graduate School of Public Administration of the International Christian University by means of a research grant by the Ford Foundation. The overall study is concerned to throw light upon special areas of poverty and welfare need under the already highly developed system of social welfare in Japan. In the relatively wealthy countries of the world the number of families living in extreme poverty, that is unable to meet minimum requirements for food, fuel, shelter and clothing with any regularity, for the simple reason of inadequate remuneration for work done, tends to decrease and the attention of social administrators becomes focused upon poverty arising from special causes such as old age, disability, widowhood, regional unemployment and temporary inability to earn owing to illness or injury. Welfare policies have used two approaches; that of separate provision by insurance for specific causes of need backed up by a general assistance scheme to fill the gaps missed by the specific schemes and that of non-contributory services or allowances applied broadly in a preventative way. This study is about one aspect of the first approach. Sickness

or injury of the main wage earner of a family is one of the main causes of need for public assistance. In Japan, out of 20,832 persons applying for Livelihood Assistance (Seikatsu Hogo) in June 1965, 49.9% of cases involved the illness of the househead. The aims of the study were (a) to give a detailed account of the various welfare provisions which are used to give financial relief to families whose main wage earner falls ill or is injured *as they apply in the suburban district of Mitaka City*; (b) to gain an idea of the incidence and extent of hardship among such workers; (c) to make an assessment of the adequacy of the various measures designed to meet the case of such workers and of the operation of the measures from the 'consumer' point of view.

The research work was done in the period between July 1963 and December 1965 by a part time director and a part time research assistant using a small team of interviewers during the summer vacations. It was felt that by selecting a particular area greater insight could be gained into the details of administration and into individual cases. Moreover, since all the projects in the welfare field had decided to stress the demand for welfare services or in other words to approach the subject from the 'consumer' upwards, it was thought to be worthwhile to try and fit the work of the several sub-sections to the Mitaka area as far as possible. Mitaka City was chosen for its convenience and accessibility for the part-time team. What we have presented, therefore, is a study of a particular part of welfare in a rapidly expanding outer suburb of Tokyo. The picture of social welfare administration that would come out of a predominately poor class urban district or a remote agricultural area would possibly be very different and we hope that it will be possible eventually to make similar studies in other types of field. As a suburb of a huge conurbation, Mitaka does not neatly fulfil the research needs of all sections.

In the case of old people and fatherless families it is convenient to make intensive studies of small residential sections within Mitaka or to use residentially based lists from Mitaka City. However, where the welfare demand is connected to Mitaka by workplace and often covered by various agencies dealing with a wider area than the city, as with this particular study, the city approach could provide only a starting point and sometimes from an ideal point of view, an unsatisfactory stopping point.

The National Background

In Japan the main measure for assisting the sick or injured worker is the Health Insurance (*Kenko Hoken*) first begun in 1922. There are other specific schemes of health insurance covering daily wage workers, seamen, employees of private schools and public employees at various levels, but we shall only be concerned with the first of these. There is also a National Health Insurance scheme (*Kokumin Kenko Hoken*) designed to cover those uncovered by the other schemes and self employed persons. A Workmen's Compensation Insurance scheme (*Rosai*) provides compensation, medical care and cash benefits to persons injured or incapacitated while at work. Unemployment Insurance provides sickness benefit to persons who fall ill while in receipt of unemployment benefit. Except for this last scheme, the various types of health insurance are mainly concerned, of course, with the provision of the cost of medical treatment and hospitalisation, and the provision of cash sickness benefits forms a lesser part of their work. In more detail:

a) Health Insurance is compulsory for all regular employees of enterprises employing five or more persons, except those employed in agriculture and forestry and hotels and restaurants. It provides for the medical care and hospitalisation of the insured and for half the cost of such care for his dependents.

Drugs and appliances to be prescribed are agreed upon between the medical profession and the Ministry of Health and Welfare and in practice as there are some drugs and appliances which do not fall within the lists there might be some medical expenses to be paid by the insured. There are also some small nominal charges made for the first examination (¥ 100) and for hospitalisation (¥ 30 a day).

A cash benefit during absence from work known as *Shobyō Teate Kin* (hereafter 'sickness benefit') may be claimed for any period up to six months and eighteen months in the case of tuberculosis. The benefit amounts to approximately sixty per cent of the insured person's normal earnings and forty per cent in the case of hospitalised single persons. The scheme is financed by a monthly contribution shared between employer and employee and by national subsidy. There are in fact two types of Health Insurance; that operated by the government from local offices and known as *Seifu Kansho Hoken* or briefly '*Seikan*' and that operated by health insurance societies, *Kumiai Kempo*, which may be formed by an enterprise or a group of enterprises employing at least 300 employees between them. Societies must conform to the same conditions and benefits as the government health insurance as a minimum standard but they do often improve on those of the government operated scheme from the point of view of the employee. The extent to which this is so in Mitaka enterprises is discussed below. In 1964 the number of persons covered by the government operated health insurance was 11,426,000, representing 26.4% of the employed population. In the same year there were 1,320 registered health insurance societies covering 7,097,000 employees, being 15.2% of the employed population.

b) Daily Workers' Health Insurance (*Hiyatoi Kempo Hoken*) is operated by local government administration on behalf of the insurance carrier, the national government. The scheme is

intended for persons hired by the day or for up to two months only, seasonal workers working up to four months a year and persons employed on provisional work lasting up to six months. It is compulsory for persons employed at work places covered by the regular Health Insurance mentioned above. To be insured, the worker must take out an insured person's book from the local government office. A record is kept on the card of the days worked and the contributions for them shared by the employers. Only those who have worked for twenty eight days of the preceding two months or seventy eight days of six months are eligible for benefits. Medical care benefits are almost the same as under Health Insurance but continue for two years only. Cash sickness benefit may be paid for up to twenty two days at one of two fixed rates, intended to be about 60% of the normal daily rates but now somewhat out of date. In 1964 there were a total of 947,000 daily workers registered for insurance, representing 2.0% of the employed population.

c) National Health Insurance is administered by local government bodies who are the insurance carriers and any household of one or more persons in the relevant area may join. Groups of over 300 persons in the same occupation may also form National Health Associations, with or without their dependents and are then the carriers. It is not possible to belong to more than one insurance scheme. Medical care is similar to that available for Health Insurance except that the insured person himself must carry 30% of the costs. Also although supplementary benefits in cash may, under the law, be granted there does not seem to be a regular system of sickness benefit operating under National Health Insurance. At the end of 1964 approximately 43,750,000 persons were members of 3,570 city, town, village or occupational associations.

If we include the dependents of the three schemes mentioned above together with the insured persons and their dependents

covered under the health insurance schemes for seamen, private school teachers and various kinds of public employees etc., then it can be seen that 99.9% of the total population of Japan belongs to some form of health insurance. However, only about 50.7% of *employed* persons are covered for sickness benefit of up to six months for illnesses other than tuberculosis. Under the provisions of the Welfare Pension Insurance schemes a disabled or invalid person may receive an Invalidity Pension after three years from the first medical consultation or from the cessation of treatment should he remain partially or wholly unable to work. The scheme is compulsory for all workers in covered workplaces employing over four persons. There were 82,648 persons receiving an Invalidity Pension in March, 1964. Since these people have ceased to be part of the employed population they do not come within the scope of this study, although some of them might be dependents of those covered by health insurance. During 1964, 370,000 unemployed workers would be able to get sickness benefit instead of unemployment benefit but it was not possible to include such persons in Mitaka in this study. The Workmen's Compensation Insurance is, of course, a parallel scheme to Health Insurance, covering the same persons and differs in respect of sickness benefit in that it continues for the total period of illness. Our interest in Mitaka was in persons covered by society and government Health Insurance and Daily Workers Insurance and both during receipt of benefit and after it had ceased while the person was still unable to work.

Mitaka City

On the outskirts of Tokyo, with agricultural land still to be had for factory and housing construction, Mitaka has attracted many new companies in the post war years. In 1963 over 30,384 people were regularly employed in 3,085 enterprises. The largest

number of workers were in the production category, which with 16,771 employees accounted for 55% of all employees. The next biggest categories were the wholesale and retail trades with 5,823 employees and the service category with 4,846 employees. Production in Mitaka covers a wide range of types of firm and product, from large automobile plants to small parts manufacturers operating in sheds with a handful of men. A large number of white-collar workers commute to other parts of Tokyo, and there is also a remaining but contracting agricultural population. According to the 1960 Census 14,515 people came to Mitaka daily to work and 22,449 left Mitaka to work elsewhere. The total population of the city was 98,038 in 1960 and 135,870 by 1965. Nearly 16% of employees are in enterprises employing less than five persons and do not therefore come into the compulsory category for Health Insurance. For the other non-compulsory categories, figures are not available for agriculture and fisheries but hotels and restaurants had 929 employees in 251 enterprises so that many of these would probably be in non-compulsory enterprises by size anyway.

Table I shows the total number of enterprises and their employees in Mitaka in July 1963, classified according to size of enterprise (by number of employees) and the type of work engaged in. Also given are the numbers and percentages of firms and employees covered by the government Health Insurance. Figures are also available from the city office for the numbers covered by health insurance societies but as many societies do not have their headquarters in Mitaka, being branches of large companies or parts of federated company societies, many of them fail to register their societies locally and the figures, therefore, grossly underestimate the number of society covered employees. For this reason they have not been included in the table. 31.4% of enterprises covering 25.5% of employees in enterprises of more than four employees are in

I. Enterprise and Employees in Mitaka City, July 1963
and Proportion Covered by Government Operated
Health Insurance

Number of Employees	1		2-4		5-9		10-19		20-29		30-49		50-99		
	E	e	E	e	E	e	E	e	E	e	E	e	E	e	
Mining	T				1	8	1	10 ⁺					1	51	
	S				1	8							1	51	
	S%				100.0	100.0							100.0	100.0	
Construction	T	30	30	78	232	31	193	20	256	8	182	3	103	3	199
	S	2	2	2	6	11	79	5	62	2	43	3	103		
	S%	6.7	6.7	3.5	2.6	35.5	40.9	25.0	24.2	25.0	23.6	100.0	100.0		
Production	T	29	29	106	308	103	676	77	1,024	33	773	30	1,118	34	2,318
	S	4	4	15	46	64	445	66	871	17	405	21	778	17	1,159
	S%	13.8	13.8	14.2	14.9	62.1	65.9	85.7	85.1	51.5	52.4	70.0	69.6	50.0	50.0
Wholesale Retail	T	231	231	926	2,426	223	1,327	52	661	12	275	5	187	2	108
	S			6	23	13	88	16	197	3	62	3	118		
	S%			0.7	0.9	5.8	6.7	30.8	29.8	25.0	22.6	60.0	63.1		
Monetary, Insurance	T	3	3	10	32	3	21	2	20 ⁺	3	67	4	138	2	100 ⁺
	S%														
Real Estate	T	177	177	70	156	8	48								
	S					1	9								
S%					12.5	18.9									
Transportation Communication	T			4	10	2	16	4	50	2	41	4	169	6	400
	S					2	16	4	50					1	67
	S%					100.0	100.0	100.0	100.0					16.7	16.8
Electricity, Gas, Water	T					1	7	1	10 ⁺					1	50 ⁺
	S					1	7								
S%					100.0	100.0									
Service	T	220	220	304	841	105	656	29	355	12	299	14	527	13	908
	S	1	1	3	10	13	99	5	76					2	140
	S%	0.5	0.5	0.9	11.9	12.4	15.1	17.2	21.4					15.4	15.4
Total	T	690	690	1,498	4,005	477	2,952	186	2,376	70	1,637	60	2,242	62	4,735
	S	7	7	26	85	106	751	96	1,256	22	510	27	999	21	1,417
	S%	1.0	1.0	1.7	2.1	20.1	25.4	51.6	52.5	31.4	31.2	45.0	44.5	33.9	34.2

E.....Number of Enterprises
 e.....Number of Employees
 S.....Number in Government Operated
 Health Insurance
 T.....Total Number
 x.....Figures unavailable, minimum
 employees assumed.

100-199	200-299	300-499	500-999	1000+	TOTAL	Total (1-4e)	Total (5+e)
E e	E e	E e	E e	E e	E e	E e	E e
					3 69*		3 69*
					2 59		2 59
					66.7 85.5-		66.7 85.5-
					173 1,195	108 262	65 993
					25 295	4 8	21 287
					14.4 24.7		30.8 31.0
16 2,273	9 2,217	2 x(600*)	2 1,125	3 4,310	444 16,771*	135 337	309 16,434*
5 666					209 4,374	19 59	190 4,324
51.2 29.4					47.1 26.2-		61.5 26.3
3 389	1 218				1,455 5,823	1,157 2,657	298 3,166
1 131	1 218				43 837	6 23	37 814
33.3 33.7	100.0 100.0				2.8 14.4		12.4 25.7
					27 381*	13 35	14 346*
1 165					256 546	247 333	9 213
1 165					2 174		2 174
100.0 100.0					0.8 31.8		22.2 81.6
					22 686	4 10	18 676
					7 133		7 133
					31.8 19.4		38.9 19.7
					3 67*		3 67*
					1 7		1 7
					33.3 10.4-		33.3 10.4-
2 358	3 682				702 4,846	524 1,061	178 3,785
	2 438				26 764	4 11	22 753
	66.7 64.2				37.0 15.8		12.4 19.9
22 3,185	13 3,117	2 x(600*)	2 1,125	3 4,310	3,085 30,384*	2,188 4,695	897 25,689*
7 962	3 656				315 6,643	33 92	282 6,551
31.8 30.2	23.2 21.1	0 0	0 0	0 0	10.2 21.8-	1.5 2.0-	31.4 25.5-

the Government scheme. 7.5% of enterprises of over four employees do in fact report their societies locally as they are supposed to do and these firms, mostly the larger ones, account for 43% of employees. This leaves 61.5% of enterprises and 31.0% of employees in the compulsory range unaccounted for and, in the opinion of Mitaka officials this discrepancy is largely explained by the failure of societies to report and, since nearly all firms employing more than four persons are bound by law to insure them it is safe to assume that most of this balance is in fact covered by Health Insurance societies. The exceptions would be hotels and restaurants and firms whose numbers fluctuate around five employees. This is borne out by the fact that the discrepancy between the available figures is particularly large for the Wholesale, Retail and Service categories. 61.5% of production enterprises in the compulsory category use the government scheme although no firms employing more than three hundred persons use it, all seven firms having known insurance societies. Of the enterprises in the under five employees categories 1.5% only were voluntarily in the government scheme and only two enterprises with five employees were known to be in societies. It seems likely that most of the remaining small enterprises were uninsured. The uncertainty of local health insurance officials as to the exact numbers of employers insuring their workers in their district must hamper their effectiveness as the local enforcement agency of the law but they seemed confident that via employees most uninsured enterprises eventually came to their notice and, when they did so, said that a warning from them was always sufficient to bring the employer into line. It is difficult to say here whether their confidence is justified.

Health Insurance Societies and Sickness Benefit

Since enterprise operated health insurance societies seemed

to be the relevant form of insurance for so many employees in Mitaka it was necessary to have details of some of the schemes operating in Mitaka in order to get some picture of how they varied in policy and benefits from each other and from the Government scheme. For this purpose enterprises were selected from those whose societies were known to Mitaka City. Table II lists a selection of enterprises having health insurance societies. Thirty enterprises were chosen with a view to covering a range of sizes and types of business. Six of these enterprises turned out to belong to the Tokyo Metal Industries Health Insurance Society (*Tokyo Kinzoku Jigyō Kenko Hoken Kumiai*) to which thirty-two Mitaka firms belong, and four medical concerns belonged to the Tokyo Medical Health Insurance Society. In these cases approaches were made directly to the Society offices. Enterprise societies were of two types; those belonging to one company of which the Mitaka plant might be only one of several and independent concerns which federated with others in the same line of business for the purposes of forming a health insurance society only. There were eight one-company societies and 22 branches of federations in the sample. There was no company whose society represented the sole branch of that society. In most cases society membership corresponded to the total number of regular employees which included presidents and owner managers. In two cases only was the president of a company excluded. Policy towards temporary, part-time, daily and new employees varied very much. According to the Health Insurance Law newly employed persons should be admitted to the Society immediately. Some societies did this but many, even large ones, excluded new employees for one, two or three months although when and if they completed the trial period their society status dated from the beginning of their employment. One company varied its policy within the firm,

II. Sickness Benefit Policy in 30 Mitaka Enterprises

(i) No.	(ii) Type of Enterprise	(iii) Relation to Society	(iv) No. of Em- ployees	(v) Sickness Benefit Paid	(vi) Company or Other Supplement in addition to (v)
1	Timber	Federation branch	15	S × 60%	Company gives lump sum No set regulations
2	Distributin of oils	Federation branch	24	S × 60%	No regulations
3	Drugs	Federation branch	24	S × 70%	No information
4	Fuel	Company branch	45	S × 60%	No information
5	Bank	Company branch	61	S × 80%	A present, not money, given by Employees' Mutual Aid Association if absent for 6 months or more. Subsequently Company pays a part of earnings according to length of service.
6	Electric parts	Federation branch	64	S × 60%	Employees with dependents will receive additional S × 40% for first 6 months from Employees' Mutual Aid Association.
7	Transportation	Federation branch	82	S × 60%	¥1,000 paid if absent for 7 days or more from a special fund paid for half by Company half by employees.
8	Taxi	Federation branch	83	S × 60%	Company gives lump sum of ¥500—1,000 if absent for 5 days or more. Employees' Association pays ¥100 a day if absent for 10 days or more.

9	Drugs	Federation branch	98	S × 70%	After 6 months, classified as temporary re-tired worker and paid by Company according to length of service.
10	Printing	Federation branch	103	S × 60%	¥1,000 paid for up to 2 months absence, and one more payment of ¥1,000 for more than 2 months. After first 3 months, classified as absentee worker; hopeless cases discharged, recovering cases may continue as absentee workers without pay.
11	Electric wire	Federation branch	123	S × 70%	For the first 2 months Company makes up benefit to 100%. In addition Company gives lump sum of ¥1,000 if absence for a month or more. Employees' Association gives lump sum of ¥300—700 according to length of absence.
12	Printing	Federation branch	188	S × 60%	No set regulations
13	Metals manufacturing	Company branch	191	S × 60%	Company makes up benefit to 80% of average of previous 3 months earnings excluding bonus. For second 6 months absence, Company pays 80% of earnings. In addition, cases of 3 or more months absence will receive ¥2,500 to ¥3,000 from Company.
14	University	Federation branch	273	S × 60%	For first 6 months, Mutual Aid Association of full-time employees makes salary up to 100%. Subsequently classified as absentee employee and paid 60% by University according to length of service.
15	Machinery	Company branch	300	S × 60%	Company gives lump sum of S × 1.5 to those who are absent for 3 months or more.
16	Bakeries	Company branch	530	S × 60%	Company gives lump sum of ¥1,000 to those who are absent for 7 days or more.

17	Motor car manufacturing	Company branch	1,356	S × 80%	Additional payment of ¥200 per day for first 6 months of absence by Company. For second 6 months 60% of S paid by Company.
18	Engines manufacturing	Company branch	1,390	S × 85%	Company makes up benefit to 90% for first 6 months, including first 3 days of absence. For subsequent 6 months, S × 90% paid by Company. After 1 year, Company pays 70% for one more year and for further 6 months to people of more than 6 months standing. T. B. cases, paid for a year to 1.5 year longer at between 70—50%, according to length of service.
19	Electric parts	Company branch	2,500	S × 60%	For the first 6 months Employees' Association, subsidized by Company, makes up benefit to 100%. For the second 6 months (2 years-T. B. case) classified as absentee worker and paid according to length of service.
20	Hospital	Federation branch	2	S × 60%	No set regulations
21	Hospital	Federation branch	10	S × 60%	Company supplements benefit for first 3 days. Further supplement paid by Company according to case. After 6 months, placed on absentee list, without pay.
22	Hospital	Federation branch	49	S × 60%	A lump sum of ¥100 paid if absent for 7 days or more.
23	Hospital	Federation branch	65	S × 60%	No information
24	Metal goods	Federation branch	44	S × 60%	Company gives lump sum of ¥2,000. A Friendship Association for section chiefs and above gives ¥3,000, and Labor Union ¥1,000.

25	Metal goods manufacturing	Federation branch	100	S × 60%	Employees' Mutual Aid Association makes benefit up to 100% for first 3 months and for 1 year in T. B. cases. Company gives lump sum of ¥2,000 for illness or injury on duty and ¥1,000 for off duty case providing absence of more than 1 month.
26	Metal goods	Federation branch	196	S × 60%	Company gives lump sum of ¥2,000 if absent 10 days or more.
27	Metal products manufacturing	Federation branch	255	S × 60%	Company gives lump sum of ¥500 if absent for 14 days or more, or ¥1,000 if absent for a month or more.
28	Electrical parts manufacturing	Tokyo Kinzoku-Jigyo K.H.K.	477	S × 60%	Employees' Mutual Aid Association gives lump sum of ¥5,000 for absence over 3 months.
29	Metal goods manufacturing	Tokyo Kinzoku-Jigyo K.H.K.	477	S × 60%	Company pays lump sum of ¥500 for absence of 10 days or more, and ¥1,000 if 1 month or more. Classified as absentee worker after 3 months, can remain for one more year.
30	Electrical machinery manufacturing	Tokyo Kinzoku-Jigyo K.H.K.	826	S × 60%	Employees' Mutual Aid Association supplements benefit with 20% of basic salary for 6 months or a year for workers of more than 6 months standing. T. B. cases, paid for between 6 months and 2 years according to length of service. 20% more may be paid in case of need. Managerial staff receive 100% of usual earnings for whole period of absence.

* S = basic salary + allowances + over time. Bonuses paid more than twice a year may be included.
S is averaged for three months. The previous May, June and July are used to calculate the daily rate of Sickness Benefit.

manual workers having to wait longer to get into the society than desk workers. Part-time, temporary and seasonal and regular daily workers are generally included if they are employed continuously for more than two or three months but a few firms who employ very few of such workers exclude them completely. Genuine casual daily labourers procured from the Labour Office and persons belonging to the Daily Worker's Health Insurance are always excluded.

The minimum contribution rates, benefits and ratio of contribution between employer and employee in the societies must correspond to those of the Government operated scheme but in fact the societies sometimes improved upon the benefits available under the Government scheme and the enterprise often takes on a higher proportion of the contribution fee. The fee itself, however, is often slightly higher than that paid into the Government scheme. The change over from Government to society operated schemes that has occurred in the past ten years seems in Mitaka to have been largely at the instigation of the employees and their unions.

III. Variation in Amounts and Ratios of Insurance Fees for 20 Mitaka Health Insurance Societies

Ratio Employer : Employee	No. of societies	Contribution % of income	No. of societies
50 : 50.00	9	6.0	4
50.77 : 49.23	1	6.1	1
51.61 : 48.39	1	6.2	1
53.85 : 46.15	1	6.3	2
58.33 : 41.67	1	6.5	7
60.00 : 40.00	2	7.0	3
64.29 : 35.71	2		
70.00 : 30.00	1	Government Health Insurance :	
75.41 : 24.59	1	50 : 50	
78.57 : 21.43	1	6.3%	

Table II shows the policy of these societies and also of the enterprises themselves towards employees who are absent from

work owing to sickness or injury. Fourteen out of the twenty-one societies pay the standard 60% of normal earnings for six months as calculated by the Government operated scheme and laid down by law. Standard normal earnings (S) is the average of the months of May, June and July of basic salary plus allowances and overtime. Bonuses are only included if they are of the sort that are paid more than twice a year. For the purposes of paying out Sickness Benefit, daily earnings are calculated as one thirtieth of the computed average monthly earnings and sixty per cent of this sum is paid for each day's absence (excepting the first four days) regardless of days which would normally be holidays. In any year May, June and July are used as base months from October only. Should an employee happen to have been absent for one of the base months or at least twenty days of it then the average of two of the months only is taken and if absent for two of the months then one only is used. If he is absent for all three of the base months the previous year's earnings are used.

Three societies pay seventy per cent of S, three eighty per cent and one eighty-five per cent. The payment of formal sickness benefit by a Health Insurance society does not necessarily give a complete account of the employees' receipts during absence. In ten cases sickness benefit was made up to something between 80% and 100% of the employees usual salary. In five of these cases this was done by a mutual aid association which itself is generally subsidised by the company. In three of the cases the payment in excess of sickness benefit was policy even though the sickness benefit paid by the society was above average in amount. Employees receiving the higher rates of pay during absence were also more likely to enjoy longer provision for payment and deferment of the retirement question, although the continuance of payment varied by seniority in the company and sometimes by rank. TB cases were often

allowed especially long extra payment in addition to their statutory eighteen months sickness benefit. Eight enterprises mentioned making some regular payment after the first six months of absence. In many cases too the company or the mutual aid association make small lump sum presents (*omimai kin*) to workers who are away ill. Information about company payments in excess of sickness benefit was not always easy to obtain as many companies were not sure as to the legality of these payments, at least during the initial six months. There is some connection between generosity and the size of the society although from interviews it appeared that the strength of the trade union, itself related to the size of the enterprise, was the more important factor. For example, No. 16, a bakery, although a fair sized company with branches elsewhere in Tokyo, employs mostly women and many on a seasonal basis and has not a trade union and pays the minimum 60% for six months. The seven biggest enterprises in Mitaka employing approximately 40.0% of the employees in Mitaka are included in the selection of enterprises.

Government Health Insurance

The Government operated scheme is handled by the local Health Insurance office for the Musashino district. Information about Mitaka was not collected separately and had to be extracted. In 1963 and 1964 approximately 21.8% of all persons employed in Mitaka were insured by this means. Table IV shows the numbers of insured persons in Mitaka in 1963 and 1964 by income group and sex. Table V gives the number of claims for Sickness Benefit made monthly by Mitaka employees in 1963 and 1964. The sickness benefit received is always the legal 60% of the standard earnings for up to six months or up to 18 months in TB cases. Only on two occasions did informants mention any regular payment over and above sickness benefit

IV. Government Health Insurance in Mitaka (Dec. 1963)

Monthly Income of the insured person (¥)	Contribution by the insured person* (¥)	No. of persons insured		
		Total	M	F
— 3500	94.5	—	—	—
3500— 4500	126	1	1	—
4500— 5500	157.5	13	3	10
5500— 6500	189	11	—	11
6500— 7500	220.5	30	5	25
7500— 8500	252	42	10	32
8500— 9500	283.5	109	37	72
9500—11000	315	430	145	285
11000—13000	378	677	217	460
13000—15000	441	712	253	459
15000—17000	504	696	308	388
17000—19000	567	526	344	182
19000—21000	670	427	329	98
21000—23000	693	347	279	68
23000—25000	756	332	266	66
25000—27000	819	305	259	46
27000—29000	882	256	230	26
29000—31500	945	285	255	30
31500—34500	1039.5	265	250	15
34500—37500	1134	235	221	14
37500—40500	1228	199	191	8
40500—43500	1323	130	129	1
43500—46500	1417.5	91	89	2
46500—50000	1512	69	67	2
50000—	1638	477	459	18
		6665	4347	2318

* Half of the full amount

The other half is paid by employer.

while they were away from work. The tradition of the cash gift from the company, employees association or 'workmates' informally to the absent man was of course followed as much in enterprises without their own insurance societies as in those with them.

V. Monthly Claims for Sickness Benefit

	1963	1964
January	72	40
February	67	25
March	82	72
April	60	70
May	77	80
June	74	62
July	79	60
August	94	55
September	91	69
October	86	34
November	83	80
December	—	45
	865	692

Individual Cases

Table VI shows the number of Mitaka employees receiving sickness benefit in 1964 divided up according to the length of their receiving benefit. From these 460 people names were selected for personal interview. Since the purpose of the interviews was partly to find out the degree of hardship caused by absence from work, the sample was narrowed down to married men and was weighted as far as possible towards the long term cases. One other practical consideration had to be taken into account; only those who lived in or near Mitaka were included with one or two exceptions. Some workers commuted from surprising distances to work in Mitaka. In fact, an approach was made to all of the existing married men who had received benefit for more than five months. In dealing with a sample of people many of whose lives and jobs had been disrupted by illness and doing so in a suburb of a large conurbation, there was a high proportion of deaths and removals to other homes

and other districts. However, in spite of the personal nature of the information required there were only two cases which were dropped because of the informants' lack of cooperation. In Table VI the figures in brackets show the number of cases which were successfully interviewed. Government rather than Society sickness benefit recipients were used for these personal interviews because it was easier to select Mitaka residents from the insurance office records, which also presented a naturally arising range of employees from different types of employment. A few of the larger firms originally offered to cooperate in this matter but since their employees all received almost 100% of their usual earnings during their absence they were not so suitable for our purposes.

VI. Mitaka Employees Who Received Sickness Benefit in 1964
under Government Operated Health Insurance

Months of benefit received	Total no. of persons	Male			Female
		Married	Single	Unknown*	
up to 1½	295	33 (10)	64	84	114
up to 2½	74	12 (4)	23	12	27
up to 3½	21	4 (3)	7	3	7
up to 4½	21	8 (2)	3	4	6
up to 5½	10	1 (1)	2	1	6
up to 6	28	6 (6)**	10	1	11
Tuberculosis cases					
6—12 months	4	1 (1)	2	1	0
13—18 months	7	1 (1)	1 (1)	3 (1)***	2
	460 (30)	66 (28)	112 (1)	108 (1)	173

Note: The figures in brackets represent persons successfully interviewed.

* It is not possible to know whether a benefit recipient is married unless he was at some time hospitalised.

** Four of these six persons continued to be ill and absent for a considerable time.

*** This person was in fact married.

Thirty married men, or their wives, who had received sickness benefit for varying periods were interviewed in their homes during the latter half of 1965. Informants were selected from those who were receiving benefit in 1964. In some cases the men had been receiving benefit continuously from before 1964 and in some cases receipt continued into 1965. Since continuance of absence beyond the six months of benefit was of particular interest from the hardship point of view, too recent a period was not desired but against this had to be balanced the failing of human memory on the details of household accounts. The interviews had three main aims. Firstly, we tried to assess the amount of hardship caused by the sickness of the insured person to his family. For this purpose the information necessary for an independent financial indicator was collected. Questions were asked about family income before and during absence from work and about size of family. Other questions were asked with a view to finding out what expenditure was cut out, reduced or postponed. They were also asked for their own assessment of the degree of difficulty experienced. Secondly, we tried to get some idea of how in fact these families managed during the man's absence from work. Questions were asked about loans, credit, gifts and the taking up of part time work by other family members. Finally, the informant's views on the scheme and its operation were gathered. Informants were not shown a questionnaire but were interviewed at length by one or two of a small team of five experienced interviewers. Some families were visited several times.

The reduction of the househead's income to 60% of its usual level will, of course, only reduce *family* income per head to about that level in cases where he was the only earner both before and during absence. In Table VII all cases where the income per head was reduced to 64% or less of the usual level

**VII. Change in Family Income per Head as a Result of
Househead's Illness for Thirty Families**

(i) Case No.	(ii) No. in economic house- hold	(iii) Average* monthly family income per head before illness	(iv) Average** monthly family income per head during absence	(v) (iv) as a % of (iii)	(vi) Period of absence from work (months)
6	6	12300	4170	32	12 (6)
30	1	14000	5290	38	13
21	3	6330	3580	57	4 $\frac{1}{2}$
17	2	9000	4260	47	9 (6)
27	3	16330	9200	56	9 (6)
11	4	6000	3400	57	1
23	3	10000	5680	57	2 $\frac{1}{4}$
24	4	8350	4830	59	3
2	2	16500	9900	60	6
7	3	12000	7200	60	1
13	4	11250	6800	60	5
19	2	15000	9000	60	2
22	5	8400	5040	60	$\frac{1}{2}$
4	4	9750	5980	61	3
18	5	9000	5520	61	2
5	4	9750	6240	64	$\frac{1}{4}$
1	5	9800	6470	65	3
8	5	11800	7540	67	$\frac{1}{2}$
20	5	12800	9100	71	$\frac{1}{4}$
9	5	9200	6600	72	4
26	4	7000	5320	76	2 $\frac{1}{2}$
25	8	8750	6720	77	1 $\frac{1}{4}$
3	2	30000	24000	80	$\frac{1}{2}$
16	3	23160	18910	82	$\frac{3}{4}$
29	6	6870	5790	84	30***
14	5	17940	15070	84	19 (18)
10	5	13200	11260	85	6
12	4	12750	11530	90	1
15	6	16830	15130	90	8
28	6	5500	5190	94	27 (18)

* This was obtained by totalling the average monthly earnings of all members of the economic household plus regular contributions

of non-resident family members and dividing this sum by the number of persons resident and sharing the same household accounts. One non-resident dependent was counted as a member of the household.

- ** The same calculation as for column (iii) including the sickness benefit payments but excluding gifts and loans, except where these took the form of a regular monthly contribution for 2 or more months from a non-resident family member. If a wife or other family member took up work temporarily for only part of the period of the househead's illness this was spread over the whole of the period of benefit receipt.

Note: Cases nos. 6, 17, 14, 27, 28 were in fact absent from work ill for periods beyond the limit of sickness benefit payment. The months used for the calculation of average monthly family income are those of actual absence. The figures in brackets represent the months of benefit received. The benefit thus has been "spread over" more months than those in which it was actually received, although the total income over the whole period is correct.

- *** This case (No. 29) was transferred during the research period from Health Insurance to Workman's Accident Compensation Insurance (*Rosai*) which pays benefit until recovery.

were, in fact, families of this type with the exception of case 30 who was a single man and therefore only entitled to 40% while hospitalised and cases 6, 17 and 27 where the low level during illness in spite of having other earners in the family is due to the effect of spreading the amount of benefit over the whole period of absence, which went beyond the benefit period limit. The slight variation around sixty per cent arises from the method of calculating sickness benefit in terms of a thirty day month, which does not correspond exactly to the number of days usually worked or claimed for benefit.* The fourteen cases above the 64% level were, therefore, protected from the full effects of the househead's reduction in income by the earnings of other members of the family although in five cases this was because the wife or a teenage child specially commenced

* See page 389.

work in order to help the family. It must be mentioned that the income calculated for families with young unmarried earners (about eight families) is a little misleading in that the amount they hand over to their mothers for housekeeping is often only a small proportion of their earnings and is not usually increased during the father's absence from work. However, as they do use this money to buy clothes and other things that would have to be provided for younger children it was thought best to use the actual salaries as a basis for calculation. Also the househeads themselves hand over very varying proportions of their salaries to the housewife.

Notwithstanding how people feel about their financial situation during a family crisis, the absolute level of income per head is of more importance in considering poverty in terms of fulfilling basic family needs than the percentage decrease of income. This will be affected by the number of dependents, the level of earnings of the earning members of the family and, in this case, by the length of absence from work. Using the tables used by the Protection Section of Mitaka City for calculating Livelihood Assistance and making a variety of minor assumptions about household conditions it seems that families with incomes per head of below 5,800 and who did not in fact become the total dependents of relatives were possibly within or near the assistance level. Where the househead was in hospital, however, the income per head would have to be about 1,000 yen lower. This, of course, applied for some of the period to most of these thirty cases. Four families were nearly at this level (which represents a very low standard of living by Japanese standards) even before the ill health of the househead (Nos. 21, 11, 28 and 29). However, to drop to this level for a very short period is a very different matter from existing at it for some time. Most families had some savings, or relatives who could help at least for a month or two. The

families who had an income per head of less than 6,000 yen for two months or more were numbers 4, 6, 18, 21, 23, 24, 26, 28, 29, and 30. No. 17 is excluded because he and his wife became dependents of his son as a result of his illness. None of these families had any earner other than the househead prior to his illness. In cases 26, 28 and 29 the wife and in two cases a teenage child as well took up full time or part time work during the father's illness. There were other dependents in all cases. Objectively, we might expect these 10 families to have been the most adversely affected by the illness of the househead.

Tables VIII, IX, X, XI, XII attempt to relate how the informants themselves felt about their financial difficulties during the period of absence from work to average monthly family income per head before and after absence; to the length of absence; to the percentage change in income per head and to the number of dependents. It can be seen from these tables that seven of the above mentioned low income families did in fact claim to have felt 'very much' difficulty. Case No. 30 said he felt no difficulty at all. This young single man was hospitalised for varying periods over two years with tuberculosis. He had occasional earnings when out of hospital and his parents and other relatives in Shizuoka-ken helped him. Case No. 24, a skilled lens maker supporting a wife, child and his mother, claimed to have felt no difficulty at all. He was absent for only three months and used up twenty days of paid holiday during this illness but his attitude was really explained by the fact that he received a lump sum from the company of the man who injured him. No. 4 claimed to have felt 'not much' difficulty. The husband was at home with a gastric ulcer for 3 months and supports a wife and two young children. They were partly helped by gifts of 9,000 yen from the company and the trade union but contributions of this sort were received in most cases. There were three others who said they felt 'very

Informant's Assessment of Financial Difficulty, Related to Average Monthly Family Income Per Head before Absence (VIII) and during Absence (IX) Numbers are Case Numbers.

VIII.		Difficulty experienced			
yen	Very much	Quite a bit	Some	Not much	None at all
under 6,000	1, 28				
8,000	26, 29		11		
10,000	21, 18, 25		22, 5	4, 17, 9	24
12,000	23, 8		13		
14,000	6	7, 10	20	12	
16,000	19				30
18,000			27	2, 14	15
over 18,000		16			3
IX.					
under 6,000	21, 23, 29 18, 26, 6, 28		11, 22	4, 17	24, 30
8,000	8, 1, 25	7	13, 5	9	
10,000	19		20, 27	2	
12,000		10		12	
14,000					
16,000				14	15
over 16,000		16			3
Total no. of informants	11	3	6	6	4

much' difficulty. One of these (25) had a low per head income during a short absence and five dependents. This was a poor family normally and managed by borrowing and going to the 'pawn shop'. Case No. 8 had had several periods of absence prior to the one for which he was interviewed so had run down his resources. No. 19 had no special additional reasons for hardship but took a bitter view of the whole subject. The reasons affecting an informant's response to how he *felt* about his situation are numerous and the character of the informant himself and his general impressions of the period of illness as one of anxiety, inconvenience or disappointment may affect his

Informants' Assessment of Financial Difficulty Related to Percentage Change in Average Monthly Family Income per Head (X) and to the Length of Househeads Absence from Work (XI)

X.

% change	Very much	Quite a bit	Some	Not much	None at all
minus over 60%	6				30
50%	21	7			
40%	23, 19		11, 13, 22, 27	2	24
30%	1, 8, 18		5	4	
20%	25, 26		20	9, 17	3
10%	29	10, 16		12, 14	15
1%	28				

XI.

months					
up to 1½	8, 25	7, 16	11, 22, 5, 20	12	3
2½	23, 19, 18, 26				
3½	1			4	24
4½	21			9	
5½			13		
6½		10		2	
12½	6			17	15
18½			27		30
over 18½	29, 28			14	

XII. Informants' Assessment of Financial Difficulty Related to the Number of His Dependents* during Absence

	Very much	Quite a bit	Some	Not much	None at all
over 4	25, 18, 29		22		
3	6, 26, 28		11, 5, 13	4, 9	24
2	21, 8, 23	7, 10	20		
1		16	27	2, 12	15
0	7, 19			14, 17	3, 30

* Dependents were defined as persons with an income of less than 4,000 yen a month. In fact none of the above dependents brought any income to their families.

judgement of his financial difficulty. For some families, for instance, the ability to borrow money eased the situation, while for others getting into debt was a source of worry and gave a feeling of difficulty. Table XII relates informants' assessment to the number of his dependents during his absence from work. Of the 14 in the 'very much' and 'quite a bit' categories 11 had two or more dependents. Of the 19 with 2 or more dependents 11 were in the top two categories, 5 in 'some' and 3 in the bottom two categories.

Since hardship may be caused by one or more of several factors it was not to be expected that the correlation between any one factor and the informants' experience would be significant for such a small sample.* There was some connection between family income per head, before and during illness. The number of dependents and informants' assessments of difficulty but almost none in the case of the percentage drop in income and length of absence. This does not mean, of course, that the length of absence might not be the most important cause of hardship for a particular family. Of the ten cases absent for six months or more four claimed to have experienced quite a bit or very much difficulty and four of the remaining six had a normal family income per head of over 18,000 yen a month which they were largely able to maintain during illness. With long absences the existence of other earning members of the family becomes very important.

Informants were also asked whether there were any special reasons for difficulty in the case of their family. Thirteen said that their usual pay was only just enough for the family and indeed these families were in the lower half of the income per

* The correlation coefficients for family income before and during absence, number of dependents, percentage drop in family income and length of absence were 0.42206, 0.354481, 0.3545, 0.0023856 and 0.083618 respectively.

head list. Eight persons mentioned the loss of overtime opportunities and bonuses adversely affected. Incidental effects of illness mentioned were the loss of work of a wife who had to look after him and the expense of trips and telephone calls to Iwate-ken where the man was in hospital. One person mentioned medical expenses above those covered by insurance. Asked whether the informant's illness had coincided with some other family expense, the illness of other members of the family and the entrance of a son into high school were mentioned and two cases said that they happened at that time to be already in debt. All but one of the 19 people giving information in answer to this line of questioning had claimed to have experienced more than 'some' financial difficulty in the period.

The reduction, cancellation and postponement of items of expenditure shown below are indicative both of hardship and also of how the family made ends meet. Two of the families stopping milk had young children. All the families economising on foodstuffs claimed to have suffered more than 'some' difficulty.

XIII.

No. of cases	Reduced Expenditure on					Cancellations and Postponements																							
	13	Food	5	Heating, Power	6	Household Items	13	Clothing	11	Recreation & Luxuries	4	Milk	4	Newspapers & Journals	2	Insurance Payments	2	Planned Trip	2	Planned Clothes	1	Payments on Refrigerator	1	Repairs to <i>Tatami</i>	1	House Purchase	1	Not Specified	66

When a man's income is reduced to sixty percent of its usual level or after a while to nothing, he can do one or several of seven things; use savings, realise assets, borrow, accept gifts, go on public relief, reduce expenditure or someone else in the family can go out to work. For 29 couples in this study, this last was seldom the answer. Only four out of 29 wives normally worked. Only four more took up work as a result of their husband's illness. One of these did part time canvassing for only fifteen days earning 7,500 yen although her husband was absent for twelve months with a cerebral hemorrhage. The family was large but there were no young children. Another wife took up part time sewing, making about 5,000 yen a month. She had two children under four years old and her husband was unable to work for nine months. The wife of a man who was away for nearly three years with tuberculosis earned 15,000 yen as a domestic helper until her husband returned to work. The fourth wife who went out to work was that of a carpenter who lost an eye in an accident and was unable to work for two and a half years. She had three children of school age. Altogether there were 9 families that had children under school age and 6 wives were aged 50 or over. Sons and daughters in their late teens also commenced work as a result of their fathers' illness.

Eleven informants said that they had borrowed money to help them manage. Three borrowed from more than one source. The three loans from their employers were in the nature of an advance of salary. Only one person borrowed from money lenders and another from the 'pawn shop'. One man admitted that he borrowed in order to continue building his own house. Most loans and the largest loans were from relatives and friends. None of the families applied for Livelihood Assistance, although about 6 might have qualified for it. Twelve informants said they used their savings. All but 3 of them had a

usual income of over 9,000 yen per head.

Only eight of the thirty informants did not receive some sort of gifts. Thirteen said they received money from 'the company' or 'the president', eight mentioned gifts from their workmates or payments from a mutual aid association among their workmates or their trade union and eight told of gifts from relatives. One of these was not so much a gift as the fact that the informant was kept by his eldest son, with whom he did not usually share accounts. Most of the amounts were between one and five thousand yen, except for those from relatives which were anything up to 100,000 yen.

The policies of employers towards employees with long illness is interesting. Many informants felt bitterly about the effect of their absence on their bonuses, as many had been counting on the bonuses to pay for clothes, trips and house repairs. Of the 25 who had bonuses usually, 17 said that their bonuses were adversely affected. The extent to which the bonuses were affected depended upon the number of days absent in the year or the relevant six months (bonuses generally being paid twice yearly), since although bonuses are usually spoken of in terms of 'so many months salary' in fact this is worked out as a percentage rate to be multiplied by the number of days worked. There was in no case any suggestion that employers had done anything but follow the normal calculations but, nevertheless, the disappointment was keenly felt. Three men mentioned the 'loss of right' to a paid holiday, since presumably their allocation of days which they could take off had been taken up by illness.* Others mentioned loss of seniority, promotion and pay raise. It is difficult to say anything about the

* Contrary to European and American custom, the Japanese practice is for the employee to have so many days a year, according to seniority, on which he can be absent without loss of pay *for whatever cause*. He can very rarely take more than four or five of these days consecutively for purely recreational purposes.

policy of employees towards continuing these men, because the sample of long term cases is so small. Some near retirement age retired voluntarily, two changed to lighter jobs. Two others, still absent at the time of interview, were afraid they might be dismissed, although after over a year's absence they had not yet been so. One man said he didn't fear dismissal since he worked on contract with his own gravel truck and another had gone back to his company for only three days a week after a year off with cerebral hemorrhage. Three others went back to their old jobs after long periods away, one of these after three years absence. However, one man with TB and still ill at the time of interviewing said he was 'forced' to retire after ten months illness. He was the company president's driver. Another, who had had several spells of absence with cerebral hemorrhage, said he was fired 'the day he came out of hospital'. On the whole the impression received is not one of any rigid application of rules about retiring after six or twelve months absence.

Lastly, the informants were questioned on their view of the distribution of benefit and the system itself. The process of getting sickness benefit is as follows; firstly, the claimant must fill in the application form which can be had from the insurance office. There is a section to be filled in by the employer and the doctor as well as one for the applicant. After he has stamped it with his personal stamp (*han*) he sends it or gets it taken to the insurance office. The office then checks on the information given and calculates the benefit owing to him. This takes anything from ten to thirty days at which time the claimant will receive a card from the office notifying him of the time and place of payment. He can either pick it up from the office, a bank near his home, a post office or receive it by registered mail. Some person other than himself may pick it up for him, providing that person brings along the

necessary stamp and documents identifying the claimant. Benefit can be paid weekly or fortnightly.

Table XIV shows how the informants received benefit and how convenient they found the process of application and receipt.

XIV.

Convenience of Process	How Sickness Benefit was Collected (Number of Ways Mentioned)						Total
	Company Did Everything	Registered Mail	Collected from Bank or Post Office		Collected from Insurance Office		
			Self	Others	Self	Others	
Convenient	2	2	2	2	8	3	19
Inconvenient		2		1	6	2	11
Total	2	4	2	3	14	5	30

Not surprisingly, many applications found filling in the forms troublesome and time consuming. Others mentioned that it was complicated when someone else picked it up for you or when the postman bringing registered mail had found everyone out. A lot of this is perhaps unavoidable but we think it is important that the process of getting often anxiously awaited welfare money should not be too complicated or inconvenient.

More general comments on the Sickness Benefit were concerned not so much with the amount of benefit but that it should be paid more quickly and for longer than six months and for longer than eighteen months in the case of tuberculosis.* The question of speed of payment was mentioned in practically every case. The families who had no other wage earner than the ill man were particularly embarrassed when sickness benefit was not received until after two normal pay

* Permanently invalided or disabled persons are covered by Welfare Pension Insurance. See page 378 .

days had passed by. Practically everyone, too, spoke of the need for more explanation of the process of application for and the calculation of benefit. Misunderstandings themselves caused delay in many cases and seven informants had not heard of sickness benefit until after they became ill.

In conclusion, there is no doubt but that sickness benefit as it now is under the Health Insurance scheme, does a lot to prevent real hardship. However, if the aim of insurance benefits is to relieve hardship a flat percentage rate is but a crude method. There are several devices, all or some of which would do something towards helping where help is most needed:

- (a) Allowances for dependents. This could be in terms of a flat sum or an increased percentage.
- (b) A minimum level of benefit regardless of normal benefit rate in order to assure that low income families shall not drop to the assistance level.
- (c) An increase in the period for which benefit can be paid
- (d) An increased rate after a certain number of months illness to offset the effect of used up resources
- (e) A clearer explanation and wider publicity of the processes of application in order that hardship is not caused by delays as a result of the mistakes of the applicants.

Daily Worker Health Insurance

It is necessary firstly to distinguish at least three kinds of daily paid worker. Firstly, there is the really casual worker whose relationship with his employers is temporary and impersonal. He, or in many cases she, finds work which is generally unskilled labouring through the local Job Security Office. The work may be for private or public bodies or may be specially shared out work on public unemployment relief locations. In Japan workers employed in this way are sharply distinguished from the regular employees of a company and are not

usually included in the benefits and obligations of 'belonging' to a company. These workers are known as '*hiyatoi*' and those who expect to earn money in this way for some time are nearly always members of the Daily Worker Health Insurance scheme and often of the Daily Workers trade union. Secondly, there are daily paid employees who have a semi-permanent relationship with one or two employers. They have often begun the connection privately through the introduction of friends. The degree in which they are included in the benefits available to the 'regular' employees varies and they are sometimes covered for health insurance by the companies insurance society. The employers obligation to provide a full month's work and the employees obligation to work every day is a lighter and looser one than in the case of regular workers. Thirdly, labourers used in construction type work are mostly organised into small labour gangs (*kumi*) under their own labour bosses. The gangs themselves may be of many years standing but the turnover of some of the members might be quite high. In this way the large sub-contracting firm can avoid the various obligations of an employer. Some of such workers may be in the Daily Worker Health Insurance scheme or in ordinary Health Insurance but, in the opinion of the daily workers trade union (*Zen Nichi Ji Ro*), many of the smaller gangs neglect to fulfill their obligations to cover their members by some form of insurance under the acts. Construction companies do employ some casual labour through the Job Security Office but during the months of January, February and March they bring in labour from rural areas and local casual labourers cannot find work so easily at this time. The total number of casual daily workers in a particular district is always difficult to calculate. Much of the work is taken up temporarily and much without any reference to official offices of any sort. The Health Insurance scheme which is operated by Mitaka for the

Mitaka area is perhaps the best guide to the numbers of daily wage workers. At the end of 1964 the Health Insurance membership was estimated to be about 1,300. Since many workers who move from the district fail to notify the city office as they are supposed to do an exact figure at any one time cannot be given. The Mitaka branch of the Union of Daily Wage Workers (*Zen Nichi Ji Ro*) claims that its membership of about 600 covers almost all the workers on the projects and those outside living in Mitaka or Musashino. Another union, the Democratic Labour Union (*Zenkoku Minshu Rodo Kumiai*), accounts for about 50 more daily wage workers. It is probable that union membership corresponds to the hard core of long term daily wage workers since insurance membership can also be used to cover provisional and seasonal workers. Records collected by Mitaka Job Security Office, who in cooperation with the cities handles the unemployment relief work and other daily wage work, cover Mitaka and Musashino and Chofu cities as well as Kiyose, Kurume, Hoya, Tanashi and Komae towns. For this whole area an average of 22,155 persons a month in 1965 were provided with daily wage work, an average of 13,503 of these persons being on unemployment relief projects. In April, 1966 the number of project workers for whom Mitaka city was responsible was 577, employed on various public works throughout the whole Job Security Office district.

In order to qualify for Unemployment Relief Project work the applicant must be over thirty, without a job, the head of the household and in need of earnings. Many of the workers are in fact widows. Women may also qualify if their husbands are sick. A jobless person is one who has applied and failed to get a job through the local Job Security Office for three months. The work provided in the Mitaka area is at one of 18 designated places such as parks and public offices. The scheme is operated by cities or towns in cooperation with Tokyo and

the central government. Road construction, ditch and pipe laying work is also provided for workers in the scheme by these three bodies. Work is allocated in the following way. Each worker qualified has an identification number and priority of application goes by number each month, i. e.: the numbers 1—100 might have priority this month and 101—200 the next month. After working a month re-application must be made, except for those who also want private employment if any is on offer and who, therefore, apply daily. These latter are about forty per cent of the total number of project workers. There are four classes of wage rate according to the type of work. The highest rate is 675 yen and the lowest 580 yen daily. The low rate is for light work such as might be requested by a worker after a period of illness or injury. It is possible for project workers to receive up to three bonuses; one each from the central government, Tokyo and the city.* In 1965 the total bonus was 51,204 yen. To receive bonuses it is necessary to have worked more than a day a month for six months or two days a month for three months. The number of persons qualifying in Mitaka in 1964 and 1965 was approximately 500.

Work for private employers or for public bodies other than the jobs reserved for the Unemployment Relief Project may also be had by daily application to the Job Security Office. The rates for such work are considerably higher than for the project work but work is not always plentiful and the Labour Office and the union cooperate in rationing the work, for example by placing a limit of two or three months per worker at one job. At times of low labour demand, the Mitaka office has at the request of the Union of Daily Wage Workers, provided jobs such as road gravelling and ditch cleaning. In such cases the city cooperates with the Union and the Job Security

* Bonuses for daily wage workers were begun in 1950. Before then they were able to borrow money at the end of the year.

Office in the allocation of work to individuals. Basically, the daily wage worker applying to the Office is regarded as a "jobless" person who has to turn up once a month to get his daily workers card stamped in order to remain "in line" for available work. This sometimes causes ill persons to return to work briefly so that they may not lose the status of daily wage worker at that office.

The Daily Worker Health Insurance scheme was designed to cover people who are employed for short periods in various work places. Enterprises which fall into the compulsory category (i. e. over four employees) for their regular employees must also pay employers contribution on behalf of their daily casual, temporary and seasonal workers.* However, the employee cannot join unilaterally or rather he could get a daily workers book from the city office but if his employer is not 'in the scheme' there is no way in which he can get the requisite stamps put on the book. According to the Union many small scale employers are not in the scheme and although local

XV. Number of Insured Daily Workers

Year	No. of DW Books Issued That Year	No. of DW Books Still Effective in 1963		
		Total	M	F
1958	648	263	158	105
1959	395	49	31	18
1960	310	47	23	24
1961	263	80	48	32
1962	329	289	139	150
1963	252	252	126	126
Totals in 1963		980	525	455

* According to the regulations the scheme can be compulsorily applied to persons employed provisionally by the day or for less than two months; to seasonal workers employed for less than four months and to persons employed on work of a provisional nature for less than six months.

XVI. Sickness Benefit Payments
(Cases Each Month March to February)

												(1965)	
	M	A	M	J	J	A	S	O	N	D	J	F	
1964	2	5	2	6	0	6	7	3	8	1	3	8	
												(1966)	
1965	5	1	5	2	3	3	3	4	1	3	—	—	

officials insist on their joining when cases come to their notice, it has been difficult to use compulsion with the borderline size concerns in times of job shortage. As explained below unless a casual worker works at least a certain minimum of days he does not qualify for any benefits under the scheme and has no incentive to be in it, therefore, unless he regards daily labouring as a fairly regular source of income for him.

Sickness Benefit for Daily Wage Workers

Benefit may be paid for up to a maximum of twenty two days counting from the fourth day of absence. In order to qualify for benefit the worker must have paid contributions for at least 28 days in the preceding six months. In 1965 the daily contribution was 13 yen each from employer and employee and 10 yen each if the daily earnings were less than 480 yen. Sickness benefit in 1965 was 330 yen for those whose daily rate had been at least 480 yen and 240 yen for those whose rate was less than 480 yen. The maximum amount for 22 days then was 7,260 yen. In order to receive benefit application must be made to Mitaka City or Musashino Insurance office with all the relevant documents.

Table XV and Table XVI show the number of insured daily workers in Mitaka and the number of payments of sickness benefit between March 1964 and December 1965.* A detailed

* The records are collected from March to March and those for January and February 1966 were not available yet.

count is not made annually but the number of books issued in 1964 was approximately 426 with losses during the year of about 119 so that the total of daily worker books approved and effective at the end of 1964 was nearly 1,300. Those cases who had received benefit for the maximum of twenty two days were selected. There was a total of 24 cases out of the 75 that received benefit between March 1964 and October 1965. Out of these 24, 7 had either moved or were otherwise not traceable, 2 were dead and 1 would not cooperate with interviewers. The remaining 14 plus the widow of one of the deceased persons were interviewed early in 1966.

XVII.

Case No.	Sex	Age	Marital Status	Type of Work at Time of Receiving Benefit
1	M	65	Married	U. R. Project (Park)
2	F	47	Married, Husband Employed	School Road Crossing Supervisor (<i>Midori-no-Obasan</i>)
3	M	61	Married	U. R. Project (Road Repairs)
4	M	65	Married	U. R. Project (Pipe Laying, Roads)
5	F	46	Married, Husband Retired (age 55)	Private Construction. Does not Qualify for U. R. Work
6	M	67	Married	U. R. Project (Roads)
7	M	47	Single, Forms a Household with mother. In Fact Dependent on Brother	For Private Company
8	M	59	Married	U. R. Project (Park)
9	M	over 40	Married	U. R. Project
10	M	60	Married	U. R. Project (Roads)
11	F	51	Widow	U. R. Project (Roads Repairs)
12	F	58	Widow	U. R. Project (Museum)
13	F	over 40	Widow	U. R. Project (Park)
14	M	under 45		U. R. Project (Roads)
15	M	49		U. R. Project (Misc.)

The high age level of these daily wage workers reflects that of all the workers on the unemployment relief projects. Casual

day labouring is sought after by widows, retired men and men suffering chronic recurring ill health who are unable to maintain their jobs with former employers or to keep on with their original skilled trade. Work for these sorts of people is not always plentiful and it must be noticed that the union and the individual informants all stressed taking of turns or waiting for one's turn at available work and also the dangers of losing one's right to it or the difficulties of getting back into the system. Demand for temporary labouring of a strenuous sort is largely met by small gangs (*kumi*) of young workers under their own labour bosses who are on contract to large construction companies. They do not appear to feature greatly among the members of the Daily Wage Worker Health Insurance. Case No. 2 in the list is not typical and is that of the wife of a well-paid pressman who took up supervision of school road crossings at a time when not enough people came forward to do the work. However, when women on the unemployment relief projects came forward to do it she gave it up. At the outset it was thought that these casual workers whose earnings were low would suffer greater hardship from loss of earnings than persons in the government scheme, for whom sickness benefit could continue for five months longer. However, some of them were in fact protected from hardship by the earnings of grown up children. Others still had teen-age children to provide for and two cases (4 and 9) had received livelihood assistance from Mitaka city.

It can be seen from Table XVIII that in most cases the informant's income formed less than a third of the total family income and, therefore, since sickness benefit formed at least fifty per cent of the informant's income in nearly all cases, it would not be expected that his or her loss of income would make much difference to the family as a whole for the first month of absence from work. This is to some extent misleading as in

**XVIII. Income, Length Absence and Informant's Assessment
of Financial Difficulty**

Case no.	Size of Economic Household	Family Income (Informant's Income in Brackets)	Family Income per Head	Length of Absence from Work	Informant's Assessment of Financial Difficulty
1	5	84,300 (14,300)	16,860	60 days	Not much
2	3	68,000 (13,000)	22,660	60 days	Not much
3	7	56,000 (15,500)	8,000	40 days	None at all
4	2	34,000 (34,000)	17,000	55 days	Very much
5	5	50,000 (15,000)	10,000	27 days	Very much
6	4	40,000 (16,000)	10,000	61 days	Some
7	2	20,000 (20,000)	10,000	51 days	Not much
8	6	82,000 (15,000)	13,600	60 days	Quite a bit
9	7	20,000 (15,000)	2,850	8 months up to death	Very much
10	2	30,000 (15,000)	15,000	32 days	Not much
11	4	97,000 (12,000)	24,200	25 days	Very much
12	4	33,000 (13,000)	8,200	25 days	Some
13	5	92,000 (14,000)	18,400	28 days	Not much
14	4	27,480 (14,880)	6,870	28 days	Quite a bit
15	5	50,000 (13,200)	10,000	32 days	Quite a bit

Note: All cases received one payment of 7,260 yen benefit for the periods of absence listed here. The income in brackets ceased during absence in all cases.

households where unmarried children's income totals high, the amount handed over by them to their mother for 'keep' is generally only between a third and a half of their salary. They do not seem to have contributed more during their parent's illness but since they use their income to buy clothes and other personal things that would have to be provided for younger children, it is preferable to calculate the total family income. For this reason, perhaps, some informants had a sense of hardship not entirely consistent with the total family income (Cases 8 and 11). It is perhaps best to look first at the cases where 'very much' difficulty was felt. In both Cases 4 and

9, the daily wage worker's income had been almost the total family income. In Case 4, an elderly couple, the wife's sister and child also live in the same house in order to look after the wife who had become bedridden. This widow and her child in fact receive livelihood assistance as a separate family and the informant himself received livelihood assistance for the two months that he was ill. His wife's long illness has been a drain on his income, although he had received medical expenses on her behalf from the Daily Wage Worker Health Insurance the period for this had now run out. This man receives a specially high rate owing to his skill in pipe laying and can get work even out of turn. He is anxious about the possibility of this special work finishing in which case he would get only the usual maximum rate of 650 yen.

Case 9 is that of a man who had suffered for some time from a weak heart which prevented his working a full month. In November 1964 he entered hospital where he died in June 1965. His widow gave information. At the time of his illness none of his five children was earning. The widow now receives livelihood assistance for herself and the two children remaining at home. Case 5 is that of a woman daily worker who works on the roads but not in the projects because, since her husband is not sick but retired, she cannot qualify. They have three daughters aged 20, 22 and 23 who contribute very little to the family income. She was anxious about the growing scarcity of 'private' casual work. Case 11 is that of a widow with three sons who earned good wages as drivers. It is difficult to explain her assessment of her situation except as anxiety about keeping the home running for her sons while she was ill. Three other informants claimed to have had 'quite a bit' of difficulty. In Case 8, the couple live with three earning unmarried children and a high school daughter and the informant had in fact been ill on and off for three years, always

managing to return to work at the light work rate in order to remain in the scheme and qualified for benefit. (Doctors cooperate to some extent by giving illnesses a different name as far as possible as benefit cannot be given for the same illness more than once in a year.) The eldest son increased his contribution to the family income but this was partly offset by the wife's expenses in getting to and from the hospital.

Case 14 has the second lowest family income per head. The informant and his wife are both daily wage workers and have two young children. The period of absence about which he was interviewed was short but he had since been hospitalised and absent for a much longer period. In Case 15 again the husband had several periods of illness during the last two years. His two daughters and his wife work and there is a dependent son.

The negative connection between higher income per head and difficulty felt is a reflection more of the continuance of income from other family members than a result of actual income level. Of the six cases who had experienced no or not much difficulty four had a family income per head of over 15,000 yen and one other (No. 7) became a dependent of his brother. The remaining case (No. 3) with a per head income of only 8,000 yen but a relatively short period of illness claimed to have felt no difficulty at all mainly because his present situation was so much better than that of a few years ago when none of his six children was earning. On the other hand two of the six families with incomes per head of 15,000 or over felt very much difficulty (Cases 4 and 11 described above), and the remaining four were the same four mentioned just above. The length of illness is also a factor although, as already mentioned, it is necessary to examine the case history in detail in order to appreciate the long term length of illness. Five of the seven cases with more than three months illness in the

year prior to interviewing claimed to have experienced some or more difficulty. The really important factor however, is not so much family income itself as the extent to which it can be kept up by other earning members of the family during the informants absence from work. Real hardship is likely where the absent workers' income was the main income of the family *and* the illness is prolonged or recurring or there are dependents. Children, whose existence causes financial difficulty for the young worker might be an asset to the older worker.

As with the workers covered by Government Health Insurance these daily wage workers were asked questions about the steps they took to manage during the period of reduced income and also about their views of the scheme and its administration. Seven informants mentioned first of all special reasons for difficulty. Cases 9, 11, 14 and 15 said that their usual income was only just sufficient. Three mentioned the expense of hospital visits by other family members and one case said they had to pay 300 yen a day for hospitalisation. Case 4 mentioned his wife's illness and in Case 9 one of the children had appendicitis at the same time as her father was taken ill. Asked about additional financial help three said they used savings, four borrowed from relatives, and three received gifts from relatives. Five other cases did none of these things. Seven informants mentioned reducing expenditure on all household and personal items and four specifically said they reduced expenditure on nothing. Two others cancelled their newspaper and one family postponed buying a refrigerator and building a shed onto their house. As already mentioned, two cases received livelihood assistance from the city. On the whole, the daily wage workers were less specific about the details of their household expenditure than were the regular workers on Government Health Insurance.

Asked about collection of payment ten persons said they or

their wives went to the office, and three of these found it very inconvenient. However, eleven persons found the system of collection convenient. One arranged to pick it up from a bank and in three cases the trade union 'did everything'. Informant No. 15 mentioned that benefit had to be collected from the office between 10 a.m. and 1 p.m. but that in his case the postcard informing him about collection arrived late and he had to take a day off from work in order to get the money.

On the subject of the scheme generally, as might be expected many informants complained about the short period for which sickness benefit may be paid under the Daily Wage Worker Health Insurance. The authorities feel that a long period might be misused by persons who had no intention of taking up daily work in any case but, given proper medical certification, there does not seem to be any reason why the same length of benefit should not be given to daily wage workers as to regular workers. The short period undoubtedly increases hardship. Even more mention was made of long periods before benefit could be received and waits of two or three months were instanced. On the whole, these informants seemed better informed about sickness benefit than their counterparts insured under regular Health Insurance. This is certainly due to the efforts of their trade union which has carried on a campaign in recent years to bring the existence of sickness benefit under the Daily Workers Health Insurance scheme to the notice of its members and to explain the procedure for getting it. Many of the informants said they knew about the benefit for the first time from the trade union. On the 25th of every month the union officials make it their business to look after applications for benefit. The union also has the extension of benefit period to six months as one of its campaign aims but, in the meantime, has formed a mutual aid association among its members and those of fourteen other organisations. The members must

be persons working for the government, which, of course, many daily wage workers are doing. The monthly fee of 35 or 45 yen is borne entirely by the members, who can receive 1,500 yen for an illness causing absence of thirty or more days, as well as various other benefits in the event of fire, death, accidents etc. The member organisations are responsible for the scheme which has to be registered with the Public Welfare Bureau of Tokyo government. Only two of the fifteen informants were in this Association and many who are qualified to belong did not wish to spare the money for the contributions.

The Remainder

If we assume that employers fulfill the regulation to insure their employees when they number more than four persons, then the number of regular employees entitled to receive sickness benefit in Mitaka was 25,689 (1963). This leaves 4,695 persons employed in 2,188 enterprises with less than five employees. Since 97 of these employees were known to be covered by Health Insurance there remain 4,558 who were probably not covered. 2,657 of these people were employed in retail and wholesale enterprises and 1,061 in the 'service' category of enterprises. The form of health insurance intended to be used by such workers is the National Health Insurance scheme operated by Mitaka City, which as we have seen earlier does not give a sickness benefit. In 1963, 22,367 persons in 6,312 households were in this scheme. Employees, and adult earning members of the family are usually counted as a one person household even though the young employees of many retail stores live 'as family' with the shopkeeper. These 6,312 househeads were occupied in the following ways:

No Income	Salaried	Self Employed	Agri-culture	Other Businesses	Other Types of Occupation	Total
2,534	813	944	397	389	1,235	6,321

Under other types of occupation would be included persons doing casual, seasonal and other non-regular work. From these figures it would not seem that many of the 4,558 employees in small enterprises are in this scheme. Some, such as office workers or filling station employees, possibly are in the society health insurance schemes of larger companies not known to Mitaka city but it is less likely that retail concerns with less than five employees are branches of large concerns. Further research into the business connections and working conditions of very small enterprises would have to be done before such questions can be answered. Many young persons however coming to work in Tokyo do postpone joining the local national health scheme until after their first serious illness.

The employees mentioned above are regular employees. In addition to these there are also 1,300 members of the daily wage workers health insurance who are employed locally. This scheme may be used to cover provisional and seasonal workers but none of the twenty one companies interviewed did so although some of them made new workers wait three months before benefiting under the company scheme. In any case they would not be eligible to receive any benefits until they had worked for twenty eight days. It is possible for workers transferring from other companies to keep up their coverage under government health insurance for one year, providing they belonged for at least two months previously. Special application has to be made. Inevitably, under the present system, there will be some wage-earners as well as those in small enterprises who will for various reasons not be covered for any kind of sickness benefit. The total number of its nature is impossible to calculate but it would seem that in Mitaka in 1963 a *minimum* of 4,000 persons are involved. The actual number is probably much higher. The types of persons involved are:

Employees of small enterprises and of hotels and restaurants and agricultural enterprises not covered by Health Insurance;

Daily wage, seasonal and free lance workers not in the Daily Workers Health Insurance;

Workers currently ineligible for benefits under the Daily Workers Health Insurance;

New workers in enterprises with company operated Health Insurance societies who are not yet permitted to benefit under the scheme and who are not covered continuously or by the Daily Workers scheme;

Temporarily unemployed persons not covered by Unemployment Insurance or covered but not yet eligible for benefits.*

In addition to those who are either more or less permanently or temporarily uncovered for sickness benefit we must include those persons who are insured but whose benefit period has run out i. e.: tuberculosis health insurance cases after eighteen months, other health insurance cases after six months and daily wage workers after twenty two days. In the case of the older worker we have seen that the family might be in a position to manage by the earnings of unmarried children or for even older persons to retire and live with a married son. Likewise the young unmarried worker can often continue to live at home supported by the rest of the family. It is the married

* Unemployment insurance is compulsory for enterprises employing more than 4 persons. If an insured person becomes ill while receiving unemployment benefit he may receive a Sickness Benefit of the same amount instead for the remainder of the period for which he was entitled to receive employment benefit. The period varies between 90 and 270 days according to the length of his previous employment at one place. There is a waiting period of two weeks before Sickness Benefit is paid and he must have been insured for six months in the year before unemployment in order to qualify for unemployment benefit.

man with dependents or the older couple without earning children (but not yet old enough for a pension) who would be most likely to suffer hardship if they were uninsured or out of benefit. In the case of regularly employed persons in small enterprises employers sometimes pay salary or part of the salary for a month or two but small shopkeepers at least are not in a position to do this for any longer although they might keep open the man's job for him without pay and take on someone else on a temporary basis. The final recourse is to apply for livelihood assistance. All the interviewed families were asked about livelihood assistance and it has been noted that families who do qualify for assistance do not necessarily apply. It was our impression that there is considerable shame attached to receiving assistance and fear and resentment at possible enquiries into family possessions that an assistance case worker might make. Only two families, both daily wage workers, had taken this step. One case of an uninsured worker who became ill came to our notice and is given as an example:

Mr. C was a carpenter employed by a sub-contracting construction gang. At first he joined the health insurance scheme that the group belonged to (society operated health insurance) but he dropped out because he didn't want to pay the "high" contributions. He was a daily paid worker with a more casual relationship to the gang than the others. He intended to join the Daily Worker scheme but before he did so fell on the way to work and badly cut his wrist, severing tendons and main blood vessels. He went to hospital and his wife had her baby early as a result of this and he had to leave hospital to care for their six year old child. When his wife came out of hospital he had to go back in because his wrist had become infected. He was unable to work for a year and can now do only light work. During this year his wife attempted to keep the

family by part-time cleaning, putting the infant into a public nursery. For several periods she was unable to do this because of accidents or illnesses of the children. Being uninsured they had to pay all hospital expenses. They borrowed money from the wife's brother (10,000 yen) and smaller amounts from their parents in Iwate-ken and other people. They used the pawn shop. They tried to keep out of livelihood assistance because "they had heard of the difficult life such people had to lead and how people talked about such people".

This person's uninsured situation was of course his own fault but even if he had remained insured it would have provided benefit for only half the period.

In order to find out to what extent persons receiving livelihood assistance did so, at least partly, because of the illness of the househead, case records of those newly entering assistance between June 1964 and June 1965 in Mitaka City were examined.* Newly arising cases were used because more detailed analyses for these cases had been done by the office. Out of a total of 161 new cases 68 families had an ill househead. All but three of these househeads were not working. The total numbers of families receiving assistance at that time fluctuated between 1,027 and 1,056. Table XIX gives information for the 82 families for whom illness of a family member was the main cause of need for assistance. A random selection of half of these cases was made and these 48 cases were further examined. Therefore, nine cases of illness of some other member of the family than the househead are included in this sample. Table XX shows the age and sex distribution of the sample. Included in the 48 sample families are 10 who received only the medical assistance which is available for families who are borderline

* It was not possible to examine records at first hand and information was extracted on request by public officials.

XIX (a) New Livelihood Assistance Cases in Mitaka June 1964—
June 1965 and (b) Sample of These with Types of Insurance
of Househead

Types of Family		Total	Sample	Types of Insurance							
				a	b	c	d	e	f	g	
Families with Someone Employed	Head Working	Head Ill	3	1						1	
		Others Ill	11	7		6		1			
	Other Persons Working	Head Ill	13	10		2	1	1		6	
		Others Ill	1	0							
Families with No-one Employed	Head Ill		52	28		3		5		13	7
	Others Ill		2	2				2			
Total with Illness as a Causes			82 (68)	48 (39)	0	11	1	9	0	20	7
Other Causes			161								
Total			243								

- a. Society Health Insurance
- b. Government Health Insurance
- c. Daily Worker Health Insurance
- d. National Health Insurance
- e. Others
- f. No Insurance
- g. Not Answered

Note: Figures in brackets are number of *househeads* ill.

cases for livelihood assistance. Some receiving livelihood assistance also received medical assistance. Eleven persons were receiving livelihood assistance under special provisions for the prevention of tuberculosis and for mental ill health. There were 19 one person families, 13 two person families and 16 families of three or more persons. Only five persons said that they had received sickness benefit. As to the type of worker, 33 were employees and of these 11 were "labourers", 7 shop workers, five factory workers and five domestic workers and five unspecified. The monthly income of househeads just be-

**XX. Heads of Households Receiving
Livelihood Assistance (Sample)**

Age Group	Male	Female	Total
20—24	0	1	1
25—29	4	0	4
30—34	10	2	12
35—39	4	2	6
40—44	6	1	7
45—49	4	2	6
50—54	2	1	3
55—59	2	1	3
60—64	2	0	2
65—69	3	0	3
70—74	0	0	0
75—79	1	0	1
	38	10	48

fore coming into assistance ranged from less than 5,000 yen to more than 55,000 yen. However ten of the sample had no income and for another ten no information was available. Of the remaining 28, 14 had monthly incomes below 20,000 yen. Another survey of 176 protected Mitaka families carried out in July 1965* shows that the reason for need for assistance was caused by the illness of the househead in 42.2% of cases and a further study of families ceasing to be protected showed that 32.3% did so because of the recovery of health by the househead. Although the information is not sufficient to know for certain whether longer or more widely spread sickness benefit would have made any difference to Mitaka families who received livelihood assistance, it can be said that illness is the greatest single cause of need for assistance and that persons uncovered for sickness benefit are significantly numerous amongst those receiving assistance because of illness.

* "The Nature of Families Receiving Public Assistance in Mitaka City" Shimada Tomiko, B. A. Thesis, 1966, ICU.

Comments

The first thing to strike a student of social welfare in Japan is the variety of schemes and benefits covering the ill and absent worker. He might be able to receive sickness benefit under one of ten different schemes.* He will most likely be paying contribution for some sort of health insurance, unemployment insurance, workmen's compensation insurance and welfare pension insurance. Finally, he may be helped by public assistance. Our interviews showed that the members of the various health insurance schemes were often confused and poorly informed about their own scheme. They often thought they had received benefit under one scheme when in fact the records showed otherwise. Apart from creating confusion the diversity of schemes has two other effects: Firstly, it is administratively expensive since the different schemes employ separate staffs at different locations. Five different offices were dealing with the insurance of absent workers in Mitaka, viz: the society office, the Health Insurance Office, the Workmen's Compensation Office, the Job Security Office, and the city office of Mitaka. Secondly, diversity itself makes the collection of accurate information difficult and this must hamper the effective enforcement of the health insurance laws. It must be said, however, that given the complications of the system the various responsible offices operate the day to day functions of the schemes with considerable efficiency, with the exception that a speedier method of payment of sickness benefit would be desirable. The Ministry of Health and Social Welfare is, of course, aware of the need for greater standardisation of contri-

* Society health insurance, government health insurance, daily workers health insurance, seamen's insurance, public corporation mutual aid associations, national and local public service mutual aid associations, and private teachers' and employees mutual aid associations.

butions and benefits and this is one of their aims. Since the employee is now paying contributions to four social welfare measures, however, it would seem that a unified Social Security scheme covering all these areas and compulsory for all persons (somewhat on the lines of the United Kingdom National Insurance) would be the answer. In one respect the Japanese system of social security already resembles that of the U.K. in that a variety of welfare insurance and health benefits are supported from below by a basic anti-poverty assistance programme available to all regardless of insurance membership. In both countries the receipt of assistance by large numbers of a group supposed to be covered by insurance is a mark of failure of that insurance to achieve adequate protection. In the U.K. more than two thirds of the people receiving assistance are over retirement age, in spite of more extensive and higher retirement pensions than available in Japan, and sickness or disablement was a factor in forty per cent of the total number of cases. The conditions and amounts of sickness benefit are not easier or more generous than those of Japanese Health Insurance except in the important respect that under certain conditions they can continue indefinitely. In Japan, on the other hand, at 40 per cent of the total cases illness of the househead is the greatest single cause of coming into need of protection, and about 35 per cent of all recipients are over fifty years old. The reasons for these differences are complex and, interesting as they are, it is not possible to go into them here. The point we wish to make is simply that it was not the intention of either the U.K. or the Japanese assistance systems to provide for persons whose cause of need is supposed to be covered by social security insurance. Our study in Mitaka suggests that allowances for dependents and a longer period of benefit would keep many families from dropping to a standard of living within or close to the assistance level.

Whether it leads them actually to apply for assistance is, as we have seen, connected very much with social attitudes about public assistance. The sample of Mitaka Assistance cases suggests that even more comprehensive coverage of health insurance would reduce the numbers in need of protection.

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