

The Japan Medical Association and the Liberal Democratic Party: A Case Study of Interest Group Politics in Japan

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One of the striking features of contemporary Japanese politics is the great number and variety of organized groups and associations actively engaged in efforts to influence public policy-making.¹ Largely a postwar development, the so-called *atsuryoku dantai* ("pressure group" or "interest group") first attracted widespread public attention in 1957 and 1958 during the drafting of the annual budget bill. The activities of a number of groups were highly publicized, and many political commentators concluded that the *atsuryoku dantai* were "running wild."² Included in this category was the Japan Medical Association (*Nihon Ishikai*).

The JMA has continued to attract the interest of journalists and scholars and the Association is often pointed to as a "typical" *atsuryoku dantai*, i.e., an organization engaged in political activities designed to promote the "selfish interests" of its members. It is often asserted that the JMA is more influential than most organizations engaged in similar activities, and that the secret of the Association's "success" is its ready access to the high command of the Liberal-Democratic Party (*Jiyū Minshutō*). Some observers argue that, in matters related to the nation's system of medical care and health insurance, the JMA is able to manipulate the LDP more or less at will. The assumption is that effective access guarantees favorable action on policy claims and demands.

Basing his observations mainly on American political experience, David B. Truman has written of political interest groups and the problem of "access" as follows:

Power of any kind cannot be achieved by a political interest group, or its leaders, without access to one or more key points of decision in the government. Access, therefore, becomes the facilitating intermediate objective of political interest groups. The development and improvement of such access is a common denominator of the tactics of all of them, frequently leading to efforts to exclude competing groups from equivalent access or to set up new decision points, access to which can be monopolized by a particular group. Toward whatever institution of government we observe interest groups operating, the common feature of all their efforts is the attempt to achieve effective access to points of decision.³

Like their counterparts in the West, JMA leaders seek to develop their "access" to key points in the governmental process. Unlike many other groups in Japan, however, the JMA has found it difficult to work through bureaucratic channels. As a result, JMA leaders have tended to concentrate their energies in developing and maintaining access to top leaders in the LDP, and through them, to the Cabinet. It is important to note that such "access," in and of itself, is not the basic objective. As phrased by Truman, it is the "facilitating intermediate objective." By and large, the JMA has been successful in maintaining access to the LDP. When important decisions are made, JMA leaders normally occupy a seat at the bargaining table. Contrary to the assumption commonly held in Japan, however, such access does not always lead to favorable action.

The objective of this paper is to describe some of the basic factors which contribute to the JMA's relative ease of access to the LDP and, through a case study, to describe some of the tactics which have been employed to further develop and maintain this access. The case study will also illustrate the general proposition that effective access to key points in the decision making process facilitates—but does not guarantee—achievement of policy objectives.

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Truman has suggested that the relative ease with which a particular political interest group is able to gain access to key points in the

governmental process is affected by at least three major variables: (1) the social status of the group or of its spokesman; (2) the effectiveness of its organization; and (3) the qualifications and skills of its leaders.⁴ The JMA's success in establishing and maintaining access to the leadership of the Liberal-Democratic Party during the past several years may be partially explained in terms of these three variables.

Since the establishment shortly after the Meiji Restoration of a system of medical care based on Western medical science, the Japanese doctor has occupied a position near the top of the nation's social prestige hierarchy. Although tending to agree that there has been a slight decline in the past several years, most observers feel that, in comparison with that of other occupational groups in contemporary Japan, the social prestige of doctors remains high. This impression is supported by the limited empirical evidence which is available, e.g., in the well-known national survey of 1955, doctors were ranked second among all occupational groups.⁵ Of course, social prestige is not always an asset in the political arena since esteem can also provoke resentment and hostility. There is evidence to indicate that Japanese doctors, as a group, have been the object of considerable resentment and even hostility in the past few years.⁶ Doctors have felt this rather intensely and have reacted defensively to what they generally perceive as a loss of social prestige. As the organized spokesman of the medical profession, the JMA has been the beneficiary of the high social prestige of its membership and at the same time the focal point toward which feelings of resentment and hostility have been directed. Therefore, the JMA is able on the one hand, to command respect and on the other, to provoke resistance, when it seeks to represent the interests of the medical profession.

In assessing the relationship of social status to ease of access to key points in the governmental process, however, social prestige is not the only factor to be considered. In fact, what might be termed the group's "strategic" position in society is of greater significance. With respect to Japanese doctors, two points should be noted. First, there is a growing concern with matters related to individual health and welfare in contemporary Japan. As the group having the training, skills, and exclusive *legal* right to render modern, scientific medical care, doctors perform a social function of great importance.

Second, at a time when the improvement of public health and welfare is an important political issue as well as an important part of overall governmental policy, the cooperation and aid of the medical profession is vital. This is particularly true with respect to the functioning and improvement of the system of compulsory health insurance. It is this "strategic" position of the medical profession in Japanese society which is a major factor in facilitating the JMA's access to policy-makers.

An assessment of the effectiveness of the JMA's organizational structure would require far more space than is available here. Only a few of the more significant points will be noted.

Since its reorganization in 1947, the JMA's claim to represent the medical profession has not been seriously challenged. Employed doctors have been reluctant to join labor unions, thus eliminating one potential source of competition, and other would-be rivals have not been able to attract more than a limited regional or ideological following. In 1960, of the 103,131 duly licensed medical practitioners in Japan, 72,981 or roughly 70.7 per cent were members of the JMA. Also, of 50,298 private practitioners (48.8 per cent of all doctors), roughly 99.4 per cent were members.⁷ Therefore, the extremely high organizational rate and the absence of other rival organizations supports the JMA's claims to represent the medical profession both in the psychological sense and in the sense of participation in either governmental or non-governmental councils, committees, and other agencies where doctors as a group are represented. One example is the Social Security System Council (*Shakai Hoshō Seido Shingikai*) attached to the Office of the Prime Minister (*Sōri-fu*) where the medical profession is represented by an officer of the JMA. In short, wherever the medical profession is "represented" in an official sense, the JMA selects the representative.

The JMA is, of course, the "peak association" in a more or less federated type of structure consisting of medical associations at the prefectural level and at the county, city, or special ward (*gun-shi-ku*) level. Membership is voluntary at all three levels and the entire structure is cast in what might be termed the "democratic mold." Each level has its own set of elected officers and representative bodies. At the national level, this consists of a House of Delegates (*dai-giinkai*) composed of representatives elected by prefectural

medical association assemblies. The House of Delegates elects national officers including a president, two vice-presidents, and a fifteen-member board of directors (*jōnin-rijū*). The JMA Constitution also provides for an annual General Assembly (*isshūkaï*) which is open to all members.⁸ Although responsible to the House of Delegates for its management of Association affairs, the executive group (president, vice-presidents, and board of directors) enjoys all the usual advantages of an active minority so that, in practice, direction of the JMA is highly centralized. In effect, the executive—and in particular the president—speaks for the JMA and thereby, the medical profession. The implications of this are obvious and need not be commented upon here.

A further feature of the JMA organizational structure which should be noted is the so-called Japan Doctors' League (*Nihon Ishi Remmei*). In a strict legal sense, the Japan Doctors' League is a completely independent organization. It is not mentioned in the JMA Constitution and, although unincorporated, it has its own charter and registers according to the provisions of the Regulation of Political Funds Law (*Seijishikin Kitei-hō*). The Charter of the Japan Doctors' League (*Nihon Ishi Remmei Kiyaku*) provides for an elaborate organization at the national, regional, prefectural, and local levels based on the principle of two-way communication of information from top to bottom and one-way transmission of instructions and direction from top to bottom. At the national level, the officers of the JMA and the Japan Doctors' League are one and the same and this tends to be the case at other levels. Thus in a functional sense, the Japan Doctors' League is the political action committee of the JMA. The arrangement provides for greater flexibility than is allowed by the organizational structure of the parent group as well as for a measure of functional specialization while, at the same time, fusing leadership and direction.

It should be noted, finally, that the democratic character of the formal organizational structure of the JMA has an important bearing on the problem of "access" in two ways. First, it conforms with the expectations of perhaps the majority of the Japanese community that political groups should be "democratic" in some respects—thereby making it "respectable" for political leaders and/or bureaucrats to deal with JMA leaders. Secondly, the fact that JMA leaders are elected by representatives of the national

membership, and that their policies and activities are subject to the formal stamp of approval of those same representatives, strengthens their claim to speak for the medical profession as a whole.

To what extent then is the JMA effectively organized? The points noted above provide at least a partial answer to the question. However, as noted by Truman, "The relation between group organization and access is not . . . a matter of just being organized but equally of being organized appropriately for the problem at hand."⁹ A complete answer to the question would thus require a case by case consideration of particular problems. In a general sense, however, it can be said that JMA leaders are in a position to support their claims and demands with the kind of organizational strength that a political party cannot afford to ignore.

What of the qualifications and political skills of those who are in a position to speak for the medical profession and to utilize the organizational strength of the JMA? This is, of course, the most difficult variable to assess. In general, leaders of organized interest groups and associations in Japan tend to be of two types. First, many groups select elderly persons of some distinction in a field other than politics to serve as more or less titular leaders. Second, other groups prefer ex-bureaucrats or politicians with important connections to serve as actual leaders. From the standpoint of maximizing access to decision-makers in the bureaucracy and the political parties, the second type seems the wiser choice and the trend appears to be in this direction. Nevertheless, the more traditional titular leadership continues to attract many groups for a variety of reasons.¹⁰

Until the election of President Takemi Tarō in 1957, JMA leaders tended to be distinguished doctors with no particular political qualifications. On two occasions, however, dissatisfaction with their failure to exert leadership led to the forced resignation of JMA presidents. On the second occasion, the opposition was led by Dr. Takemi. Although he was not an ex-bureaucrat or party politician, Dr. Takemi is related to former Prime Minister Yoshida Shigeru by marriage and is personally acquainted with most influential Conservative Party leaders. In fact, it is said that almost every prominent figure in Japanese political life has been a patient of Dr. Takemi at one time or another. His clinic, located on the Ginza, is both prestigious and prosperous.

Dr. Takemi is a very aggressive and dedicated leader who has inspired a kind of charismatic loyalty among his followers. Since 1957 he has become a celebrity, and the mass media have created an image of him as "Kenka Takemi" ("contentious Takemi"), i.e., a clever, fighting, but somewhat irresponsible champion of the interests of private practitioners—and the enemy of the Welfare bureaucracy. While the picture has been overdrawn by both journalists and scholars, there can be little doubt of Dr. Takemi's qualifications and skills as a group leader.¹¹ One measure of this is the fact that, in spite of a consistently "bad press" and bitter opposition both within the medical profession and from the outside, he has been re-elected as president of the JMA three times. In short, Dr. Takemi is not a political amateur, and the tactics employed by the JMA in the political arena are a reflection of his insight and skills—as well as of his limitations.

On balance, it may be said that the JMA scores high on the three variables described above. The combination of social status, effective organization, and Dr. Takemi provides the basis for the JMA's relative ease of access to key points in the policy-making process and, in particular, to the leadership of the Liberal-Democratic Party.

II

On January 5, 1961, the Liberal-Democratic Party's Special Committee for Medical Care Policy (*Jiyō Taisaku Tokubetsu Iinkai*), by a unanimous decision, approved of a proposal which had been submitted by the committee's chairman Yamanaka Sadanori.¹² This proposal, known as the "Yamanaka Plan," was an attempt to settle a dispute on various issues related to the nation's system of health insurance between the Welfare Ministry and a number of allied groups on the one side and the Japan Medical Association on the other. Although not entirely satisfied with the "Yamanaka Plan," JMA leaders regarded it as an acceptable compromise and demanded that it be adopted and acted upon by the Liberal-Democratic Party and the Ikeda Government. They had good reason to believe that such would be the case.

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Beginning in August, 1960, the JMA had waged a vigorous campaign to secure favorable government action on four specific

demands. These "four demands" included: (1) elimination of certain restrictions on health insurance medical treatment; (2) a thirty per cent raise in health insurance medical fees; (3) integration of the two separate health insurance medical fee schedules then in use and the ending of regional differences in medical fees; and (4) simplification of the complicated health insurance paperwork.¹³ The issues raised by the "four demands" were not new, and had been the subject of bitter dispute between the JMA and the Welfare Ministry for several years. For a number of reasons, however, JMA officials felt that the time had come to mobilize the resources of the Association for an all-out fight on those issues.

The reshuffling of top leadership posts in the Liberal-Democratic Party following the stormy events of May and June and the subsequent formation of the first Ikeda Cabinet provided the immediate stimulus for their decision to act. Prime Minister Ikeda came into office with promises of a "new beginning," "deeds not words," and a "new policy." Also, he announced that he would call for a general election before the end of the year—and before the preparation of the budget for the next fiscal year. This was the opportunity for which JMA leaders had long waited. In the words of President Takemi, an election campaign was a time when politicians "could be forced to learn something of the problems of medical care."¹⁴ During the latter half of 1960, he and the other JMA leaders would act as teachers.

JMA leaders began to make preparations for the electoral campaign in early August. At a meeting of the Association's board of directors on August 11, President Takemi outlined a general plan which had already been discussed informally. Pointing out that the forthcoming general elections would be different from general elections in the past in that they would mark the beginning of a "new generation," he suggested that the strategy of the JMA and the Japan Doctors' League be changed accordingly. In addition to endorsing individual candidates and contributing to their campaign funds and to that of the political parties, the JMA would take every opportunity to publicize its position on health insurance and attempt to gain a greater measure of public sympathy and support. For two or three months prior to the elections, teams of JMA officials would be dispatched to various parts of the country to give public lectures, to meet with city, town, and village officials,

and to talk with representatives of local organizations—especially women's organizations. Moreover, JMA officials at all levels would be encouraged to engage in similar activities in their respective localities. During this time, every opportunity would be taken to argue the JMA's position in the mass media. If this program of public enlightenment could be effectively organized and carried out, President Takemi declared, the positive effects would last far beyond the election itself: "Whether or not the existence of the Japan Medical Association will be appreciated or made light of in the new generation depends a great deal on the activities of the Association in the coming elections."¹⁵

On the same day, a meeting of Japan Doctors' League representatives was held for the purpose of electing new officers, discussing strategy, and hearing from a guest speaker—Mr. Hori Shigeru. A member of the Sato faction of the LDP, Hori had held a number of important Party and Cabinet posts in the past and was then the chairman of the Party's Executive Board (*Sōmukai-cho*) and a member of the Party's "big three" (*sau'yaku*). The fact that a figure of Hori's political stature was present at a JMA function of this sort not only indicates the Party's concern with the JMA as a group, but also indicates the Association's ready access to the higher echelons of the Party.

Hori's address was brief and politically to the point. He noted the success of the Party's Special Committee for Medical Care Policy, which had been organized in 1959, in securing the establishment of the Medical Care Finance Corporation (a move for which the JMA had long agitated) and thanked President Takemi for his cooperation in this venture. He went on to appeal for continued cooperation and mutual understanding in the future and announced that the Party had decided to assign responsibility for policy related to medical care to the Special Committee under the chairmanship of Yamanaka Sadanori.¹⁶

Later in the day, Hori and a number of other Party leaders were guests at a dinner party held at the JMA headquarters in Kanda. A glance at the guest list suggests that the dinner party was more than an idle frolic. Included were Welfare Minister Nakayama Masa, Welfare Vice-Minister Tanaka, Lower House Social-labor Committee chairman Ōishi Buichi, LDP Policy Board member Hatta Sadayoshi, International Trade and Industry Vice-Minister

Kimura Morie, Foreign Vice-Minister Katsumata, and the chairman of the Party's Special Committee for Medical Care Policy Yamanaka Sadanori. While the frequent JMA social functions of this sort differ in atmosphere from the "smoke-filled rooms" of American politics and the Geisha parties so common in Japanese business and political circles, their objective is very much the same, i.e., the influencing of public policy-making.

A few days after the presentation of the "four demands" to the Welfare Ministry, President Takemi delivered a radio address entitled, "What We Expect of the Ikeda Cabinet in the Field of Social Security." Setting the tone for the JMA's campaign, Takemi's speech was, for the most part, an appeal for public understanding of the position of the medical profession vis-à-vis health insurance. He discussed a number of specific problems and referred often to the "interest of the people." With respect to the JMA's claims, however, his tone was uncompromising. He warned that the JMA would not be satisfied with half-way measures for reform: "One thing which I should like to emphasize is that, even though the Ikeda Cabinet may show a great deal of willingness to increase the budget, this is not enough to insure improvement of Japan's social security system. The Ikeda Cabinet should understand that in order to do this, it must give fullest consideration to the formulation of a drastically new social welfare policy, and not simply patch together policies from the past."¹⁷ Indicating that he had lost patience with the "insurance bureaucracy" and, in particular, the Insurance Bureau of the Welfare Ministry and the Federation of Health Insurance Societies (*Kenkō Hoken Kumiai Rengō-kai*)—the "new insurance zaibatsu"—Takemi added: "During this time, what measures has the Diet taken with respect to the negligence of the insurance administration?"¹⁸ Without providing a direct answer, he warned that, with a general election near at hand, both he and "the people" would carefully observe the activities of Dietmen and the results of Diet deliberations. He urged that Dietmen who leave social security problems in the hands of insurance bureaucrats be removed from office. Finally, Takemi concluded: "I demand that the Ikeda Cabinet take strong action to correct the present situation in which the welfare bureaucracy and especially insurance bureaucrats resort to petty tricks, engage in political intrigues, and ignore the welfare of the people."¹⁹

These were the circumstances in which the JMA's campaign got underway, and President Takemi and other Association leaders had reason to be optimistic over the future. In the original statement of the "four demands," October 1, 1960, had been specified as more or less a due date for governmental action. However, October 1 passed with no conclusive action having been taken by either the government or the JMA. Takemi first explained this turn of events at a meeting of the board of directors on October 12. Noting that Prime Minister Ikeda seemed to have a "very good understanding" of the problems involved in executing the government's "Health Insurance for the Whole Nation" (*Kokumin Kai-Hoken*) policy as well as the nature of the medical fees controversy, Takemi went on to point out that the Prime Minister was well aware of the fact that the various issues would have to be seriously considered in connection with the formulation of the so-called "doubling the national income" plan. Also, he indicated that in his opinion, Prime Minister Ikeda had been "kind," "honest," and "sincere" in considering the JMA's demands. For this reason, the JMA's claims for immediate action had not been pressed. By way of further explanation, Takemi pointed out that the policy-making machinery of the LDP had been gradually "penetrated," and it would therefore be unnecessary to engage in *hade* (showy; loud) activities. Finally, he noted that the Emergency House of Delegates meeting (*Rinji-Daigiinkai*) scheduled for October 15 would provide an excellent opportunity to unify the opinion of the medical profession and to thereby confront the LDP with a demonstration of the strong determination of Japanese doctors to achieve their goals.²⁰

The House of Delegates meeting was held as scheduled and the representatives enthusiastically passed formal resolutions in support of President Takemi and the national leadership and in support of the "four demands." These resolutions were then incorporated into a petition, copies of which were personally delivered to various government and party leaders by small groups of JMA officials and representatives. In each case, the petition was handed to the party leader or Cabinet member by a JMA delegate from the former's electoral district. That evening the delegates attended a cocktail party at the JMA Building and mingled socially with LDP Executive Board Chairman Horii, former Welfare Minister Watanabe and a number of other Dietmen from both political parties. Photographs

published in the Association's journal (*Nihon Ishikai Zasshi*) showed a beaming Takemi flanked by Chairman Hori and other Dictmen and suggested to readers that everything in the "medical family" was in good order.²¹

By the time of the House of Delegates meeting, the JMA's electoral campaign was well underway. Officials at all levels were encouraged to hold public meetings to present the Association's point of view in terms which would be meaningful to the layman and which would suggest that the JMA was working in the public interest. Also, teams of national officials were dispatched to a number of areas in order to present "An Evening of Films and Lectures" and to distribute a specially prepared pamphlet, "Your Medical Care" (*Anatagata no Iryō*). There is no record of how many such meetings were held or how much was spent. However, from the reports given at board of directors meetings, sessions conducted by two national officers in Kōchi were more or less typical. While one member of the "team" met with JMA members and others closely related to the medical profession, the other spoke to a group of about one hundred and fifty laymen (mostly women). The pamphlet was distributed and discussed and the problem of restrictions on health insurance medical treatment was emphasized. According to this officer's report, the audience appeared to be impressed and there were many who declared: "This is the first time that I have heard of the actual state of health insurance. I won't be able to cooperate with something like that in the future."²² Such meetings continued to be held until the election of November 6, and JMA officials appear to have been satisfied with the results. This was the "public enlightenment" phase of JMA electoral strategy.

While there was considerable talk at JMA meetings to the effect that only those candidates who had demonstrated some sympathy for the Association's position would be officially endorsed, there is no evidence to indicate that this practice was actually followed. A list of endorsed candidates was published in the Association's journal only ten days before the elections. As indicated in Table I, a total of 326 candidates were given the JMA stamp of approval. This included 259 candidates affiliated with the Liberal-Democratic Party, 44 candidates affiliated with the Japan Socialist Party, 19 candidates affiliated with the Democratic Socialist Party, and 4 Independents. Of the total number, 269 or 82.5 per cent were

actually elected. This included 218 Liberal-Democrats (84.2 per cent); 41 Socialists (93.2 per cent); 9 Democratic Socialists (47.4 per cent); and one Independent. The JMA endorsed the candidacy of all seventeen doctors in the race, of whom fourteen were elected—six in the Liberal-Democratic Party and nine in the Socialist Party.

TABLE I

NUMBER OF CANDIDATES OFFICIALLY ENDORSED BY THE JAPAN DOCTORS' LEAGUE:
GENERAL ELECTIONS OF NOVEMBER 20, 1960

	LDP	JSP	DSP	Independent	Total
Endorsed	259	44	19	4	326
Elected	218	41	9	1	269
Failed	41	3	10	3	57
Rate	84.2%	93.2%	47.4%	25.0%	82.5%

Source: *Nihon Ishikai Zasshi* (December 1, 1960), p. 775.

One often encounters the saying in Japan that "Every doctor carries one hundred votes in his medical bag." There is little evidence to support this nor is there any evidence to suggest that the JMA endorsement in any manner contributed to the success or failure of particular candidates. In effect, the JMA endorsement was little more than an attempt to court the good will of individual candidates and, for the most part, candidates who seemed assured of victory. Much more important than the JMA endorsement, however, were the contributions made to individual candidates and to the political parties. Here the JMA was quite generous.

According to the report filed by the Japan Doctors' League, a total of 42,010,000 yen was contributed to organizations and individuals during the period of August 31 to November 30, 1960. Of this, 32,700,000 yen or 77.7 per cent was donated to the Liberal-Democratic Party and to factions and individuals associated with the Party.²² An analysis of the JMA's contributions would require much more space than is available here. It should be noted, however, that the Japan Doctors' League was a very important source of financial support for candidates affiliated with the Liberal-Democratic Party, and JMA leaders felt confident that they could expect something in return.

In fact, JMA leaders appear to have been quite pleased with their efforts during the campaign, and, in a post-election report to the board of directors, President Takemi expressed his optimism

for the future. Following the opening of the special session of the Diet on December 5, a cocktail party was held at the Akasaka Prince Hotel to which all the victorious candidates endorsed by the JMA were invited. According to the JMA count, two hundred appeared. Again, photographs published in the Association's journal showed a beaming Takemi surrounded by Dietmen of the three political parties.²⁴

By the end of the year, however, the optimistic attitude changed to one of "wait and see." On December 20, Takemi reported that he had talked with the medical Dietmen of both parties and that they had expressed their support and assured him of their willingness to work for the JMA's cause. A disappointment was the fact that Dr. Hatta, one of the more influential doctors in the Diet, was appointed Vice-Minister of the Agriculture-Forestry Ministry and not of the Welfare Ministry as Dr. Takemi had hoped. He indicated that he had not attempted to pressure the LDP in any way on appointments to Party and Cabinet posts since this would be interfering in internal Party affairs.²⁵

Prime Minister Ikeda came into power in July, 1960, in the wake of the United States-Japan Security Treaty fiasco, and with the cooperation of five of the Liberal-Democratic Party factions. His basic political objective was to consolidate his position within the Party and at the same time to develop a new public image both at home and abroad. In the general elections of November 20, the Liberal-Democratic Party—under Ikeda's leadership—was given an absolute majority of seats in the Lower House of the Diet, and Ikeda was once again nominated to form a government. Thus the period from July to November was largely a preparatory stage for the Ikeda forces and a transitional phase in Japanese political life. Little was accomplished in the way of policy outputs. With the electoral victory and the formation of the Second Ikeda Cabinet, Japanese politics entered a new phase, and the first item of business was the drafting of the budget bill for fiscal 1961.

As indicated earlier, JMA leaders had decided to drop their claims for immediate action on the "four demands" and to concentrate their energies on the election campaign in the hope of penetrating the Liberal-Democratic Party's policy-making apparatus. Throughout this period, President Takemi insisted that the "four demands" were inseparable. However, as the drafting of the

budget progressed, the JMA's demand for a raise in the health insurance medical fee assumed paramount importance. All parties were in agreement that the nation's doctors were entitled to a raise. The issue became, how much and in what way. The "Yamanaka Plan" provided one answer.

According to this proposal, the value of each point in the Medical Fee Schedule would be raised fifteen per cent—from ten yen per point to 11.5 yen per point—with all regional differences in fees to be eliminated. Moreover, the raise in medical fees was not to be accompanied by a raise in the insuree's contribution. While this was a long way from the thirty per cent raise that the JMA leaders had been demanding, they were nevertheless willing to compromise. The objective thus became that of encouraging the Party's Policy Planning Board (*Seimu-kai*) and then the Cabinet to adopt the "Yamanaka Plan."

In this, however, the JMA and its sympathizers in the Party ran into the vigorous opposition of the Health Insurance Bureau of the Welfare Ministry. On January 6, the Bureau's Planning Section chief held a press conference and bitterly criticized the Party's Special Committee and political party politics in general. Pointing out that in accordance with the provisions of the various health insurance laws, any change in medical fees was subject to the prior approval of the Central Social Insurance Medical Care Council (*Chūō Shakai Hoken Kyōgikai*) attached to the Welfare Ministry, he insisted that the Special Committee had completely ignored the legally established procedures. Also, while granting that doctors were entitled to a raise, he argued that it should be a raise of only ten per cent and most important—that it be a "rational" raise. In brief, the Insurance Bureau's position was that hospitals be given a raise of twelve to fifteen per cent and clinics a raise of five per cent, and that this would average out to a ten per cent overall raise. In effect, the value of each point would remain the same but the number of points awarded for certain services would be increased. Later in the day, Bureau officials attended a meeting of the Party's Social Affairs Division of the Party's Policy Board in order to argue this position.²⁵

JMA leaders were enraged. In the first place, they had been boycotting the Central Social Insurance Medical Care Council and refused to lift their boycott until the structure and functions

of the Council were totally revised. Secondly, since the overwhelming majority of JMA members were private practitioners and owners of clinics, a discriminatory raise in favor of hospitals and organized medicine was regarded as completely unacceptable. The problem now came down to a conflict on fundamental issues. JMA leaders branded the Welfare Ministry plan an attempt to enforce state control of medicine and insisted that if the Welfare Ministry's proposal was adopted by the Party and by the Cabinet, they would call upon their membership to refuse to cooperate with the system of health insurance—in brief, a general resignation on the part of doctors. This was the JMA's "ultimate weapon" and they were now prepared to use it. On January 11, the *Nihon Keizai Shimbun* noted that the medical care issue had entered a "critical stage."

It is interesting to note that the new Welfare Minister Furui Yoshimi had not given his authorization to the actions being taken by officials of the Ministry's Insurance Bureau. The latter were acting on their own initiative! After conferences with Prime Minister Ikeda and other Party officials in which he was urged to bring his Ministry under control and get on with the business of preparing a set of realistic budget demands, Welfare Minister Furui called for a Ministry conference on January 15 and managed to secure agreement on a definite proposal. This was then immediately sent to the Finance Ministry as the Welfare Ministry's final word. This plan called for a ten per cent raise in medical fees as of July 1 with details to be worked out after the budget bill had secured final Diet approval. Moreover, the exact allocation of the raise would be deliberated upon in the Central Social Insurance Medical Care Council, and the JMA would be urged to cooperate in the deliberations. Thus Furui's move was prompted by the desire to get over this crisis and to force the issues out of the political arena and into administrative channels. This was precisely what the JMA did not want.

Early the next morning, an eighteen-member delegation of JMA officials from Prime Minister Ikeda's home prefecture of Hiroshima—who had rushed to Tokyo the evening before—called on the Prime Minister and urged him to intervene in the dispute on behalf of the JMA. As reported by members of the delegation, the Prime Minister spoke with them "frankly" and expressed his sincere hope that the JMA and other groups concerned would work out their differences. He pointed out that the handling of the medical fee

problem had been entrusted to Welfare Minister Furui, whom he had known for a long time, and that he trusted Furui completely. The latter, he emphasized, was a very capable person and he urged that President Takemi meet with him often in the future to calmly discuss the various issues. Finally, Ikeda pointed out that Furui had been appointed Welfare Minister on the basis of a strong recommendation from Party Secretary-General Masutani. Therefore, any decisions made by Furui would be supported by the Party—or, at least, he (Ikeda) would take that attitude.²⁷

Prime Minister Ikeda's firm support of his Welfare Minister was a blow for the JMA and, with the preparation of the budget bill entering its final stage, there appeared to be only two possibilities for changing the drift of events. A number of LDP "Medical Dietmen" called on Welfare Minister Furui and urged him to change his position—but with no success. A final possibility remained. The Policy Board of the LDP had not yet made its recommendations to the Cabinet with respect to the health insurance medical fees issue. On January 18, while the members of the Cabinet were meeting to make a final decision on the budget bill, the Party's Policy Board and Executive Board held a joint meeting in order to discuss outstanding issues. During this meeting, Policy Board Chairman Fukuda Takeo and Executive Board Chairman Hori argued in favor of the JMA's position but, despite their strong insistence, no decision was made. Instead, the matter was referred to the Policy Board's Social Division for further deliberation. However, the latter did not meet. Late in the evening, the Policy Board forwarded its final report to the Cabinet meeting which was still in session. This report made no mention of the medical fees issue. Therefore, in the absence of any objections to the contrary from the Policy Board, the Cabinet approved the proposal which had been submitted by Welfare Minister Furui.²⁸ The budget would provide for a ten per cent raise in health insurance medical fees, but the exact method for executing the raise was to be determined at a later date by Minister Furui after consultation with the Central Social Insurance Medical Care Council.

III

If a full and even sympathetic hearing of its case by persons in a position to make authoritative decisions may be regarded as a

measure of "effective access," the JMA was successful in achieving that objective. From August, 1960, to January, 1961, JMA leaders employed a number of tactics designed to maintain and further develop their access to LDP leaders and hence to the government. These tactics included a campaign to enlist general public support, personal contacts with LDP leaders including the Prime Minister, endorsement of candidates and financial contributions to campaign funds prior to the general elections, lobbying on the part of the so-called "Medical Dietmen," development of internal group unity and cohesion, and, of course, threats of reprisals. At one point, JMA leaders felt that they had been successful in penetrating the LDP's policy-making mechanism, and the decision of the Party organ which had been assigned responsibility for dealing with the Association's demands, while not entirely satisfactory, was acceptable. However, the "Yamanaka Plan" was not adopted by the LDP Policy Board, and the Cabinet decision of January 18, 1960, completely ignored it. In brief, JMA leaders occupied a seat at the bargaining table but their arguments had not prevailed.

President Takemi and other JMA leaders looked upon the Cabinet decision as a complete defeat for their cause. Not only had they failed to obtain favorable action on their "four demands" or the "Yamanaka Plan" but they had also suffered a "loss of face." In a bitter post-mortem to the Cabinet decision, President Takemi declared that Welfare Ministry officials had, in fact, insulted the JMA.²⁹ If other *atsuryoku dantai* were "running wild," the JMA had, at least momentarily, been effectively corralled. Curiously enough, however, Japanese political commentators concluded that the JMA had once again been successful in obtaining concessions from the LDP and the government.

NOTES

1. This is a revised version of a paper originally read at the October 1964 meeting of the Midwest Conference on Asian Affairs. The paper is based on research conducted in Japan during 1960-1963 under a Ford Foundation Foreign Area Training Fellowship.

2. For a discussion of scholarly and popular attitudes toward political interest groups in Japan, see Tsuji Kiyooki, "Atsuryoku dantai" ["Pressure Groups"], in Arizawa Hiroshi, et al. (eds.), *Keizai shūtaisei shōzo—shokai II* ("The Industrial Man in the Industrial Age—Society II"), Vol. IV (Tokyo: Chūō Kōron Sha, 1960), 232-248.

3. David B. Truman, *The Governmental Process* (New York: Alfred A. Knopf, 1955), p. 264.
4. *Ibid.*, pp. 265-270.
5. Research Committee, Japan Sociological Society, *Social Mobility in Japan: An Interim Report on the 1955 Survey of Social Stratification and Social Mobility in Japan* (Prepared for the Third World Congress of Sociology, ISA, May 1956, mimeo), pp. 2-3.
6. See, for example, Owatari Junji, *Isha no erabikata* ("How to Choose a Doctor") (Tokyo: Hoken Dōnin Shō, 1962).
7. Based on Kōseiishō Daijū Kanbō Tōkei Chōsa-bu, *Iryō shisetsu chōsa: ishō; shōkaishi; yakuzashi chōsa* ("Medical Care Facilities Investigation: Doctors; Dentists; and Pharmacists") (Tokyo: Kōsei Tōkei Kyōkai, 1962), p. 151; and *Nihon Ishikai Zasshi* ("Japan Medical Association Journal") (April 1, 1961), p. 759.
8. *Nihon Ishikai Teikan* ("Japan Medical Association Constitution"), November 1, 1947.
9. Truman, *The Governmental Process*, p. 269.
10. Cf. Ishida Takeshi, *Genzai ishiki ron* ("Modern Organization Theory") (Tokyo: Iwanami Shoten, 1961), pp. 84-102.
11. For a recent appraisal, see: Nitto Shūichi, "Itansha: Takemi Tarō Ron" ("Heretic: A Discussion of Takemi Tarō"), *Chūō Kōron* (July 1964), pp. 246-258.
12. *Nihon Ishikai Zasshi* (November 1, 1962), p. 830.
13. *Nihon Ishikai Zasshi* (August 15, 1960), p. 1.
14. Interview with Dr. Takemi Tarō, December 27, 1962.
15. *Nihon Ishikai Zasshi* (August 15, 1960), p. 292.
16. *Ibid.*, p. 295.
17. *Ibid.*, pp. 267-269.
18. *Ibid.*
19. *Ibid.*
20. *Nihon Ishikai Zasshi* (October 15, 1960), pp. 598-604.
21. *Ibid.*, pp. 529-530.
22. *Ibid.*, pp. 597-598.
23. Risō Senkyō Fukyūkai Hakkō, *Shūgiin Sōsenkyō no Senkyō nijū sākeran, Showa 35nen Iigatai zokō shōkō* ("General Statement of Election Expenditures of the General Election for the House of Representatives, Carried out November 20, 1960") (Tokyo: Risō Senkyō Fukyūkai, 1961), pp. 169-170.
24. *Nihon Ishikai Zasshi* (December 1, 1960), p. 775.
25. *Nihon Ishikai Zasshi* (January 1, 1961), pp. 74-77.
26. *Nihon Ishikai Zasshi* (January 15, 1961), pp. 359, 370-371.
27. *Nihon Ishikai Zasshi* (February 1, 1961), pp. 417-418.
28. *Ibid.*, p. 421.
29. *Nihon Ishikai Zasshi* (February 15, 1961), p. 473.