

PRIVATE OR PUBLIC? THE DUTCH DEBATE ABOUT
SOCIAL INSURANCE STATISTICS (1900-1940)

LOES VAN DER VALK

The Dutch Workman's Compensation Act implemented a new central public agency - the Rijk's Verzekeringsbank (State Insurance Bank) - which had to collect and manage all information from insured companies and employees. The Dutch employers, however, were very reluctant to provide the necessary information to the government. They were opposed to bureaucratic centralisation and preferred private insurance agencies. What were the consequences of this attitude for the relevant statistics about enterprises, wages and accidents and what did this resistance of employers mean for the statistical information of the Sickness Benefit Act of 1929?

With the introduction of compulsory social insurance in Germany in the 1880s, Otto von Bismarck set an impressive example for social policy in the developing industrial society. Other countries imitated Bismarck's policy and adapted his initiative to their own national needs. The early experience with social security in Germany and other countries produced crucial actuarial knowledge that was needed to establish the right levels of social security contributions and to reduce financial risks for the social funds involved.

These statistical data were also used by countries which introduced social security but had no actuarial data of their own. In the Netherlands, the first Dutch compulsory social security law was passed in 1901: the Workmen's Compensation Act, which was modelled on an Austrian law and used Austrian actuarial data. A special national insurance bank, the *Rijk'sverzekeringsbank* (RVB) was set up to implement and manage this legislation. This issue was highly controversial and a discussion developed on the nature of the organisa-

tion responsible for managing social security: should it be private or public? Both options were introduced.

This contribution analyses the debate about the social security data as they gradually became available in the Netherlands. We will examine how the statistical treatment of risk calculation developed. The statistical authorities seized the opportunity to use the social insurance data as a cheap source of important new information about social and economic conditions in the developing industry of the Netherlands. The collection of social data by the government itself was very meagre. This chapter also looks into the extent to which the content of the statistics was determined by (financial) management information needs alone, or whether other objectives of social policy and social statistics were also pursued? Finally, we will investigate whether the debate on social statistics under the compensation act affected future social insurance legislation, the Sickness Benefit Act in particular.

The Workmen's Compensation Act 1901

In the nineteenth century voluntary compensation schemes for industrial injuries had met with little success. A few employers compensated injured workers through their company's sick fund, others paid a small indemnity, but on the whole industry transferred the costs of an industrial accident to the injured worker. In the end, it was the community that had to pay, as the worker often had to apply for poor relief. Two surveys, one of working conditions and one of voluntary provisions revealed how serious the problem was.¹ Reports by the *Arbeidsinspectie* (Labour Inspectorate), established only in 1890, confirmed these findings. These reports produced some quantitative data, but not enough to give an insight into industrial injuries and the resulting costs of medical treatment and loss of income.

The preparation of legislation in this field had to depend on experiences in other countries. The German model did not fit, as the structure of Dutch industry was smaller in scale and therefore an organisational structure based on sectors of industry was considered unsuitable. German employers were enrolled in mandatory mutual insurance funds connected with each sector of industry. The Dutch government proposed a system similar to that in Austria, the first country to follow Germany, where the law was administered by a state insurance agency. This agency defrayed the costs according to the total payroll of each firm, taking into account a particular risk category assigned to the firm by the agency.

¹ Struve and Bekaar, *Nijverheidsenquête 1887-1889; Fondsenenquête 1896*, IISH archives IISG archives; *Fondsen-enquete 1896*.

While the bill was still being debated, many people criticised the idea of centralisation by means of a government agency, the State Insurance Bank (the RVB). In their view, this would only serve to discourage private enterprises from developing policies aimed at preventing accidents. In spite of this, the Second Chamber of Parliament adopted the bill without major amendments. Again, a number of employers organised a campaign against the principle of state monopoly of the insurance, which resulted in the defeat of the bill in the First Chamber. Employers feared that the bill would diminish their hold on the workforce and would indirectly involve the state in their companies.² They demanded freedom of choice in how they were to meet the legal insurance obligations. Within a few months, the government presented a new bill in which the idea of central insurance was abandoned. Companies had the choice between bearing their own risk, using a commercial insurance company, organising a mutual indemnity fund or joining the State Insurance Bank, the RVB.³ The introduction of a free choice of insurer did not alter the obligation to supply the required information on wages, workforce, machines etc. to the RVB.

The compensation act was to come into effect in 1903. The RVB was soon established and began to register the industrial companies which had to be insured under the law. In the meantime commercial insurance companies developed compensation contracts. A number of large companies together founded *De Risico-Bank*⁴, which was to become the main rival of the RVB and the protagonist of the do-it-yourself ideology. It was meant to overcome employers' objections to the proposed state system. Instead of a contributory system, which was thought to be unfair to low risk enterprises, it introduced a pay-as-you-go system, where industrial insurance boards apportioned the real costs of accidents. This system of mutual insurance would encourage the introduction of safety measures, as they would immediately result in lower costs, *De Risico-Bank* argued.⁵

Although the amendment of the original bill had silenced the opposition, the result was a hybrid administrative structure. Under free market conditions, insurers would verify claims and keep the injured employees under supervision. Under the Dutch compensation act, however, the RVB settled the claims

2 The fact that the employers' liability for work-related injuries would no longer exist was an important point in favour. B. Barentsen, *Arbeidsongeschiktheid*, 15. See also Van Gerwen, 'A statistical latecomer', in this volume.

3 Roebroek and Hertogh, *De beschavende invloed des tijds*, 132-135.

4 In full: *Centrale Werkgevers Risico-Bank*: central employers' liability agency.

5 *De Centrale Werkgevers Risico-Bank 1902-1927*, 18-19. Van Gerwen, *De ontluikende verzorgingsstaat*, 168.

of all industrial workers covered by the law, and subsequently recovered the costs from the employers or their private insurers. In cases where a worker remained disabled the employer or his insurer had to deposit the capitalised value of the corresponding benefit. This procedure was supposed to guarantee entitlement as a public right and guarantee the payments, even in the event of bankruptcy or liquidation of the enterprise. The RVB received all the individual files of the injured labourers, including those who were insured by private parties. Conditions that might influence accidents – like time, place, company and trade, wage, position in workforce, nature of accident, age – were also monitored.

The scope of the scheme was limited to “dangerous trades” and covered about 30 percent of wage earners. In 1921 the law was revised and applied to employers in general. Moreover, the definition changed from “occupational hazards” to “occupation-related accidents”, which encompassed more risks.⁶ The law still did not apply to domestic servants. Seamen and agricultural labourers were insured under separate laws. In the 1920s the accident laws had almost universal coverage. In 1929 the *risque professionnel* was extended to certain occupational diseases.

The debate about the RVB statistics

Although the idea of a state insurance monopoly had been abandoned, the RVB was assigned a key role in the implementation and execution of the Workmen’s Compensation Act. Because the insured had the right to opt out and the Act forced the RVB to apply a contribution system, the allocation of firms into risk categories developed into an important source of conflict. If the statistical and financial results deviated from the hypothetical risk, the RVB had to make adjustments accordingly. One point examined below is how statistical knowledge influenced the administration.

Every company had to provide data on the type of company it was, the wages it paid, working hours, where it was registered, and with which insurance company it was insured with regard to the Workmen’s Compensation Act. Under the act the company insured the risk of its workforce, not of individual workers. The RVB received individual data only when a worker was injured. It recorded and checked all individual cases of injured workers, determined the level of entitlement and made sure medical treatment was provided. The insurer had to pay the bill but was not involved in claim settlement. As the law also aimed at preventing accidents at work, the RVB also collected

⁶ The executive structure was changed as well. The Labour Councils (*Raden van Arbeid*) became a kind of front office of the RVB.

data on accidents and promoted safety measures. Finally, it was also one of the insurers and had to act as such and thus safeguard its actuarial norms.⁷ Therefore it had to process statistical data for its own management, as well as for the evaluation of the risk category classification and to report on the success or otherwise of the act.

In 1904 the RVB set up a statistical department with 38 employees, incidentally the same number as employed by the Central Bureau of Statistics (CBS).⁸ This number increased to 57 in 1910 and 110 in 1920. Although employers were required to provide information under the law, they often failed to do so either through lack of knowledge, insufficient administrative capacity, misinterpretation of the law or deliberate fraud. Close supervision by the RVB's agents was necessary to obtain reliable data.⁹ The RVB intended to draft a statistical framework along the lines of the Austrian accident statistics, as recommended by the *Internationale Gesellschaft für Arbeitshilfe*.¹⁰

The Workmen's Compensation Act provided an opportunity to collect detailed statistics on companies that were insured under the law. This was an important development, as until then the business community had always refused to provide the data for statistics on enterprises. As the RVB needed these data for insurance purposes, it was the obvious authority to compile official statistics on enterprises and publish them as part of the accident statistics. A proposal for this statistical framework was sent to the Central Commission for Statistics (CCS) in April 1904 for comment. In 1905 the Minister responsible approved the scheme in spite of the fact that the RVB and the CCS had not yet reached complete agreement on all details.¹¹ The publication would consist of statistics on accidents by type of enterprise. The first accident statistics, for 1903, were published in 1906 (figure 1).¹²

The first accident statistics were extremely detailed, running to nearly 500 pages: 60 two-column pages for comment and analysis, and 420 pages of tables. The data were so meticulously subdivided, that it is doubtful if they were of any use for the general public. Data were classified by 18 industrial branches and subdivided into more than 600 groups. As the compensation

⁷ The CCS recommended an annual assessment of the results of the RVB in its role as insurer. The RVB did not comply – a mistake, as the five-yearly results demonstrated.

⁸ Van Maarseveen, 'A bird's eye view', 15.

⁹ It is very likely that the law produced an improvement of administrative capacity in many companies.

¹⁰ RVB to the Minister, 13 June 1903. The draft had been drawn up and sent to the authorities in April 1904, National Archives (NA), 2.15.08, inv.nr. 223.

¹¹ 4 August 1905, NA, 2.15.08 Arbeidersverzekering, inv. nr. 223.

¹² An overview of the main results of the accident statistics 1903-1942 has been published by Van der Does, *De economische betekenis der sociale verzekering*, 13-48.

Figure 1. This table (reproduced on two pages) from the Accident Statistics on the number of enterprises, workmen and wages is only meant as a illustration of the large scale of the processing by the RVB, which was time and again criticized as too expensive and quite useless. The table distinguishes 18 sectors of industry, covering 625 subsectors: for every

Tabel III. Overzicht van de verdeding der ondernemingen, werklieden en loonbedragen

No. van het sector aandachtspunt	Centrale Werkgevers- Eloos-Bank.			Nationale Werkgevers- Verzekering-Bank tegen Ongevallen.			Verzekering- en Hervor- zekering-Bank „Nova“.			Verzekering-Bank „De Nieuwe Eerste Nederlandsche.“			Eerste Potlandische Ma- van Verz. op het Leven, Zegen Ongefallen en Inv.			
	Aantal			Aantal			Aantal			Aantal			Aantal			
	Ondernemingen	Werklieden	Loonbedrag	Ondernemingen	Werklieden	Loonbedrag	Ondernemingen	Werklieden	Loonbedrag	Ondernemingen	Werklieden	Loonbedrag	Ondernemingen	Werklieden	Loonbedrag	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Groep XVI. Vervaardiging van GAS en ELECTRICITEIT.																
511	Exploiteeren van gasfabrieken	6	882	40510,25	2	22	9994,68	4	84	37464,58	22	281	161400,93	—	—	
GROEP XVI ...		6	891	40789,52	2	22	9994,68	7	97	42593,12	26	308	163457,94	1	3	187,51
Groep XVII. Bereiding van VOEDINGS- en GENOTMIDDELEN.																
514	Verv. v. aardappelmaj., dextrine of sago m. krwt.	3	201	50771,80	2	35	7434,51	3	151	32377,22	4	98	20382,70	—	—	
523	Verv. v. bestwerfelsuiker m. krwt.	17	5234	72845,34	2	513	71056,13	1	203	43718,48	1	215	22957,12	—	—	
524	Bierbrouwerijbedrijf	6	788	49293,99	21	252	120726,14	68	282	135777,23	50	450	162220,49	17	113	42273,20
527	Branders- en distilleerdersbedrijf	4	278	147632,11	11	99	52071,31	20	235	123700,63	14	127	62199,65	4	29	16612,08
528	Broodbakkersbedrijf m. krwt.	9	402	215440,49	47	1228	557536,69	30	842	448291,23	20	314	147399,75	3	29	12070,11
532	Exploit. v. drinkwaterleid., zond. install. m. krwt.	7	289	17719,31	2	21	14827,13	3	16	10667,03	6	47	27271,68	1	2	1828,08
540	Verv. v. kunstbater m. krwt.	2	694	391384,32	5	473	213322,02	1	34	10115,73	6	122	57870,42	1	107	50003,46
547	Verv. v. kunstnietmetaler enz.	4	—	1273,00	—	—	—	—	—	—	—	—	—	—	—	
549	Verv. v. vechuur, levensmid., z. bussema. m. krwt.	1	123	20683,77	4	102	32831,29	2	185	51312,03	5	607	14889,87	3	47	14358,59
555	Melbreekers m. krwt.	4	284	188323,28	129	761	304119,99	370	969	312180,57	220	796	306356,48	47	308	109723,92
561	Slagerbedrijf m. krwt.	41	287	110383,91	9	27	6237,67	12	62	22422,24	10	57	13007,20	1	18	6823,27
562	Slagerbedrijf z. krwt.	860	2004	79487,56	174	350	135570,21	95	245	86827,71	126	311	113291,44	27	86	33200,84
567	Suikerfabriek, verv. v. kandi m. krwt.	2	611	32781,92	4	1270	68472,53	—	—	—	—	—	—	—	—	
578	Verv. v. ruzel en melknerchingen m. krwt.	121	2154	92297,87	51	654	291326,21	28	328	162988,60	50	628	238688,20	10	171	74758,50
GROEP XVII ...		1276	15394	582291,95	735	9582	3845387,07	764	5122	1924236,42	857	6211	2282168,78	163	1581	713331,19
Groep XVIII. HANDEL, VERKEERSWEZEN, enz.																
585	Brievenpost	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
587	Expeditieondernemingen	25	627	40489,36	18	953	491569,97	17	130	55986,56	53	1238	638045,65	11	87	49125,44
592	Ondernemingen m. krwt. hink elders vermeld	7	149	4882,41	20	297	128200,03	5	34	12962,38	32	422	130222,25	11	38	45150,64
595	Laden of lossen van schepen	35	3272	220720,98	4	61	34490,68	9	345	24872,29	27	2254	1907048,10	7	184	14586,63
601	Rijtuigondernemingen	9	255	11072,25	88	646	210298,28	28	85	24217,47	82	351	115371,29	22	141	4594,39
604	Schipperbedrijf	20	131	2734,93	1	7	2254,00	66	213	82782,27	102	292	12895,28	22	64	3115,83
607	Sleepdienstondernemingen	8	169	6302,86	—	—	—	6	29	10233,85	45	421	327015,73	22	87	51931,31
609	Spoorwagendienst	2	1173	628329,40	—	—	—	—	—	—	1	415	18853,33	—	—	—
614	St.- of motor-booten (binnenvaart uitg. Zuilzerze)	33	673	352873,29	4	10	8064,15	33	128	60080,65	65	387	182236,11	18	124	61380,25
615	Stoom- of motor-booten (op rivieren, of Zuilzerze)	33	1187	69297,29	—	—	—	—	—	—	23	204	13121,31	3	138	55067,40
616	Stoom- of motor-booten (op zee)	21	1726	75246,79	—	—	—	—	—	—	23	204	13121,31	3	138	55067,40
618	Elektrische tramwagondernemingen	1	124	6091,19	—	—	—	—	—	—	—	—	—	—	—	
619	Tramwagondernemingen met diens	14	1294	68385,63	—	—	—	—	—	—	—	—	—	—	—	
620	Verm. op pakhuismestersbedrijf m. krwt.	3	549	325483,80	—	—	—	—	—	—	1	203	168234,51	—	—	
624	Vervoeren met licht voertuig op veeren	3	124	6320,74	11	338	14585,14	19	109	47900,89	67	254	10514,82	9	63	36320,20
625	Vervoeren met zwaar voertuig	8	70	5729,44	34	216	7598,89	26	107	44774,09	62	451	20822,64	19	82	30188,78
GROEP XVIII ...		256	21808	1265871,73	283	3242	11871423,31	309	1847	615880,69	737	8117	4259445,90	176	1425	291623,03
RECAPITULATIE																
Totaal geheele Rijk van:																
Group	I Aardewerk, glas, kalk, enz.	39	2426	98798,54	142	4063	1232705,49	83	1670	496933,06	112	2370	788941,55	22	901	246267,42
"	II Diamant en andere edelsteenen, enz.	1	8	4183,90	305	272	200512,54	—	—	—	—	—	—	1	4	3151,60
"	III. Boek-, steendrukkerij, enz.	9	981	572697,74	98	2451	1023933,13	61	1050	444751,74	101	1352	2069090,91	29	436	170444,45
"	IV. Bouwbedrijven enz.	228	3933	292285,25	224	1670	767234,82	1899	16296	6007325,72	2559	20484	9236657,40	428	3157	1462107,27
"	V. Chemische nijverheid, ontloof, stoffen enz.	37	2019	124499,51	101	1828	75667,96	107	786	286922,30	113	1816	819482,71	42	448	202722,92
"	VI. Hout-, kurk-, strooewerking, enz.	100	3180	149452,97	302	4385	2056341,07	239	2421	900445,05	335	3487	1390473,23	100	918	361123,07
"	VII. Kleding en reiniging	13	380	141636,69	131	2869	84928,59	45	964	207563,48	77	1180	236520,57	6	172	96268,07
"	VIII. Kunstnijverheid	—	—	—	9	115	57115,65	—	—	—	—	—	—	—	—	—
"	IX. Leder, wasdoek, caoutchouc	2	43	22504,00	120	3015	1068792,18	98	421	147387,15	64	554	291185,70	49	222	89205,70
"	X. Oor-, steenkolen, turf	3	128	31574,13	344	7838	1200101,07	13	426	91643,86	49	722	169228,17	1	81	27898,24
"	XI. Bewerking van metalen	33	2741	139896,53	370	3756	1429315,28	295	1620	633874,40	690	5023	2920287,99	126	727	278590,12
"	XII. Stoom- en andere werktuigen, enz.	27	6023	309469,89	153	2547	111464,65	72	917	402555,69	100	3543	161485,64	15	230	98815,59
"	XIII. Scheepbouw, vervaardiging van rijtuigen	18	3564	161152,25	150	1788	718181,00	107	1068	488820,30	177	2292	830412,32	35	421	18043,29
"	XIV. Papier enz.	11	1419	66532,23	61	646	293605,90	21	538	194872,39	48	1392	474914,35	4	26	8818,44
"	XV. Textiele nijverheid	65	22544	749091,67	122	7198	214988,67	71	2223	1108941,69	72	1861	569890,15	29	428	81820,89
"	XVI. Vervaardiging van gas en electriciteit	8	891	49788,59	9	63	30889,46	7	97	42530,12	29	300	163457,94	1	3	187,50
"	XVII. Voeding- en genotmiddelen	1276	15094	582291,95	735	9582	3845387,07	764	5122	1924236,42	857	6211	2282168,78	183	1581	713331,19
"	XVIII. Handel, verkeerswezen, enz.	256	21808	1265871,73	283	3242	11871423,31	309	1847	615880,69	737	8117	4259445,90	176	1425	291623,03
Totaal ...		2157	86613	39088569,85	3613	61297	22802938,34	4243	38777	15821066,63	6136	61062	25856148,03	1247	11185	4622518,17

act allowed other insurance companies under the scheme, the numerical data on these contracts were kept separate and divided into as many columns. A regional subdivision was also included, to establish whether there were regional differences.

The information recorded comprised times and causes of accidents, the kinds of injury resulting and the numbers of workers involved. This information was

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subsector the number of enterprises, workmen and wages classified by insurer is assessed.

Source: Ongevallenstatistiek betreffende het tijdvak 1 februari 1903-31 december 1903 (Amsterdam 1906) 92-93

naar den drager van het risico der verzekering op 31 December 1903.

Ongevallen-Verzekering Maatschappij „Fataun“.			Bond van Nederlandsche Schilderspatroons.			Eerste Ouderlinge Aannemers-Verzekering Mij.			Totaal der kolommen 2-26.			Ristdrager „Werkgever“.			Ristdrager „Rijkverzekeringsbank“.			Totaal der kolommen 26-34.			No. van het beurt (boortbeurt).
Aantal Ondernemingen	Werklieden	Loonbedrag	Aantal Ondernemingen	Werklieden	Loonbedrag	Aantal Ondernemingen	Werklieden	Loonbedrag	Aantal Ondernemingen	Werklieden	Loonbedrag	Aantal Ondernemingen	Werklieden	Loonbedrag	Aantal Ondernemingen	Werklieden	Loonbedrag	Aantal Ondernemingen	Werklieden	Loonbedrag	
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	
1	5	2326,00	—	—	—	—	—	—	85	1374	706506,46	10	3650	2087824,91	94	2408	1084254,89	139	7432	3778676,269	511
1	5	2326,00	—	—	—	—	—	—	52	1445	726689,55	10	3761	2112919,51	317	3243	1266406,87	382	8453	4130015,93	
—	—	—	—	—	—	—	—	—	12	485	110696,33	—	—	—	24	1529	309225,195	36	2014	477191,529	514
40	189	60679,17	—	—	—	—	—	—	21	6255	802362,079	—	—	—	7	2029	403010,159	28	4228	2204118,959	523
83	1077	546833,49	—	—	—	—	—	—	304	2184	1068254,439	—	—	—	307	7421	741765,119	411	3624	1300192,23	523
11	222	123547,35	—	—	—	—	—	—	142	1836	947439,27	—	—	—	47	603	368551,07	189	2438	1255900,34	527
—	—	—	—	—	—	—	—	—	130	3101	1510084,50	—	—	—	223	967	389196,24	348	4183	1041066,37	528
—	—	—	—	—	—	—	—	—	18	381	229270,639	4	577	300751,89	38	312	169301,34	60	1370	767323,87	533
1	56	28447,08	—	—	—	—	—	—	10	1486	70982,639	—	—	—	9	776	573204,10	25	2232	1076887,739	546
11	33	11478,41	—	—	—	—	—	—	114	404	146762,749	—	—	—	189	320	109398,97	303	724	243001,729	547
1	26	1748,70	—	—	—	—	—	—	15	1000	274472,86	—	—	—	13	433	135600,34	28	1522	407070,209	549
71	187	7114,16	—	—	—	—	—	—	842	3303	173393,615	—	—	—	1210	1010	563104,83	2052	2212	187774,449	555
3	6	1736,50	—	—	—	—	—	—	6	442	170640,809	—	—	—	33	136	52102,739	109	578	227448,63	561
11	27	10476,51	—	—	—	—	—	—	1324	3037	1170225,289	8	18	5054,13	2567	3668	1167002,23	3889	7053	2572888,749	562
16	386	185039,11	—	—	—	—	—	—	6	1787	1012104,439	—	—	—	2	136	72418,58	8	1023	1083518,639	567
—	—	—	—	—	—	—	—	—	276	4321	1880983,51	—	—	—	—	—	—	211	1234	458867,18	578
357	3575	1571826,36	—	—	—	4	13	3665,55	4180	40278	16275467,29	21	1615	958238,95	6137	24426	7551138,41	10338	68119	24798456,56	
14	150	89104,77	—	—	—	—	—	—	138	2185	1728641,46	1	17654	5761247,00	1	—	71,15	3	17656	5761318,15	585
11	137	70770,54	—	—	—	—	—	—	86	1090	496867,579	5	65	49139,46	147	1067	176470,63	285	4228	2204118,959	587
109	856	202214,66	—	—	—	—	—	—	32	6598	4025900,36	157	4571	2866887,31	157	4571	2866887,31	251	11385	7659337,69	590
58	213	110769,66	—	—	—	—	—	—	354	2104	723985,50	—	—	—	703	1441	372246,63	1028	3245	1101229,609	593
81	565	308549,69	—	—	—	—	—	—	272	931	435980,76	—	—	—	4481	4588	1400503,02	4753	5618	1838443,78	604
—	—	—	—	—	—	—	—	—	166	1185	681097,705	—	—	—	132	788	200775,88	296	1953	1015730,449	607
16	102	40652,888	—	—	—	—	—	—	3	11491	6569819,739	1	17853	10077475,00	2	1824	625886,02	3	30938	1727281,259	609
4	32	10197,03	—	—	—	—	—	—	109	1433	715111,149	1	4	3844,52	233	1121	487294,05	403	2558	1200156,719	614
—	—	—	—	—	—	—	—	—	74	1656	923010,809	1	50	38964,69	83	1004	447118,729	160	2710	1402704,31	615
—	—	—	—	—	—	—	—	—	22	1729	786411,839	—	—	—	11	461	197675,87	33	3190	184188,709	616
4	423	243787,609	—	—	—	—	—	—	1	124	68015,19	1	1185	759225,72	—	—	—	2	1306	822340,91	618
18	124	49216,155	—	—	—	—	—	—	17	1317	692846,089	—	—	—	14	172	68458,465	31	1486	762308,16	619
34	135	56384,92	—	—	—	—	—	—	8	1175	27306,28	1	80	56172,785	4	369	20040,715	13	1624	993128,78	620
—	—	—	—	—	—	—	—	—	118	717	329629,24	—	—	—	225	342	84783,13	343	1056	495553,67	624
—	—	—	—	—	—	—	—	—	182	1103	478406,24	—	—	—	—	—	—	339	489	130833,135	625
454	3845	1834263,41	—	—	—	68	210	53191,74	2283	40594	21523391,65	52	33561	17938371,56	9828	28800	10953878,95	12164	108956	50482126,16	

TULATIE.

184	11089	3002679,85	—	—	—	85	2561	625279,94	607	25060	7378865,80	1	2	2288,00	422	9276	2786552,88	1091	34357	10182736,74	I			
—	—	—	—	—	—	—	—	—	207	3714	3037677,44	—	—	—	277	1329	70201,509	484	5650	2817058,56	II			
66	1086	424788,54	—	—	—	—	—	—	367	7292	3122324,63	8	161	86902,74	620	7891	3201626,59	906	15888	4529638,969	III			
706	6726	2231300,18	811	4729	2083128,05	4836	25691	8858366,55	11736	81753	3313372,24	23	508	3442396,22	3407	3004	6282592,42	21216	13538	4646239,89	IV			
32	441	14019,114	—	—	—	3	3	1322,32	456	7932	8412787,50	34	900	6263611,53	338	4051	3013700,48	1428	13503	6056989,519	V			
218	1741	666715,84	—	—	—	—	—	—	381	2341	685396,22	1763	1923	761840,40	2	26	15203,79	2886	11021	3453101,71	4649	30670	1106232,159	VI
1	403	18980,175	—	—	—	—	—	—	368	9230	183864,91	3	85	4574,759	309	3072	24277,469	904	9178	325314,15	4711	31143	1015494,13	VII
6	47	21286,28	—	—	—	—	—	—	13	89	30761,50	51	578	275692,169	—	—	—	94	517	242001,29	145	1095	517963,359	VIII
47	204	97090,78	—	—	—	—	—	—	6	14	3122,69	286	453	162124,22	—	—	—	779	2579	817440,489	1105	7103	242887,709	IX
254	1150	450735,44	—	—	—	—	—	—	163	1797	199062,27	564	1022	1732211,06	1	27	5456,46	585	10682	3036405,069	1150	21731	4383162,62	X
52	782	271134,739	—	—	—	—	—	—	1189	2509	961108,48	3948	1767	666737,20	1	3	2128,89	3435	8506	3286544,23	6384	20556	1689010,38	XI
102	1635	68967,54	—	—	—	—	—	—	11	42	14109,57	442	1495	789846,25	3	588	352198,33	985	5270	3418556,93	1432	3523	1015494,13	XII
26	340	124672,928	10	27	12018,32	309	1842	600643,269	968	12135	620690,79	4	2414	1461005,33	1121	6448	3767732,569	2123	30935	943748,61	3123	30935	943748,61	XIII
32	275	83022,82	—	—	—	—	—	—	101	4259	154204,536	—	—	—	411	2864	1281439,66	574	8498	290328,39	614	8498	290328,39	XIV
1	—	2326,00	—	—	—	—	—	—	1	5	1625,259	—	—	—	665	8709	207088,17	948	44143	1346086,65	948	44143	1346086,65	XV
362	3076	1571826,36	—	—	—	—	—	—	52	1449	72689,55	13	5761	2112919,51	317	3243	1266406,87	382	8453	4130015,93	317	3243	1266406,87	XVI
454	3845	1834263,41	—	—	—	—	—	—	4189	43078	16275467,29	21	1615	958238,95	6137	24426	7551138,41	10338	68119	24798456,56	6137	24426	7551138,41	XVII
2610	33266	11833842,41	821	4752	2095146,37	7150	37500	12054535,79	37977	335552	124283015,31	164	55576	27251004,46	30822	171680	5720041,529	67163	562808	210434495,60				

expected to result in more accurate risk assessment and more effective safety measures. The RVB's actuaries felt confident that a detailed registration and statistical analysis of the accidents would pay off. However, in the long run this expectation did not come true: analysis showed that accidents occurred

erratically and therefore eluded purely mathematical probability.¹³ For this reason, subjective technical assessment of labour conditions in the individual workplaces remained an important factor in risk assessment.

The subsequent story of Dutch industrial accident statistics can be characterised as a process of gradual reduction in the number of the classified and published data. The RVB realised that registration made sense only if all changes were accurately reported. Data such as those on machinery used in factories soon became outdated. In the statistics on 1906, published in 1911, several categories were discontinued.

In the meantime, the private *Risico-Bank* criticised the RVB statistics as being far too detailed and therefore in many respects useless. The RVB lost the battle. It anticipated a request from the Ministry to reduce the detail and asked actuary K. Lindner to suggest (drastic) reductions. He proposed to focus on three topics: financial data about the accidents (relevant for all the insurers), comparative data on the RVB and commercial insurers, and accident figures.¹⁴ Details on accidents and specifics on allowances were to be kept concise and the regional subdivision was restricted. The changes reduced the publication on 1907 (in 1913) to 150 pages, but failed to solve the notorious delay in publication.

The CCS pushed the other way. In the early twenties it recommended that statistics on accident causes – which had been discontinued – be resumed. The statistics on 1918 and 1919, published in 1925, were compiled accordingly. In 1927 the RVB statistics came under discussion again, this time because of cuts in public spending, and the RVB had to drop the statistics on accident causes again, although the International Labour Organisation (ILO) thought them important.¹⁵ As a result of the ILO conference in 1929, the statistics on accident causes were resumed.¹⁶

¹³ *Verslag Rijksverzekeringsbank (RVB) 1929*, 8; *Rapport risico-overdracht. Bijlage III*, 59-64.

¹⁴ *Jaarverslag der Centrale Commissie voor de Statistiek (CCS) over het jaar 1912*, 90-94; *Ongevallenstatistiek 1907, III en IV*.

¹⁵ Report by the Van IJsselsteyn Committee on the costs of social insurance, supplement A. The RVB objected (27 June 1927), but had to give in (17 November 1927), NA, 2.15.08 Archief Arbeidersverzekering, inv. nr. 226.

¹⁶ In 1932 it was decided to publish these statistics every five years, NA, 2.15.08 Archief Arbeidersverzekering, inv. nr. 218; Dossier Ongevallenstatistiek RVB, RVB to CBS, 3 November 1932, CBS archives.

The debate about the RVB statistics on risk classification

While the first five-yearly balance sheet of the RVB showed a deficit, *De Risico-Bank* had been very successful. Furthermore, it claimed to charge considerably less than the RVB.¹⁷ Generally speaking, *De Risico-Bank* insured the large companies: it had fewer enterprises under contract, but insured a higher proportion of the wage total. The majority of small and medium-sized businesses were insured with the RVB. The RVB had to work in a competitive market, but was not allowed to turn down bad risk applicants or to end the contract if a firm proved to be too accident-prone. Under these circumstances adverse risk selection could occur. As the law dictated a contributory system, a detailed classification of enterprises in risk categories was essential. Whenever a trade was classified too low, the RVB would not only lose money on its standing contracts, but also on enterprises that had recently joined the RVB because of the low level of contributions.

RVB analysts blamed two factors for the deficit: a fundamental error in the proportional distribution of administrative costs between the RVB and the approved commercial insurance companies, and a mistaken classification of the docking industry. Additionally, the actuaries, especially J.H. Peek, also blamed the problem of risk transfer from the commercial firms to the RVB: in their opinion it had resulted in adverse risk selection. These comments served to provoke *De Risico-Bank*. Time and again it criticised the RVB's management of its accident insurance, its administrative costs, the way in which it collected and used statistics and government administration of social insurance in general.

The distribution of administrative costs was adjusted in 1908, and the docking industry was classified in a higher risk category. In response to this, the docking industry opted out and joined *De Risico-Bank*. However, the RVB retained its deficit and was forced to raise contributions. In 1914 the deficit was eliminated and the rates were gradually readjusted.

Risk adjustment on the basis of statistical analysis became an important issue. The law allowed the RVB to take into account greater variance in risk and attribute a higher risk to certain sectors or companies.¹⁸ Initially the RVB could not use these powers because it did not have enough statistical data for well-founded assessments, but from 1908 this option was put into practice. The right of appeal, however, often resulted in the RVB's decision being nullified. In reaction to this, a measure was introduced making it possible to classify an enterprise in a higher risk class by Royal Decree. For many years the appeal boards thought they had no authority to review a Royal Decree,

17 *De Risico-bank*, 12 (1917) 58.

18 Clause 73 in the Workmen's Compensation Act.

but this changed in 1920 when the central board of appeal overruled the classification of a firm based on a Royal Decree. This statistics-based calculation of risk was rejected by the judicial authorities because they had insufficient knowledge of statistical methods.¹⁹

More importantly, the statistical method was accepted only for large manufacturing companies. Later on the use of the statistical method to change risk classification was often rejected.²⁰ The RVB, on the other hand, was of the opinion that re-examination of the classification was a necessary instrument for a sound financial policy as long as the contributory system remained in effect. Although the RVB's actuary had declared that a pay-as-you-go system was feasible, or even preferable, it was only introduced in 1935.

It is difficult to explain why *De Risico-Bank* was so critical of the RVB's classification policy, as it did not concern its own clients. The decisions were discussed in its periodical, *De Risico-bank*, and the legality of the policy was questioned. It argued that public accountability was impossible if decisions were made by Royal Decree and that risk assessment for individual enterprises subverted the very idea of social insurance. In theory the policy could change the competitiveness of *De Risico-Bank*, if it was applied to low risk enterprises as well, but it was probably just an example of competition. The dispute about risk rating does illustrate that statistical methods were not generally accepted, or rather looked upon with distrust.

The RVB and the growth of national social statistics

In the eyes of the CCS, the introduction of the Workmen's Compensation Act in 1901 created an excellent opportunity for the development of statistics on the economic and social conditions in Dutch industry. These had not been compiled up to then because employers refused to co-operate with a general business survey. In 1903 the CCS asked the Ministry of the Interior to use the RVB data to compile statistics on the structure of industry and on the wages that were insured.²¹

19 Schröder, 'Een organische fout', 443-444

20 'statistical method': the actuary analysed the history of accidents for companies that showed particularly high accident figures. To eliminate chance, he made some adjustments and recalculated the rating, applying the theory of probabilities. *Verslag RVB 1909*, 69-72; Schröder, 'Een organische fout', 432-437; Sch (Schröder), 'Nog een organisatorisch vraagstuk', 61-64.

21 CCS to the Minister of the Interior, 13 June 1903, NA, 2.15.08 Archief Arbeidersverzekering, inv. nr. 223.

The RVB was not interested in statistics on wages, and was willing to hand over the wage data to the CBS as long as confidentiality was guaranteed. However, the data were of poor quality: a test for the province of Gelderland showed shortcomings in the wage data and additional information was needed. The test also made it evident that compilation of annual wage statistics on a national scale would be too expensive; instead each branch of industry was to be examined every five years.²² The problem of how to collect additional information was solved in 1912, when the CBS was permitted to distribute questionnaires through the RVB's channels.²³

In the mid 1920s – during a period of heavy budget cuts – the Minister of Labour questioned the whole idea of publication of the RVB social security data. His point was that the value of these statistics as a whole was very restricted because the results were published with considerable delay. Publication was also too costly.²⁴ The CCS averted this threat by referring to the scarcity of social data and the continuing negative attitude of employers towards economic and social statistics of enterprises. It was decided to publish statistics on specific topics every five years. In the late 1930s the discussions started all over again.

The debate about the RVB medical data

Apart from a weekly benefit, the Workmen's Compensation Act also provided for the medical treatment of injured labourers. This resulted in a great deal of work for the medical profession and a considerable improvement in professional care of injured workers. Nevertheless, some doctors were sceptical about the overall effects of the act. Their doubts were founded on a German study that indicated that insured workers took longer to recover than uninsured workers; the former were suspected of fraud, malingering and exaggerating their symptoms; their illness was called benefit neurosis.²⁵

Although no quantitative Dutch data on accident victims existed before 1903, and an overview for 1903-1906 only became available at the end of 1911, some doctors expressed amazement about the time it took for accident victims to recover and get back to work. The idea that the law was being abused seems to have been widespread: even the annual report of the RVB mentioned that

²² *Jaarverslag CCS 1909*, 203-206.

²³ Van Dam van Isselt, 'De sociaal-economische statistiek', 56. Employers insured with an approved company were also required to supply wage sheets.

²⁴ *Jaarverslag CCS 1926*, 20-23.

²⁵ Macalester Loup, 'De vrucht van tien jaren ongevallenverzekering', 13; Sajet, *Geneeskundige beoordeling*, 499.

victims were 'less resilient' than before.²⁶ These complaints also originated from medical reports received by the RVB.²⁷

In 1912 the consequences of the law were discussed in more depth in the leading Dutch medical journal, the *Nederlandsch Tijdschrift voor Geneeskunde*. As it was not known whether the recovery period differed between insured and non-insured absentees, some contributors tried to find proof by statistical comparison of insured and non-insured hospital patients, but no systematic differences were found. J.A. Korteweg, professor of surgery at Leyden University, took a special interest in the medical effects of the law. He tried to get access to the RVB's archives for research, but met with opposition. During a meeting, the board of the RVB denied any problems, while Korteweg noted the possibility of moral degeneration.²⁸

In 1914 Korteweg petitioned the Minister of Agriculture, Trade and Industry on the subject: he asked the Minister to promote mutual insurance funds and occupational therapy for the injured, and to encourage the medical profession to retain its dignity with respect to the problem of unnecessary visits.²⁹ He was convinced that prolonged rest was harmful for patients with broken limbs, and that it was in the interest of full recovery for the patient to return to work as soon as possible. He argued that the medical data in the RVB's archives should be processed in order to corroborate the weaknesses of the Workmen's Compensation Act.³⁰ The Minister lent a ready ear, and had Korteweg appointed at the RVB to conduct medical statistical research. This appointment proved to be controversial and caused a great deal of trouble.

The relationship between injury and duration of incapacity had never been investigated before. Korteweg had to reconstruct his cases from the administrative system, which had not been set up with medical research in mind. Although the results of Korteweg's study were controversial, the RVB decided to publish the first results. In December 1915 the actuary of the RVB, Lindner, criticised Korteweg's statistical methods: he was careless in processing data and in the application of the theory of probabilities and therefore could not claim

26 *Verslag RVB* (1904) 53. The RVB was equally suspicious of doctors, who sometimes paid unnecessary visits in order to maximise their income or complied with the patients' demands to remain registered as ill. Once the NMG (Nederlandse Maatschappij ter bevordering van de Geneeskunst) had labelled such conduct as injurious to the medical profession, it gradually disappeared. Intensive checks by the RVB were also effective.

27 *Idem* (1905) 56 and (1908) 42.

28 Korteweg, 'Gevolgen der Ongevallenwet en geneeskundige statistiek', 44-45.

29 *Idem*, *Adres aan de Minister van Landbouw, Handel en Nijverheid*.

30 *Ibidem*, 7; *idem*, 'Gevolgen', 46.

to be a 'statistical authority'.³¹ The disagreement became quite intense, and Korteweg turned to the Minister. As it became clear that Korteweg ignored the critical comments on his statistical methods, the RVB refused to approve publication of future articles, unless they were published in its own periodical and accompanied by a scientific note by the actuary. This was all the more important as Korteweg was an authority in medicine, and people would not lightly criticise his methods.³²

As was stated above, Korteweg's appointment was controversial, so controversial that it was discussed in Parliament in 1916. Some members disapproved of him being allowed to do research in the archives because his articles indicated that he was highly critical of the effects of the law and that he advocated its revision. The Minister defended his original decision: Korteweg's name guaranteed erudition and impartiality, and his work was certainly not aimed at collecting evidence to support a biased position, but at drawing conclusions from facts.³³ In 1914 Korteweg had formulated the hypothesis that 'the unwanted consequences of the Act were long periods of healing, and poor results.'³⁴ It is therefore no wonder that some people questioned his impartiality.

In 1917 the actuary Lindner published his objections to Korteweg's statistical methods and analysed his publications on medical statistics. He accused him of being prejudiced and only wanting to prove that disablement was mainly a state of mind. Korteweg published his defence in the same issue.³⁵ He did not give in and stuck to the idea that 'mathematical statistics do not cover the whole issue' and that 'medical statistics are a different matter'.³⁶ Lindner knew beforehand that he would not be able to convince Korteweg, but it was the only way to limit the damage and warn the medical profession against the fallacies of misunderstanding the real nature of statistics.

With the support of the Ministry, Korteweg was able to continue his research in the RVB's archives, albeit no longer at the RVB's expense. His

31 RVB to the Minister, 14 March 1917, NA, 2.15.08 Arbeidersverzekering, inv. nr. 213, Medical accident statistics.

32 *Ibidem*.

33 The proceedings were also published in *Tijdschrift voor Ongevallengeneeskunde* 1 (1916) 27-30.

34 Korteweg, 'Gevolgen', 46: 'de ongewenste nevenwerking der wet oorzaak is van den langeren genezingsduur en het slechtere resultaat.'

35 Lindner, 'De methode van prof. Korteweg's medisch-statistische onderzoeken'; 'Antwoord'; 'Naschrift'; Korteweg, 'Mijne opvattingen in zake de beschuldigingen van den Wiskundigen Adviseur'; 'Terugblik op mijne onderzoeken over de schouderontwrichtingen'.

36 *Ibidem*, 315. 'Naar mijne meening omvat de "mathematische statistiek" niet alle statistiek, maar is de geneeskundige statistiek een ander soort statistiek, ...'

relationship with the Ministry was excellent, that with the RVB quite the opposite. In 1919 he considered 'to replace my crusade against the abuse of the Workmen's Compensation Act with one against the poor quality of doctors in Amsterdam working for the health funds'.³⁷ Even though the RVB disagreed with Korteweg's ideas on misuse of the Workmen's Compensation Act, he did have some influence on RVB procedures. At his request the RVB indexed the medical records by subject. And his request to resume the publication of regional data was honoured, although never implemented because of the budget cuts in the early 1920s.³⁸

In 1922 Korteweg was appointed a consultant to *De Risico-Bank*, but continued to act as special adviser for the assessment of X-rays. The RVB increased its own research activities: it drew up a report on health-fund doctors and examined the differences between fractures treated in hospital by a consultant and those treated at home by a general practitioner, and between insured and non-insured patients.³⁹ The debate on whether social insurance only relieves the effects of disablement or may also cause a prolonged period of disablement has never been settled satisfactorily.

Over the years adaptability became more important, resulting in re-examination and a lower disability assessment. Initially, a labourer was certified as incapacitated if recovery was not to be expected within a year. Physicians, however, argued that people would adapt to the loss of an eye, and this justified a lower incapacity rate in the future. This became standard practice and over time further changes were introduced.⁴⁰ Overall, medical examinations became more rigid.⁴¹ In 1920 the change in policy was debated by SH (the physician Heijermans), in the periodical *Sociale Voorzorg* (Social Prevention). SH stated that the RVB had either never monitored the disabled properly,

37 'mijn kruistocht tegen de misbruiken bij de toepassing der Ongevallenwet thans tegen het slechtere type der Amsterdamsche fondsdokters te gaan richten.' Health fund doctors were employed by health funds or managed a health fund of their own', 15 september, NA 2.15.08, Archief Arbeidersverzekering, inv. nr. 216.

38 Idem, 11-3-1921, Korteweg to the Minister; 28 May 1921, RVB to the Minister.

39 Mossel, 'Uitkomstberekening van den behandelingsduur', 380. With reference to the debate in 1917 the author did not dare to call his article 'statistical research'. Brocx shared his opinion, but also referred to the unreliability of the data. Brocx, 'Voordracht', 4-5. It may indicate that Lindner's attack on Korteweg's use of medical statistics had been counter-productive.

40 The same may have happened for other injuries. Adaptation of the workplace might have produced the same result. Since 1909 the RVB employed technical inspectors to inspect workplaces. Legal verdicts forced the RVB in the same direction.

41 Sajet, *Geneeskundige beoordeling*, 498.

or had changed its system into a 'squeezing system'.⁴² Lindner acknowledged that over the years more and more people had been tested on adaptability, resulting in lower benefits or withdrawal of the benefit altogether. In his view the law contained a flaw as it insured income from the original occupation, not from the earning capacity after the accident.⁴³ It proved to be impossible to measure work capacity, at least medical professionals working with accident victims had not even tried to define a measure for it, and therefore disability assessment would always remain subjective.⁴⁴ Statistical techniques had failed to predict accidents, and medical science could not define disablement.

The debate about national sickness benefit statistics

The dispute about the accident statistics played an important part in the decision-making process on the required statistics under the later Sickness Benefit Act. In the Netherlands, sickness benefits and health insurance were provided by numerous small-scale local mutual funds, by local funds organised by doctors, and by commercial and company funds.

From an international perspective it is interesting to note that Dutch accident statistics included the temporarily disabled as well, and continued to do so after the introduction of sick pay. Elsewhere injured labourers were insured under a sickness benefit act that already existed.⁴⁵ In the Netherlands, the Workmen's Compensation Act was for many years the only state insurance for Dutch workers. National and compulsory sickness benefit regulations were eventually introduced in 1930, health provisions not until 1941. The Dutch system was also exceptional because rules for sick pay and medical treatment were introduced separately, which complicated the compilation of sickness and health statistics.

The ongoing debate about the Workmen's Compensation Act and the RVB influenced the debate on the organisation of national sickness benefit. To put it briefly: the RVB, indeed the whole idea of state administration, was considered suspect as the hostility between the private sector and government administration continued, although perhaps somewhat less so during the 1914-1918 war. The private sector was strongly opposed to external control of its information and the implicit obligation to pay extra for detailed national statistics.

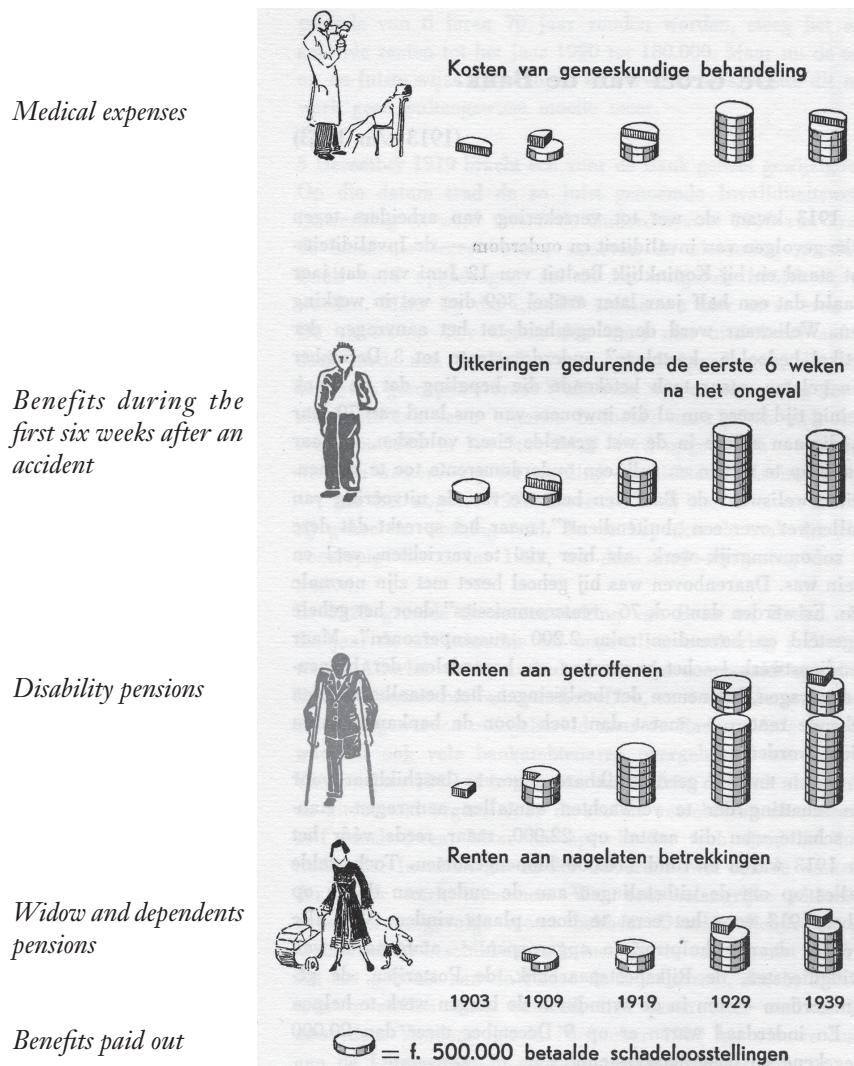
42 SH, 'Sociaal medische kroniek', 666-667, (Dutch text: 'knijpsysteem').

43 Lindner, 'Wetenschap of willekeur?', 380-383. The problem arose after the revision of the Workmen's Compensation Act in 1921.

44 Lindner, 'Het invaliditeitspercentage', 679.

45 Hennock, *British social reform and German precedents*, 3; Klosse, *Menselijke schade vergoeden of herstellen?* 65-66.

Figure 2. Expenses under the Workmen's Compensation Act for the risks insured (1903-1939)



After the amendment of 1922 the Workmen's Compensation Act covered all industrial workers resulting in more benefit payments.

Source: 50 jaren sociale verzekering 1901-1951 (Amsterdam, 1951) 25

The problem was that the RVB apportioned considerable 'administrative costs' to the insurers. It charged two categories of costs: general management costs, for things like processing statistics, and costs related to accident assessment and decision-making. The periodical *De Risico-bank* complained time and again about these administrative costs and questioned their legitimacy and necessity. In their view the Workmen's Compensation Act was much too expensive (figure 2). The system as a whole was undeniably expensive, all the more so as *De Risico-Bank* developed its own infrastructure: branch offices, a technical department for accident prevention, its own statistical processing department, medical consultants under contract, etc. The high administrative costs of the compensation act were used as a powerful argument in debates on government versus private implementation of compulsory sickness benefit.

The first sickness benefit regulations were organised along private lines. The *Wet op het Arbeidscontract* (Collective Labour Agreement Act), effected in 1909, introduced paid sick leave twenty years before sickness benefit legislation was eventually enacted.⁴⁶ This act encouraged private insurance, including company funds, and stimulated *De Risico-Bank* to develop mutual sickness insurance funds. The way this act provided for paid sick leave reinforced the position of the industry in the debate. A government system for sick pay was not in the interest of the employers, as it involved external control over the workforce.

When, in the aftermath of World War I, the RVB started administering provisions for old people, the chairman of the administrative office of *De Risico-Bank*, F.E. Posthuma, tried to prevent the same happening to sickness benefit. He orchestrated a campaign in favour of private implementation.⁴⁷ As a result the sickness benefit law was postponed again, but in the long run his initiative was successful.

The deflationary Dutch economic policy during the post-war economic recession demanded lower labour costs and budget cuts. Once again the RVB came under attack. Nevertheless, its increased input of technical and medical staff seemed to be successful. Compared with other countries, the number of fatal accidents and permanent benefits was much lower. Moreover, accident costs in terms of a percentage of the insured wage had decreased over time (from 1.85 percent in 1906 to 0.93 in 1920).⁴⁸ However, these statistical arguments did not impress the opponents of government administration.

46 In most collective agreements, sick pay was granted for thirteen weeks. Compañje, 'Geneeskundige zorg voor inwonend dienstpersoneel, 1890-1910', 26-31.

47 Hoogenboom, *Standenstrijd en zekerheid*, 191-196; *De Risico-bank* 15 (1920) 75-76; 83-84.

48 Lindner, 'Het departementale plan tot hervorming der sociale verzekering', 29-30.

The failure of sickness benefit statistics

As sickness and health insurance were mainly locally organised, it was very difficult to compile national statistics. In August 1920 the Minister of Labour, P.J.M. Aalberse, presented a health bill. His compulsory health insurance scheme proposed to include statistical monitoring as well. The CCS discussed the topic in 1921 and formed a sub-committee for health and sickness statistics. As the tide turned against state interference and cutbacks began to dominate the political agenda, the CCS decided to drop the matter as it was unlikely that an increase in staff would be granted.⁴⁹

In the sickness benefit legislation (1929) the idea of private implementation of a collective provision was fully applied. Private bodies were entitled to insure sickness benefits, verify the claim and pay the allowance, in the same way as the public *Raden van Arbeid* (Labour Councils). Most enterprises chose to insure their workforce with the private *Bedrijfsverenigingen* (industrial insurance boards). Only 10 percent of workers were insured with the public Labour Councils. The newly created supervisory Insurance Council (*Verzekeringsraad*) was responsible for developing a statistical system, setting administrative rules and publishing an annual report in which the data of all private and public sickness insurance agencies had to be incorporated.

The insurance council developed a system for sickness insurance statistics and submitted it to the CCS. The system required individual registration of sick persons. However, the private boards did not record any specific details on individuals, as they had no legal obligation to do so and the insurance was collective: enterprises insured their whole workforce. Therefore the Federation (of industrial insurance boards)⁵⁰ insisted that they were not able to break down the workers who were recorded as sick into age categories (as the labour councils and the CCS wanted) as they did not have individual information in their registers. Their sickness benefit data were not suitable for health statistics for another reason too: no diagnosis was recorded. The Federation considered it unacceptable that the CCS was trying to pass on the costs for sickness and health statistics to the private insurance organisations, which were funded by employers and employees. In their view public authorities alone should bear the costs for official statistics.⁵¹ Therefore, these efforts to

49 Dossier Ongevallenstatistiek, Report of the sub-committee to the CCS, 31 Oktober 1922; CCS to the director-general of the CBS, 11-11-1922, CBS archives, inv. nr. 612.

50 The majority of the industrial insurance boards were organised in the Federation, a sub-section of *De Risico-Bank*. It acted as spokesman for private interests.

51 Dossier Ziekteverzekeringsstatistiek tot 1933, Comment on the draft proposal, 24 December 1931, CCS archives.

develop uniform national sickness statistics failed.⁵² The statistics that were published in the annual report were divided into public and private data. It was impossible to compare the results.⁵³

The same underlying problem of the costs involved reinforced the position of the RVB and even that of the CBS to some extent. To economise on social security, the insurance council (instituted in 1929) was dissolved on 1 March 1934 and its responsibilities transferred to the RVB. In principle, the RVB did not reject the idea of contracting out the work to the CBS, unless it had to guarantee the quality of the data.⁵⁴ The head of the CBS, H.W. Methorst pleaded his case with the Minister of Social Affairs. The principle of centralisation made the CBS the obvious authority: mechanical processing was cheaper, extra information could be generated by linking sickness statistics with other data, and the national collection of data on the distribution of disease was especially important for public health. It would cost less and yield more if the CBS processed the statistics.⁵⁵ The RVB agreed to transfer the technicalities to the CBS, but the Minister refused to give his approval. The RVB also explained that the problems regarding the collection of data on individuals had not yet been solved.⁵⁶

In the meantime H.W. Groeneveld reiterated that statistics were not a priority for the Federation,⁵⁷ even expressing doubts about the value of statistical knowledge at all. The RVB's wish to produce statistics that were more scientific 'may sound good, but the experiences with the accident insurance statistics show that scientific statistics are costly and quite useless. Thousands of guilders are wasted on such statistics, which nobody reads and which, when they are published – usually years after the year to which they refer – are no longer of interest to anyone.'⁵⁸

52 Doss. Ziekteverzekeringsstatistiek 1928-1940; in August the insurance council gave in, in December 1931 the CCS, CCS archives. Dossier Ongevallenstatistiek, 26 August 1931, CBS archives, inv. nr. 612.

53 The insurance boards did not count the number of sick people insured with their own employer: the so-called own-risk bearers.

54 Dossier Ongevallenstatistiek, Schröder to Methorst, 19 Oktober 1934, CBS archives, inv. nr. 612.

55 Methorst to the Minister 24 October 1934, NA, 2.15.08, Arbeidersverzekering, inv. nr. 516.

56 Idem, RVB to the Minister of Social Affairs, 19 February 1935; 6 March 1935, the Minister to Methorst.

57 Idem, 6 December 1935, Groeneveld to the secretary general of the Ministry. Groeneveld was head of the department of social insurance at the Ministry. Since the early 1920s he had favoured implementation of social insurance by both public and private agencies.

58 Idem, draft 14 November 1935, never sent to the RVB. The quote is from

The efforts of the RVB and the national organisation of the labour councils to force a decision in favour of comprehensive statistics failed.⁵⁹ The costs were too high, the collective character made them unfeasible, and there was a great risk that sickness insurance statistics would fall short of expectations as had happened with the accident statistics. And last, but not least, the private industrial insurance boards already collected all the data they needed.⁶⁰ The letter to the CCS also referred to the poor economic conditions.

Conclusion

The Workmen's Compensation Act of 1901 and the Social Insurance Bank (RVB), instituted to implement the act and manage the processes involved, created a financial, organisational and medical structure to help injured workers (figure 3). Initially planned as a government system, in the end private insurers were also allowed to participate. This law seems to have been the first national example of a hybrid, public and private implementation of social security. Involvement of employers – and in due course of labour unions – became an important characteristic of the Dutch welfare state. In actual fact, the freedom of choice between public and private related only to the choice of insurer; the RVB – a government agency – collected and processed statistical data on companies, wages and injured workers, decided on entitlements of injured workers and provided the benefit and medical treatment. The employers were only met halfway. It took many years before they acquired any executive power in the area of social security. And – indirectly – they had to pay for public statistics.

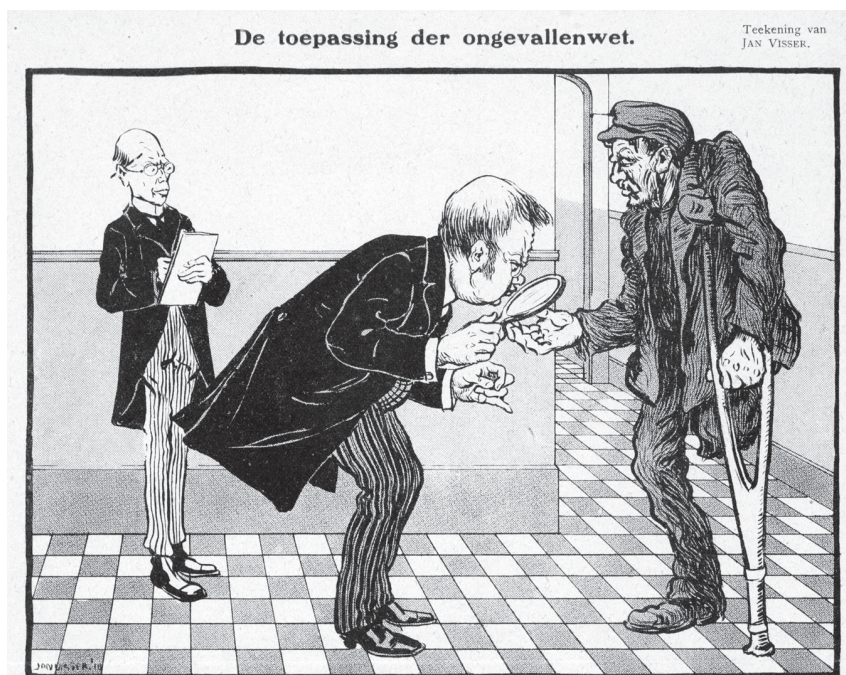
Compared with other countries, like Belgium, Germany and France, the Dutch authorities had little information about social and economic conditions in industry, and they were not prepared to pay for it either. Added to this, the business community refused to provide social and economic information. Therefore the introduction of the Workmen's Compensation Act seemed a perfect opportunity to remedy this. The act required employers to provide data that would enable the government to compile national statistics on en-

a comment on the question by Groeneveld. 'Dat klinkt heel mooi, maar de met de Ongevallenwet opgedane ervaring heeft doen zien het kostbare en nogal nutteloze van zulke wetenschappelijke statistieken. Er worden duizenden guldens verprutst aan zulke statistieken, die niemand leest en niemand op het oogenblik van haar verschijnen – meest eenige jaren na het jaar waarover de statistiek loopt – meer interesseren!'

⁵⁹ Ibidem.

⁶⁰ Idem, 23 December 1935, the Minister to the RVB.

Figure 3. *The compensation act in practice.*
 According to this cartoon in the socialist periodical *De Notenkraker* the injured worker was always suspected of cheating.



Source: *De Notenkraker* 20.3.1910. Photo collection of the International Institute for Social History Amsterdam

terprises and wages. The statistical authorities, especially the CCS, were very much aware of this opportunity.

The decision to give the RVB the task of compiling national statistics on enterprises was based on the notion that accident rates differed between sectors of industry. The RVB received all the individual dossiers on injured workers, including those insured by private parties. Conditions relating to the accidents – like time, place, company and sector of industry, level of wages, nature of the accident, age – were also monitored. Unfortunately no relationships were discovered and the statistics on causes of industrial accidents were discontinued. The initial statistical system of the RVB was very detailed and ambitious, and publication of the results was far behind schedule. Nevertheless, the insurance data were suitable for new social and economic statistics.

The statistics produced by the RVB led to an intense and long-lasting public debate. Private insurers, *De Risico-Bank* in particular, argued from the begin-

ning that collecting and processing many of these data involved high costs, and that they were irrelevant for a good assessment of the Workmen's Compensation Act. Their criticism was effective: the 1907 statistics (published in 1913) were much less detailed, and subsequently the statistics focused mainly on (financial) management information and the number of accidents only.

This did not silence the critics, however. Time and again *De Risico-Bank* expressed its doubts about whether the statistics justified the costs. This is understandable: since 1908 employers who had joined approved private insurers were no longer classified. They simply insured their workforce as a whole and had to pay their part in the real costs of their private insurance fund. Providing detailed company information to the RVB was certainly not high on their list of priorities and was even experienced as unwanted interference in their private business. The outspoken criticism of the private sector and the need to economise on public spending resulted in more reductions of the RVB statistics in the 1920s and 1930s. However, the statistics on causes of accidents was resumed after the ILO Conference in 1929.

In its role as an insurer, the RVB was in a completely different position than the private insurers. The contributions that companies had to pay into the insurance funds depended on the wages of their workers and the estimated accident risk. It was the responsibility of the RVB to place the companies in the appropriate risk categories, and it had to justify this classification on the basis of its experience and particularly statistical information. The idea that comparable trades and sectors of industry carried comparable risks soon proved to be mistaken. Accidents did not show a sufficiently reliable pattern to construct an uncontested system of classification. Coincidence and human error could not be captured in statistical techniques. Managerial qualities, organisational structure and workforce discipline turned out to be important variables. Nevertheless the RVB's actuary did try to develop a statistical method to assess risks and thus classify the companies. In the 1920s this statistical risk assessment lost ground after the Central Court of Appeal had overturned its validity.

In the contribution system used by the RVB, it was crucial that companies were classified in the right risk category, while the rival private insurance organisation, *De Risico-Bank*, had decided on a pay-as-you-go system, in which real costs were apportioned among the participants. The classification problem had become so important because of the financial deficits of the RVB in the period 1903-1908. To some extent, these deficits were the result of the fact that employers were free to choose between public and private insurers. Depending on how they were classified, companies chose the most profitable option for themselves: the RVB or a private fund. The answer was a system of frequent classification – which approached an individual risk assessment for large enterprises.

Statistics also had a central place in another lively debate: the discussion about the medical situation of injured workers. Many doctors suspected that compensation encouraged longer periods of incapacity. Korteweg, an influential surgeon at the time, strongly opposed the Workmen's Compensation Act and the RVB, and voiced the feelings of many doctors. He was given access to the RVB data, but did not succeed in proving his theories with the help of statistics. At the same time, the medical staff of the RVB faced the difficult task of assessing the incapacity percentages of injured workers. Their search for a standard measurement method had little success and elicited a great deal of criticism. The growing experience with eye injuries shifted attention to people's highly individual adaptability.⁶¹ This approach developed into a practice of periodical re-examination.

Again, the existence of a large private insurance sector and the refusal of the state to pay for statistical information played a decisive negative role in the development of a comprehensive Sickness Benefit Act. Around 1900, the Dutch sickness benefit funds – which had been set up in the eighteenth and nineteenth centuries – were small, private and strictly local. Integration of information about health at a national level was impossible. The debate about the Workmen's Compensation Act and the statistical policies of the RVB had evoked so many critical comments on the part of private parties that the introduction of a comprehensive sickness benefit act as well as compilation of the corresponding statistics was subject to a long delay.

Not until 1929 did the first compulsory sickness benefit act come into existence. The act granted equal executive powers to private and public insurance agencies. Most workers were insured with private mutual industrial insurance boards. This development still made it impossible to compile uniform national sickness statistics. Again, the employers' *Risico-Bank* opposed external control and the compilation of more data than actually needed for the implementation of the insurance.

⁶¹ When the act was revised in 1921, it became possible to undergo vocational retraining paid for by the insurance. Very few people made use of this option, and retraining often failed.

