

Next we have four sections as follows: 1. General Affairs Section. 2. Sanitation Section. 3. Health Promotion and Prevention Section. and 4. Service Section.

1. General Affairs Section. This is the Section that handles the business matters which are a necessary part of every organization. This Section has three (3) division (referring to chart).

- a. The Division of Administrative Affairs handles business matters pertaining to personnel, correspondence, collection of fees, accounts, budget, licensing of food establishments and such other miscellaneous affairs as do not properly come under another division.
- b. The Division of Medical Affairs has as its primary function liaison between the health center and hospitals, clinics, doctors and other agencies rendering medical care.
- c. The Pharmaceutical Affairs Division handles all matters pertaining to pharmaceutical affairs and supply. This includes inspection and corrective measures concerning the drug business.

2. Sanitary Section. This Section deals with matters pertaining to environmental sanitation, operation of sanitary teams, food control and control of animal diseases. The section has two divisions as follows:

- a. Division of Environmental Sanitation. This division deals with matters relating to environmental control and includes environmental inspection and corrective procedures as carried out by the sanitary teams.
- b. The Division of Food and Animal Disease Control, handles matters relating to food inspection and control including foods of both animal and vegetable origin. It also handles matters relating to animal disease control where the diseases are those that affect humans.

3. Health Promotion and Prevention Section. This is the largest section of the health center and has seven (7) divisions as follows:

- a. The Communicable Disease Control Division. This division deals with matters relating to the prevention and control of acute communicable diseases which are apt to give rise to dangerous epidemics, examples are - smallpox, diphtheria, typhus fever, meningitis, cholera, plague, etc.
- b. The Tuberculosis Control Division. While tuberculosis control rightly belongs under communicable disease control, yet because of its importance and the large amount of work to be done, it has been given division status. This division handles all matters pertaining to tuberculosis control. This includes, all plans and strategy used in control. It also includes all field work and the operation of an active clinic for the diagnosis, treatment and prevention of tuberculosis.
- c. Venereal Disease Control Division. As with tuberculosis this rightly belongs under communicable disease control but because of its importance it has been given division status. It deals with all matters relating to venereal disease prevention and control. It also includes the operation of an active clinic for diagnosis and treatment.

- d. Prevention Division. The function of this division also belongs under communicable division control but due to the nature of the diseases involved and the amount of work to be done it too has been given division status. This division deals with prevention, control and treatment of all the communicable disease not coming under the control of the division discussed above. (Namely CD Control, VD Control and TB Control). This includes parasites, trachoma, leprosy, etc.
 - e. Maternity and Child Hygiene Division. This is an important division and deals with all matters relative the preservation and promotion of health among pregnant women, infants and young children. It includes active clinics for (1) mothers and (2) children.
 - f. Dental Hygiene Division. This is a new division for the health center. It deals with the dental health and provides definitive treatment for pregnant women and young children. Definitive treatment in these groups is in reality prevention.
 - g. Nutrition Division. This division is responsible for conducting a consultation service for persons in need of nutritional guidance. Nutrition is a fundamental function in disease prevention, hence the inclusion of this division under the Health Promotion and Prevention Section. This division also holds nutrition classes and conducts nutrition surveys.
4. Service Section. This section is so named because the functions under this section are in the nature of services to all other sections of the health center. It has five divisions as follows:
- a. Health Education Division. This is a new division and its importance is far greater than is usually realized. This function must be stressed by the director, himself and if he does not have a qualified person as head of the division he must assume this duty himself. The division is concerned with rendering a health education and information service for the other divisions in the health center. This will be discussed in detail later.
 - b. Division of Public Health Statistics. The function of this division is to render a complete health statistical service for (1) the benefit of all divisions of the health center and (2) to collect and tabulate Public Health Statistical data for the health center district and forward it to the prefectural health department.
 - c. Division of Public Health Nursing. The primary functions of this division is to render a complete public health nursing service to the health center district. In so doing they cooperate with and supplement the effort of all other health center personnel, engaged in controlling disease and promoting the general public health.
 - d. The Medical Social Service Division. Medical Social Service is new to Japan. The true value of this service has been recognized in recent years by all modern nations. The primary function of this division is to assist the patient and the doctor in correcting conditions that prevent or hinder necessary treatment and recovery of the patient. This may involve helping the patient to make financial arrangements for his medical care, or helping him to make the necessary social adjustments.

- e. The Laboratory Division, is also a service organization for the other sections of the health center engaged in disease prevention or environmental control. The primary function of the laboratory is to properly process specimens necessary for the control of communicable diseases, environmental control and food control.

This will give you an idea of the proper organization of the health center. It will serve to assist you in the proper grouping of functions into sections and into divisions under each section.

OFFICIAL GAZETTE
(Law No. 101) September 5, 1947THE HEALTH CENTER LAW - *disappointing*

Article 1. Health Center shall be established by Tokyo Metropolis, prefectures, or by cities determined according to the Cabinet Order for the purpose of improvement and advancement of public health in that district.

Article 2. Health Center shall give guidance concerning such matters as mentioned in the following items and undertake enterprises necessary for the purpose:

1. Matters concerning the diffusion and improvement of hygienic knowledge;
2. Matters concerning vital statistics;
3. Matters concerning the improvement of nutrition service including sanitation of food and drinks;
4. Matters concerning sanitation of houses, waterworks, sewerage, disposal of garbage and refuse, and other environments;
5. Matters concerning public health nursing;
6. Matters concerning improvement and advancement of medical social service;
7. Matters concerning maternal and child hygiene;
8. Matters concerning dental hygiene;
9. Matters concerning diagnostic laboratory services;
10. Matters concerning control of tuberculosis, venereal diseases, communicable diseases and other diseases;
11. Matters concerning improvement and advancement of other public health services in local districts.

Article 3. Chief of the local public body stipulated in Art. 1 may entrust to health centers affairs concerning matters belonging to his official authority which are mentioned in items of the preceding Article.

Article 4. Health Center may treat, in case of necessity for the improvement and advancement of public health in its district, tuberculosis, venereal diseases, dental diseases and other diseases designated by the Welfare Minister.

Article 5. Health Center may practise for the purpose of improvement and advancement of public health in its district, necessary diagnostic laboratory services.

Health Center may permit those who are physicians, dentists, pharmacutists and others to use the facilities concerning the above-mentioned services.

Article 6. The Welfare Minister may, if deemed necessary for the improvement and advancement of public health, order matters of necessity concerning establishment and management of Health Center to a local public body under Article 1.

Article 7. A local public body under Article 1 may establish a branch for the convenience of managing affairs of a Health Center.

Article 8. Any institute, which is not established under this Law shall not use the name of Health Center (or the letter of Hokensho). This rule, however, shall not be applied when authorized by the Welfare Minister.

Article 9. Rents, charges or medical fee concerning the avail of facilities and the services of Health Center shall not be collected except when provided for by Order or regulation.

Article 10. The National Treasury shall, to a local public body that disburses expense concerning a Health Center, subsidize not more than a half of its disbursement amount.

Supplementary Provision:

The date of enforcement of this Law shall be determined by the Cabinet Order.

Minister of Welfare
HITOTSUMATSU Sadayoshi

Prime Minister
KATAYAMA Tetsu

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

Public Health Officer

IGNATIUS J. STEIN

CIVIL INFORMATION PROGRAM
FOR
HEALTH CENTERS.

1st Lt. M.C.
Public Health Officer

References:

Health Center Law 101, 5 September 1947.

PHMJG 16, 7 April 1947, Expansion and Improvement of Activities of Health Centers.

OD 6, this headquarters, 30 January 1948, Public Health Education Program.

Provisional Manual for Military Government in Japan, Chapter 8, Paragraph 5, Health Administration.

I. SITUATION

The health center is not a new idea to the Japanese people; however, the present concept entails many services that were not originally envisioned. The Health Guidance Centers established by the Ministry of Home Affairs in the early 1930's served primarily as centers for giving advice to the general public on health matters.

Health centers established under the Health Center Law of 1937 were supposed to perform some functions similar to those assigned today. However, the 645 centers existing at the beginning of the occupation were so poorly staffed and lacking in facilities that they contributed very little to public health.

The new Health Center Law passed in September 1947, provided for the division of all prefectures into health center districts of approximately 100,000 persons. Each of these is to have a health center, supervised by a district health officer, who is also responsible for all public health activities in the district. All health officers are in turn responsible to the prefectural health department chief or, in cities of more than 150,000, to mayors.

Organization of the centers is very similar to that of the prefectural health department, so that functions of the latter are extended to a local level within reach of all people. The new health centers offer the following twelve basic services:

Inclosure 1

1. Public health nursing -- direct community service through home and school visits, in cooperation with all sections of the health center.
2. Maternal and child hygiene -- to preserve and promote the health of pregnant women, infants, and young children.
3. Statistics -- records births, deaths, and outbreaks of disease for report to appropriate divisions of the center.
4. Diagnostic laboratory service -- tests food, water, and beverages for presence of bacteria or poisons; examines specimens from private doctors as well as other divisions of the center.
5. Dental hygiene -- examines teeth and advises on proper care; gives definitive treatment to women and young children.
6. Nutrition service -- conducts nutrition surveys; offers consultation for persons in need of nutritional guidance.
7. Sanitation -- environmental inspection and corrective measures performed by sanitary teams; food inspection and control of animal diseases which affect humans.
8. Public health education -- a continuous information and education program concerning sanitation, disease prevention, and use of health center facilities.
9. Medical social service -- assists patients and the doctor in correcting conditions that hinder recovery. This may involve financial assistance or helping him to make necessary social adjustments.
10. Communicable disease control -- deals with prevention and control of diseases which are likely to give rise to dangerous epidemics; examples are smallpox, diphtheria, typhus fever, meningitis, cholera, and plague.
11. Tuberculosis control -- provides X-ray diagnosis and treatment.
12. Venereal disease control -- includes blood tests, treatment, and investigation of contacts.

In the spring of 1948 a model health center demonstration was conducted for military government public health officers and Japanese prefectural health department officials at Suginami, Tokyo. Much material in both Japanese and English was issued at that time to serve as a guide to organization and activities of the centers. The team public health officers have that material, which forms the basis of this information program.

Different centers are in varying stages of operation. This program, outlined for the model centers of Yokohama and Tokyo, may not apply wholly to some local centers where all services are not yet available. It may be revised as necessary.

II. OBJECTIVE

The objective of this information program is to answer the following questions for the average Japanese:

1. What is a health center?
2. How does it help the community?
3. How does it help me?
4. How can I use it?

III. MATERIAL TO PUBLICIZE

(Although the primary function of the health center is administration of public health activities, the general public is more likely to be interested in those services which are rendered directly to the individual. It would seem advisable to center the information program around these services).

What is the Health Center?

The health center, staffed by doctors and nurses, provides diagnosis of an illness and gives information on how and where treatment may be obtained. It is also a place to report bad sanitary conditions and receive help in correcting them.

Ordinarily patients are not actually treated at health centers, but are referred to private doctors for care as necessary. Exceptions to this are cases of venereal disease or tuberculosis. These are treated in the center at cost. However, persons who are unable to pay a private doctor may receive free care by special arrangement at the center.

How Does the Health Center Help the Community?

The health center helps keep people from getting sick, through the activities of its sanitary teams. These teams inspect all parts of the district for unhealthful environmental conditions. Fly and mosquito breeding places, such as stagnant pools of water, garbage piles, and uncovered benjos, can cause epidemics of dysentery, typhus or encephalitis. Dirty restaurants, uncovered vegetables, and spoiled meats in food stores can spread dysentery and parasites. Unsanitary slaughter houses and fish markets may spread typhoid, trichinosis, parasites, and food poisoning.

Improper handling of milk at the dairy may be the cause of tuberculosis, scarlet fever, septic sore throat or brucellosis. All these places are inspected regularly by the sanitary teams and health hazards are eliminated.

Unsanitary conditions in homes or food stores should be reported to the health center for corrective action to prevent epidemics.

How Does the Health Center Help Me?

The health center can tell a person who notices symptoms of an illness whether or not he has contracted a disease. One should not wait until a small pain or disorder becomes acute. By an early visit to the center a great deal of expense and long hospitalization may be saved. In addition to prevention and diagnosis of ordinary communicable diseases, the health center is particularly interested in tuberculosis and venereal diseases.

Periodically the center conducts mass X-ray examinations of students or factory employees. Those who show lung infections are sent for treatment so that they do not endanger people working around them. Any person who has a continuing cough or fever should consider the possibility of tuberculosis and have the center diagnose the illness immediately.

All pregnant women are now required by law to take blood tests. The health center is a convenient place to be tested, and also to receive treatment if necessary.

Anyone who has had a contact where venereal disease is possible should watch for symptoms and be diagnosed at the center.

Consultation on health matters not directly connected with illness is available. Women can have pregnancy diagnosed there. Failure of an expectant mother or infant to gain weight should be a cause for concern and a subject of inquiry at the maternal and child hygiene division.

At the nutrition room mothers can learn what constitutes a balanced diet, how to prepare the most wholesome foods and when to give different kinds of food to an infant. A patient with an illness which calls for a special diet will be referred by the physician to the nutrition division for a list of suitable menus.

Mass dental examinations are handled in much the same manner as the tuberculosis check-ups. Persons needing attention are given advice for better care of teeth and directed to dentists near their homes. Private dentists who receive patients that are unable to pay will refer them to the center for dental work at minimal charge, or at no cost, depending upon circumstances.

The laboratory tests well water brought or sent in by individuals to determine if it is safe for drinking. A well once declared safe may not remain so. Periodically, particularly after a flood or an earthquake, the water should be retested to be sure it has not become polluted by seepage.

Public health nurses offer direct service to the community in nearly every phase of the health center program. They visit any family which needs nursing care or health supervision. The public health nurse visits homes where there is a communicable disease to teach the techniques of isolation and proper home care. She assists parents in understanding how to care for their children, and cooperates closely with the school nurse in solving school health problems. In her home and school contacts she teaches the principles of healthful living to the entire community.

How Can I Use the Health Center?

(Publicizing the exact location and open hours of the center is suggested).

A person, upon entering the center, stops at the information desk, where the receptionist asks for basic information: name, age, occupation, etc., including the nature of the ailment, so that the patient can be directed to the proper clinic within the building. Next comes an interview with the clinic nurse, followed by the doctor's examination. The doctor then may discharge the patient, send him elsewhere in the center for further diagnosis and treatment or refer him to a private doctor.

The center is open to all, rich or poor. Charges for those eligible for clinic treatment will be minimal and according to the financial status of the patient, as determined by the medical social worker in the center. A statement from a minsei-in that the patient is unable to pay for services will make free treatment possible. The medical social worker can also make arrangements for the support of a family whose wage-earner is hospitalized.

IV. METHODS

The following methods of implementation are suggested for use by Japanese agencies or media:

Press

Prepare feature stories on health centers which include the 12 services available. Include also historical development of the health center movement and quotations from local persons.

Write human interest stories about persons being treated at the center to stress the services available and the considerate treatment given.

Emphasize that health center clinics are for persons unable to pay full professional fees.

Conduct a tour of a model center by high officials with news and picture coverage.

Extract background material from the six CI&E-PH&W press statements on the functions of health centers. These have been forwarded to all military government echelons over the past several months.

Radio

Produce a series of 15-minute skits dramatizing services the center provides. Portray admission procedure and emphasize kind, efficient treatment. The principal character could be an admission nurse, with action revolving around her.

Induce health center personnel to give short talks on treatment available and services provided.

Posters, Pamphlets and Exhibits

Show the results of non-treatment in cases of tuberculosis and venereal diseases and suggest early diagnosis and treatment by using streetcar cards and posters.

Display clean-up posters at theaters, bath houses and bus and railway stations inviting the public to use sanitary teams.

Produce a pamphlet explaining, "How the Health Center Helps Me." (Examples of the publicity leaflets prepared by Osaka Toyonaka Model Health Center are inclosed).

Prepare an exhibit showing health center facilities for display at department stores or railway stations.

Films and Projection Material

Use the CIE films, "Medical Specialist" and "Modern Medicine," at organization meetings and CPH's as the basis for discussion of public health matters.

Portray services with stereoptican strips composed of photographs and cartoons made locally. (A photographic opaque card series on Suginami Health Center is being prepared by Exhibits Branch, CI&E, SCAP. Two sets will be forwarded to each team for local adaptation and use in stereoptican).

Obtain Japanese 16-mm films: "Diary of a Public Health Nurse," (¥20,000-¥25,000 from Nishi Nippon Eiga Sha, No. 13 Oiichi, Yamaguchi City) and "Lady of Science" (CIE adaptation to be released 4 March).

Devices

Hold open house in each center and feature exhibits, talks, films and a tour through the building.

Paint slogans about sanitation on garbage and rubbish cans.

Encourage schools to include information on health center activities in courses, and to arrange for visiting nearby centers.

Conduct a contest to determine the healthiest baby in the area with the judging and awarding of winners being done at the center.

Health Education Division

Encourage the division to conduct a continuous information program to publicize health regulations and services provided by the center; and further to handle the major share of conducting the Sanitation and Insect Control and Disease Control information programs previously distributed.

In order to assure a planned, well-rounded, well-timed program, encourage the health center information officer to prepare a publicity schedule in a form similar to the following (dates and topics shown are examples only):

<u>Date</u>	<u>Theme</u>	<u>Media</u>	<u>Contents</u>	<u>Responsible Person</u>	<u>Deadline</u>	<u>Remarks</u>
15 Sep	Cure of TB	Radio	Skit stressing diagnosis and treatment at center	(Name)	8 Sep	
25 Sep	Reporting of V.D.	Poster	Symptoms and location of health center		18 Sep	2,000 to bus and RR stations, theaters, post offices, BB
22 Sep	Facilities of health center	News-paper	Feature article with photographs		21 Sep	Publish in newspaper circulation 100,000

Follow up periodically to see that the schedule is adhered to, or that a revised one is made that can be followed.

APPENDIX

Following are sources of background material on health centers:

Hoken Times. (Health & Welfare Times) semi-monthly published by Hoken Bunka Kyokai, No. 2, Block 1, Misaki cho, Kanda, Chiyoda-ku, Tokyo).

Ikuji Shimbun (Child Care Newspaper published monthly by Ikuji Koseikai, No. 3, Block 3, Motomachi, Nihonbashi, Chuo-ku, Tokyo).

Guide to the Health Centers in Japan, outlining activities and services. Sent to all prefectures for the use of doctors and health center nurses.

Welfare Times (magazine published by the Welfare Ministry) and Eisei Kyoiku (Health Education) published by Koshu Eisei Sha, No. 6, Block 1, Iida cho, Chiyoda-ku, Tokyo) contain excellent study and discussion material for women's organizations.

The Medical Friend Publishing Co., 40 Momozono-Cho, Nakano-ku, Tokyo, lists the following publications:

Communicable Disease Nursing (Densensei Shikkan Kangogaku) ¥200

Mr. T. B. Patient and You (Kekkaku Kanja Soshite Minasan) ¥30

The Long Adventure (Nagai Boken) Price not established.

Model Health Center Guide (Mohan Hokensho Shido Kyohon) Price not established.

Tuberculosis (Kekkaku) ¥20

Home Care of Tuberculosis (Kekkaku No Katei Kango) (2 Vol.) ¥80

Syphilis (Baidoku) ¥30

Prenatal Care (Sanzen No Kangoho) Price not established.

Infant Care (Eiji No Toriatsukaikata) Price not established.

Child Care and Development Price not established.

Child Health Conference Price not established.

The following film strips on public health topics are available from Okuda Shokai, Fukutoku Bldg., Kyobashi, Tokyo. They would be useful for both the health center and disease control information programs. Prices quoted are for single frame black and white. They are also available in double frame or in color:

Recuperation for Stamping out Tuberculosis ¥ 150

Stamp out Tuberculosis ¥ 200

Common Sense of Tuberculosis Suppression ¥ 250

Habits for Public Health ¥ 200

The Common Sense of Nutrition ¥ 200

For Children (prevention of diphtheria) ¥ 200

<u>Parental Love</u> (prevention of typhoid fever)	¥ 300
<u>Venereal Disease</u>	¥ 200
<u>Special Hygiene for Women</u>	¥ 200
<u>Proper Nutrition</u>	¥ 200
<u>Blind Bird</u> (Prevention of trachoma)	¥ 250
<u>Worms in the Belly</u>	¥ 300
<u>Hands</u> (keep them clean)	¥ 200
<u>What is Venereal Disease?</u>	¥ 350
<u>The Story of Taro</u> (prevention of dysentery)	¥ 300
<u>The Story of the Fly</u> (disease control by extermination)	¥ 350

PUB. HEALTH

①

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

WJD/ay

Ignatius J. Stein M.D.

13 February 1948

AG 720 - BA

28 Jan 49

READ & INITIAL	
S.O.	C
EXEC.	
ADJT.	B
1st Sgt.	
Sgt Maj.	<i>[Signature]</i>

SUBJECT: Model Health Center

TO : See Distribution

1. Reference: Memorandum, General Headquarters, Supreme Commander for the Allied Powers, subject: "Plans for Model Health Center Demonstration", dated 23 January 1948 (Copy attached).

2. Reference memorandum is forwarded for your information and guidance in implementing your plans for model health center demonstrations.

BY COMMAND OF MAJOR GENERAL SWING:

1 Incl:
As indicated.

s/ Charlie Ramsey, CVO-USA
for W. N. HORNISH
Lt Col., AGD
Asst Adj Gen

DISTRIBUTION:

- 2 ea MG Region & Team
- 1 Corps Z/R
- 3 AG Rec, I Corps

C O P Y

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare SectionLGT:d
23 January 1948

MEMORANDUM TO: All Persons Responsible for Demonstration at Model Health Center

SUBJECT ...: Plans for Model Health Center Demonstration.

1. For the benefit of those responsible for demonstrating a given function at the Model Health Center the following paragraphs summarize pertinent information gleaned from Col. Sams verbal instructions. It is necessary that written plans be submitted without delay in order that coordination of the over-all plan may be affected. It is particularly important at this time that you turn in an estimate of the time, personnel and equipment required for demonstration in order that a master plan may be evolved.

2. The manner of functioning of Health Centers of Japan is very unsatisfactory. Some do not have adequate buildings. Others do not have adequate staff or equipment but most of the inadequacy stems from the fact that prefectural authorities do not realize the place of a Health Center in their community.

3. The Health Center Law (Public Law No. 101, 5 Sep 47) furnishes a legal basis for establishing an efficient and adequate system of Health Centers throughout Japan. Approximately 780 Health Centers will be established or reorganized. To achieve the desired degree of efficiency and completeness in all of these Health Centers it is necessary to prepare a visual demonstration in the form of a Model Health Center.

4. When once this model Center is staffed and equipped, staffs from various prefectures and districts will be brought in for a course of training and a visual demonstration of what their own Health Center should be.

5. This model Center will demonstrate the scope of activity for each of the 12 functions which are enumerated in paragraph 1 of subject memo. The order of procedure will be:

a. Military Government Health officers will be brought to Tokyo first. The demonstration will be put on for these men. The chiefs of the Health Districts and of the prefectures will be brought in for a concentrated course of training to the model Health Center in Tokyo.

b. These officials will then return to their own individual prefectures and establish a similar model Health Center in each prefecture.

c. Prefectural health officials will then receive course of training at the prefectural model Health Centers.

Incl. 1

d. The remainder of the 780 Health Centers will then be established on the same plan as the model Center but modified to fit the needs of the individual locality:

6. The 12 functions of a Health Center as outlined in a Memorandum of 7 April 1947 are listed below. With this list are the names of the individuals in Public Health & Welfare who will represent this office in assisting in operation and presentation of each demonstration:

<u>AMERICAN</u>	<u>JAPANESE</u>
1- Public Health Nursing, Miss Pickens	Miss M. Kaneko
2- Maternal & Child Hygiene, Dr. Knight	Dr. Mukamatsu
3- Vital Statistics, Mr. Phelps	Dr. N. Soda
4- Diagnostic Laboratory, Dr. Hamlin	Dr. T. Ogawa
5- Dental Hygiene, Lt. Col. Ridgley	Dr. E. Oonishi
6- Nutrition, Miss O'Donnell	Dr. K. Arimoto
7- Sanitation, Major Scothern & Dr. Wheeler & Mr. Kaufman	Dr. U. Ishibashi Dr. K. Arimoto Dr. Y. Ozuki Dr. S. Ikeda Mr. O. Asomuna
8- Health Education - Lt Col. Thomas	Dr. K. Kusumoto Dr. H. Shiga Dr. J. Ishigaki
9- Medical Social Service - Mr. Kneff	Dr. Saita
10- Communicable Disease Control, Maj. Bourland	Dr. U. Ishibashi
11- Tuberculosis Control, Dr. Knight	Dr. S. Kanai
12- Venereal Disease Control, Dr. Wieda	Dr. U. Ishibashi Dr. R. Nakahara

7. Lt Col., Thomas will function as coordinator of the entire group.

8. The demonstration should extend over a sufficient length of time to allow unhurried and complete presentation of the model Health Center. It is to be emphasized that the planned demonstration is not a one day tour but is to be considered as a complete course of training with sufficient specific information presented to the observers that they can return to their prefectures and reduplicate in its entirety the Health Center. Teaching aids such as charts, mimeographed information sheets, demonstration teams, etc., should be used as adjuncts to the teaching program.

a. The following charts should be included in the curriculum:

- (1) Internal organization of the district health office.
- (2) Internal organization of the Health Center.
- (3) Chart of the Health Center district showing the schools number of people, etc.
- (4) Geographical charts of the district showing location of Health Centers and branch centers.

b. Specific suggestions of material to be included in each of the 12 functional groups:

(1) Vital Statistics

(a) The term "Vital Statistics" must be looked upon in its broadest sense as a compilation of all Health Center Statistics. It is not confined to a record of births, deaths, and marriages but should include a whole series of charts including the following information:

1. Names and locations of doctors and hospitals in the districts, bed capacity, types of services rendered.
2. Disease rates.
3. Births, deaths, marriages, etc.

(b) The demonstration should include the actual completion of various printed forms and the tracing of these forms through various channels from the patient to the file.

(2) Sanitation

(a) The demonstration should include the following charts:

1. Location of all water, sewage, and garbage disposal facilities in the district.
2. Organization of the sanitary teams.
3. Spot maps showing breeding places for mosquitoes and flies.
4. Information concerning dairies and slaughter houses.

(b) There has been a woeful lack of dissemination of information to the sanitary teams themselves; in fact, in most places sanitary teams are not even in existence. It must be stressed that the sanitary teams are the men who go out and actually spray the mosquito breeding places and take care of the sewage disposal, etc.

(3) Communicable Disease Control

Demonstration should include:

(a) Spot maps showing actual location of every reportable disease in that district.

(b) Charts showing up-to-date information on every immunization program.

(c) Relationship of every other Health Center division to Communicable Disease Control.

(d) The tracing of a case of some communicable disease such as smallpox from the reporting of the case until removal of quarantine.

(4) Venereal Disease Control

(a) The following charts should be included in the demonstration:

1. Number of cases of each of the Venereal Diseases within the district.

2. Location of all known prostitutes in the district.

(b) The demonstration should show how a contact is traced and how a venereal disease case is handled. It should also show what happens when a private physician sends in a specimen for diagnosis.

(5) Tuberculosis Control

The demonstration should include:

(a) Spot maps of all known cases of tuberculosis.

(b) The actual examination of children and adults by X-ray, physical examination, sputum examination, tuberculin test, etc.

(c) The channels through which the actual case of tuberculosis passes in a Health Center demonstrating the close liaison between the tuberculosis division, the nursing division, laboratory, and medical social service, etc.

(d) Information regarding the social services aspects of a case of tuberculosis such as examination of family, investigation of their financial status, their housing, clothing, food, heating, etc.

(6) Medical Social Service

Demonstration should include:

(a) Spot maps of all welfare institutions and actual capacity of social assistance.

(b) Demonstration of relationship between other divisions of the Health Center.

(c) The entire demonstration should be aimed at showing the relationship which this department has to all others.

(7) Laboratories

This demonstration should show:

(a) Complete gamut of diagnosis procedures to be done in the Health Center.

(b) The proper channels for collection specimens and distributing laboratory reports.

(c) Channels for sending specimen to laboratories for difficult procedures which can not be done in the Health Center laboratory.

(d) Channels through which a specimen from the time it is dispatched by private physician to the time when the report returns to him.

(e) Relationship to Health Center laboratory to the Prefectural Diagnostic laboratory.

(8) Mother and Child Hygiene.

This demonstration should include:

(a) Pre and post natal care plus usual child clinic procedures.

(9) Nutrition

Nutrition should show graphically:

(a) Nutrition survey

(b) Spot maps of ration points

(c) Recipes for preparing imported foods.

(d) Preparation of balanced diets.

(e) Actual methods of cooking.

(f) Relationship to mother and child hygiene clinic and to the nursing division. Nutrition charts such as those on the Health Train should assist greatly in the educational part of the program.

(10) Dental

This demonstration should show:

(a) How a dental survey is conducted.

(b) How school children and nurses are contacted.

(c) On spot maps the names and locations of all dentists in the district.

(11) Health Education

(a) This work should normally be handled by the Health Center Chief himself. It should show:

1. Coordination with all other activities of the Center.
2. Dissemination of information through local newspapers, moving picture, films, etc.
3. Materials which are available from the Ministry of Welfare, and way they can be produced.

(12) Public Health Nursing

Demonstration should include charts showing:

- (a) Organization of the nursing division
- (b) Relationship to other divisions
- (c) Work load for nurses in the Center
- (d) Routine for going into homes as visiting nurses.

c. These demonstrations will be held for several different groups. About 94 people will be attending these demonstrations. At least five groups will see the demonstration.

d. Preparation of these demonstrations will necessitate much minute preparation with definite rehearsals and fairly complete scripts. This task should be considered on top priority within this section.

/s/ Lucius G. Thomas
/t/ LUCIUS G. THOMAS
Lt Col., M. C.
Chief
Preventive Medicine

TEN RULES FOR CONTROL OF TUBERCULOSIS IN THE HOME

1. Early diagnosis and early hospitalization means recovery.
2. Isolate the patient in his own room, if possible; if not, by the use of screens (byobu) or sliding panels (shoji).
3. A patient's room should have fresh air and sunlight.
4. A patient must sleep alone and in his own bed.
5. Moist cleaning of all rooms, occupied by a tuberculosis patient, must be done. Sweep first and dust with a moist cloth, and not a "pom-pom".
6. A patient must have and use only his own toilet articles, eating utensils, towels, bed linen, and clothing.
7. These must be washed separately from those used by the family.
8. Promiscuous spitting must be stopped.
9. Complete and proper collection of all sputum and excreta must be done. It must be sterilized and destroyed completely without exposing other people to infection.
10. Infants and young adolescents must be kept away from all open cases.

TUBERCULOSIS CONTROL

A. Individual

- 1st day
1. History--past and present (complete)
 2. Tuberculin Test
 - Blood sedimentation test
 - X-ray examination
 3. Auscultation & percussion

- 3rd day
1. Reading of tuberculin reaction
Report of blood sedimentation test
Report of x-ray film; sputum test.

Reports from the above test results

2. Diagnosis
3. Treatment
 - (a) BCG inoculation to tuberculin reaction negatives
 - (b) Tuberculin reaction positives
 - (1) Health
 - (2) Patient
 - a. Cases under observation
 - 1 Prevention of onset
 - 2 Guidance of daily life
 - 3 Health examination usually once a month.
 - b. Patients in need of rest
 - 1 Artificial pneumothorax
 - 2 Guidance of treatment at home by visiting nurses.
 - 3 Recommendation: Hospitalization
 - c. Cases under treatment
 - 1 Advice to hospitalization
 - 2 Social service
 - 3 Guidance of treatment at home by visiting nurses
 - (c) Case tracing (family members of the patient)
 - (1) The same as in the individual case.
 - (d) Patient who has left hospital
 - (1) Guidance of daily life
 - (2) Social service

- 5th day
1. Should the 35mm film suggest pathology a return visit would be made for report on x-ray on larger film--taken on the third day.

B. Mass Examination for Tuberculosis

1. First day

- a. Tuberculin test.
- b. Indirect x-ray examination

2. Third day

- a. Judgement of tuberculin reaction and x-ray film
- b. BCG inoculation to negatives

Positives

- a. Healthy cases
- b. Suspicious cases (in need of particular examination)

3. Particular examination

- a. Blood sedimentation test
- b. Auscultation and percussion
- c. Sputum examination
- d. X-ray examination (large size)
- e. Diagnosis

(1) Healthy cases

(2) Patients

(a) Cases under observation

(b) Cases in need of rest

(c) Cases under treatment

Control of patients is the same as in individual cases.

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

CIVIL INFORMATION OFFICER

CIVIL INFORMATION PROGRAM
FOR
HEALTH CENTERS

References:

Health Center Law 101, 5 September 1947.

PHMJG 16, 7 April 1947, Expansion and Improvement of Activities of Health Centers.

OD 6, this headquarters, 30 January 1948, Public Health Education Program.

Provisional Manual for Military Government in Japan, Chapter 8, Paragraph 5, Health Administration.

I. SITUATION

The health center is not a new idea to the Japanese people; however, the present concept entails many services that were not originally envisioned. The Health Guidance Centers established by the Ministry of Home Affairs in the early 1930's served primarily as centers for giving advice to the general public on health matters.

Health centers established under the Health Center Law of 1937 were supposed to perform some functions similar to those assigned today. However, the 645 centers existing at the beginning of the occupation were so poorly staffed and lacking in facilities that they contributed very little to public health.

The new Health Center Law passed in September 1947, provided for the division of all prefectures into health center districts of approximately 100,000 persons. Each of these is to have a health center, supervised by a district health officer, who is also responsible for all public health activities in the district. All health officers are in turn responsible to the prefectural health department chief or, in cities of more than 150,000, to mayors.

Organization of the centers is very similar to that of the prefectural health department, so that functions of the latter are extended to a local level within reach of all people. The new health centers offer the following twelve basic services:

Inclosure 1

1. Public health nursing -- direct community service through home and school visits, in cooperation with all sections of the health center.
2. Maternal and child hygiene -- to preserve and promote the health of pregnant women, infants, and young children.
3. Statistics -- records births, deaths, and outbreaks of disease for report to appropriate divisions of the center.
4. Diagnostic laboratory service -- tests food, water, and beverages for presence of bacteria or poisons; examines specimens from private doctors as well as other divisions of the center.
5. Dental hygiene -- examines teeth and advises on proper care; gives definitive treatment to women and young children.
6. Nutrition service -- conducts nutrition surveys; offers consultation for persons in need of nutritional guidance.
7. Sanitation -- environmental inspection and corrective measures performed by sanitary teams; food inspection and control of animal diseases which affect humans.
8. Public health education -- a continuous information and education program concerning sanitation, disease prevention, and use of health center facilities.
9. Medical social service -- assists patients and the doctor in correcting conditions that hinder recovery. This may involve financial assistance or helping him to make necessary social adjustments.
10. Communicable disease control -- deals with prevention and control of diseases which are likely to give rise to dangerous epidemics; examples are smallpox, diphtheria, typhus fever, meningitis, cholera, and plague.
11. Tuberculosis control -- provides X-ray diagnosis and treatment.
12. Venereal disease control -- includes blood tests, treatment, and investigation of contacts.

In the spring of 1948 a model health center demonstration was conducted for military government public health officers and Japanese prefectural health department officials at Sugunami, Tokyo. Much material in both Japanese and English was issued at that time to serve as a guide to organization and activities of the centers. The team public health officers have that material, which forms the basis of this information program.

Different centers are in varying stages of operation. This program, outlined for the model centers of Yokohama and Tokyo, may not apply wholly to some local centers where all services are not yet available. It may be revised as necessary.

II. OBJECTIVE

The objective of this information program is to answer the following questions for the average Japanese:

1. What is a health center?
2. How does it help the community?
3. How does it help me?
4. How can I use it?

III. MATERIAL TO PUBLICIZE

(Although the primary function of the health center is administration of public health activities, the general public is more likely to be interested in those services which are rendered directly to the individual. It would seem advisable to center the information program around these services).

What is the Health Center?

The health center, staffed by doctors and nurses, provides diagnosis of an illness and gives information on how and where treatment may be obtained. It is also a place to report bad sanitary conditions and receive help in correcting them.

Ordinarily patients are not actually treated at health centers, but are referred to private doctors for care as necessary. Exceptions to this are cases of venereal disease or tuberculosis. These are treated in the center at cost. However, persons who are unable to pay a private doctor may receive free care by special arrangement at the center.

How Does the Health Center Help the Community?

The health center helps keep people from getting sick, through the activities of its sanitary teams. These teams inspect all parts of the district for unhealthful environmental conditions. Fly and mosquito breeding places, such as stagnant pools of water, garbage piles, and uncovered benjos, can cause epidemics of dysentery, typhus or encephalitis. Dirty restaurants, uncovered vegetables, and spoiled meats in food stores can spread dysentery and parasites. Unsanitary slaughter houses and fish markets may spread typhoid, trichinosis, parasites, and food poisoning.

Improper handling of milk at the dairy may be the cause of tuberculosis, scarlet fever, septic sore throat or brucellosis. All these places are inspected regularly by the sanitary teams and health hazards are eliminated.

Unsanitary conditions in homes or food stores should be reported to the health center for corrective action to prevent epidemics.

How Does the Health Center Help Me?

The health center can tell a person who notices symptoms of an illness whether or not he has contracted a disease. One should not wait until a small pain or disorder becomes acute. By an early visit to the center a great deal of expense and long hospitalization may be saved. In addition to prevention and diagnosis of ordinary communicable diseases, the health center is particularly interested in tuberculosis and venereal diseases.

Periodically the center conducts mass X-ray examinations of students or factory employees. Those who show lung infections are sent for treatment so that they do not endanger people working around them. Any person who has a continuing cough or fever should consider the possibility of tuberculosis and have the center diagnose the illness immediately.

All pregnant women are now required by law to take blood tests. The health center is a convenient place to be tested, and also to receive treatment if necessary.

Anyone who has had a contact where venereal disease is possible should watch for symptoms and be diagnosed at the center.

Consultation on health matters not directly connected with illness is available. Women can have pregnancy diagnosed there. Failure of an expectant mother or infant to gain weight should be a cause for concern and a subject of inquiry at the maternal and child hygiene division.

At the nutrition room mothers can learn what constitutes a balanced diet, how to prepare the most wholesome foods and when to give different kinds of food to an infant. A patient with an illness which calls for a special diet will be referred by the physician to the nutrition division for a list of suitable menus.

Mass dental examinations are handled in much the same manner as the tuberculosis check-ups. Persons needing attention are given advice for better care of teeth and directed to dentists near their homes. Private dentists who receive patients that are unable to pay will refer them to the center for dental work at minimal charge, or at no cost, depending upon circumstances.

The laboratory tests well water brought or sent in by individuals to determine if it is safe for drinking. A well once declared safe may not remain so. Periodically, particularly after a flood or an earthquake, the water should be retested to be sure it has not become polluted by seepage.

Public health nurses offer direct service to the community in nearly every phase of the health center program. They visit any family which needs nursing care or health supervision. The public health nurse visits homes where there is a communicable disease to teach the techniques of isolation and proper home care. She assists parents in understanding how to care for their children, and cooperates closely with the school nurse in solving school health problems. In her home and school contacts she teaches the principles of healthful living to the entire community.

How Can I Use the Health Center?

(Publicizing the exact location and open hours of the center is suggested).

A person, upon entering the center, stops at the information desk, where the receptionist asks for basic information: name, age, occupation, etc., including the nature of the ailment, so that the patient can be directed to the proper clinic within the building. Next comes an interview with the clinic nurse, followed by the doctor's examination. The doctor then may discharge the patient, send him elsewhere in the center for further diagnosis and treatment or refer him to a private doctor.

The center is open to all, rich or poor. Charges for those eligible for clinic treatment will be minimal and according to the financial status of the patient, as determined by the medical social worker in the center. A statement from a *minsei-in* that the patient is unable to pay for services will make free treatment possible. The medical social worker can also make arrangements for the support of a family whose wage-earner is hospitalized.

IV. METHODS

The following methods of implementation are suggested for use by Japanese agencies or media:

Press

Prepare feature stories on health centers which include the 12 services available. Include also historical development of the health center movement and quotations from local persons.

Write human interest stories about persons being treated at the center to stress the services available and the considerate treatment given.

Emphasize that health center clinics are for persons unable to pay full professional fees.

Conduct a tour of a model center by high officials with news and picture coverage.

Extract background material from the six CI&E-PH&W press statements on the functions of health centers. These have been forwarded to all military government echelons over the past several months.

Radio

Produce a series of 15-minute skits dramatizing services the center provides. Portray admission procedure and emphasize kind, efficient treatment. The principal character could be an admission nurse, with action revolving around her.

Induce health center personnel to give short talks on treatment available and services provided.

Posters, Pamphlets and Exhibits

Show the results of non-treatment in cases of tuberculosis and venereal diseases and suggest early diagnosis and treatment by using streetcar cards and posters.

Display clean-up posters at theaters, bath houses and bus and railway stations inviting the public to use sanitary teams.

Produce a pamphlet explaining, "How the Health Center Helps Me." (Examples of the publicity leaflets prepared by Osaka Toyonaka Model Health Center are inclosed).

Prepare an exhibit showing health center facilities for display at department stores or railway stations.

Films and Projection Material

Use the CIE films, "Medical Specialist" and "Modern Medicine," at organization meetings and CPH's as the basis for discussion of public health matters.

Portray services with stereoptican strips composed of photographs and cartoons made locally. (A photographic opaque card series on Suginami Health Center is being prepared by Exhibits Branch, CI&E, SCAP. Two sets will be forwarded to each team for local adaptation and use in stereoptican).

Obtain Japanese 16-mm films: "Diary of a Public Health Nurse," (¥20,000-¥25,000 from Nishi Nippon Eiga Sha, No. 13 Oiichi, Yamaguchi City) and "Lady of Science" (CIE adaptation to be released 4 March).

Devices

Hold open house in each center and feature exhibits, talks, films and a tour through the building.

Paint slogans about sanitation on garbage and rubbish cans.

Encourage schools to include information on health center activities in courses, and to arrange for visiting nearby centers.

Conduct a contest to determine the healthiest baby in the area with the judging and awarding of winners being done at the center.

Health Education Division

Encourage the division to conduct a continuous information program to publicize health regulations and services provided by the center; and further to handle the major share of conducting the Sanitation and Insect Control and Disease Control information programs previously distributed.

In order to assure a planned, well-rounded, well-timed program, encourage the health center information officer to prepare a publicity schedule in a form similar to the following (dates and topics shown are examples only):

<u>Date</u>	<u>Theme</u>	<u>Media</u>	<u>Contents</u>	<u>Responsible Person</u>	<u>Deadline</u>	<u>Remarks</u>
15 Sep	Cure of TB	Radio	Skit stressing diagnosis and treatment at center	(Name)	8 Sep	
25 Sep	Reporting of V.D.	Poster	Symptoms and location of health center		18 Sep	2,000 to bus and RR stations, theaters, post offices, BB
22 Sep	Facilities of health center	News-paper	Feature articles with photographs		21 Sep	Publish in <u>x</u> newspaper circulation 100,000.

Follow up periodically to see that the schedule is adhered to, or that a revised one is made that can be followed.

APPENDIX

Following are sources of background material on health centers:

Hoken Times. (Health & Welfare Times) semi-monthly published by Hoken Bunka Kyokai, No. 2, Block 1, Misaki cho, Kanda, Chiyoda-ku, Tokyo).

Ikuji Shimbun (Child Care Newspaper published monthly by Ikuji Koseikai, No. 3, Block 3, Motomachi, Nihonbashi, Chuo-ku, Tokyo).

Guide to the Health Centers in Japan, outlining activities and services. Sent to all prefectures for the use of doctors and health center nurses.

Welfare Times (magazine published by the Welfare Ministry) and Eisei Kyoiku (Health Education) published by Koshu Eisei Sha, No. 6, Block 1, Iida cho, Chiyoda-ku, Tokyo) contain excellent study and discussion material for women's organizations.

The Medical Friend Publishing Co., 40 Momozono-Cho, Nakano-ku, Tokyo, lists the following publications:

Communicable Disease Nursing (Densensei Shikkan Kangogaku) ¥200

Mr. T. B. Patient and You (Kekkaku Kanja Soshite Minasan) ¥30

The Long Adventure (Nagai Boken) Price not established.

Model Health Center Guide (Mohan Hokensho Shido Kyohon) Price not established.

Tuberculosis (Kekkaku) ¥20

Home Care of Tuberculosis (Kekkaku No Katei Kango) (2 Vol.) ¥80

Syphilis (Baidoku) ¥30

Prenatal Care (Sanzen No Kangoho) Price not established.

Infant Care (Eiji No Toriatsukaikata) Price not established.

Child Care and Development Price not established.

Child Health Conference Price not established.

The following film strips on public health topics are available from Okuda Shokai, Fukutoku Bldg., Kyobashi, Tokyo. They would be useful for both the health center and disease control information programs. Prices quoted are for single frame black and white. They are also available in double frame or in color:

Recuperation for Stamping out Tuberculosis ¥ 150

Stamp out Tuberculosis ¥ 200

Common Sense of Tuberculosis Suppression ¥ 250

Habits for Public Health ¥ 200

The Common Sense of Nutrition ¥ 200

For Children (prevention of diphtheria) ¥ 200

<u>Parental Love</u> (prevention of typhoid fever)	¥ 300
<u>Venereal Disease</u>	¥ 200
<u>Special Hygiene for Women</u>	¥ 200
<u>Proper Nutrition</u>	¥ 200
<u>Blind Bird</u> (Prevention of trachoma)	¥ 250
<u>Worms in the Belly</u>	¥ 300
<u>Hands</u> (keep them clean)	¥ 200
<u>What is Venereal Disease?</u>	¥ 350
<u>The Story of Taro</u> (prevention of dysentery)	¥ 300
<u>The Story of the Fly</u> (disease control by extermination)	¥ 350

P.H.

SUGGESTED ORGANIZATION FOR PREFECTURAL PUBLIC HEALTH SECTION

GOVERNOR

CHIEF PUBLIC HEALTH

- MEDICAL AFFAIRS SECTION**

 1. Hospital administration, to include health centers
 2. Medical practice (doctors)
 3. Nursing practice
 4. Dental practice
 5. Control of pseudo medical practices

- PREVENTIVE MEDICINE SECTION**

 1. Communicable disease control
 2. Tuberculosis control
 3. Venereal disease control
 4. Mental disease control
 5. General health preservation
 - Prenatal clinics
 - Pediatric clinics
 - Special clinics for control of serious disease as cancer, diabetes, rheumatic fever, heart disease

- SANITATION SECTION**

 1. Insect and rodent control
 2. Water supply
 3. Sewage disposal
 4. Garbage and waste disposal
 5. Environmental sanitation - street cleaning, etc.
 6. Sanitation of public buildings, schools, institutions, jail, railroads

- PHARMACEUTICAL AFFAIRS SECTION**

 1. Production of medical supplies
 2. Distribution of medical supplies
 3. Narcotic control
 4. Pure food and drug supervision

- PUBLIC RELATIONS SECTION**

 1. Public Health education to general population, doctors, schools, nurses, patients
 2. Popularize public health

- VETERINARY AFFAIRS**

 1. Animal disease control
 2. Meat inspection
 3. Dairy affairs

- LABORATORY AFFAIRS**

 1. Diagnostic laboratories
 2. Pure food and drug laboratories
 3. Assay laboratories
 4. Supervision of laboratory standards

- VITAL STATISTICS**

 1. Vital statistics
 2. Morbidity statistics
 3. Disease reporting

- NUTRITIONAL AFFAIRS**

 1. Nutrition of population
 2. Nutrition surveys

- PUBLIC HEALTH EDUCATION RESEARCH & TRAINING**

 1. Provide education and training for public health workers
 2. Research in public health

- GENERAL AFFAIRS SECTION**

 1. Operation of office
 2. Personnel
 3. Budget
 4. Administration

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

4 January 1949

Item No.	TIME O=Starting Time of all inspection	I Corps Inspecting Section	Nature of Inspection	Team Personnel Required to Attend
1.	0 to 0-15 minutes	G-3	Appearance of officers and E.M. under Arms in-ranks	All military personnel of team less Team Ex-0
2.	0 to 0-30 minutes	MG	Conference between I Corps MG Officer heads of all sections of I Corps MG staff and team Ex-0 and Japanese Officials in Team's Area	Ex-0 (Ascertain the presence of Japanese officials)
3.	0 to 0-2½ hours	AG	Administrative records (Morning report, Sick book, duty rosters and completeness of files incl. AR's, circulars, Memos, and ltrs, career guidance program	First Sgt or Clerk
4.	0 to 0-2½ hours	Engr	Engr. eqpt and engr. problems	Team or region engr. off, NCO or civilian employee
5.	0-15 mins. to 0-45 mins	G-3	Consultation with team C.O. on dis- aster emergency plans. Program and efficiency of I&E work	Team C.O. or Ex-0 and clerk
6.	0-30 mins. to 0-1½ hrs	G-1	Personnel problems, strength & utilization of manpower.	Adm. or Ex-0 or 1/Sgt and clerk
7.	0-30 mins. to 0-1 hr	Ordinance	Inspection of all weapons-field stripped and displayed on tables.	Team officer designated by C.O.
8.	0-30 mins. to 0-1 hr	G-4	Supply room. General condition of supplies and supply records	Supply off. or supply NCO
9.	0-30 mins to 0-1 3/4 hrs	MG	Conference between I Corps MG Officer, Corps heads of MG section and their counterparts in MG team being inspected	Team C.O. and heads of all sections within the team
10.	0-45 mins to 0-1¼ hrs	G-3 Surg	Insp. of cleanliness and repair of living quarters, indiv. eqpt. (except ordnance and signal). Indiv. eqpt. to be displayed on bunks as prescribed in FM 21-5	Officer designated by Team C.O. and one clerk

Item No.	TIME O=Starting Time of all inspection	I Corps Inspecting Section	Nature of Inspection	Team Personnel Required to Attend
11.	0-1 hr to 0-2 hrs	Ordinance	Inspection of all motor vehicles accessories and records of motor pool.	Motor officer or motor NCO
12.	0-1 hr to 0-1½ hrs	G-4	Mess facilities and food service program.	Mess officer or Mess NCO
13.	0-1 hr to 0-2 hrs	G-2	Security, measures, handling of wons amm & classified info. Intelligence program and problems. Coordination with tactical troops and CIC Units in area.	Team C.O
14.	0-1 hr to 0-2 hrs	Signal	Signal eqpt. and communication problems	Team or region signal off, NCO or civilian employee
15.	0-1 3/4 hrs to 0-2½ hrs	MG	Informal consultations between Corps MG section heads and team section heads. Visits to local Japanese installations as appropriate. Consultations to continue to extent of available time.	Team section heads
16.	0-1½ hrs to 0-2½ hrs	G-4	Records of indigenous personnel	Team officer or NCO designated by Team C.O.
17.	0-2½ hrs to 0-3 hrs or last half hour of inspection	All Inspecting sections	General conference on entire inspection incl. recommendations for correction of deficiencies and airing of teams or regions special problems.	C.O. and all other team personnel whose presence C.O. may deem desirable.

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)
MILITARY GOVERNMENT SECTION

CHUGOKU INSPECTION TRIP
9-13 January 1949

Inspecting Party

MG Section:	Col J. J. Burns	Senior Mil Govt Officer, I Corps
	Col Elmer H. Nelson	Economics Sec
	Maj Sterlin C. Moore	Public Welfare Sec
	Maj Francis L. Ralls	Legal & Government Sec
	Capt William B. Koons	Civil Information Sec
	Capt Joseph E Lemon	Supply Officer
	Capt Llewellyn W. Hunsicker	Public Health Sec
	Dr George H. McClellan	Civil Education Sec
	Mr Takeuchi	Japanese Central Liaison Office
G-1	Two officers, names later	
G-3	Maj John H. Scanlon	
G-4	Maj Charles P. Brown	
AG	Capt William A. Franks	
Engr	Col Robert H. Naylor	
	Maj H. J. Swack	
Chaplain	Lt Col William T. Brundick	
Guests	Mrs. Milton B. Halsey and daughter	
	Mrs J. J. Burns	
	Mrs Elmer H. Nelson	
	Mrs William B. Koons	
	Mrs William T. Brundick	

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)
MILITARY GOVERNMENT SECTION

JBM/ay

4 January 1949

SUBJECT: Inspection Instructions

TO : Commanding Officer
Chugoku Military Government Region
APO 317

1. General: The Senior Military Government Officer, I Corps, accompanied by military government section chiefs and representatives from other interested staff sections will inspect all military government teams in Chugoku Military Government Region from 9-13 January 1949.
2. Schedule: See inclosure No. 1
3. Personnel:
 - a. It is suggested that the Commanding Officer, Chugoku Military Government Region attach his car to the inspecting party's train at Tottori and that he accompany the inspecting party throughout the region.
 - b. Inspecting party: Mrs. Halsey, wife of the Chief of Staff, Eighth Army, and her daughter will accompany the party. Other personnel are listed on inclosure No. 2.
4. Procedure:
 - a. Inspection will, in general, follow the items checked in the outline attached as inclosure No. 3.
 - b. A conference with Japanese officials is scheduled during the first half hour of the inspection (item 2). These officials should include the governor of the prefecture, the local mayor, and heads of prefectural departments corresponding to the various military government sections. During the first three minutes of this conference, the Senior Military Government Officer will address the group. The Senior Military Government Officer will then confer with the governor and the mayor, while the military government section chiefs confer with their counterparts from the prefectural government. Type-written notes in English of remarks to be made by each Japanese participant at this conference should be presented in duplicate beforehand, one set to be consolidated in a folder for the Senior Military Government Officer, the duplicate copies to be presented to the I Corps military government section chiefs concerned.

Ltr, Hq I Corps, AG 333 - RA, subj: "Inspection Instructions", dtd 4 Jan 49, cont'd

c. During a second conference (item 9 on schedule), the team commander and all section chiefs will present remarks concerning present operations and problems. Typewritten notes of these remarks will be presented in duplicate in the same manner as indicated in b above.

d. It will be noted that each team inspection will require approximately three hours, and that some teams will have to be inspected during the early morning or late evening hours in order to conform to the tight train schedule.

5. Billets and Rations: The party will eat and sleep on the train. It is requested that ice, fresh meat, and bread be made available at Matsue, Yamaguchi, and Okayama.

6. Questionnaire: A copy of enclosed questionnaire will be completed by each team and presented at the time of inspection.

Incls:

1. Itinerary
2. List of personnel
3. Tentative inspection schedule
4. Questionnaire

/s/ J. J. Burns
/t/ J. J. BURNS
Colonel, FA
Senior Mil Govt Officer

DISTRIBUTION:

- 12 Hq Chugoku MG Reg
- 1 ea Sec, Hq Kinki MG Reg