DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

CABINET ORDER

English Translation of the Japanese

ENFORCEMENT REGULATIONS OF THE HEALTH INSURANCE LAW

(As established by Cabinet Order No 243,
June 1926, and amended by Cabinet orders
in 1927, 1929, 1934, 1938, 1940, 1941,
1942, 1944, 1945, 1946, June 1947, and
August 1948).

25 February 1949

Social Security Division

PHW GHQ SCAP

Incl 2

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

ENFORCEMENT REGULATIONS OF THE HEALTH INSURANCE LAW

(As established by Cabinet Order No. 243, June 1926 and amended by Cabinet Order in August 1948).

Chapter I. General Rules. Deleted 1/.

Articles 1 through 8. Deleted.

Chapter II. The Insured Person. Deleted.

Articles 9 through 10-2. Deleted.

Chapter III. Health Insurance Societies and Health Insurance Federations.

Section 1. Formation of a Society.

Article 11. When the employers who desire to form a Health Insurance Society seek to obtain the consent of those insured, as provided in Article 29 of the Health Insurance Law, the employers must inform the insured employees subject to Article 29 of the Health Insurance Law and must also inform the employees to be insured as provided by Article 30 of the Health Insurance Law, of the following matters:

1. The number of and the type of employment of those who are to become member of the Society.

2. The proposed organization of the Society.

3. The proposed contribution rates.

4. The proposed insurance benefits.

5. The proposed plan of operations.

Article 12. In the Society's articles the following matters shall be provided:

1. The title or name of the Society.

2. The location of the Society's office.

3. The name and location of each working place where the Society is to be in effect.

1/ Chapters I, II, IV, and V were incorporated in their entirety in the basic Law, in July 1948.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

4. The method of publication to be used by the Society.

5. Other important matters concerning the Society.

Article 13. The Society shall use the phrase "Health Insurance Society" in its title or name.

An organization that is not a Health Insurance Society shall not use the phrase "Health Insurance Society" in its title or name.

Article 14. The employer and employee contribution rates to be applied and an estimate of the income and expense of the Society for the first year of its operation shall be made by the employers seeking to form the Society and shall be submitted to the Welfare Minister for approval.

Article 15. When the Welfare Minister approves the formation of a Society he shall publish the following information:

1. The title or name of the Society.

2. The location of the office of the Society.

3. The name and location of the working place where the Society shall be in effect.

4. The date of approval.

When the competent authority 1/ approves a change in a Society's articles with respect to items 1 or 2 mentioned above, he shall make such change public.

Article 16. When the approval for forming a Society is obtained the employers of the Society shall publish without delay the articles of the Society.

Article 17. When the approval for forming a Society is obtained the employers shall convene the council of the Society without delay and shall report the status of the formation of the Society, the contribution rates to be used, the estimate of the income and expense for the first year of operation, and other important matters.

Article 18. After the Society is formed and until the directors of the Society take over their official duties the employers shall exercise the duties of the directors.

Section 2. The Council of the Society.

1/ See Article 73.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Article 19. A Health Insurance Society shall form a Society Council.

The Society Council shall consist of a chairman and councillors.

Article 20. A Society council shall have a fixed even number of councillors. One-half of the councillors shall be appointed by the employers from the employers, their deputies, or employees, and one-half shall be elected by a mutual vote of the Society members from the insured members.

Article 21. When councillors assume their duties, or when they resign or die, the event shall be made public without delay.

Article 22. Deleted.

Article 23. When a Society member questions the validity of the election of councillors or the vote of councillors who participated in the election he shall be permitted to file a protest with the directors of the Society within 7 days from the date of the publication specified in Article 21.

When a protest in files the directors shall submit it within 20 days to the council for a decision and when such decision is made it shall be published without delay.

When a protesting member is not satisfied with the decision made by the council he may appeal to the competent authority within 30 days from the day of the council's decision. In such case the Health Insurance Society shall be regarded as an authorized government office 1/ provided by the Appeal Law.

Councillors shall not lose their right to attend the council meetings and to participate in council discussions while the decision mentioned in the second paragraph of this article is being made or while the decision on the appeal as mentioned in the preceding paragraph is being made.

Article 24. In addition to the provisions of these enforcement regulations, matters of the Society concerning the fixed number, qualification, term of office, and election of councillors shall be governed by the provisions of the articles prescribed by the Society.

Article 25. Matters of the Society upon which a Society council must make decisions shall be as follows:

1. The preparation of estimates of income and expense.

1/ The Welfare Minister or the prefectural governor.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

2. The preparation of reports on operations and the settlement of accounts.

3. The assumption of obligations besides those provided in the estimates of income and expense, and the giving up of Society rights.

4. The methods to be employed in controlling reserve funds.

5. The disposal of a reserve fund or other important property.

6. The negotiation of a loan for the Society.

7. A change in the articles of the Society.

8. The contribution rates to be used.

9. The institution and settlement of appeals and law-suits.

10. Other important matters of the Society.

Article 26. The Society council shall be able to inspect documents concerning the business of the Society, demand reports from its directors, examine the management of the business and the execution of decisions, and examine receipts and expenses.

The Society council shall be able to appoint committees composed of councillors and require them to handle council matters.

Article 27. The Society council shall be convened by the directors.

When more than one-third of the fixed number of councillors request the convening of the council for the purpose of handling matters which are subject to council action, the directors shall convene the council within seven days.

The convening of the council shall be made at least three days before the opening day of sessions except when matters are urgent and demand that the sessions start immediately.

The Society shall be able to prescribe further rules with respect to the period mentioned for convening the council.

When the council is in session and urgent matters arise the directors shall be able to submit such matters to the council immediately.

The sessions of the council shall be opened and closed by the directors.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Article 28. The chairman of the concil shall be appointed by the directors and he shall preside over the council meetings and maintain order in the council room.

Article 29. When less than half of the fixed number of councillors are present, the council sessions shall not be opened; however, when the number is less than one-half because of the exclusions provided in Article 32 this rule shall not apply.

Article 30. The decisions of the Society's council shall be made by a majority vote of the councillors present, and in case of a tie vote, the decision shall be made by the chairman.

Article 31. Any changes made in the articles of a Society must be approved by more than three-fourths of the councillors present.

Article 32. The chairman and councillors shall not be permitted to participate in proceedings of the council that concern their own personal affairs; however, when such persons obtain the consent of the council they shall be able to participate.

Article 33. Each councillor shall attend the council sessions and vote. However, when a councillor is not able to attend the council because of illness or unavoidable circumstances he shall be able to vote by proxy through an entrusted councillor as provided in the articles of the Society. In such event the absent councillor shall be regarded as having been present at the council.

Article 34. Members of the Society shall be able to hear council sessions except when a special session, as provided in the Society's articles, precludes the members' attendance.

Article 35. A councillor shall be able to receive from the Society his travelling fees required to carry out his duties.

When a councillor who is insured is denied emolument from his customary employment because of his service as a councillor, he shall be able to obtain the said compensation from the Society.

The travelling fees mentioned in the first paragraph and the value and method of payment of the above mentioned compensation shall depend on what the articles of the Society provide.

Section 3. Officials of a Society.

Article 36. A Society shall have directors.

The fixed number of directors shall be even. One-half the number shall be elected by a mutual vote of the councillors who were appointed

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

by the employers, and one-half shall be elected by a mutual vote of the councillors who were elected by the insured members.

One of the directors shall be the chief director and he shall be elected by the directors who were elected from the councillors appointed by the employers.

Article 37. The chief director shall represent the Society. When the chief director is not available because of unusual circumstances another director shall take his place in accordance with the articles of the Society.

Article 38. The affairs of the Society shall be decided by a majority vote of the directors, except in a case covered by the articles of the Society. In case of a tie vote, the decision shall be made by the chief director.

Article 39. When a Society council fails to organize or form 1/, does not decide the matters it should decide, or it is very difficult to convene, the directors of the Society shall be empowered under the direction of the competent authority to dispose of the matters which the council should decide.

Article 40. The directors of a Society shall be able to decide arbitrarily the matters of the Society that are urgent and demand immediate attention and which arise when there is not time to convene the council of the Society or when the council fails to form 2/, or if the matter to be decided is insignificant.

Article 41. When directors dispose of matters in agreement with the provisions of the preceding two articles, they shall report the action to the council at the next session of the Society's council.

Article 41-2. When a change of articles of the Society is approved the directors shall without delay make the change public.

Article 42. The directors shall provide the office of the Society with articles, an inventory of property, reports of business operations, a ledger of the Society's members, and records of the council.

When members of the Society request an inspection of the above mentioned documents, the directors shall not be able to refuse the inspection without good cause.

Article 43. The provisions of Articles 21, 24, and 35, applying to councillors shall with equal force be applicable to the directors and chief director of a Society.

1/ and 2/ Applicable after the initial formation of the council and the election of the directors by the councillors.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Section 4. Financial Affairs of a Society.

Article 44. The fiscal year of a Society shall be the same as that of the Government.

Article 45. A Society shall make an estimate of income and expense each fiscal year and shall obtain the approval of the estimate by the competent authority. When an estimate is corrected or changed, approval of such correction or change must be obtained from competent authority.

The amount of money specified in each major section of an estimate shall not be diverted to another section.

The amount of money specified in each article of a section of an estimate may be diverted to another article of the same section by decision of the Society council.

Article 46. A Society shall be able to negotiate long term expenditures through decision of its council.

Article 47. A Society shall provide an emergency fund to cover expenditures in excess of estimates.

The use of the emergency fund shall be limited by the articles of the Society.

Article 48. A Society shall receive its revenue until May 31 of the next fiscal year and pay its expenditures until April 15 of the next fiscal year before closing its revenue and expenditure accounts for a fiscal year.

Article 49. A Society that desires to change its contribution rates must obtain the approval of the competent authority before making such change.

Article 50. A Society shall accumulate, as a reserve fund, money which corresponds to 5 per cent of the average annual sum (in case the surplus for the year does not reach 5 per cent, then the total surplus for the year) of the past three years cost required to grant benefits (in case the past years are less than three, then the total of such past years).

The reserve fund within the scope mentioned above, shall not be used unless there is a deficiency in the funds required for insurance benefits.

Article 51. Deleted.

Article 52. The methods to be used in controlling the reserve fund and other properties shall be prescribed in the articles of the Society.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Article 53. In the event the Society runs short of cash money or expenses, it shall be able to borrow temporarily the cash belonging o the reserve fund or obtain a temporary loan from others.

The money received according to the preceding provision as a temporary loan shall be repaid to the reserve fund or other creditor within the same fiscal year.

Article 54. When a Society obtains a long term loan, the method of application, the fixed interest rates, and the method of redemption shall be decided and approved by competent authority, and any change in the said matters shall be decided and approved by competent authority.

Article 55. When the Society proposes a disposition of its important properties it shall obtain the approval for such action from the competent authority.

Section 5. Division, Combination, and Dissolution of a Society.

Article 56. The combination or division of a Society shall require the consent of a majority of three-fourths of the councillors and the approval of the Welfare Minister.

When any change in the articles of a Society is required, such shall be made in accordance with the provisions of the preceding paragraph.

Article 57. A division of a Society shall not be made of a part of a working place when such part is within the working place where the Society is in force.

Article 58. When a division of a Society is to be made the number of insured members of the Society which is to continue to exist after the division or the number of members of the Society which comes into existence because of the division, shall not be less than three hundred.

Article 59. The articles, contribution rates, and the estimates of income and expense for the first fiscal year of the Society which comes into existence because of a combination shall be settled by the councillors elected by each Society and shall require the approval of the Welfare Minister.

Article 60. The articles, contribution rates, and the estimates of income and expense for the first fiscal year of the Society which comes into existence because of a division shall be settled by the employers who are members of the Society and shall require the approval of the Welfare Minister.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Article 61. A Society which continues to exist after a combination, or a Society which comes into existence because of a combination, shall take over the assets and liabilities of the Society which discontinues becauses of the combination.

A Society which is formed by a division or which remains after a division shall take over or retain its respective part of the assets and liabilities of the Society in which the division was made.

The limits of the assets and liabilities which shall be taken over by reasonsof the preceding provision shall be decided concurrently with the decision of the division and shall require the approval of the Welfare Minister.

Article 62. When the Welfare Minister approves the combination or division of a Society, he shall make public the following matters concerning the Society which comes into existence or discontinues because of the combination or the division and the Society which continues to exist after the combination or division.

1. The title or name of the Society.

2. The locality of the office of the Society.

3. The name and location of the place where the Society is established.

4. The date of approval.

Article 63. The provisions of Articles 16 through 18 shall be applied mutatis mutandis to the Society which comes into existence through a combination or division.

When the directors of a Society which is combined or divided are members of the Society which came into existence because of the combination or division, they shall exercise the duties of the employers as prescribed in the preceding paragraph.

Article 64. The dissolution of a Society shall be decided by the council of the Society and shall require the consent of three-fourths of the fixed number of councillors and the approval of the Welfare Minister.

Article 65. Although a Society may have no insured members it will not be dissolved if the absence of insured members is temporary.

Article 66. When a Society is dissolved the Welfare Minister shall make public the dissolution according to the example stated in Article 62.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Article 67. When the number of working places of a Society is increased or decreased the consent of the employers who are to be included or eliminated and the consent of half or more of the insured or insurable employees shall be required.

When the working places which are to be included or eliminated are two or more in number, the consent of the insured and insurable above prescribed shall be required for each working place.

The insured prescribed in the preceding two paragraphs shall be those to be insured in case the application for the approval of the change of articles concerning the including of the working places is made concurrently with the application for the approval prescribed in Article 14, paragraph 1, of the Health Insurance Law.

Article 68. The provisions of Article 57 shall be applied with necessary modifications concurrently with the preceding article.

Article 69. When a working place is to be eliminated, the number of insured members remaining in the Society shall not be less than three hundred.

Article 70. When a Society is subject to receive the consent prescribed in Article 67, the persons who are to receive or lose membership in the Society because of the inclusion or the elimination of a working place in which they are employed shall be advised as follows: those to receive membership shall be notified of the matters stated in each item of Article 11, and those to lose membership shall be notified of the reasons for the elimination of their working place.

Section 6. Supervision of the Society.

Article 71. Competent authorities shall be able to order the dissolution of a Society's council.

When a Society's council dissolves an election of new councillors shall be made within one month.

Article 72. Those persons who are released from their offices under the provisions of Article 39 of the Health Insurance Law shall not be able to be officials of a Society for two years.

Article 73. The "competent authority" as prescribed in Article 15, paragraph 2; Article 23, paragraph 3; Article 39; Article 45, paragraph 1; Articles 49, 54, and 55; and Article 71, paragraph 1, shall be the Welfare Minister in case of the approval concerning the combination or division of a Society or in case the Society covers two or more prefectures; and

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

in other cases it shall be the prefectural governor who has authority over the locality where the chief office of the Society is located.

Section 7. Federation of Health Insurance Societies.

Article 73-2. In the articles of a Federation of Health Insurance Societies (hereinafter referred to as "Federation") the following matters shall be stated:

1. The purpose and plan of the Federation.

2. The title or name of the Federation.

3. The location of the office of the Federation.

4. Matters concerning joining or withdrawing from the Federation.

5. Matters concerning assets and liabilities.

6. The method of notification to be employed.

7. Other important matters concerning the Federation.

Article 73-3. A Federation shall use the phrase "Federation of Health Insurance Societies" in its title or name.

An organization which is not a Federation of Health Insurance Societies shall not use the phrase "Federation of Health Insurance Societies" in its title or name.

Article 73-4. An estimate of the income and expense for the first fiscal year of the Federation shall be decided by the Societies which are to establish the Federation and it shall be approved by the Welfare Minister.

Application for approval as provided in the preceding paragraph shall be made concurrently with the application for approval of formation of the Federation.

Article 73-5. The cost required to establish a Federation shall be borne by the Federation.

Article 73-6. A Federation shall have general meetings and a president, vice-president, and directors.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

General meetings shall be held by a chairman 1/ and general meeting members.

The general meeting members shall be elected by a mutual vote of the chief directors of the Societies forming the Federation. However, members of a general meeting who make decisions concerning the dissolution of the Federation according to the provisions of Article 64, applied with necessary modifications, or by the provisions of Article 73-9, shall be appointed by the chief directors of the Societies forming the Federation.

The president of the Federation shall be elected by a mutual vote of the directors of the Federation.

Besides those matters which are provided in these regulations, the matters pertaining to the organization and powers of the general meeting; the fixed number, qualification, term and election of members of the meeting; the fixed number, qualification, term, election, and powers of the president, vice-president, and directors of the Federation shall be decided by articles of the Federation.

Article 73-7. A Federation shall be regarded as existent within the scope of the object of liquidation, even if it dissolves.

Article 73-8. When a Federation dissolves, the Federation directors shall become the liquidators.

In the event there are no directors available to serve as liquidators, according to the preceding provision, the Welfare Minister shall appoint liquidators. When liquidators fail or cannot perform their duties, the Welfare Minister shall appoint liquidators.

Liquidators shall represent the Federation and have powers to exercise every action required to effect liquidation.

With respect to the method employed in liquidation and disposal of Federation properties, the liquidators shall obtain the approval of the Welfare Minister.

When the Welfare Minister considers it necessary he shall be able to order a change in the method of liquidation and disposal of properties, or he may release the liquidators from their offices.

Action 73-9. The provisions of Articles 15; 16; 21; 25 through 33; 37 through 42; 44 through 48; 54; 55; 64; 71, paragraph 1; and 72 shall be applied with necessary modifications to Federations; however, the employers referred to in Article 16 shall be changed to directors, and

1/ No provision is made for the election or appointment of the Chairman other than the general provision for handling "other matters" as stipulated in Article 73-6, paragraph 5.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

the competent authorities mentioned in Articles 39; 45, paragraph 1; 54; 55; and 71, paragraph 1, shall be changed to Welfare Minister.

Article 73-10. The provisions of Article 21 shall be applied with necessary modifications to the president, vice-president, and directors of a Federation.

Article 73-11. In addition to the matters provided in these regulations, other necessary matters concerning the Federation shall be decided by Ministerial Ordinance.

Chapter IV. Insurance Benefits. Deleted. 1/

Articles 74 through 89. Deleted.

Chapter V. Liability. Deleted. 1/

Articles 90 through 101-2. Deleted.

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1/ Chapters IV and V were incorporated in their entirety in the basic Law in July 1948.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

GUIDE FOR A REVIEW OF A SOCIETY
ADMINISTERING HEALTH INSURANCE (Kenko Hoken)

1. Identity of Society -
   a) Name:_____. b) Location:_____
   c) Date of Formation:_____. d) Predecessor:_____
   e) Federation name, if member:_____

2. Coverage Data -
   a) Number of insured members: Male _____, Female_____
      Total_____
   b) Number of dependents: Male _____, Female_____
      Total_____
   c) Number of employers:_____
   d) Number of establishments: _____
   e) Types of industry or industries covered: _____

3. Administrative Bodies -
   a) Councillors: Number in Office
      Representing employer:_____
      Representing employees:_____
   b) Directors: Number in Office
      Representing employer:_____
      Representing employees:_____

4. Services and Allowances -
   a) Indicate services provided: medical examination___, drugs___, appliances___, medical treatment ___, surgical operation ___, medical attendance___, hospitalization___, clinical service___, dental service ___, nursing service___, transportation___, other (specify):_____
   b) Indicate allowances provided: maternity___, nursing___, delivery___, funeral___, medical treatment___, sickness and injury___, family treatment expense___, other (specify):_____
      _____ _____ _____ _____ _____ _____

5. Facilities, Personnel, and Service Data -
   a) Enter the number of facilities available according to type: hospitals_____, clinics_____, other (specify):_____
   b) Enter hospital capacity for medical care:
      in-patients_____, out-patients_____
   c) What dental facilities are provided?_____
   d) What facilities are provided for TB patients?_____
   e) Enter number of full-time staff personnel: doctors_____, nurses_____, dentists_____, pharmacists _____, clerks_____, other_____, Total_____.
   f) What percent of the service is conducted by full-time doctors?
      _____%

Incl. No. 3

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

g) What percent of the service is conducted by insurance doctors? _____%

h) What percent of the service during the past fiscal year was given to the insured members?_____%, to their dependents?____%

6. Financial Affairs and Operations -
   a) Contributions: enter, employer rate _____%, employee rate _____%, and average amount per employee for the last fiscal year _____¥,
   b) Enter the total income received during preceding fiscal year _____¥, and the per cent of such total received from employer constibutions _____%, employee contributions _____%, government subsidy _____%, other sources____%
   c) Enter the total expense for the preceding fiscal year_____¥, and the per cent of such total expended for medical benefit _____%, temporary disability benefit _____%, burial expense_____%, delivery expense_____%, maternity care _____%, child birth allowance_____%, family medical expense_____%, family burial expense_____%, wifes delivery expense_____%, other benefits_____%, walfare service _____%, administration_____%, other _____%.
   d) What percent of the benefits granted during the preceding fiscal year were paid in cash? _____%.
   e) Enter the amount of assets_____¥, liabilities_____¥, and reserve account _____¥ of the society at tne end of preceding fiscal year.
   f) Give last date of periodic audit of society:_____
   g) Who conducted the audit?_____
   h) Have monthly reports been submitted promptly?_____

7. Payment of Medical Services -
   a) What is the amount allowed per medical fee point?_____¥
   b) Does the society utilize the facilities of the Medical Fee Payment Fund in the payment of claims?_____. How much does the society owe the Fund?_____¥.
   c). How much is the monthly salary, including cash allowances, of full-time doctors?_____ and nurses?_____ employed by the society.
   d) What other remuneration, if any, is received by full-time doctors? _____, nurses? _____

8. Complaints -
   a) Enter the major types of complaints received from members regarding, benefits, allowances, contributions, or other issues: ____
   _____
   b) How many complaints are received during an average month?_____

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

9. Informational Service -
   a) Are copies of the Law, ordinances, regulations, and rules made available to the members?_____
   b) What other methods are used by the society to give information on appeals and benefit rights to the members and their dependents? _____

10. Contact Information -
   a) Date of Contact:_____
   b) Persons contacted and their titles:_____
   _____
   c) Have previous contacts been made with this society?_____.
   If so, give dates and pertinent observations:_____
   _____
   d) Present contact made by:_____
   Date:_____

REMARKS:

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

AMENDMENTS TO THE HEALTH INSURANCE LAW

A part of the Health Insurance Law (Law No. 70 of 1922) shall be amended as follows:

The proviso in Article 2, paragraph 1, shall be amended as follows: "provided, however, that this definition shall not include such earnings as may be received at extra-ordinary intervals or less regularly than every three months".

In Article 3, paragraph 1, shall be repealed and the provision of paragraph 2, shall be amended as follows:

"The amount of standard remuneration of an insured person shall be determined on the basis of the monthly amount of the insured person's remuneration in accordance with the classes prescribed in the following table:

Classification of Standard Remuneration	Standard Monthly	Remuneration Daily	Monthly Value of Remuneration
1st class	¥ 2,000	¥ 70	Less than ¥ 2,250
2nd class	" 2,500	" 85	¥ 2,250 or over, but less than ¥ 2,750
3rd class	" 3,000	" 100	¥ 2,750 " " " 3,250
4th class	" 3,500	" 115	" 3,250 " " " 3,750
5th class	" 4,000	" 130	" 3,750 " " " 4,250
6th class	" 4,500	" 150	" 4,250 " " " 4,750
7th class	" 5,000	" 170	" 4,750 " " " 5,500
8th class	" 6,000	" 200	" 5,500 " " " 6,500
9th class	" 7,000	" 230	" 6,500 " " " 7,500
10th class	" 8,000	" 270	" 7,500 " " " 8,500
11th class	" 9,000	" 300	" 8,500 " " " 9,500
12th class	" 10,000	" 330	" 9,500 " " " 11,000
13th class	" 12,000	" 400	" 11,000 " " " 13,000
14th class	" 14,000	" 470	" 13,000 " " " 15,000
15th class	" 16,000	" 530	" 15,000 " " " 17,000
16th class	" 18,000	" 600	" 17,000 " " " 19,000
17th class	" 20,000	" 670	" 19,000 " " " 21,000
18th class	" 22,000	" 730	" 21,000 " " " 23,000
19th class	" 24,000	" 800	" 23,000

Article 6-2 shall be added immediately after Article 6 as follows:

"Article 6-2. No registration tax shall be imposed on the registration of the acquisition of right or the preservation of ownership of a building or land used exclusively by a Health Insurance Society as an office or facility as prescribed in Article 23".

In the principal part of the sentence of Article 11, paragraph 3, "5 sen" shall read "20 Sen".

In the same paragraph, item 1, "100 Yen" shall read "1,000 Yen".

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

In the same Article, a new paragraph 4 shall be added as follows:

"If there is a fraction of less than 1,000 Yen in the amount of contributions charged, delinquency fees shall be calculated disregarding such fractions".

In the same Article, former paragraph 4 shall be changed to paragraph 5 with the following:

"1 Yen" shall read "10 Yen", "preceding paragraph" shall read "preceding two paragraphs" and the following sentence shall be added:

"If there is a fraction of less than 10 Yen in the amount of delinquency fee, such fraction shall not be collected."

In Article 11-2, paragraph 1, "the city, town, or village where the defaulter live" shall be amended as "the city, town, or village (as used throughout this Law includes "ward" in such areas of Tokyo Metropolis where wards exist and in such cities as were designated according to the provisions of Article 155, paragraph 2, of the Local Autonomy Law) where defaulters live."

In the same Article, paragraph 4 shall be deleted.

In Article 22, paragraphs 2 through 4 shall be deleted.

In Article 42-2 paragraph 5, "Article 23" shall read "Article 6, 6-2, 23".

In Article 43-2, the following paragraph shall be added:

"An insured person, who receives benefits according to the provisions of the preceding paragraph, shall be subject to pay as a partial charge an amount equal to the first consultation fee which will be calculated upon the basis determined by the Welfare Minister according to the provisions of Article 43-6, paragraph 2; provided, however, that a Health Insurance Society may prescribe in the Articles of the Society other methods of paying a partial charge for those who receive benefits from a person appointed by the society within the limitation of the amount of the above-mentioned partial charge".

In Article 43-3, paragraph 1, "in accordance with the procedures prescribed by the Ministerial Ordinances" shall be added immediately after "Insurance doctors and pharmacists shall be appointed".

In Article 43-4, paragraph 1, "and shall observe the directions prescribed by the Welfare Minister", shall be added immediately after "insurance doctors and pharmacists shall exercise kindness or care".

In the same Article, a new paragraph shall be added as follows:

"The Welfare Minister in determining the directions prescribed in the preceding paragraph, shall consider the views of the Central Social Insurance Medical Care Advisory Council".

In the same Article, former paragraph 2 shall be changed to paragraph 3.

In Article 43-6, paragraph 1, "less the amount of the partial charge" shall be addeded immediately after "the amount prescribed for such medical care".

In Article 44-2, paragraph 1, "less the amount of the partial charge" shall be added immediately after "the amount prescribed for medical care".

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

The proviso in Article 49, paragraph 1, shall be deleted.

The proviso in Article 50, paragraph 1, shall be deleted.

In Article 50-2, paragraph 1, "100 yen" shall read "200 Yen", and paragraph 2 of the same article shall be deleted.

In Article 59-2, paragraph 5, "Article 43-2" shall read "Article 43-2, paragraph 1".

In Article 59-3, "1,000 Yen" shall read "2,000 Yen".

In Article 59-4, paragraph 1, "500 Yen" shall read "1,000 Yen"; in paragraph 3 of the same article, "Article 50-2, paragraph 1", shall read "Article 50-2 and Article 55".

In Article 62, paragraph 3, "Article 46 and Article 51, paragraph 2" shall read "Article 46 and Article 51, paragraphs 2 and 3".

In Article 69-2, "Article 62, paragraphs 1 and 2", shall read "Article 61 and 62, paragraphs 1 and 2, and Article 63."

In Article 71-4, paragraph 1, "4 percent" shall read "5 percent"; in paragraph 2 of the same Article, "3.6 percent to 4.4 percent" shall read "4.5 percent to 5.5 percent"; and "Health Insurance Committee" shall read "Health Insurance Advisory Council".

In Article 75-2, "2.5 percent" shall read "3 percent".

"Chapter VII" shall be amended as "Chapter VIII" and "Chapter VI" as "Chapter VII" and next to Article 79-2 the following chapter shall be added:

CHAPTER VI

Health Insurance Advisory Council

"Article 79-3. The Health Insurance Advisory Council (hereinafter referred to as the "Council") shall be established in the Ministry of Welfare and shall study and advise relative to the administration and operation of Government-managed Health Insurance.

"Article 79-4. The Council shall investigate, deliberate and make written recommendations relative to the administration and operation of Government-managed Health Insurance as requested by Welfare Minister, and shall have the right to make such written recommendations on its own initiative to the Welfare Minister and other Ministers concerned.

"The Welfare Minister shall request the opinion of the Council before acting upon matters involving planning, legislation, or major administrative policy concerning Government-managed Health Insurance.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

"Article 79-5. The Council shall consist of six members representing the insured, six members representing the employers and six members representing the public interest, including representatives of the medical profession.

"Each member shall be appointed by the Welfare Minister.

Article 79-6. The members' term of office shall be two years, and one-half of the members shall be appointed annually.

"A term of office for a member appointed to fill a vacancy shall be for the remainder of the term of his predecessor.

"Article 79-7. There shall be a chairman of the Council elected by the members from among those members who represent the public interest.

"The chairman shall preside over the meetings and shall represent the Council.

"In case of the chairman's absence, an acting chairman who is elected in the manner prescribed in paragraph 1, shall substitute for the office.

"Article 79-8. The Welfare Minister shall produce such data and information concerning Health Insurance as the Council may request.

"Article 79-9. The Council shall convene as often as necessary, and at least once every three months unless good cause is shown.

"Article 79-10. The Council shall convene at the direction of the chairman.

"When requested by the Welfare Minister or by one-third or more of the members, the Council shall be convened within two weeks of such request.

"Article 79-11. Within sixty days after the close of each fiscal year, the Council shall submit a written report to the Welfare Minister concerning its activities and findings and a summary of its recommendations during the fiscal year concerned.

"Article 79-12. There shall be secretaries, not exceeding eight, for the Council and such secretaries shall be appointed by the Welfare Minister from the staff of the Ministry of Welfare and men of learning and experience.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

"The secretaries shall be at the service of the members of the Council whenever requested by such members for the purpose of rendering technical advice and administrative aid.

"Article 79-13. There shall be clerks, not exceeding five, for the Council and such clerks shall be appointed by the Welfare Minister from the staff of the Ministry of Welfare.

"The clerks shall perform clerical duties under the supervision of their superiors".

Next to Article 84-2, the following two articles shall be added:

"Article 84-3. There shall be secretaries, not exceeding six, for the Health Insurance Appeals Board and such secretaries shall be appointed by the Welfare Minister from the staff of the Ministry of Welfare.

"The secretaries shall be at the service of the members of the Health Insurance Appeals Board whenever requested by such members for the purpose of rendering technical advice and administrative aid.

"Article 84-4. There shall be clerks, not exceeding five, for the Health Insurance Appeals Board and such clerks shall be appointed by the Welfare Minister from the staff of the Ministry of Welfare.

"The clerks shall perform clerical duties under the supervision of their superiors."

In Article 87, paragraph 1, "6 months" shall read "1 year", and "5,000 Yen" shall read "30,000 Yen"; and paragraph 3 and 4 of the same article shall be deleted.

Article 88 shall be amended as follows:

"Article 88. If an employer who employes the insured comes within any of the following items without good reason, he shall be subject to imprisonment for a perio of not more than 6 months or a fine of not more than 30,000 Yen:

1. In case of refusal to make reports, making false reports, refusing to present documents, or refusing to attend a hearing, as prescribed in this Law;

2. In case of refusal to answer or making false statement in reply to the inquiries of a competent government or local official, or refusing, hindering, or evading an inspection by such official, as prescribed in this Law;

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

3. In case of failing to pay, by the time designated in the demand letter, the contributions prescribed in the principal part of Article 77".

Article 88-2 shall be amended as follows:

"Article 88-2. If a person to be granted insurance benefits or any other person concerned, except a person described in the preceding Article, comes within any of the following items without good reason, he shall be subject to imprisonment for a period of not more than 6 months or a fine of not more than 10,000 yen;

1. In case of refusal to make reports, statements, or applications, making false reports, statements, or applications, refusing to present documents, refusing to attend a hearing, or refusing to undergo medical examination by licensed doctors, as prescribed in this Law;

2. In case of refusal to answer or making false statements in reply to the inquiries of a competent government or local official, or refusing, hindering, or evading an inspection by such official, as prescribed in this Law."

Article 88-3 shall be deleted.

In Article 91, "Article 87, paragraph 3 or 4" shall be deleted.

Supplementary Provisions

1. This Law shall come into force from May 1, 1949. However, amended provision of Article 71-4, paragraph 1, shall come into force from April 1, 1949.

2. As to the person who is qualified as an insured before the date of enforcement of this Law and so continues, his or her standard remuneration shall be compute as though such person obtained his or her qualification on the date of enforcement.

3. A delinquency fee on a contribution demanded by a pressing letter before the date of enforcement of this Law shall be regulated by former examples.

4. Any person who is a member, secretary or clerk of the Health Insurance Committee at the time of the enforcement of this Law, shall be considered to be appointed as a member, secretary or clerk, respectively, of the Health Insurance Advisory Council.

5. The tenure of such members of the Council shall be computed as of the dates on which they were appointed or commissioned as members of the Health Insurance Committee.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

AMENDMENTS TO THE HEALTH INSURANCE LAW

A part of the Health Insurance Law (Law No. 70 of 1922) shall be amended as follows:

The proviso in Article 2, paragraph 1, shall be amended as follows: "provided, however, that this definition shall not include such earnings as may be received at extra-ordinary intervals or less regularly than every three months".

In Article 3, paragraph 1, shall be repealed and the provision of paragraph 2, shall be amended as follows:

"The amount of standard remuneration of an insured person shall be determined on the basis of the monthly amount of the insured person's remuneration in accordance with the classes prescribed in the following table:

Classification of Standard Remuneration	Standard Monthly	Remuneration Daily	Monthly Value of Remuneration
1st class	¥ 2,000	¥ 70	Less than ¥ 2,250
2nd class	" 2,500	" 85	¥ 2,250 or over, but less than ¥ 2,750
3rd class	" 3,000	" 100	¥ 2,750 " " " 3,250
4th class	" 3,500	" 115	" 3,250 " " " 3,750
5th class	" 4,000	" 130	" 3,750 " " " 4,250
6th class	" 4,500	" 150	" 4,250 " " " 4,750
7th class	" 5,000	" 170	" 4,750 " " " 5,500
8th class	" 6,000	" 200	" 5,500 " " " 6,500
9th class	" 7,000	" 230	" 6,500 " " " 7,500
10th class	" 8,000	" 270	" 7,500 " " " 8,500
11th class	" 9,000	" 300	" 8,500 " " " 9,500
12th class	" 10,000	" 330	" 9,500 " " " 11,000
13th class	" 12,000	" 400	" 11,000 " " " 13,000
14th class	" 14,000	" 470	" 13,000 " " " 15,000
15th class	" 16,000	" 530	" 15,000 " " " 17,000
16th class	" 18,000	" 600	" 17,000 " " " 19,000
17th class	" 20,000	" 670	" 19,000 " " " 21,000
18th class	" 22,000	" 730	" 21,000 " " " 23,000
19th class	" 24,000	" 800	" 23,000

Article 6-2 shall be added immediately after Article 6 as follows:

"Article 6-2. No registration tax shall be imposed on the registration of the acquisition of right or the preservation of ownership of a building or land used exclusively by a Health Insurance Society as an office or facility as prescribed in Article 23".

In the principal part of the sentence of Article 11, paragraph 3, "5 sen" shall read "20 Sen".

In the same paragraph, item 1, "100 Yen" shall read "1,000 Yen".

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

In the same Article, a new paragraph 4 shall be added as follows:

"If there is a fraction of less than 1,000 Yen in the amount of contributions charged, delinquency fees shall be calculated disregarding such fractions".

In the same Article, former paragraph 4 shall be changed to paragraph 5 with the following:

"1 Yen" shall read "10 Yen", "preceding paragraph" shall read "preceding two paragraphs" and the following sentence shall be added:

"If there is a fraction of less than 10 Yen in the amount of delinquency fee, such fraction shall not be collected."

In Article 11-2, paragraph 1, "the city, town, or village where the defaulters live" shall be amended as "the city, town, or village (as used throughout this Law includes "ward" in such areas of Tokyo Metropolis where wards exist and in such cities as were designated according to the provisions of Article 155, paragraph 2, of the Local Autonomy Law) where defaulters live."

In the same Article, paragraph 4 shall be deleted.

In Article 22, paragraphs 2 through 4 shall be deleted.

In Article 42-2 paragraph 5, "Article 23" shall read "Article 6, 6-2, 23".

In Article 43-2, the following paragraph shall be added:

"An insured person, who receives benefits according to the provisions of the preceding paragraph, shall be subject to pay as a partial charge an amount equal to the first consultation fee which will be calculated upon the basis determined by the Welfare Minister according to the provisions of Article 43-6, paragraph 2; provided, however, that a Health Insurance Society may prescribe in the Articles of the Society other methods of paving a partial charge for those who receive benefits from a person appointed by the society within the limitation of the amount of the above-mentioned partial charge".

In Article 43-3, paragraph 1, "in accordance with the procedures prescribed by the Ministerial Ordinances" shall be added immediately after "Insurance doctors and pharmacists shall be appointed".

In Article 43-4, paragraph 1, "and shall observe the directions prescribed by the Welfare Minister", shall be added immediately after "insurance doctors and pharmacists shall exercise kindness or care".

In the same Article, a new paragraph shall be added as follows:

"The Welfare Minister in determining the directions prescribed in the preceding paragraph, shall consider the views of the Central Social Insurance Medical Care Advisory Council".

In the same Article, former paragraph 2 shall be changed to paragraph 3.

In Article 43-6, paragraph 1, "less the amount of the partial charge" shall be addeded immediately after "the amount prescribed for such medical care".

In Article 44-2, paragraph 1, "less the amount of the partial charge" shall be added immediately after "the amount prescribed for medical care".

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

The proviso in Article 49, paragraph 1, shall be deleted.

The proviso in Article 50, paragraph 1, shall be deleted.

In Article 50-2, paragraph 1, "100 yen" shall read "200 Yen", and paragraph 2 of the same article shall be deleted.

In Article 59-2, paragraph 5, "Article 43-2" shall read "Article 43-2, paragraph 1".

In Article 59-3, "1,000 Yen" shall read "2,000 Yen".

In Article 59-4, paragraph 1, "500 Yen" shall read "1,000 Yen"; in paragraph 3 of the same article, "Article 50-2, paragraph 1", shall read "Article 50-2 and Article 55".

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In Article 69-2, "Article 62, paragraphs 1 and 2", shall read "Article 61 and 62, paragraphs 1 and 2, and Article 63."

In Article 71-4, paragraph 1, "4 percent" shall read "5 percent"; in paragraph 2 of the same Article, "3.6 percent to 4.4 percent" shall read "4.5 percent to 5.5 percent"; and "Health Insurance Committee" shall read "Health Insurance Advisory Council".

In Article 75-2, "2.5 percent" shall read "3 percent".

"Chapter VII" shall be amended as "Chapter VIII" and "Chapter VI" as "Chapter VII" and next to Article 79-2 the following chapter shall be added:

CHAPTER VI

Health Insurance Advisory Council

"Article 79-3. The Health Insurance Advisory Council (hereinafter referred to as the "Council") shall be established in the Ministry of Welfare and shall study and advise relative to the administration and operation of Government-managed Health Insurance.

"Article 79-4. The Council shall investigate, deliberate and make written recommendations relative to the administration and operation of Government-managed Health Insurance as requested by Welfare Minister, and shall have the right to make such written recommendations on its own initiative to the Welfare Minister and other Ministers concerned.

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DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

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"A term of office for a member appointed to fill a vacancy shall be for the remainder of the term of his predecessor.

"Article 79-7. There shall be a chairman of the Council elected by the members from among those members who represent the public interest.

"The chairman shall preside over the meetings and shall represent the Council.

"In case of the chairman's absence, an acting chairman who is elected in the manner prescribed in paragraph 1, shall substitute for the office.

"Article 79-8. The Welfare Minister shall produce such data and information concerning Health Insurance as the Council may request.

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"Article 79-10. The Council shall convene at the direction of the chairman.

"When requested by the Welfare Minister or by one-third or more of the members, the Council shall be convened within two weeks of such request.

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"Article 79-12. There shall be secretaries, not exceeding eight, for the Council and such secretaries shall be appointed by the Welfare Minister from the staff of the Ministry of Welfare and men of learning and experience.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

"The secretaries shall be at the service of the members of the Council whenever requested by such members for the purpose of rendering technical advice and administrative aid.

"Article 79-13. There shall be clerks, not exceeding five, for the Council and such clerks shall be appointed by the Welfare Minister from the staff of the Ministry of Welfare.

"The clerks shall perform clerical duties under the supervision of their superiors".

Next to Article 84-2, the following two articles shall be added:

"Article 84-3. There shall be secretaries, not exceeding six, for the Health Insurance Appeals Board and such secretaries shall be appointed by the Welfare Minister from the staff of the Ministry of Welfare.

"The secretaries shall be at the service of the members of the Health Insurance Appeals Board whenever requested by such members for the purpose of rendering technical advice and administrative aid.

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In Article 87, paragraph 1, "6 months" shall read "1 year", and "5,000 Yen" shall read "30,000 Yen"; and paragraph 3 and 4 of the same article shall be deleted.

Article 88 shall be amended as follows:

"Article 88. If an employer who employes the insured comes within any of the following items without good reason, he shall be subject to imprisonment for a perio of not more than 6 months or a fine of not more than 30,000 Yen:

1. In case of refusal to make reports, making false reports, refusing to present documents, or refusing to attend a hearing, as prescribed in this Law;

2. In case of refusal to answer or making false statement in reply to the inquiries of a competent government or local official, or refusing, hindering, or evading an inspection by such official, as prescribed in this Law;

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

3. In case of failing to pay, by the time designated in the demand letter, the contributions prescribed in the principal part of Article 77".

Article 88-2 shall be amended as follows:

"Article 88-2. If a person to be granted insurance benefits or any other person concerned, except a person described in the preceding Article, comes within any of the following items without good reason, he shall be subject to imprisonment for a period of not more than 6 months or a fine of not more than 10,000 yen;

1. In case of refusal to make reports, statements, or applications, making false reports, statements, or applications, refusing to present documents, refusing to attend a hearing, or refusing to undergo medical examination by licensed doctors, as prescribed in this Law;

2. In case of refusal to answer or making false statements in reply to the inquiries of a competent government or local official, or refusing, hindering, or evading an inspection by such official, as prescribed in this Law."

Article 88-3 shall be deleted.

In Article 91, "Article 87, paragraph 3 or 4" shall be deleted.

Supplementary Provisions

1. This Law shall come into force from May 1, 1949. However, amended provision of Article 71-4, paragraph 1, shall come into force from April 1, 1949.

2. As to the person who is qualified as an insured before the date of enforcement of this Law and so continues, his or her standard remuneration shall be compute as though such person obtained his or her qualification on the date of enforcement.

3. A delinquency fee on a contribution demanded by a pressing letter before the date of enforcement of this Law shall be regulated by former examples.

4. Any person who is a member, secretary or clerk of the Health Insurance Committee at the time of the enforcement of this Law, shall be considered to be appointed as a member, secretary or clerk, respectively, of the Health Insurance Advisory Council.

5. The tenure of such members of the Council shall be computed as of the dates on which they were appointed or commissioned as members of the Health Insurance Committee.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

SHORT HISTORY OF THE HOSPITAL ADMINISTRATION SCHOOL

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDC NO. 773 013

SHORT HISTORY OF THE HOSPITAL ADMINISTRATION SCHOOL

1. For the development and promotion of the hospital administration in Japan, the Council for Establishing Model Hospitals which was established in January, 1948, under the directive by GHQ, agreed to establish the Hospital Administration School attached to the First National Hospital of Tokyo.

2. In the 1948 fiscal year it was difficult to have sufficient budget for the establishment of this school. Therefore, the short hospital administration training course of one week were held 5 times during the period from September to October for 170 persons who were directors of the national hospitals or national sanatoria. And, each member of the council gave a lecture on his Special research. After this training the hospital administration of each national hospital and sanatorium made remarkable progress.

3. In June 1949, the Ministry of Welfare was successful to establish the Hospital Administration School. On June 1, the opening ceremony of the school was held splendidly under the presence of Col.Johnson and the Minister of Welfare. From the day the long-term training course started. Students were young members of each national hospital and learned the theory and practical side of hospital management.

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4. Late in June, a training course of a week was held for the medical inspector in each prefecture.

5. As the schedule of this year, we are preparing to hold 2 training courses of two months from October 1949 and January 1950: and also to have other several short training courses for all hospitals in Japan.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

6. Good and careful guidance and encourgement of GHQ officials are great help for the management of the school.

7. Staff of the School:

Director-General	Dr.K.Sakaguchi	(1st National Hospital)
Executive Director	Dr.H.Moriya	(ditto)
Full-time teachers	Dr.Y.Yoshida	(Welfare Ministry)
	Dr.T.Shimanouchi	(1st National Hospital)
	Dr.K.Nakamura	(Welfare Ministry)
	Dr.K.Iwasa	(Ditto)
Parttime teachers	Dr.R.Azuma	(Welfare Ministry)
	Dr.T.Honna	(National Hospital of Sagami)
	Dr.S.Iwai	(National Hospital of Kurihama)
	Dr.H.Hashimoto	(St.Luke's Hospital)
	Dr.K.Omōri	(Keio University)
	Dr.M.Chigusa	(Imperial Relief Association)
	Dr.S.Kuriyama	(1st National Hospital)
	Prof.H.Kishida	(Tokyo University)

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

The plan of the training school for the Hospital administration:

(1) Members of the school (Manager and full-time teachers)

Director-general (Chief of the Tokyo 1st National Hospital)	Medical officer	Y. Sakaguchi
Director (The Tokyo 1st National Hospital)	Medical officer	H. Moriya
Main staff: (Medical Affairs Bureau)	Medical officer	Y. Yoshida
"	" " "	T. Shimauchi
"	" " "	K. Iwasa
"	" Secretary	K. Nakamura
"	" " "	K. Matsushita
"	" " "	I. Sato

ii Employees:

General affairs and accounts	one
Drawing, library and translation	one
Cook	one
Housekeeping	one
Servant	one

(2) Instructors (including Part-time teachers)

In introduction	(Chief of Med. Affairs Bureau)	R. Azuma
Organization and Physicians of the Hospitals	Medical Officer	Y. Yoshida
Clinical Departments	Chief of Tokyo 1st National Hospital	Y. Sakaguchi
	Chief of the Pharma-	C. Hata

"	"	"	K. Iwasa
"	"	Secretary	K. Nakamura
"	"	"	K. Matsushita
"	"	"	I. Sato

ii Employees:

General affairs and accounts	one
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Cook	one
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(2) Instructors (including Part-time teachers)

In introduction	(Chief of Med. Affairs Bureau)	R. Azuma
Organization and Physicians of the Hospitals	Medical Officer	Y. Yoshida
Clinical Departments	Chief of Tokyo 1st National Hospital	Y. Sakaguchi
Materia Medica	Chief of the Pharmaceutical Section of Tokyo 1st N.H.	C. Hata
Nursing Department	Chief of St.Luke Hospital or Chief of the Nursing Section of W/M	H. Hashimoto S. Hora

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Medical Social Service	Chief of the clinics of Saiseikai	M. Chiguse
Dietary Department	Prof. of Keiô Univ.	K. Omori
Service Department	Vice-director of Tokyo 1st National Hospital.	C. Kuriyama
Hospital-building	Prof. of Tokyo University	H. Kishida
Equipment	Chief, Sagamihara National Hosp.	F. Honma
Business of Hospital	Director of this school	H. Moriya
Investigation and Statistics	Medical officer	T. Shimauchi
Personnel Management in Hospital	Secretary	K. Nakamura
Medical Laws and Regulations	Chief of Medical Affairs Section of W/M	S. Kono
Management of Hospital	Chief of National Hospital Section Section of W/M	R. Ozawa
Management of Sanatorium	Chief of the National Sanatorium of W/M	I. Omura
Social Insurance	Chief of the Health Insurance Section of W/M	T. Tomono

(3) The plan of this year:

i) Outline:

A) The populatization of the general idea of the hospital administration (Re-education of managers of hospitals and hospital inspectors)

B) The training of the special managers of hospitals (Physicians who intend to give themselves to the hospital

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

Business of Hospital	Director of this school	H. Moriya
Investigation and Statistics	Medical officer	T. Shimauchi
Personnel Management in Hospital	Secretary	K. Nakamura
Medical Laws and Regulations	Chief of Medical Affairs Section of W/M	S. Kono
Management of Hospital	Chief of National Hospital Section of W/M	R. Ozawa
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(3) The plan of this year:

i) Outline:

A) The populatization of the general idea of the hospital administration (Re-education of managers of hospitals and hospital inspectors)

B) The training of the special managers of hospitals (Physicians who intend to give themselves to the hospital administration and other people who are going to be hospital manager)

C) The investegation, researches and consultation concerning hospital administration.

ii) Short course for the hospital administration

1time:	6 days	lecture	24 hours
		research	12 hours

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDC NO. 773 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDC NO. 773 013

6 times through this year

Date	Students
1 May	Chiefs of the general affairs section of National Hospitals
2 June	Medical Inspectors
6 July	Medical Inspectors
4 October	Chiefs of the Public and Private Hospitals
5 November	Chiefs of the National Sanatoria
6 January	Chiefs of the Public and Private Hospitals (chiefly taught by the above mentioned instructors)

iii) Research Course

1 time 2 months — lectures 85 hours, research 107 hours, practice 192 hours

4 times through this year

Date	Students
1. June and July	From the National Hospitals
2. Sept. and October	From the public and private hospitals
3. November and Dec.	" " "
4. January and February	" " "

Subjects and Teachers

History of the Hospital (Y. Yoshida); Establishment of the Hospital ( ); Organization (H. Yoshida); Admission and discharge of patients (H. Moriya); Physician and Staff (Y. Yoshida); Clinics (H. Moriya); Subsidiary Organ

6 January — Chiefs of the Public and Private Hospitals (chiefly taught by the above mentioned instructors)

iii) Research Course

1 time 2 months — lectures 85 hours; research 107 hours; practice 192 hours

4 times through this year

Date	Students
1. June and July	From the National Hospitals
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Subjects and Teachers

History of the Hospital (Y. Yoshida); Establishment of the Hospital ( ); Organization (H. Yoshida); Admission and discharge of patients (H. Moriya); Physician and Stuff (Y. Yoshida); Clinics (H. Moriya); Subsidiary Organ (H. Shimauchi); Nursing service ( ); Dietary (H. Shimauchi); Out-patients (H. Shimauchi); Medical social service (Y. Yoshida); Records (H. Shimauchi); Library (H. Shimauchi); Managements (H. Moriya and K. Nakamura);

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

Service (H. Moriya); Personnel (H. Moriya and K. Nakamura); Ethics (Y Yoshida); Public Education (Y. Yoshida); Special Hospitals (Y. Yoshida); Orders (T. Shimauchi); (Other special subjects are taught by part-time teachers)

(4) Preparation

i) To make the Ministerial orders of this school

ii) To open the school from 1 June 1949

iii) To publish on 20 May 1949

Ministerial Ordinance Concerning the Training School for the Hospital Administration (Draft)

Art.1. A Director-general shall be put in the training-school for the hospital administration.

2. The Director-general shall control the business provided by the Par 1, Art. 33 of the Law, under the supervision of the Minister of Welfare.

3. The administrator of the Tokyo 1st National Hospital shall be appointed this Director-general of this training school.

Art. 2. A director shall be put in the training school for the hospital administration, and the Minister of Welfare shall appoint this director.

2. The director shall administrate the business,

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

iii) To publish on 20 May 1949

Ministerial Ordinance Concerning the Training School for the Hospital Administration (Draft)

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2. The Director-general shall control the business provided by the Par 1, Art. 33 of the Law, under the supervision of the Minister of Welfare.

3. The administrator of the Tokyo 1st National Hospital shall be appointed this Director-general of this training school.

Art. 2. A director shall be put in the training school for the hospital administration, and the Minister of Welfare shall appoint this director.

2. The director shall administrate the business, under the supervision of the Director-general, and shall take the place of the Director-general when he can not do his duty.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

Plain of the School for Hospital Administration Attached to
the First National Hospital of Tokyo
(March 24, 1949)

1. Purpose:

Teaching and training the hospital administrators to learn the special and scientific knowledge of the modern hospital administration.

2. Students:

Administrators of the National, Public and other leading hospitals, or persons requested to learn the hospital administration.

3. Course of study:

a. Long-course (Term 2 months)

ca. 10 students in one course

(4 time in a year)

Hours of study:

Lecture	85 hours
Seminar	107 hours
Practice	192 hours
	384 hours

b. Short-course (Term 6 days)

30 students in one course

6 times in a year

Hours of study

Lecture	24 hours
	12 hours

hospitals, or persons requested to learn the hospital administration.

3. Course of study:

a. Long-course (Term 2 months)

ca. 10 students in one course

(4 time in a year)

Hours of study:

Lecture	85 hours
Seminar	107 hours
Practice	192 hours
	384 hours

b. Short-course (Term 6 days)

30 students in one course

6 times in a year

Hours of study

Lecture	24 hours
Seminar	12 hours
	36 hours

4. Accomaddation:

A part of the First National Hospital of Tokyo.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

5. Expenditure:

Fee for teachers	15.000
Travel expense for some teachers	14.160
Office expense	50.000
Studing expense	78.750
Accommodation (first expense)	491.000
Training expense	121.800
Total	770.710

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

LONG COURSE CURRICULUM OF THE SCHOOL OF HOSPITAL ADMINISTRATION

30 May 1949

1 Lectures

Day	A. M.	P. M.
1 June	The opening address (10 a.m.)	
2	History of hospitals (2 hours)	Promoting and building the new hospital (3) Organization (2)
3	Organization (2) Admitting Department (2)	Medical Staff (3)
4	Clinical Department (3)	Adjunct diagnostic and therapeutic facilities (4)
6	Clinical Depart ment (3)	Adjunct diag. and therap. facil. (2) Nursing dept. (2)
7	Nursing Department (3)	Dietary department (4)
8	Out-patient Dept. (3)	Nursing dept. (4)
9	Medical social service dept. (2)	Medical records dept. (5)
10	Medical records dept. (5)	Library (2)
11	Business dept. (3)	Service dept. (2)
13	Personnel Management (3)	Business dept. (4)
14	Ethics (3)	Public education (4)
15	Special hospitals (3)	Standing orders (4)
16	Standing orders (1)	Building (3)

2	History of hospitals (2 hours)	hospital (3) Organization (2)
3	Organization (2) Admitting Department (2)	Medical Staff (3)
4	Clinical Department (3)	Adjunct diagnostic and therapeutic facilities (4)
6	Clinical Depart ment (3)	Adjunct diag. and therap. facil. (2) Nursing dept. (2)
7	Nursing Department (3)	Dietary department (4)
8	Out-patient Dept. (3)	Nursing dept. (4)
9	Medical social service dept. (2)	Medical records dept. (5)
10	Medical records dept. (5)	Library (2)
11	Business dept. (3)	Service dept. (2)
13	Personnel Management (3)	Business dept. (4)
14	Ethics (3)	Public education (4)
15	Special hospitals (3)	Standing orders (4)
16	Standing orders (1)	Building (3)
	Medical Supplies and equipment (3)	
17	Building materials and coal (4)	Building (3)
18	Statistics (3)	Laws and regulations of social security and medical service (4)
20	National hospital (7)	
21	National Sanatoria (7)	

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

Day	A.M.	P.M.
22 June	Director's room	Business department
23	Business department	"
24	Accounting	"
25	Medical administrative dept.	"
27	" "	"
28	Surgical dept	"
29	"	"
30	Operating room	"
1 July	Medical dept.	"
2	" "	"
4	Latoratory	Physical therapy, X-ray
5	Medical social service	"
6	Head nurse's room	Wards
7-9	Wards	"
11-12	Nursing school	"
13	Pharmacy	"
14	Dietary department	"
15	" "	"
16	Conference	"
18	"	Autopsy

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

	Medical administrative dept.	"
27	" "	"
28	Surgical dept	"
29	"	"
30	Operating room	"
1 July	Medical dept.	"
2	" "	"
4	Laboratory	Physical therapy, X-ray
5	Medical social service	"
6	Head nurse's room	Wards
7-9	Wards	"
11-12	Nursing school	"
13	Pharmacy	"
14	Dietary department	"
15	" "	"
16	Conference	"
18	"	"
19	Intern system	Autopsy

III Self Study

Day	A.M.	P.M.
20-26	Self study	

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

IV Inspection of Other Institutions

Day	A.M.	P.M.
25-29 July	Inspection	
30	The closing address	

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

SHORT HISTORY OF THE FIRST NATIONAL HOSPITAL OF TOKYO

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDC NO. 773 013

SHORT HISTORY OF THE FIRST NATIONAL
HOSPITAL OF TOKYO.

1. This hospital was founded in December 1929, as an Army hospital with accommodations for 450 patients. It formed the center of medical treatment for the Army together with the adjoining Army Medical School. The latter was destroyed by air raids. All cases, difficult to diagnose and treat, were sent here by the Army hospitals throughout the country.

2. On Dec. 1, 1945 the hospital was transfered from the Army to the Welfare Ministry. It was opened to all the citizens. An out-patient clinic was added. Pediatric, Gynecologic and obstetric wards were established hurridly and so are in adequate.

3. When this hospital first became a national hospital, there were about 700 wounded ex-soldiers which consisted chiefly of eye, oral, ear, nose and throat plastic operations, malaria and malnutrition cases. At present most of the patients are general patients; the number of in-patients and out-patients is 500 and 900 respectively.

the Army hospitals throughout the country.

2. On Dec. 1, 1945 the hospital was transfered from the Army to the Welfare Ministry. It was opened to all the citizens. An out-patient clinic was added. Pediatric, Gynecologic and obstetric wards were established hurridly and so are in adequate.

3. When this hospital first became a national hospital, there were about 700 wounded ex-soldiers which consisted chiefly of eye, oral, ear, nose and throat plastic operations, malaria and malnutrition cases. At present most of the patients are general patients; the number of in-patients and out-patients is 500 and 900 respectively.

4. This hospital was selected as a Model Hospital by the Council for Establishing Model Hospitals (following suggestions by PH and W, GHQ, SCAP) in January 1948. The plans for improvement of management and facilities of the hospital were sent to the Welfare Ministry and authorized.

In spite of the difficulties of the national finances the hospital has been improving gradually under the

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

guidance of the committee.

5. In June 1949, The Welfare Ministry set up the school of Hospital Administration in this hospital. Long term and short term courses were planned.

6. A Nursing School was established in April, 1949 in accordance with Law 203 and Ordinance No. 1 requirements for a Class A school. Fifty students were enrolled.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

Present condition of this Hospital.

(Aug. 1949.)

1. Staff of the Hospital.

Director	Dr. Sakaguchi
Vice-director	Dr. Kuriyama
Executive Administrator	Dr. Moriya
Chief of Business section	Mr. Matsushita.
Superintendent of Nurses	Miss. Yoshida.

2. Clinics and Chief Doctors.

Medical	Dr. Koyama.	E N T.	Dr. Ogawa
Surgical	Dr. Hamaguchi	Orthopedic	Dr. Tsutsumi

lled.

Present condition of this Hospital.

(Aug. 1949.)

1. Staff of the Hospital.

Director	Dr. Sakaguchi
Vice-director	Dr. Kuriyama
Executive Administrator	Dr. Moriya
Chief of Business section	Mr. Matsushita.
Superintendent of Nurses	Miss. Yoshida.

2. Clinics and Chief Doctors.

Medical	Dr. Koyama.	E N T.	Dr. Ogawa
Surgical	Dr. Hamaguchi	Orthopedic	Dr. Tsutsumi
Pediatric	Dr. Asano	Derma. and Uro ...	Dr. Nakano
Paycho.	Dr. Imura	Radiological	Dr. Miyakawa
Gyn. and Ob. ..	Dr. Ito	Dental	Dr. Yoshida
Eye	Dr. Shimizu		

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773013

3. Building and Ground.

Ground.	122,000	sq,yd.
Main building. ..... (3 floors with Basement)	5,000	sq,ft.
Wooden buildings.	6,000	"
School of Nursing.	1,000	"
Library.	0,500	"
Others.	1,000	"

4. Employee of this Hospital.

Physicians	40
Interns	58
Dentists	5
Nurses	202
Student Nurses	78
Technicians	14
Nutricians	2
Clerks	49
Social Workers	2
Others	145

6. Patients

In-patients	500
Social insurance	36 %
Life security	21 %
Ex-soldiers	

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

4. Employee of this Hospital.

Physicians	40
Interns	58
Dentists	5
Nurses	202
Student Nurses	78
Technicians	14
Nutricians	2
Clerks	49
Social Workers	2
Others	145

6. Patients

In-patients	500
Social insurance	36 %
Life security	21 %
Ex-soldiers	12 %
Others	31 %
Out-patients (Perday.)	900

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

1. Steamed Bread

Wheat flour	80 g.
Corn meal	20 "
Sugar	10 "
Salt	1 "
Baking powder	4 "
Water	50 - 55 cc.

2. Yeast-bread

Wheat flour	75 g.
Corn meal	25 "
Sugar	3 "
Salt	1 "
Yeast	2 "
Lukewarm water	50 - 55 cc.

3. Pork Bun

Wheat flour	375 g.
Minced pork	200 "
Onion	200 "
Salt	8 "
Shoyu	
Sugar	10 "

4. Corn meal "Mochi" (Rice cake)

Glutinous rice flour	150 g.
Corn meal	75 "
Boiling water	120 cc.

5. Corn Dumpling

Glutinous rice flour	150 g.
Corn meal	75 "
Boiling water	120 cc.

6. Japanese Noodle

Wheat flour
Corn meal
Salt
Water

7. Biscuit

Wheat flour
Corn meal
Sugar
Salt
Butter
Egg

8. Corn meal Cracker

Corn meal
Salt
Water

9. Puffed Corn Meal

Corn meal
Salt

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

80 g.
20 "
10 "
1 "
4 "
0 - 55 cc.

75 g.
25 "
3 "
1 "
2 "
0 - 55 cc.

75 g.
00 "
00 "
8 "

10 "

e cake)

50 g.
75 "
20 cc.

50 g.
75 "
20 cc.

6. Japanese Noodle

Wheat flour	90 g.
Corn meal	10 "
Salt	1 "
Water	40 cc.

7. Biscuit

Wheat flour	50 g.
Corn meal	50 "
Sugar	30 "
Salt	1 "
Butter	10 "
Egg	50 "

8. Corn meal Cracker

Corn meal	100 g.
Salt	1 "
Water	400 cc.

9. Puffed Corn Meal Cracker

Corn meal	100 g.
Salt	1 "

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

MISCELLANEOUS INFORMATION CONCERNING HEALTH CENTER ORGANIZATION AND OPERATION

LGT
3 October 1949

Meaning and Significance of the Term "Health Center".

The term "Health Center" is not new. It has been used for many years in many different countries to describe a great variety of organizations and facilities engaged in medical care, public health and welfare activities. These organizations have varied from (1) purely medical clinics privately owned and operated and rendering medical care only to (2) public health organizations and facilities publicly owned and operated for the purpose of administering general public health programs.

The functions and activities of most of these health centers fall somewhere between the two extremes outlined above. As to functions, some have been primarily advisory in nature, - this was the case in Japan until the present Health Center Law (Law No. 101 - 5 September 1947) became effective - while others have been organized and operated on an administrative basis. Still others have combined administrative and advisory functions such as we find in Japan today. There has been a growing tendency in recent years to limit the use of the term to describe small facilities and organizations publicly owned and operated for the purpose of administering local public health programs.

Such health centers may or may not conduct a certain number of clinics and do certain amount of treatment, mass examinations, immunizations, etc., particularly in cases of such diseases as tuberculosis and venereal disease. However, since the primary function of health centers is administrative in nature, clinics are conducted only when existing facilities and services are inadequate to meet the need. Such is the case in Japan.

In the United States a public health center, as defined by the United States Public Health Service is "a publicly owned facility for providing public health services, the scope of which is a matter of state law." If we take this definition and substitute the words "national law" for the words "state law" then we have a definition which is applicable to the health centers in Japan. Observations and queries have shown that the meaning of the term "health center" is frequently not clearly understood here in Japan, therefore, elaboration upon the above definition is indicated.

In Japan the term "health center", as currently used, applies only to official publicly owned and publicly operated local public health units which are officially responsible for providing public health services (including administration) within the health center district. The Health Center Law (Law No. 101) specifically prohibits the use of this term by any other organization either public or private. The health center in Japan is not a building nor is it a clinic although all health centers must and do have buildings, should and usually do conduct a certain number of clinics.

The health center is, in fact, an organization of public health officials and employees actively engaged in providing public health services (including administration) at the local level; that is, within the health center district. Of course the health center organization must have a suitable building and equipment and it must conduct clinics in order to fulfill its mission. However, its primary function is to effectively administer the public health program through enforcement of the laws, rules and regulations pertaining to health and sanitary matters as described above. (See Introduction to the Model Health Center Demonstration).

From an organizational standpoint the health center is the third and lowest administrative echelon of the nationwide public health organization, the first being the Ministry of Welfare at the National Level; the second, the Prefectural Health Department at the Prefectural Level; and the third, the Health Center at the Local Level, which is the final link in the chain of administration. It is the local official agency which is responsible for administration of the public health program at the local level. It must maintain liaison with the people on the one hand and with the prefectural and national government on the other hand.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

The Health Center District

In order to insure that all areas in Japan are provided with the necessary public health services it is necessary to (1) divide the entire land area of Japan into local health districts (health center districts) and (2) to establish official full time local health units (health centers) in each district. This has already beer accomplished in Japan, which makes Japan one of the few nations in the world to have official full time local health units in every health district of the nation. The importance and significance of this cannot fail to be recognized by all well-informed citizens.

A population of 100,000 has been established as being the most practical number of people which can be efficiently served by one health center both from an administrative and an economic standpoint in Japan at this time. It goes without saying that the areas of the different health center districts will vary greatly. In cities and other densely populated areas the land areas served will be small while in sparsely populated areas, such areas will be much larger.

It must be understood however, that while 100,000 population is considered as the unit of population to be served by one health center, this cannot be strictly adhered to in every health center district. In establishing health center districts all pertinent factors must be considered such as - trade centers, highways, railroads, electric lines, rivers, mountains, islands, anticipated increase in population political and administrative sub-divisions, etc. Thus it may be found advisable in some cases to establish health center districts with a population somewhat greater or less than 100,000. However, it should be maintained as near 100,000 as possible since this provides for more uniform organization and service on the one hand and better economy and efficiency on the other hand.

As mentioned above, the boundaries of the health center districts should be determined after careful study taking into consideration all relevant factors. Public health is not a static program and since the public health program must be adapted to meet current problems and changing conditions health authorities should continually study the problems involved and when circumstances justify, the boundaries of health center districts should be changed to meet the existing needs. As a general principle however, the boundaries of the health center districts should not be changed unless and until circumstances warrant such changes. When such changes are warranted they should be made. The Ministry of Welfare is at the present time preparing to conduct a survey to determine which health center districts are in need of redistricting.

The Health Center Building

The housing of health centers (local health units) in unsuitable and inadequate buildings has long been a matter of grave concern to progressive health authorities. This situation is not peculiar to Japan and it is only within recent years that proper attention has been paid to this important matter even in the more progressive countries. Health authorities now realize that the building which houses the health center (local health unit) is of considerable importance. The health center should be located in a suitable building which is in keeping with the importance of the public health functions which it must perform. The health center organization is of course more important than the building which houses it. Good work can be done by a health center which has inadequate facilities but better work can be done when facilities are adequate. A luxurious and spacious building is not essential, however. an adequate building which is attractive, and kept clean, provides the necessary working space, makes the work of the health center personnel much easier and at the same time improves the morale of the personnel and increases the prestige of the health center.

Health center buildings should not only be adequate and attractive but should be strategically located where they will best serve the needs of the health center district. Whenever a new building is planned or a change in location is contemplated, the matter of location should receive serious consideration. The health center should be located where it is easily accessible to the greatest number of people and at the same time provide maximum convenience for the health center personnel in the performance of their official duties. Before construction of a new health center or remodeling of an old one is begun, careful plans should be made taking into consideration not only the present needs but also the anticipated needs

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

in the future. Once a decision to construct or remodel has been reached, a good architect or engineer should be employed in order to provide the supervision and inspection necessary to insure conformance with the building plans and specifications. The benefits to be derived will greatly outweigh the small extra expense involved.

Building Plans, Style, Land, etc.

The Ministry of Welfare has prepared and distributed three sets of basic plans for health center construction. These plans together with the necessary instructions were sent to the governors of each prefecture and to the mayors of large cities during September 1948 (YO-HATSU NO. 1254 dated 21 September 1948 subject, "Planning or Construction of a Health Center"). Additional instructions were issued on 30 September 1948 (HO-HATSU No. 14, same subject). These plans and instructions should be used as a guide until superseded by other plans, in order to provide uniformity in the health center facilities throughout Japan and at the same time provide adequate facilities for present and future needs. Certain factors, such as size and shape of the plot of ground on which the health center will be located, may make it necessary to vary the floor plans to some extent, however, the responsible health authorities should always make certain that the fundamental plans of the Ministry of Welfare are followed.

Generally speaking, the plot of ground on which the health center is to be located should be strategically located and should be large enough to accommodate the main health center building together with its outbuildings without crowding and still leave sufficient room on all sides for landscaping. Such a procedure will (1) insure good lighting, (2) render the health center conspicuous, (3) lend prestige to the health center and its work and (4) promote civic pride.

The buildings should be well planned, well constructed and so arranged as to best suit the needs. They should have adequate plumbing facilities, closet and storage space. Storage space is often lacking in present facilities but is essential in order that necessary records, supplies and equipment not in current use can be properly stored and made easily accessible when needed. This will greatly facilitate keeping the health center tidy and clean and will at the same time provide greater utility of space in workrooms, clinics, offices, etc.

Cleaning and Sanitation. Sanitation and orderliness in and around the health center is very often poor in spite of the fact that the health center should set an example of civic cleanliness and decency for the community. It is obvious that the health center personnel cannot properly teach public health and sanitation unless they themselves practice it and, even if they should properly teach it, no one would pay any attention when the health center facilities themselves are untidy and unsanitary. Therefore, it is a matter of vital importance to the successful operation of the health center to see that the sanitation and cleanliness of the health center building is maintained at the highest possible level at all times.

Equipment and Supplies. The old saying that a "workman is not better than his tools" applies to health centers. Health centers must have the necessary equipment and supplies and, above all, the health center building and equipment must be maintained in a state of good repair at all times.

It is the duty of all persons responsible for construction, maintenance and operation of health centers to see that proper facilities are provided and that the same are kept clean, tidy and in a state of good repair.

The Health Center Staff

The efficient conduct of the public health program requires that the local health units (health centers) be provided with staffs capable of rendering the necessary public health services. The health center staff must be adequate both as to quality and number of personnel. Both technical and non-technical personnel are required. Due to the varied activities of the health center many different categories of technical, administrative and clerical personnel are required in order to provide the many different public health services necessary to a well rounded public health program. Each person in the health center has, or should have, a specific duty or function to perform and he must be qualified for his or her specific job. This will require that each person have the necessary formal or in-service training to qualify him or her for a particular job. The subject of personnel training has been discussed

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

previously. It should be mentioned here however, that in order to establish and maintain at least minimum standards of service, it is essential that job qualifications for the various categories of personnel of the health center be established. Except for a few specific technical personnel no qualification requirements exist at the present time. However, the national personnel authority is establishing such job qualifications for its personnel and the Ministry of Welfare is contemplating action designed to establish such job qualifications for the health center personnel in the future.

The District Health Officer

The term district health officer" is used to denote the responsible health official in each health center district. He or she must be a physician. Regardless of the type or class of health center in the health center district this official is responsible for the proper conduct of the public health program within the health center district. Under current policies the district health officer is also chief of the health center and is responsible for the proper functioning of the health center organization. In order to carry out his responsibilities as district health officer, he has at his disposal the facilities and staff of the health center located within his district.

Health Center Tables of Organization

From the standpoint of facilities, personnel and public health service rendered only one type of health center is planned. That is, the "A" class or model type health center. However, during the developmental phase of the health center program there will be three classes of health centers as follows:

(1) "A" class or model type with 61 personnel and 300 tsubo floor space. (Exclusive of Sanitary Teams).

(2) "C" class with 35 personnel and 150 tsubo floor space (exclusive of Sanitary Teams).

(3) All other health centers with less than 35 personnel and less than 150 tsubo floor space.

The number of health centers in each class at any given time is dependent upon the budget appropriations for health center construction and operation. The current budget provides for 46 "A" class health centers, 330 "C" class health centers and 313 other health centers. For Tables of Organization for "A" and "C" Class health centers as provided for in the current budget see Incls. 1 and 2. Other health centersare provided for at their present strength which varies from health center to health center.

Programs and Coverage

Public health service within the health center district should extend to every family and every individual in the district. Observation and reports indicate that in many health center districts very little service is furnished outside the health center building or within the immediate vicinity. There are, of course, many excuses given for the lack of complete coverage - (1) shortage of budget, (2) shortage of personnel, and (3) lack of knowledge as to what the health center activities should be. On the whole, however, remarkable progress has been made in many health center districts while very poor progress has been made in other health center districts with equally good facilities, personnel and budget. It must be emphasized that public health work is largely educational in nature and that the majority of the work must be carried on outside of the health center building and within the health center district. This is especially true in rural health center districts where it is not possible for people to come to the health center for instructions and advice. Experience has shown that the health center personnel will perform their duties well if they understand what is expected of them. Therefore, the chief responsibility for the success of the program rests upon chiefs of the prefectural health department and the district health officers.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Laws, Cabinet Orders, Regulations and Instructions Pertaining to Health Centers.

1. The present Health Center Law (Law No. 101) was enacted by the Japanese Diet on 5 September 1947.

2. Cabinet Order No. 323 dated 29 December 1947 established the enforcement date as 1 January 1948.

3. Cabinet Order No. 77 dated 2 April 1948 established the subsidy rate, etc.

4. Ministry of Welfare Ordinance No. 19 dated 24 June 1948 sets forth Regulations for the Enforcement of the Health Center Law.

An English translation of the above four (4) documents are attached hereto as Inclosures 3, 4, 5 and 6.

In addition to the above the Ministry of Welfare has from time to time issued various administrative directives, notifications, etc. These together with a list of applicable laws will be found listed below according to (1) category, (2) file number (3) date and (4) subject.

Notifications Concerning Health Center Law

1. Ei-Hatsu No. 589 dated 6 June 1949, subject: Handling of Establishment of Health Centers and Health Center Branches.

2. Yo Hatsu No. 1412 dated 9 November 1948, subject: Regarding Present Staff Members and Present Salaries in Health Centers.

3. Yo Hatsu No. 960 dated 20 July 1948, subject: Regarding the Monthly Report on Health Center Activities.

4. Yo Hatsu No. 1280 dated 29 September 1948, subject: Regarding the Handling of the Monthly Record of Health Center Activities.

5. Koho Hatsu No. 548 dated 15 May 1948 subject: Affairs Concerning the Establishment of Model Health Centers.

6. Yo Hatsu No. 25 dated 17 January 1948, subject, Regarding the Establishment of Special Health Centers for Tuberculosis Prevention.

7. Yo Hatsu No. 190 dated 20 February 1949, subject, Activities Regarding Contagious Disease Prevention and Venereal Disease Prevention (Including Diagnosis and Treatment).

8. Yo Hatsu No. 3595 dated 19 April 1949, subject: Regarding Administration of Venereal Disease Clinics Which are Attached to Health Centers.

9. Kendai No. 60 dated 21 June 1948, subject: Affairs Concerning the Transfer of Health Centers to Municipal Offices.

10. Yo Hatsu No. 993 dated 26 July 1948, subject: Concerning the Abolishment of Health Centers in Regards their Transfer to Municipal Offices. Approval for Establishment of Health Centers.

11. Ei Hatsu No. 534 dated 27 June 1946, subject: Regarding the Fee for Use of Health Center.

12. 9 April 1949, subject: Regarding the Use of a Designated Name Liable to Misinterpretation as a Health Center.

13. Yo Hatsu No. 958 dated 19 July 1948, To: Prefectural Governors, City Mayors, subject: Regarding Medical Treatment Contracts with Insurers of Health Insurance, Seamen'sInsurance and National Health Insurance.

14. Yo Hatsu No. 958 dated 19 July 1948, to: Chief, Sanitation Bureau, Tokyo-to, Chief, Sanitation Section, Cities, Chief, Sanitation Division, To, Do, Fu and Ken, subject: Regarding Medical Treatment Contracts with Insurers of Health Insurance, Seamen's Insurance and National Health Insurance.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

15. Ei Hatsu No. 6 dated 20 July 1948, subject: Cohtracts with the Health Center Supervisors Concerning Health Insurance, Seamen's Insurance and National Health Insurance Medical Treatment.

16. Ei Hatsu No. 347 dated 4 April 1949, subject: Guidance of Public Health Nurses' Activities.

17. Ei Hatsu No. 578 dated 1 June 1949, subject: Regarding Health Center Advisory Committee.

18. Subject: Instruments and Equipment of Health Center.

Notifications Concerning Administration of Health Centers

1. Sha Hatsu No. 47 dated 28 January 1939, subject: Regarding the Guidance or Liaison Between Health Centers and National Health Insurance Associations. To: All Prefectural Governors, From Chief, Sanitation Section, Chief, Social Insurance Bureau - Ministry of Welfare.

2. Ho Hatsu No. 169 dated 1 June 1949 subject: Regarding Guidance and Supervision Concerning Health Facilities of National Health Insurance. To: Prefectural Governors and Do, Fu and Ken. From: Chief, Insurance Bureau; Chief, Sanitation Bureau - Ministry of Welfare.

3. Hoken Hatsu No. 198 dated 1 June 1949, subject: Regarding Guidance and Supervision Concerning Health Facilities of National Health Insurance. To: Chief, Health Department; Chief Welfare Department; To, Do, Fu and Ken. From: Chief, Health Center Section, Public Sanitation Bureau; Chief, Medical Service Section Insurance Bureau and Chief, National Health Insurance Section, Insurance Bureau, Ministry of Welfare.

4. Ken Hatsu No. 15, dated 20 November 1944, subject: Regarding the Establishment of Close Coordination Between Health Centers and the Medical Association. to: All Prefectural Governors. From: Chief, the People's Health Bureau and Chief, The Sanitation Bureau, Ministry of Welfare.

5. Ko Hatsu No. 15 dated 1 February 1946, subject: Regarding Liaison Between Health Centers and Medical Education Facilities. To: All Prefectural Governors. From: Chief, Sanitation Bureau, Ministry of Welfare and Chief, School Education Bureau of the Ministry of Education.

6. Ei Hatsu No. 428 dated 29 May 1946, subject: Concerning Disease Prevention Business Based on Emergency Relief Work for White Collar Unemployed. To: All Prefectural Governors. From: Chief, Sanitation Bureau, and Chief, Labor Bureau, Ministry of Welfare.

7. Ei Hatsu No. 428 dated 1 July 1946, subject: Regarding Health Centers' Cooperation in School Health. To: All Prefectural Governors. From: Chief, Sanitation Bureau, Ministry of Welfare; Chief, Physical Education Bureau, Ministry of Education.

8. Date: 10 August 1946, subject: Regarding Field Training on Public Health for Graduates from Medical Education Institutes. Instructions given at the Conference of Competent Sanitary Section Chiefs.

9. Koho Hatsu No. 67 dated 24 February 1947, subject: Regarding the Strengthening of Coordination Between Health Centers and National Hospitals and National Sanatoria. To: All Prefectural Governors. From: Chief, Medical Affairs Bureau, and Chief, Public Health Bureau, Ministry of Welfare.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Laws, Notifications and Regulations Regarding the Power and Authority Given to the Chiefs of Health Centers.

1. Ko-hatsu-ken No. 59 dated 21 June 1948, subject: Regarding the Authority of Health Center Chiefs over Sanitary Affairs. To: Prefectural Governors and Mayors concerned. From: Vice Minister of Welfare.

2. Yo-ko-hatsu No. 58 dated 19 July 1948, subject: Regarding the Authority of Health Center Chiefs over Sanitary Affairs.

3. Ko-hatsu-yo No. 87 dated 5 November 1948, subject: Regarding the Authority of Prefectural Governors over Sanitary Affairs. To: Each Prefectural Governor and Mayor concerned. From Vice Minister of Welfare.

Laws, Regulation and Ordinances Providing Source of Authority.

1. Slaughter House Law.

Law No. 32 - 11 April 1906
Revised 1947 - Law No. 223
Revised 1948 - Law No. 140

2. Food Sanitation Law

Law No. 233 - 24 December 1947

3. Regulations for Control of Poisonous Foods and Beverages.

Imperial Ordinance No 52 - 30 January 1946.
Revised 17 June 1946 - Law No. 325

4. Barbers Law.

Law No. 234 - 24 December 1947

5. Regulations for the Enforcement of the Barbers Law.

Ministry of Welfare Ordinance No. 8 - 9 March 1948.

6. Graveyards and Burials Law.

Law No. 48 - 31 May 1948.

7. Regulations for the Enforcement of the Graveyards and Burials Law.

Ministry of Welfare Ordinance No. 24 - 13 July 1948.

8. Amusement Enterprise Law.

Law No. 137 - 12 July 1948.

9. Regulations for the Enforcement of the Amusement Enterprise Law.

Ministry of Welfare Ordinance No. 29 - 24 July 1948.

10. Hotel Business Law.

Law No. 138 - 12 July 1948.

11. Regulations for the Enforcement of the Hotel Business Law.

Ministry of Welfare Ordinance No. 28 - 24 July 1948.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

12. Public Bath Law.

Law No. 139 - 12 July 1948.

13. Regulations for the Enforcement of the Public Bath Law.

Ministry of Welfare Ordinance No. 27 - 24 July 1948.

14. Law for Disposal of Dead Animals.

Law No. 140 - 12 July 1948.

15. Regulations for the Enforcement of the Law for Disposal of Dead Animals.

Ministry of Welfare Ordinance No. 30 - 27 July 1948.

Extracts

16. Medical Treatment Law.

Law No. 205 - 30 July 1948.

17. Regulations for the Enforcement of the Medical Treatment Law.

Ministry of Welfare Ordinance No. 50 - 5 November 1948.

18. Moxacautery, Acupuncture, Massage and Judo Orthopedics Business Law.

Law No. 217 - 20 December 1947.

19. Law for the Protection of Mental Disease Patients.

Law No. 38 - 10 March 1900.

20. Regulations for the Enforcement of the Law for the Protection of Mental Disease Patients.

Home Ministry Ordinance No. 35 - 28 June 1900.
Ministry of Welfare Ordinance No. 51 - Revised 1942
Ministry of Welfare Ordinance No. 12 - Revised 1947.

21. Tuberculosis Prevention Law.

Law No. 26 - 27 March 1919
Revised 5 April 1937 - Law No. 41.

22. Regulations for the Enforcement of the Tuberculosis Prevention Law.

Home Ministry Ordinance No. 20 - 23 October 1919.

23. Trachoma Prevention Law.

Law No. 27 - 27 March 1919.

24. Regulations for the Enforcement of the Trachoma Prevention Law.

Home Ministry Ordinance No. 13 - 23 August 1919
Ministry of Welfare Ordinance No. 51 - Revised 1942
Ministry of Welfare Ordinance No. 18 - Reivsed 1948

25. Leprosy Prevention Law.

Law No. 11 - 19 March 1907
Revised 1916 - Law No. 21
Revised 1929 - Law No. 10
Revised 1931 - Law No. 58

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

26. Regulations for the Enforcement of the Leprosy Prevention Law.

Home Ministry Ordinance No. 19 - 20 July 1907

27. Parasites Prevention Law.

Law No. 59 - 1 April 1931

28. Infectious Disease Prevention Law.

Law No. 36 - 1 April 1897
Revised 1905 - Law No. 56
Revised 1922 - Law No. 122

29. Regulations for the Enforcement of the Infectious Disease Prevention Law.

Home Ministry Ordinance No. 24 - 30 September 1922.
Home Ministry Ordinance No. 16 - Revised 1926
Revised 1927 - Law No. 2
Revised 1928 - Law No. 14
Revised 1942 - Ministry of Welfare Ordinance No. 51

30. Venereal Disease Prevention Law.

Law No. 167 - 15 July 1948

31. Regulations for the Enforcement of the Venereal Disease Prevention Law.

Ministry of Welfare Ordinance No. 45 - 24 September 1948.

32. Regulations for the Enforcement of the Law for Cleaning and Disposal of Filth.

Home Ministry Ordinance No. 5 - 8 March 1900

33. Regulations for Waterworks.

Law No. 9 - 13 February 1890

Laws and Ordinances Regulating the Authority of Health Center Directors

1. Vital Statistics Ordinance.

Government Ordinance No. 17 - 24 January 1948.

2. Regulations for the Enforcement of the Vital Statistics Ordinance.

Ministry of Welfare Ordinance No. 6 - 24 February 1948.

3. Procedures Concerning the Preparation and Forwarding of Vital Statistics Schedules, Vital Statistics Monthly Report and Forwarding of Morbidity Schedules.

Ministry of Welfare Instruction No. 5 - 10 March 1948.

4. National Physical Strength Law.

Law No. 105 - 8 April 1940
Revised 1942 - Law No. 37
Revised 1947 - Law No. 223

5. Eugenics Protection Law.

Law No. 156 - 13 July 1948

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

6. Regulations for the Enforcement of the Medical Practitioners Law.

Ministry of Welfare Ordinance No. 47 - 27 October 1948.

extracto

7. Medical Treatment Law.

Law No. 205 - 30 July 1948

8. Public Health Nurses, Midwives and Clinical Nurses Law.

Law No. 203 - 30 July 1948

9. Infectious Disease Prevention Law.

Law No. 36 - 1 April 1897

10. Regulations Concerning the Reporting of Infectious Diseases.

Ministry of Welfare Ordinance No. 5 - 5 March 1947

11. Preventive Vaccination Law.

Law No. 68 - 30 June 1948

12. Regulations for Enforcement of the Preventive Vaccination Law.

Ministry of Welfare Ordinance No. 36 - 10 August 1948

13. Venereal Disease Prevention Law.

Law No. 167 - 15 July 1948

14. Regulations for the Enforcement of the Venereal Disease Prevention Law.

Ministry of Welfare Ordinance No. 45 - 24 September 1948.

15. Child Welfare Law.

Law No. 164 - 12 December 1947

16. Local Autonomy Law.

Law No. 67 - 17 April 1947

17. Local Finance Law.

Law No. 109 - 7 July 1948

18. Law Concerning Partial Amendment to the Pension Law.

Law No. 185 - 22 July 1948

19. Regulations for the Enforcement of Disaster Compensation under the Law concerning Undemobilized Persons' Compensation.

Ministry of Welfare Ordinance No. 1 - 7 January 1949
Revised 8 March 1949 - Ministry of Welfare Ordinance No. 12.

20. Regulations for the Enforcement of the Law for Allowance to Special Non-repatriates.

Ministry of Welfare Ordinance No. 2 - 7 January 1949
Revised 8 March 1949 - Ministry of Welfare Ordinance No. 12

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Supplementary Regulations Regarding Officials Who Come under Article 22 and Articles 23 of the Venereal Disease Prevention Law.

Yo Hatsu No. 49 - 10 January 1949
Notification to Prefectural Governors (To, Do Fu and Ken)
From: Chief, Preventive Bureau, Ministry of Welfare.

21. Law Concerning Autopsy and Preservation of Corpses.

Law No. 204 - 10 June 1949

22. Infectious Disease Prevention Law

Law No. 81 - Revised 19 May 1949

23. Child Welfare Law

Law No. 211 - Revised 15 June 1949

Personnel Table of Organization for "A" Class Health Centers in Japan - April 1949 — Table 1

Sections	Divisions	Personnel: Doctor	Dentist	Pharmacist	Veterinarian	Sanitarian	Dental Hygienist	Public Health Nurse	Midwife	X-ray Technician	Laboratory Technician	Nutritionist	3rd Class Health Officer	2nd Class Clerk	3rd Class Clerk	High Class Employee	Employee	Total
General Affairs	Administrative Affairs	1*												1	1	1	2	6
	Medical Affairs														1	1		2
	Pharmaceutical Affairs			1												1		2
	Total			1										1	2	3	2	9
Sanitation	Environmental Sanitation					(3)												(3)
	Food & Animal Disease Control			1	1	(2)										1		-(2)
	Total			1	1	(5)										1		(5) (5)
Health Promotion and Prevention	Communicable Disease Control	(1)											(1)			2		4
	Tuberculosis Control	2								1						1		4
	Venereal Disease Control	(1)													(1)			2
	Prevention															1		1
	Maternal & Child Hygiene	1							1									2
	Dental Hygiene		1				2											3
	Nutrition											1				1		2
	Total	(2)5	1				2		1	1		1	(1)		(1)	5		(4) 18
Public Health Services	Health Education														1			1
	Public Health Statistics	1											1		1	1		4
	Public Health Nursing							15										15
	Medical Social Service														1			1
	Laboratories	1		1												2		4
	Total	2		1				15					1		3	3		25
	Total	(2) 76 = 8	1	3	1	(5) (5)	2	15	1	1	0	1	(1) 71 = 2	1	(1) 75 = 6	12	2	(9) 752 = 61 **

Incl. 1

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDC NO. 773 013

(\These are 9 persons (in parenthesis) whose personnel costs are provided by sections, other than the Health Center Section, of the
b Public Sanitation Bureau of the Ministry of Welfare (4 persons from Communicable Disease Control Section, 3 from Environmental Sanitation Section and 2 from Food Sanitation Section).

* Director of Health Center.

** Total personnel exclusive of Sanitary Teams.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 773 013

Personnel Table of Organization for "C" Class Health Centers in Japan, April 1949

Table 2

Sections	Divisions	Personnel																		
		Doctor	Dentist	Pharmacist	Veterinarian	Sanitarian	Dental Hygienist	Public Health Nurse	Midwife	X-ray Technician	Laboratory Technician	Nutritionist	3rd Class Health Officer	2nd Class Clerk	3rd Class Clerk	High Class Employee	Employee	Total
General Affairs	Administrative Affairs	1*													1	1	2	5
	Medical Affairs														1			1
	Pharmaceutical Affairs															1		1
	Total														2	2	2	7
Sanitation	Environmental Sanitation				(3)													(3)
	Food & Animal Disease Control				(2)													(2)
	Total				(5)													(5)
Health Promotion and Prevention	Communicable Disease Control	(1)														1		2
	Tuberculosis Control	1								1						1		3
	Venereal Disease Control Prevention	(1)													(1)			2
	Maternity & Child Hygiene	1							1									2
	Dental Hygiene											1						1
	Nutrition																	
	Total	4							1	1		1			(1)	2		10
Public Health Services	Health Education																	
	Public Health Statistics												1		1	1		3
	Public Health Nursing																	
	Medical Social Service							8										8
	Laboratories			1												1		2
	Total			1				8					1		1	2		13
	TOTAL	5		1	5			8	1	1		1	1		4	6	2	35 **

Incl 2

( ) There are 8 persons (in parenthesis) whose personnel costs are provided by sections of the Public Sanitation Bureau, other than the Health Center Section, as follows, (3 from Communicable Disease Control Section, 3 from Environmental Sanitation Section, and 2 from the Food Sanitation Section).

* Director of Health Center

** Total personnel exclusive of Sanitary Teams.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Law No. 101

The Health Center Law

5 September 1947

Article 1. Health Center shall be established by Tokyo Metropolis, prefectures, on 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 by 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, water-works, 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 Article 1 may entrust to health centers affairs concerning matters belonging to his official authority which are mentioned in items of the preceding Article.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

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, pharmaceutists and others to use the facilities concerning the abovementioned 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

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

I hereby promulgate the Law concerning the partial amendments to be made to the Infectious Diseases Prevention Law and others.

Signed: HIROHITO, Seal of the Emperor

This fifth day of the ninth month of the twenty-second year of Showa
(September 5, 1947)

Prime Minister

KATAYAMA Tetsu

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Cabinet Order No. 323

29 December 1947

Law No. 101 of 1947 concerning the Amendments to the Health Center Law shall come into force as from January 1, 1948.

Minister of Welfare

HITOTSUMATSU Sadayoshi

Prime Minister

KATAYAMA Tetsu

Incl 4

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Cabinet Order No. 77

2 April 1948

Enforcement Ordinance for Health Center

Article 1. According to the provisions of Art. 1 of the Health Center Law (hereinafter called the Law) the following cities shall be designated:

Sapporo City, Otaru City, Hakodate City, Sendai City, Yokohama City, Kawasaki City, Yokosuka City, Niigata City, Kyoto City, Osaka City, Sakai City, Kobe City, Amagasaki City, Himeji City, Wakayama City, Hiroshima City, Kure City, Shimonoseki City, Fukuoka City, Kokura City, Yawata City, Omuda City, Nagasaki City, Sasebo City, Kumamoto City and Kagoshima City.

Article 2. Subsidy from the national treasury under the provisions of Article 10 of the Law shall be granted to the settled disbursement, according to the following classification. However, when there are revenues according to the provisions of Art. 9 of the said Law and other revenues, such subsidy shall be done to the balance between it and the said revenues:

1. Concerning expenses for establishment of a health center and expenses for first furnishing supplies accompanying with it, one half.

2. Concerning other expenses, one-third. However, one half under special circumstances.

Supplementary Provisions:

The present Cabinet Order shall come into force as from the day of its promulgation.

Imperial Ordinance No. 335 of 1937 and Imperial Ordinance No. 336 of 1937 shall be abolished.

Prime Minister
ASHIDA Hitoshi

Minister of Finance
KITAMURA Tokutaro

Minister of Welfare
TAKEDA Giichi

Incl 5

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Ministry of Welfare Ordinance No. 19

24 June 1948

Regulations for the Enforcement of
the Health Center Law

Article 1. As provided under Art. 1 of the Health Center Law (hereafter called the Law) the Local Public Bodies shall partition their territories and affiliate them under the jurisdiction of some Health Center. The population under the jurisdiction of a Health Center shall in general be around 100,000 persons.

Article 2. In case the Local Public Bodies; under Art. 1 of the Law: intend to establish Health Center Branches in accordance with the provision of Art. 7 of the Law, the following item shall be taken into consideration:

1. Traffic conditions
2. Population distribution
3. The state of public health in the Local Public Bodies

The Branches of the Health Center shall be under the jurisdiction of a Health Center designated by the Local Public Bodies (provided by Art. 1 of the Law) and take partial charge of the work.

Article 3. In case the Local Public Bodies, under Art. 1 of the Law, intend to establish Health Centers, they shall submit the following program of their plans and obtain approval of the Minister of Welfare.

1. Name and site
2. The zone of Jurisdiction, with a map and the population within the area
3. Outline of the construction of the building and a ground-plan
4. Outline of the equipment
5. Classification and fixed number of employees
6. Scheduled date for commencement of work
7. Budget of revenue and expenditures

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Article 4. In case the Local Public Bodies under Art. 1 of the Law, intend to establish Branches in accordance with the provisions of Art. 7 of the Law, they shall submit contents of the undertakings other than those matters specified in the preceding Article, Items 1 and 6 of the program and obtain the approval of the Minister of Welfare.

Article 5. The Local Public Bodies provided by Art. 1 shall report to the Minister of Welfare in case there have been any changes in the items specified in Art. 3, or items of the preceding Article, concerning Health Centers or Health Center Branches.

Article 6. Health Centers shall administer the programs designated by Art. 2, Art. 4, and Art. 5, Item 1 of the Law and also take charge of sanitary affairs authorized by Art. 3 of the Law. Health Centers which are established by the Prefecture shall receive the authorization of the Prefectural Governor to lead and supervise the concerned (sanitary) affairs of the cities, towns and villages.

The Sanitary Administration Section or Department of cities (provided by Ordinance) shall assist the Mayor in supervision and coordination of Health Center undertakings.

Article 7. Health Centers shall have the following personnel. Chief, office officials, technical officials.

The chief shall be a physician and come within the purview of one of the following items.

1. One who has had more than three years actual experience in Public Health.

2. One who has finished the training course established by the Institute of Public Health.

3. One who is recognized by the Minister of Welfare to have equal or more experience than specified in the 2 preceding items.

The chief of the Health Center under the guidance and supervision of the chief of the Local Public Body of Art. 1 of the Law, shall take charge of the administration of the Health Center.

Office officials shall upon orders from their supervisors take charge of the office affairs.

Technical officials upon orders from their supervisors shall take charge of technical affairs. Technical officials shall be physicians, dentists, veterinaries, Public Health Nurses, dietitians or those

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

qualified as food inspectors, X-ray technicians, statisticians or microbe-examination technicians.

Article 8. Health Centers shall establish an Advisory Council. The Advisory Council shall deliberate upon and answer questions given by the chief of the Health Center regarding administration of Health Centers and public sanitation within the jurisdiction of the Health Center. And when necessary, it may offer advice to the chief of the Health Center on Health Center administration. The advisory Council shall be composed of not more than 30 persons, and will be commissioned by the chief of the Health Center from representatives of the public and persons of learning and experience.

Article 9. When necessary the chief of the Health Center may establish a department or section and allot office duties.

Article 10. The Health Center must be equipped in accordance with actual local conditions, with the necessary equipment for tests, examinations and X-ray.

. The administration of these facilities regulated by the preceding paragraph should be in close coordination with the testing and examination organs establish by the Local Public Bodies.

Article 11. Regulations regarding transaction of business of the Health Center shall be reported to the Minister of Welfare.

Article 12. A person who wishes to obtain approval in accordance with the provision of Art. 8 of the Law, shall make application to the Minister of Welfare with the following information:

1. Reason for application
2. Name of institution
3. Site of institution
4. Outline of undertakings
5. Outline of building and ground-plan
6. Outline of equipment
7. Fixed number of employees
8. Date of commencement of work
9. Budget of revenue and expenditures

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

In case a person who has obtained approval, discontinues the use of the name, or amends any item of the preceding paragraph, item 2 to item 7 he shall, without delay, report it to the Minister of Welfare.

Article 13. As to the use of Health Center facilities or work performed by the Health Center: charges for use, commissions or medical fees may be collected only in the following cases:

1. Sanitary tests or examinations or other work which specially incurs extra expenses.

2. The use of X-ray equipment or the use of facilities for examinations or tests which specially incurs extra expenses.

3. Medical treatments for TB, VD, dental diseases and other diseases designated by the Minister of Welfare and which specially incurs extra expenses.

The charges for use, commissions and types of medical treatment and charges mentioned in the preceding paragraph shall be submit to the Minister of Welfare in advance.

Charges provided in Paragraph 1 shall be based upon actual expenses but according to circumstances they may be reduced or exempted.

Article 14. The Health Center shall not reject applications for utilization, made under the provision of Art. 5, Paragraph 2 of the Law.

The Health Center may allow the use of their facilities for lectures, research, improvement and advancement of local public health. But in case this use of facilities interferes with the functions of the Health Centers or is liable to cause damages to the equipment it shall be exempted from the rule.

Article 15. The Health Centers shall report every year by the end of May the results of the undertakings of the previous fiscal year to the Minister of Welfare.

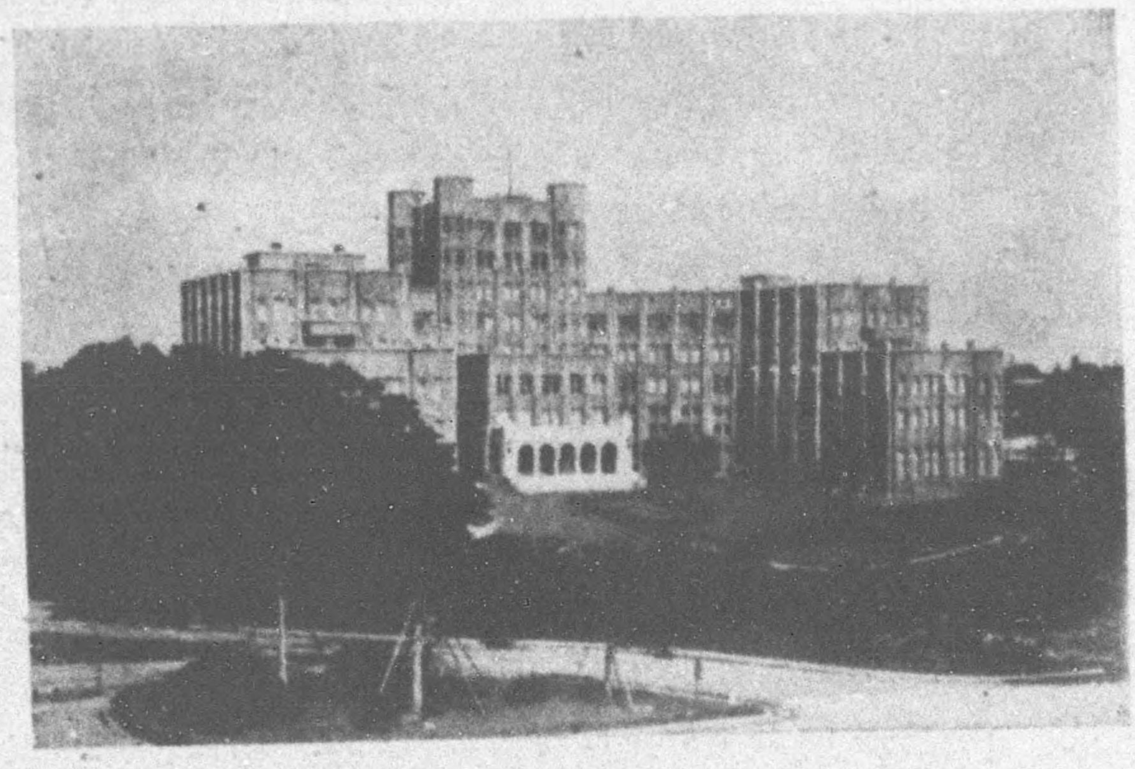
Article 16. In case the Local Public Body under Art. 1 of the Law intends to abolish a Health Center or Health Center Branch it shall submit the reasons for abolishment and obtain the approval of the Minister of Welfare.

Supplementary Provisions

This Ministerial Ordinance shall be enforced from the day of promulgation.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

ORGANIZATION OF THE INSTITUTE OF PUBLIC HEALTH



The Institute of Public Health was established by the donation of the Rockefeller Fonndation, and commenced its work in March 1938, under the management of the Ministry of Welfare, for the purpose of training public health personnel. At the beginning nine departments were established in the Institute to carry out its activities, and after a few changes, the present organization which consists of 14 departments and one section was started.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

The Organization of
The Institute of Public Health

(June 1, 1949)

- Director (Y. Koya)
  - Vice-Director (K. Saito)
    - The Section of General Affairs (T. Nemura)
    - The Department of Public Health Statistics (R.Kawakami)
    - The Department of Public Health Demography (Y. Koya)
    - The Department of Physiological Hygiene (S. Matsuoka)
    - The Department of Nutrition & Biochemistry (I. Nakagawa)
    - The Department of Epidemiology (T. Soda)
    - The Department of Public Health Microbiology (S. Someya)
    - The Department of Sanitary Engineering (I. Horasawa)
    - The Department of Housing (A. Sato)
    - The Department of Public Health Pharmaceutics (C. Kawasaki)
    - The Department of Public Health Veterinary Medicine (T. Matsui)
    - The Department of Maternal and Child Health (K. Saito)
    - The Department of Industrial Hygiene (G. Yokohashi)
    - The Department of Public Health Administration (H.Shiga)
    - The Department of Public Health Nursing (K. Shimizu)
  - Library (S. Matsuoka)

TOTAL NUMBER OF THE GRADUATES OF REGULAR COURSES IN THE PERIOD DEC. 1938—MARCH 1944.

Medical	Course	98
Pharmaceutical	〃	82
Veterinary	〃	107
P.H. Nursing	〃	104

The Institute met the increasing difficulties in carrying out its activities of these regular courses due to the war. Finally the regular courses were suspended in 1944, but the short courses were able to be continued until 1946. The total number of graduates of the short courses in the period 1938—1942 is 1,302. The students of these courses were mostly the directors of health centers. But some were veterinarians, pharmaceutical health officers, public health nurses and factory doctors.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

THE PRESENT EDUCATIONAL ACTIVITIES

On December 13th, 1946, it was suggested by Gen. Sams for the Institute to undertake the refresher courses of a few months, duration for key post health officers and auxiliary personnel selected by the health authorities of the local government, to meet the urgent need of improving the present health and sanitary condition of the country, suspending the regular courses of training of the Institute for a few years.

After careful studies of the plan for the above project by the officers of the Public Health and Welfare Section, G.H.Q., the specialists in the Ministry of Welfare and the Institute of Public Health, the following seven courses were scheduled. The capacity of the course is 50 each.

Courses for	Term
Health Officers	3 months
P. H. Pharmacists	3 "
P. H. Veterinarians	2 "
Nutritionists	2 "
Sanitarians	3 "
Sanitary Engineers	6 "
P. H. Nurses	4 "

The primary schedule for sanitary engineers of six months was later shortened to three months.

Record of Refresher Courses given at the Institute of Public Health (June 20, 1949)

	Total number of graduates	Length	Number of courses given up to the date	Date of start of the first course
Course for Medical Officers	291	3 m.	7	June 16, 1947
〃 Sanitarians	319	3 m.	7	June 16, 1947
〃 Public Health Pharmacists	215	2 m.	5	Jan. 9, 1948
〃 Public Health Veterinarians	266	2 m.	6	Jan. 9, 1948

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

	Total number of graduates	Length	Number of courses given up to the date	Date of start of the first course
〃 Public Health Nurses	323	4 m.	6	April 12, 1947
〃 Public Health Nutritionists	159	2 m.	4	May 14, 1948
〃 Sanitary Engineers	95	3 m.	3	May 14, 1948
	1,668			

Besides these Refresher Courses, the special short courses were given to the public health personnel in charge of twelve key functions of model health center in the period June 1948 to March 1949 under the joint sponsorship of the Ministry of Welfare and the Institute of Public Health. These courses were of great value to improve and promote the activities of model health centers, which are now established in all of 46 prefectures. The term of each short course was usually one week.

The Institute is now planning to resume one of its primary functions in giving regular, full-year course to the graduates of medical schools who are going to devote their careers to the work of public health. The first post-war regular course for medical graduates is to be opened in July 1949. Students in this course are scheduled to share the first three months in their training with the medical officers of the refresher course. After this period they are to go round various departments of the Institute so that they are able to learn the activities of public health more or less in details.

Since the population problem is one of the most important problems of Japan today, the Institute is planning to give a special training course of contraception to those health center workers who are to be responsible for the contraceptive consultation. Furthermore, the new Department of Public Health Demography was established for the purpose to meet the demand of scientific study of population problem in general.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Dr M.

TUBERCULOSIS CONTROL SERVICES IN THE HEALTH CENTER

APK
March 1948

I. Introduction

Tuberculosis is one of the most important public health problems in Japan, and is, perhaps, the health center's biggest problem. The chief of the health center district is responsible for the administration of the public health program in the health center district. It will tax the ingenuity and energies of the health center personnel in order to meet the needs of a good tuberculosis control program. Such a program, within the health center district, must be coordinated with the national and prefectural programs. It must also be coordinated with the work, being carried on by volunteer agencies and large groups, both national and local.

The program can be divided into these distinct parts:

1. Clinical aspects of tuberculosis control
2. Nursing service as part of tuberculosis control
3. Welfare service as part of tuberculosis control
4. Health Education as part of tuberculosis control

II. Purpose:

The purpose of the clinic for diagnosis of tuberculosis in the health center is as follows:

A. To locate the sources of infection in the community which is served by the health center, and any allied sources.

B. To assist in and plan for the treatment of such patients who have acquired tuberculosis.

C. To control the spread of tuberculosis through the education of the Japanese people, by means of the health center authorities.

III. Services to be rendered in the clinic for tuberculosis control.

A. Diagnostic work on the individual patient.

1. Accurate history must be taken
2. Accurate and complete examination, not only of lung fields, must be done.
3. X-ray studies of the lung fields must be done.
4. Laboratory studies, such as sputum, blood studies, fixations, sedimentation, gastric washings, etc. must be carried out.
5. The patient must be referred to the nutritionist for advice on nutrition.
6. The patient must be referred to the Medical Social Service worker for assistance.
7. The patient must be referred to the Sanatorium, if necessary, by the clinic in the health center.
8. Pneumothorax procedures and surgical consultations must be made and carried out in the clinic.

The work in the clinic for control of tuberculosis in the health center is based upon a plan which was developed by this health center, and has served very well in this particular clinic and has

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

been adapted to the need of this type of clinic in Japan.

B. These various catagories of patients present themselves at the clinic for examination:

1. The contact cases: which is discovered in the home visit.
2. The suspected case: which is discovered in the school or factory mass examinations.
3. The case which is returning to the clinic for further study, supervision or treatment.
4. The patient who is returning from the senatorium and is continuing under observation.
5. The maternity patient who is being studied for a possible tuberculosis infection, and later, in pregnancy, for any exacerbation due to the pregnancy itself.
6. The patient referred from the VD or the Child Health Clinic. (However, in Japan, all cases up to 15 years of age have been seen, in the past, in the Child Health Clinic. It is strongly suggested that these cases be transferred to the tuberculosis clinic.)
7. The patient referred from another clinic or health center or transferring to another health center.
8. The patient referred by the general practitioner, social agency, allied organizations or bureaus.
9. The patient reporting with laboratory specimens or for x-ray examination, upon request of the general practitioner.
1. Laboratory specimens may be sent in by the physician or brought in by the patient, and these require a special report which is sent directly to the physician or hand-carried to the practitioner by the patient himself. However, a record of these findings will also be kept in the clinic.

C. In this health center the clinics for the study of tuberculosis, are conducted on three days a week in the mornings with the afternoons of two of the same days, occupied with mass examinations, pneumothorax treatments and surgical consultations.

The various records and forms used in this clinic have been reviewed, revised and combined to achieve as complete a record as possible. These records have been arranged to fit into this program.

When a patient reports at the clinic for the first time, Card I (consultation card) is filled out at the receptionist desk. This card is the same for all cases in all of the clinics. If the patient belongs in catagory 1., contact case: 2, suspected case: 7, referred from another health center or 8, referred by the general practitioner, he will then proceed to the clinic and the arrangement as outlined below:

I. For the Individual

on 1st day

a. History - - past and present (complete)
b. Tuberculin Test
   (1) Blood sedimentation test
   (2) X-ray examination
c. Auscultation and percussion

on 3rd day

a. Reading of tuberculin reaction
b. Report of blood sedimentation test
c. Report of X-ray film; sputum test.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

d. Reports from the above test results in:

(1) Diagnosis
(2) 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 one 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)
(d) Patient who has left hospital

1. Guidance of daily life
2. Social Service

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

On record sheet, marked card "for Health Guidance"(front and back), which contains the patient's clinical record, the history, past and present is taken, in part by the nurse and in part by the physician and recorded. The patient is then referred to the laboratory and the x-ray departments. At his first visit to the clinic, and his first visit to the laboratory, blood will be taken for Wassermann or similar test in addition to the other laboratory studies, so than an immediate cooperation with the VD clinic can be established if necessary. The patient will then be told to report again in 48 hours, - the 3rd day of his studies.

Should the patient be in catagories, 3, the patient making return visits: 4, the patient returning from the sanatorium; 5, the maternity or child health clinics: — their records from the referring clinic will be used, supplemented by the third sheet. (and adjunct to sheet 2) And, in the case of a patient returning from the senitorium, the records sent to the clinic by the sanatorium would be incorporated in his clinical record. The clinic will then send an acknowledgement of this patient's return and of this report to the sanatorium. Should the patient be referred to the afternoon clinics for pneumothorax

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

treatments or surgical consultation, the sheet (pneumothorax chart) which has been prepared for recording of such treatments which were included in his records.

Upon the patinet's return on the 3rd day of his studies, his clinical record sheet (card for Health Guidance) will again be used, and the reports from the former visit, to the laboratory and x-ray sections will have been recorded, and the initial studies will be complete. In those cases in which the tuberculin reaction is negative, the BCG vaccine should be given, and the patient taught that he must return at regular intervals for further tuberculin tests, to determine his positive state. If the tuberculin reaction is positive the physician in charge will then make the diagnosis and proceed with the suggestions for treatment. At this visit, the sheets for consultation with the nutritionist and the social service worker, using the house visiting card will be used, and the visiting card for the nurse will be used. Also the Ten Rules for the Control of Tuberculosis in the Home will be given. It is suggested that this advice card be given to every patient who reports at the clinic for individual examination, regardless of whether the patient has or has not tuberculosis, because homes in which there is no tuberculosis still need to know these points. Cases under observation require follow-up by the nurse; those patients in need of rest, and cases under treatment; all these need to be kept in contact with the clinic.

D. In this clinic, pneumothorax treatments are given on two afternoons a week, and a thoracic surgeon, a part-time man, is also present for such necessary consultations.

Standardization of the pneumothorax treatments has been suggested as follows:

1. A permanent film of the chest is taken at the first visit.
2. The pneumothorax is done, immediately followed by —
3. A fluroscopy to determine the extent of the initial collapse and the presence or absence of any adhesions.
4. In 48 hours, another fluroscopy is done to determine the state of the collapse, — which is dependent upon the amount of absorption of air by the pleura, and another treatment is given if necessary.
5. A similar procedure, as in step 4, is carried out in another 48 hours.
6. In the second week, the treatment is continued every two or three days depending upon the rate of absorption of the air by the pleura, making every effort to keep the collapse of the lung continuous. Every patient must be considered as an individual problem. After the second week, with the decrease of absorption by the pleura, the treatment may be given once a week. The duration of the treatments is dependent upon the clinical progress of the patient and the fluroscopic findings.

It is necessary to observe the correct surgical technique in all of this work.

Should the x-ray findings be such that surgery need to be considered, the patient is referred to the surgical consultant who is in the clinic to give such advice.

E. Should a patient be diagnosed as having active tuberculosis and be recognized as a case under treatment, the "Reference card" to the Sanatorium will be filled out and sent to the sanatorium with the patient.

Should the patient be returning from the sanatorium to the clinic he will present the card, marked "Report of Discharge", at the health center.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

And should the health center have examined a patient or specimens referred to the center by a physician the card marked "Report, Physicians name" would be filled out.

F. Diagnostic work in Mass Examination

1. Mass examinations of the public school children, and
2. Mass examinations of the older groups, such as factory employees, governmental groups, etc., are being done on a wide scale.

The plan for this work is arranged for a three day study. The forms used here differ slightly for the two types of mass examinations that of the school, headed "Mass Examination, Number of Students" and that of the factory, "Mass Examination Roll" because in the factory mass examinations, the visits had to be staggered so that there would be no interference with the activities of the business procedures. And upon discovery of a suspected case the patient will be referred to the clinic for tuberculosis at the health center and follow the usual procedures in that clinic with the individual mass examination card marked "Notice". The form for the procedures in the clinic are those as have been previously indicated under the heading of tuberculosis control in the clinic. There is also on the same form on the reverse of the attached sheets headed "Ten Rules for control of tuberculosis in the home."

3. Plan for Mass Examination for Tuberculosis

On the 1st day

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

On the 3rd day

a. Reading of tuberculin reaction and x-ray film are made
b. BCG inoculation is given to negative reactors
c. Positive Reactors

(1) Healthy cases with a positive reaction but no clinical signs or symptoms
(2) Suspicious cases who are in need of particular examination.

d. Particular examinations are:

(1) Blood sedimentation test
(2) Auscultation and percussion
(3) Sputum examination
(4) X-ray examination (large size)
(5) Diagnosis

(a) Healthy cases
(b) Patients

1. Cases under observation
2. Cases in need of rest
3. Cases under treatment

Control of patients is the same as in individual cases.

G. Follow-up Procedures: are planned and are a part of the nursing and social service procedures in this program.

1. Individual cases reporting for diagnosis are to be visited by the Nurse and the Social Worker.
2. Home visits are to be made on all cases returning from the Sanatoriums.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

3. Home visits are to be made on all positive tuberculin reactors who are found in the mass examinations.

4. Visiting Nurse will leave card on early hospitalization and rules for home care.

5. Social Worker will make home visit to investigate home conditions and plan for family aid for both immediate and future conditions

6. Both workers will report conditions to other branches of the health center, (Sanitation, venereal disease, maternal and child health, nutrition sections) and refer the family to the proper section.

H. Reference Services: as follows indicate the contact with various agencies and individuals which are necessary to establish a successful liaison service in the health center, the community and the various clinics within the health center.

1. To the sanatorium notifying that institution of the patient's desire for hospitalization.

a. A card will be sent by the health center to the sanatorium

2. A card will be sent to other health centers.

a. To notify that health center in the patient's neighborhood advising the public health nurses of the health center to contact the families of patients examined in the referring health center.

3. A card will be sent from the laboratories reporting the findings of specimens of sputum or other laboratory materials to the physicians and mid-wives who have referred this material to the health center laboratories.

4. A card will be sent to the physicians and mid-wives reporting upon the x-ray findings in patients who they have referred to the x-ray section of the health center.

I. Educational Services, which includes Health Education in general is treated in another part of this demonstration but it must be emphasized that the nurses and doctors in the clinic and the field are constantly engaged in the health education as it is related to tuberculosis control. The importance of the educational aspects of tuberculosis control cannot be over emphasized because control cannot be completely efficacious until people understand how to cooperate, and then it can really be accomplished by all the people. Educational services include the following methods:

1. The use of posters, lectures, cards, made in the schools, describing the various points of tuberculosis control.

2. Articles printed in the newspapers, magazines, etc.

3. Talks given to various lay groups by the director of the health center or his assigned assistant, with particular emphasis placed upon this information for control of tuberculosis reaching the various organized women's groups.

4. Discussion of the problem of tuberculosis control with the members of the physicians', dental, pharmacists', public health nurses' and mid-wives' associations.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

5. Talks given to medical students in the schools of medicine with particular emphasis upon the problems of control of tuberculosis in the home, and preventive measures which can immediately be applied.

J. Addenda:

1. Consultation card (2 forms)
2. Card for health guidance, (front and back)
3. Card for supplementary notes for card. "Name of Health Center"
4. Pneumothorax chart.
5. Nursing visiting card.
6. Family record card.
7. Reference card from Health Center to Sanatorium
8. Report of discharge. Card from the Sanatorium to the Center
9. Report to the physician from the health center.
10. Individual mass examination card
11. Mass examination roll for use in factory groups
12. Mass examination roll for students
13. Notice for patient to report at the clinic
14. Schedule for clinics at the health center
15. Ten rules for control of tuberculosis in the home
16. Tuberculosis control, (translated from the Japanese) Outline used in the tuberculosis clinic in the health center
17. Tuberculosis control, (Outline for use in mass examinations)

K. Cases required for demonstration at a health center:

1. An early case, willing to accept early hospitalization, if possible.
2. A hospital ready to accept this patient.
3. A home, willing to be visited for a demonstration of a home visit.
4. A patient who has returned from a sanatoriu, and is reporting at the clinic for further follow-up examination
5. An early maternity case for the first x-ray study
6. A late maternity case in the 7th and 10th lunar month for a check up, by examination and x-ray for any activity.
7. A child or a patient referred either from the child health clinic or the VD clinic for examination for tuberculosis.
8. A contact case of any age, from a home in which there is tuberculosis
9. Specimens of sputum from a patient sent by the physician or a mid-wife to the clinic for examination, or any other laboratory material for examination.
10. A school, for mass examination, for the first day and second day demonstration; for tuberculin testing and BCG inoculations.
11. A group of factory workers for the same procedures as above.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

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 <u>first</u> and dust with a moist cloth, and not a "pom-pom".

6. A patient must have and use <u>only</u> 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.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

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.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

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.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

TUBERCULOSIS CONTROL SERVICES IN THE HEALTH CENTER

MDD
3 October 1949

Since the original health center demonstration in March 1948 great strides have been made in the development of medical social services and nursing home visits for tuberculosis.

With the more complete staffing of health centers it has become possible for the medical social service workers to assist tuberculosis patients in the solution of many of the problems associated with their disease (including entrance into sanatoria). They advise and aid in securing such financial relief as may be available to the patient, whether he is treated in a hospital or at home.

Nursing home visits which at one time were being made at the rate of less than one visit per death have greatly increased in many health centers. An initial goal of ten nursing home visits per tuberculosis death has been set as a reasonable goal for Japan. This is being approached by many health centers. Suginami Health Center is now making them at the rate of about 12 per tuberculosis death per year.

With the improvement in the services offered it has become desirable to set up some sort of an <u>active case register</u> whereby the tuberculosis control officer of each health center can keep informed of the services received by each case. Such a register assures that no case will be neglected.

This register can take many forms. A suggested one consists of two card boxes. In the first box the cards are arranged alphabetically and indicate the next event or events which are scheduled for the patient. The second box contains name cards only. These are arranged by the weeks or months when the event is scheduled to occur. When the event takes place it is checked off the first card and the name card is removed from the second box (tickler file) or advanced to the time for the next indicated event. Any cards remaining in the second box at the end of the time interval indicated are investigated as to why the event did not take place.

Events may be anything connected with the patients case. Among the common ones are a clinic visit, a nurse home visit, a social service visit, a nutrition visit, a scheduled sanatorium entrance, a visit to another clinic, expected sanatorium discharge, etc.

The addenda referred to in the original explanations are included in the comprehensive package of forms which will be provided.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

HATSU-KEN #59 21 June 1948

Subject: Notification about the Transference of Health Administrative matters

To : Prefectural Governors

From : Vice-Minister of Welfare Ministry

As you have already understood by the notifications we hope you to take measures for the health centers to be aggrandized and to be the responsible administrative office of its area. Now, we are going to transfer the administrative matters except those which need the prefectural attitude to the mayor of the city (the Chief of health center) provided by Art. 1 of the Enforcement Regulation of Health Center Law or to the chief of health centers directly supervised by the Prefectural Governors following the code of the other sheet and make them to the administrative bureauic character.

Then, some difficulty will occur to complete all transferred matters considering the present staffs and equipments, but as we are discussing about the budget of aggrandizement and arrangment of health centers and we expect much increasement of staffs and equipments. Accordingly, we hope you will manage for a while to guide with the present condition.

Code for the enforcement of transference of health administrative matters

1. Principle

(1) The health administrative matters which need the prefectural attitude will not be transferred, for instance, the matters which need the prefectural governor himself (making up of the monthly report of vital statistics), the matters which need the prefectural unit (license of Riyoshi, and other examination some important measures which should occur the trespassing of fundamental personal right and transference is not proper, (abolition order of private slaughter houses when the cities, towns, villages established them).

(2) Except the above mentioned, they will be immediately transferred to the mayors of cities, provided by Art. 1 of Enforcement Regulation of Health Center Law or the chief of Health Centers directly supervised by him.

(3) By the provision of the preceding 2 items, those which are going to be transferred are shown in the other sheet 2 and 3.

(4) Matters transferred to the mayors of cities will fundamentally the transferred to the chief of health centers.

2. The base of transference

(1) The transference of matters to the mayors of cities is provided by item 2, Art. 153, of the Local Autonomy Law, and the transference to the chief of health centers directly supervised by prefectural governors is provided by item 2, Art. 153 of Local Autonomy Law or Art. 3 of Health Center Law.

(2) According to the ordinal understanding of administrative laws, it is impossible that the matters transferred to the mayors, again transferred to the chief of health centers, because it is the double transference. However, by the provision of Art. 3 of Health Center Law, it is possible.

But it is legally allowed that the mayor keeps special matters to himself or give certain condition to the transference. The enforcement of this transference will be after 1, (4).

Transference of the administrative matters of the Prefectural Governor to the Head of the City (prescribed by Art. 1 of the Ordinance of Health Center Law)

(A) Concerning the Public Health Bureau

(1) Slaughter House Law

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

(a) Art. 11.

Order for abrogation and suspension of use of slaughter house in case of fear of dangers for public health and interest.

(b) Art. 12.

Order for change of equipments in slaughter houses.

(c) Art. 4.

Examination of animals (animal examiner) (H.C.)

(2) Food Sanitation law

(a) Art. 19.

Supervision of food inspector (H.C.)

(b) Art. 22, 23, 24

Administrative authority

(3) Control Ordinance of poisonous beverages (H.C.)

(a) Art. 3. To receive reports and inspect (H.C.)

(4) Riyoshi Law

(a) Art. 11

Acceptance of notification of establishment, change and abrogation of Riyoshi.

(b) Art. 10, 14

Administrative suthority for Riyoshi

(c) Art. 13

To receive reports and inspection (H.C.)

(5) Law concerning the graveyard and burial

(a) Art. 19

Administrative Authority

(b) Art. 18

To receive reports and inspection (H.C.)

(B) Concerning Medical Affairs Bureau

(1) National Medical Treatment law

(a) Art. 26, Inspection of Hospital, medical office and maternity home.

(b) Regulation Art. 56.

Approval of using of rooms in hospital.

(2) The Law for business of Massage, Acupuncture, Moxacautery, Judo, Orthopaidy, etc.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

(a) Art. 10.

Inspect and examine the practicing place (H.C.)

(b) Art. 11.

Order to restrict and prohibit the practicing place or to repair or to reconstruct.

(C) Concerning Disease Prevention Bureau

(1) Lunatic Protection Law

(a) Art. 3. Regulation Art. 3.

Approval of establishment of protector of lunatic (H.C.)

(b) Art. 4, 5. Regulation Art. 7

Acceptance of notification of changing of the method of emplacement of lunatics or place; and of death, cure and disappearance of lunatics, (H.C.)

(c) Art. 7. Regulation of Art. 10.

(c)

Cancellation of the permission of protection, discontinuation of protection or order of the change of its measure of place (H.C.)

(d) Art. 9. Item 1

Approval of the use of the wards for mental disease

(e) Art. 11

Medical examination, inquiry and examination in protection at home, hospital or other places of the mentally diseases, (H.C.)

(2) Tuberculosis Prevention Law

(a) Art. 3.

(c)

At the place where there has been the patient liable to spread the disease germs or the dead of the same the disinfection of the house or the things and other measures of disinfection shall be carried out, or shall be made to be carried out by the patients or others.

(b) Art. 4. Health examination and prohibition of working and other administrative dispositions may be made (H.C.)

(3) Trachoma Prevention Law

(a) Art. 3 Regulation Art. 4.

For those who have no means of being treated medically, the medical treatment shall be made (H.C.)

(b) Art. 4

Medical examination, prohibition of working and other administrative dispositions may be made. (H.C.)

(4) Leprosy Prevention Law

(a) Art. 1.

Receipt of the report in case that physician examined the