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

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

Suginami
M/E Welf Ctr

PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

AHK/mm/hs

Typed: 20 June 1950

16 June 1950

MEMORANDUM FOR: Chief of Public Welfare Section

SUBJICT: Field Trip to Suginami Health Center
Joint KaCAR Health and Welfare Conference
With Japanese Health and Welfare Officials

1. As a result of the administrative reviews completed of the Suginami Health Center's Medical Social Division, and of the Ogikubo Minsei Jimusho, this joint conference was held to discuss the major findings and recommendations pursuant thereto.

2. Participants:

a. KaCAR:

Dr. Jankowski, chief of Public Health Section - chairman
Mr. Artigues, chief of Public Welfare Section
Miss Morgan, Public Health Nurse
Mrs. Kent, Public Welfare Advisor
Miss Wyckoff, Public Welfare Advisor
Mrs. Obana, JN, Advisor, Public Welfare Section
Mr. Yamanaka, JN, Advisor, " " "
Mr. Ogura, JN, Interpreter, Public Health Section
Miss Nitta, JN, " " " "

b. Tokyo-To Health Bureau:

Dr. Koyama, chief of Public Health Bureau
Dr. Terada, chief of Medical Affairs Section
Dr. Yosano, chief of Prevention Section
Dr. Sakai, of Prevention Section
Miss Hayashi, chief Public Health Nurse.

c. Tokyo-To Welfare Bureau:

Mr. Momata, chief of Guidance Division, Protection Section.
Mr. Hirasawa, Guidance Division of Protection Section
Mr. Kagayama, Welfare Bureau

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d. Suginami Ward Office:

Mr. Takagi, Ward Chief
Mr. Hiratsuka, chief of Ward Welfare Section
Mr. Shimada, chief of Ogikubo Minsei Jimusho
Mr. Tanizaki, chief of Togi Minsei Jimusho

e. Health Center:

Dr. Tsukahara, Director
Miss Inoyoshi, chief of Public Health Nurse Division
Miss Debuchi, chief of Medical Social Work Division
Dr. Oginuma, chief of Service Section
Dr. Kobara, chief of Prevention Section

3. The attached inclosures 1 and 2 include the basic recommendations of KaCAR made at this meeting. Copies of these reports had been submitted to the KaCAR Public Health Section Chief on 8 June 1950 when preparatory arrangements were made for the joint meeting of 15 June 1950.

4. As a result of the discussion which followed the KaCAR Public Health and Welfare reports, agreement was reached that:

a. The medical social position at bureau level referred to in Inclosure 1 should be in the Health Bureau and not the Welfare Bureau. Whether this position would be established in the Preventive Medicine Section (has Health Centers) or in the Medical Affairs Section (has Nursing Affairs Division) would be decided by the bureau.

b. The first assignment of the medical social worker at the bureau level would be the preparation of a manual of policy and procedures; clarification of duties and responsibilities of medical social worker in Health Center and clarification on function of medical social worker as related to public health nursing.

5. The need for a law covering the establishment of medical social positions was pointed out by Tokyo-To Health Bureau.

6. In closing the meeting Dr. Jankowski emphasized the importance of immediate and prompt action on the part of Tokyo-To.

ANNABELLE H. KENT

2 Incls
1. Cy, Memo fm Kent dtd 5 June
Points for discussion
2. Cy, Annex to Memo 5 June
Liaison Conf on Adm Rev
of Suginami Hlth Ctr

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PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

AHK/mm/hs

5 June 1950

MEMORANDUM FOR: Chief of Public Welfare Section

SUBJICT: Points for Discussion at Final Conference (15 June) on the Administrative Review of Suginami Health Center's Medical Social Division

1. Major Recommendations:

a. Organizational Structure - bureau level: Appointment of Medical Social Worker in Health Bureau of Tokyo-To, who can provide leadership, direction, and supervision to Center medical social staff as well as be responsible for:

(1) Coordinating the medical social services with the other clinic services.

(2) Developing a manual on policy and procedures.

(3) Planning continuous in-service training programs for the medical social workers in all the centers through use of lectures, study groups, and films.

(4) Disseminating of medical social reference material, particularly current translated materials and publication of periodic news letters.

(5) Clarifying function of medical social workers as related to public health nurses.

b. Organization at Center Level:

(1) Coordination of medical social workers' role with that of other members of medical staff with the physician as leader of the team.

(2) Use of case conference method under physician's leadership.

(3) Utilization of individual case conference method; medical social worker conferring on individual cases with doctor in charge and vice versa; medical social worker conferring with the particular public health nurse or nutritionist and vice versa.

Encl 1

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(4) Increase of Center's Medical Social Division's staff so that it includes four medical social workers and one clerical worker. (The chief of the division being one of the four medical social workers.)

(5) Office Facilities:

(a) A telephone should be readily available to the Medical Social Division - preferably have one installed in its office.

(b) Desks of medical social workers should preferably be separated by screen so each could interview in privacy at their desks. At least one desk should be available on first floor for use by the medical social worker during clinic services.

(c) The Medical Social Division needs appropriate filing boxes for cases, and master cards and case control cards.

(6) Procedures in Medical Social Division: Manual of policy and procedures should include material which would clarify:

(a) Separation of admission services from actual case load.

(b) Assignment of cases - that is each medical social worker being responsible for cases on a particular service.

(c) Referral procedures within center and between community agencies and medical social division.

(d) Filing system; closed and action caseload.

(e) Use of master file index.

(f) Use of medical social control cards.

(g) Case recording (file each between hard folders, have face sheet, history sheet, copies of referrals, correspondence, exemption of fees, etc., on each case in each case's folder). The history sheet should include data on all case contacts.

(h) Method of keeping daily, monthly and yearly statistics divided according to admission services and case load services.

(i) Etc.

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(7) Medical Social Division's Relationship to Public Welfare Program:

(a) Medical social worker should have status of technical person who is a specialist in the handling of social work cases. As such the welfare programs should take into full consideration all matters referred to them and in turn work closely with her in providing:

1. Necessary services to needy families, or

2. In giving complete and accurate data as to reasons why cases are not accepted.

(b) In turn the medical social worker can be of valuable help to the welfare office staff (particulary their case workers and supervisors) in helping them to understand the physical and mental conditions limitations of their clients and applicants.

(c) Minsei-iin duties in relating to resposibilities of the Health Center should be limited considerably where there are medical social workers full-time. For example:

1. The Minsei-iin's seal should not be required on cases referred for exemption or reduction of fees. The medical social worker's determination of eligibility for such service should be sufficient.

2. Primary initial resposibility for the determination of eligibility for eugenics abortions based on economic need should be with the medical social worker. Furthermore, it may be advisable to have the medical social worker as a member of the eugenics committee or have her attend these sessions.

3. Determination of eligibility for relief in kind issued by the Center need not be based on the Minsei-iin's seal of approval where there are medical social workers.

(d) Clarification is necessary as to who should approve maternal and child health guidance slips. Since the budget for these services are in the

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Health Bureau, the Health Bureau or Health Center staff should approve these instead of the Jido-iin, child welfare officials or other welfare staff.

(8) Public Assistance Grants: More Care should be exerted by Welfare personnel in ascertaining financial needs of cases with medical problems referred or known to the center. Immediate action should be taken on such cases and grants should meet the minimum standards and where necessary special approval should be secured to grant aid over the standards. Examples can be shown where:

(a) Patients were unable to enter hospitals because the welfare program refused or failed to provide bedding.

(b) Where patients left the hospital because their dependents were not given grants adequate to meet minimum needs.

(c) Where the failure to authorize medical transportation retarded or delayed hospital admission.

(d) Where welfare personnel lacked awareness as to the implications of such diseases as tuberculosis and thereby disregarded meeting the total minimum economic and social needs of such cases as well as their medical costs.

2. Responsibilities of Medical Social Worker:

a. Emphasis should be on medical social case work, that is;

(1) The study of the patient's social situation, interests and needs in relation to his illness, and

(2) Medical social treatment of patients in collaboration with the physician so that social needs which block or interfere with the success of the physician's treatment can be remedied or removed.

b. Following on such cases is a major duty of the medical social worker.

c. The degree to which the medical social worker is successful depends on the quality of treatment of the physician and on the availability of community resources, in the latter case in particular upon the availability of aid from local welfare programs.

ANNABELLE H. KENT

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PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

RJA/ml/hs

8 June 1950

SUBJECT: Annex to memo Welfare Section 5 June 1950, Subject, Liaison Conference on Administrative Review of Suginami Health Center's Medical

ADDITIONAL RECOMMENDATIONS:

1. a. (6) Coordinating medical social services with local welfare services through conferences at bureau level with appropriate welfare officials to achieve flexible and effective integration between these two services in the interests of the client.

1. b. (5) Coordination between the health center medical social worker and the appropriate ward welfare officials which would include complete understanding on the part of each of the policies, procedures, and programs of the other and which would implement the cooperation policy developed at the bureau level.

1. b. (7) (b) 1. The relationship between the medical social worker and the officials of the local welfare offices (Minsei-Kan or Minsei-Jimusho) should be of such nature that each accords to the other full respect and confidence and mutual understanding to the end that the services of each program can be effectively integrated and co-ordinated for the best interests of the client.

ROLAND J. ARTIGUES
Chief
Public Welfare Section

Encl 2'

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PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

AHK/mm

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(5) Clarifying function of medical social workers as related to public health nurses.

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(1) Coordination of medical social workers' role with that of other members of medical staff with the physician as leader of the team.

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(2) Use of case conference method under physician's leadership.

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ANNABELLE H. KENT

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PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

RJA/ml

8 June 1950

SUBJECT: Annex to memo Welfare Section 5 June 1950, Subject, Liaison Conference on Administrative Review of Suginami Health Center's Medical Social Division

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ROLAND J. ARTIGUES
Chief
Public Welfare Section

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

ACCESS RESTRICTED

The item identified below has been withdrawn from this file:

File Designation RG33/ BOX 2649 FOLDER: SUGINAMI HEALTH CENTER

Date BEGIN 21 APR 50

Subject ~~From~~ CONTINUATION of Adm. Rev of SUGINAMI....

To WILLIAM H. JAMES

In the review of this file this item was removed because access to it is restricted. Restrictions on records in the National Archives are stated in general and specific record group restriction statements which are available for examination. The item identified above has been withdrawn because it contains:

☐ Security-Classified Information

☒ Otherwise Restricted Information

8 Dec. 98 11.

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Date

MJS
NNGR

GENERAL SERVICES ADMINISTRATION

GSA FORM 7117 (2-72)

GPO : 1973 O - 503-659

WITHDRAWAL NOTICE

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

PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

ANK/rn

21 April 1950

SUBJECT: Continuation of the Administrative Review of Suginami Health Center's Medical Social Division - 21 april

TO: Mr. William H. James, Chief
Public Welfare Section, KeCAR

1. The undersigned Welfare Officer, Annabelle H. Kent, and Noboru Koyama (JN) conferred with Miss Debuchi, Chief medical social worker, on the following matters.

2. Miss Debuchi reported that the case conferences to be held by the doctors with the PHN's and MSW's will begin on 24 April and are to be held every Monday and Friday thereafter at 1 p. m. Only the staff members concerned with cases selected for discussion will attend. Miss Debuchi feels that these case conferences will be of help in bringing better service to patients. She is particularly interested in the value these conferences will have in pointing up to the doctors the social and economic aspects of TB patients who are not receiving adequate care at home and why they "should be considered for hospitalization".

3. Miss Debuchi reported that it is difficult for the MSW to provide adequate social service to patients because the doctors who see cases are not assigned to specific clinic services. Patients rarely see the same doctor twice and as a result diagnosis and treatment plans are frequently changed. Although on the Center's plan of organization the Center's ten doctors are assigned specific services and functions, in practice, this has never been true. The doctors see patients as they can spare the time. For example, the doctors theoretically assigned to TB and VD see each others patients as well as patients on other services.

4. A supply of UNICEF skim milk is to be received very soon which is to be distributed to persons receiving medical aid and for juveniles under 18 years of age who have TB. The MSW in cooperation with the medical staff will be responsible for the selection of patients who fall into these categories. However, Miss Debuchi is concerned over the matter of distribution as the Supply Division and Nutrition Division claim they have no staff for this purpose. Welfare Officer pointed out the various reasons why the distribution should be done by the Supply Division and not by the Medical Social Division.

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5. The MSW's have never made requests of the welfare office to issue supplementary funds for patients in need of special diets. Recommended that cases requiring special diets be discussed with the physician and nutritionist so that such requests where necessary are made in writing of the welfare office.

6. About two or three requests for medical information are made to the MSW's by welfare officials each week. These requests generally concern cases which might be considered for livelihood aid if a medical problem exists. For example, on 20 April 1950 the welfare official of the Iogi Minsei Jimusho referred the following case for a medical report:

a. Hidehiko Komatsu - patient, age 18 years, 255 - Mukaicho, Suginami Ward. This boy's father had applied for supplementary livelihood aid for himself, wife, patient widowed daughter and the latter's three young children because the father was too old to work and had no income. The widowed daughter is a school teacher. The welfare officials stated the family was not eligible for any help unless the high school boy was sick. The Center's medical finding revealed no physical defects.

b. Miss Debuchi feels the welfare office should not require children in high school to quit school to go to work.

7. Tentative arrangements were made to complete this administrative review in May when representatives from both KaCAR Health and Welfare Sections can meet with the Center staff.

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PUBLIC WELFARE SECTION
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File

ANK/rn

COPY

PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

21 April 1950

SUBJECT: Continuation of the Administrative Review of Suginami Health Center's Medical Social Division - 21 April 0930 - 1030

TO: Mr. William H. James, Chief
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C O P Y

AHK/hs

PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

21 April 1950

SUBJECT: Continuation of the Administrative Review of Suginami Health Center's Medical Social Division - 18 April 1000 - 1500

TO: William H. James, Chief
Public Welfare Section, KsCAR

1. The undersigned Welfare Officer, Annabelle H. Kent, and Tatsuko Ohara (JN), advisor, read two medical social records (see inclosure 1) and conferred with the following Center officials;

a. Dr. Tsukahara, Director of Center.

b. Dr. Ogimura, Chief of Service Section.

c. Dr. Obana, Chief of Prevention Section.

d. Miss Debuchi, Chief of Medical Social Division.

e. Miss Isshi, medical social worker.

f. Miss Inayoshi, Chief of Public Health Nurse Division.

2. Medical aid cards under DLSL.

a. When the patient brings a medical card under the DLSL to the clinic, the receptionist immediately refers him to the Medical Social Work Division. The medical social worker then takes the card; and if the patient is to pay part of the cost, the medical social worker accepts the money from the patient. At the close of the day the medical social worker takes the money received and the cards to the Accounts Section for their seals on the cards. These payments are made by the patient at the beginning of the month on the basis of the welfare office's share of the clients partial charge for the month.

b. At the time the patient brings his medical card to the medical social worker she stamps the patient's clinic card as a medical aid case under DLSL and notes thereon in ink the month for which the card is valid. Then each month thereafter when the client brings his medical card he takes it to the medical social worker so she can collect any partial payment and stamp the clinic card accordingly.

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c. After the patients are seen in the clinic they bring their clinic record to the medical social worker so she can write on the medical card the date of treatment, kind of treatment and points. The client then returns the clinic record to the clinic.

d. At the end of the month the medical social worker turns in all the medical aid cards under DLSL (about 30 cases a month) to the General Affairs Section, who then proceeds to add up the points and cost thereof prior to submitting them to the ward office for payment.

e. The chief medical social worker states they must keep the cards until the end of the month so that they can record thereon the treatment given and paints. If the patient fails to bring his clinic record after a treatment the medical social worker later checks the clinic record and completes the medical aid card.

3. Conference with Miss Inoyoshi, chief public health nurse, for purpose of determining the relationship between medical social workers and public health nurses and any problems between the two. (Miss Debuchi insisted on being present during this interview.)

a. Miss Inoyoshi reported that before the clinic had medical social workers, the public health nurses were doing some kind of social work. But present she does not know exactly what the medical social workers are doing. When the public health nurses need social information they confer with the medical social workers. Their only trouble is "there is not enough medical social workers." Because of the lack of a sufficient staff on medical social workers the public health nurses are asked by the medical social workers to visit patients to tell them when to go to hospitals for admissions.

b. She feels that the medical social workers are asking the public health nurses to do too much. For example they are asked to investigate financial situations of families and they do not feel they are experts on this. She would like to the public health nurses to be helpful to the medical social workers from other points of view.

c. The public health nurse referrals to the medical social workers concern tuberculosis cases who cannot pay for treatment or who cannot be admitted to hospitals because of lack of beds. They also refer child welfare cases to the medcal social workers.

d. The medical social workers refer cases to the Public Health Nurse.

(1) For social investigations which the medical social workers cannot do.

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(2) For investigation on additional social data which which medical social workers do not have time to secure.

(3) For informing patients that they can be admitted to hospitals.

e. The public health nurse pointed out that their primary purpose is the same as that of the medical social workers, namely giving service to patients. But the public health nurse's responsibility is nursing and that of the medical social worker is taking care of patient's finsncial troubles, helping them resolve donestic problems and other social problems and giving spiritual guidance.

f. She states that actually in practice their responsibilities are not so clear. When the public health nurse visits there are often social problems which the family wishes to discuss. The public health nurses of course must and often give some guidance. The extent to which help with social problems should be given is not clear. The public health nurse thought that in some case both the medical social worker and public health nurse should visit some cases at the same time (discussed briefly referral of some such cases to the medical social worker when the situations warrant study and planning by the medical social worker. The inadvisability of both going out together was also pointed out.)

g. The public health nurse questioned the medical social worker referring cases for social investigation - these concerned mainly cases in which the medical social worker receives a telephone call from private citizens stating that so-and-so is ill with TB and needs medical care. (Suggested here that the medical social worker take their referrals to the physician in charge of the Service Division, who would decide who is to investigate the case - this was acceptable to the public health nurse)

h. The public health nurse also questioned the medical social worker's referrals which concern visits to arrange for the patien's admission to a hospital when a bed is available. Since most hospitalizations are arranged by the medical social workers, the public health nurses feel the medical social workers should make these visits.

4. Conference with Dr. Tsukahara, Dr. Ogimura and Dr. Obara (Miss Debuchi, chief medical social worker, insisted on being present) for purpose of determining extent of understanding of medical social intergration and co-ordination of this service with that of other clinic services, and any problems in relation to the medical social program which the doctors feel should be covered in forth comming in-service training sessions.

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a. The doctors stressed that the medical social workers have their own status and should be treated as experts in their own field but that as long as their job title is that of clerks they will not have professional status. They feel something should be done about this at Ministerial level.

b. Dr. Ogimura stated that as medical social workers are badly needed and since they cannot get trained medical social workers he wondered about some of the public health nurses being trained as medical social workers and to use these persons in the dual capacity until they are fully trained as medical social workers. He states that he recognizes that these are two separate fields, but as it is almost impossible to secure trained medical social workers the easiest way would be to take some public health nurses and train them in medical social work rather than to pick up school graduates without any experience.

c. Dr. Tsukahara did not fully agree with Dr. Ogimura because;

(1) There is a shortage of public health nurses and even the ones they have trained are not fully qualified.

(2) He feels it is possible to train new persons and that this should be done. He feels the medical social workers need more education and their salaries should be better.

(3) If some public health nurses are selected for training as medical social workers, they may have prejudices about medical social work and will not make good medical social workers.

d. Dr. Tsukahara also pointed out that;

(1) It is very convenient for the doctors to have medical social workers. Before they had this service when the patients complained about their social problems the doctors did not know what to do. But now with the medical social workers even though they cannot solve all the social problems he knows they are doing their best and a heavy burden has been taken off the doctor's shoulders. He knows there is a need for co-ordination of this service with all the others - but in the meantime the doctors are "just enjoying their good feeling". He stated that doctors who work without medical social workers do not know what it is to have t is good feeling. Before the Center had medical social workers he did not want to see patients with social problems.

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He was afraid to face these people. Since the medical social workers are doing something for patients with social problems he now feels free to treat such patients medically.

e. Dr. Ogimura agreed with Dr. Tsukahara and stated he feels the same way. Before they had medical social workers he had to give consultation on social problems. Recently one of their public health nurses who was transferred came back to see him and complained they had no medical social workers in her Center and that the public health nurse had to do everything.

f. Subsequent to Welfare Officer's discussion concerning the use of the case conference method under the leadership of the physician as one means of co-ordinating the function of the medical social worker with that of the other services the doctors commented as follows;

(1) Dr. Ogimura feels the doctors do not have the leadership or are not using it. When public health nurses came into the clinic some doctors began to feel that they were being used by the public health nurses as they were telling the doctors how to treat their patients. He feels the doctors must give orders to the public health nurses as to when to visit, how, etc. He feels the doctors have not been strong leaders. As a result of having a feeling of being used by the public health nurses and at times the medical social workers the doctors have not been giving much information to either of them.

(2) Dr. Ogimura feels that there is some confusion over the function of the medical social workers. When he looked at the medical social records the other day he found pictures of lungs but important instruction on food and how the patient should be taken care of were not written on their record. He does not say the medical social workers should not know the medical situation but the additional information on the doctor's instructions on food and how the patient should be taken care of should be in the social report. He blames no one because all are overworked but feels each service is functioning too independently. After doctors see cases and refer them to the public health nurses or medical social workers they do not follow the cases because of pressure of work. He feels there should be more doctors and that some of the cases should go to private doctors.

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g. Dr. Tsukahara states something should be done about having medical social workers in all hospitals and clinics - private and public.

h. Dr. Ōbara remarked that it is very important for the doctors to take the leadership and indicated that more detailed instructions should be given to both the public health nurses and medical social workers.

i. Areas and points which the doctors would like to have taken into consideration and covered at in-service training sessions on medical social work;

(1) Role of physicism as theleader of the medical team.

(2) Clear delinestion of function and responsibilities of the medical social workers and public health nurses.

(3) Clarification on order giving and co-operation between the members of the team.

(4) Ideal methods of functioning of all members of the clinical team.

(5) Ideal methods of record keeping, organization, basic operation and policy with regard to medical social function and its relation to other services in Center.

(6) Inclusion of doctors in medical social in-service training sessions.

2 Incls

ANNABELLE H. KENT

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

g file

PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

AHK/hs

5 April 1950

SUBJECT: Conference with Suginami Health Center's Chief Medical Social Worker on 4 April 50

TO: William H. James, Chief
Public Welfare Section

1. The following forms prepared by the medical social worker as a result of previous KaCAR suggestions were reviewed;

a. Medical social work case record.

(1) Folder.

(2) Face sheet (see inclosure 1).

(3) History sheet (see inclosure 2).

b. Master card for alphabetical index file (see inclosure 3).

c. Referral sheet to community agencies (two copies - one for medical social record. See inclosure 4).

2. Other Matters Discussed.

a. Group conferences of medical social workers and public health nurses should be held under the physicians leadership and not by the medical social worker as had happened on one occasion.

b. A day sheet for statistical purposes should be developed. Welfare Officer agreed to draft one for discussion on 14 April.

c. Refferrals of patients of livelihood assistance continue to be a major difficulty. A recent case example is cited below.

d. The case of Isamu Okumura (a TB patient of the Center) come to the attention of the medical social worker on 3 March 1950 when the patient's mother asked the medical social worker to help her secure a medical card for the patient. The mother at the time reported that she had applied for livelihood aid at the welfare office on 30 January 1950, but as yet had not received any relief grant. The medical social worker immediately got in touch with the welfare office and succeeded in having them issue a medical card on 8 March for the patient. On 23 March the mother received a letter from the welfare office advising that a grant of 2,200 yen had been

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approved. However, she had only received 1,000 yen up to that time. On 24 March admission for the son to the hospital was arranged and the mother had to use the 1,000 yen for transportation of the son to the hospital and for some required bedding. As yet the grant for the mother's needs has not been straightened out and the welfare office has done nothing to reimburse transportation and bedding costs.

ANNABELLE H. KENT

4 Incls
1. Med Soc Face Sheet
2. History Sheet
3. Mater Card
4. Referral Ltr Form

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

MEDICAL SOCIAL FACE SHEET

Case Number: Clinic Number:

Date Opened: Date Closed:

Name:

Present Address:

Home Address:

Referral from:

Doctor in charge: Public Health Nurse in charge:

Name of Minsei-Jimusho:

Condition of Disease:

Family Members:

Name	Relationship	Age	Occupation	Income	Education	Health

Housing:

Living Situation:

Income:

Working Person:

Others:

Total:

Property:

Expenses:

Rental:
Food:
Light:
Clothing:
Education:
Sanitation:
Culture:
Medical:
Miscellaneous:
Total:

Debts:

Encl-1

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Patient's Name: Family Name: Clinic No.:

Date of Birth: Address:

HISTORY SHEET

Date	Actions	Signature

Incl 2

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MASTER CARD

Medical Social Record Number:

Clinic Record Number:

Clinic Service:

Name of Patient:

Address:

Family Members:

Name	Relationship	Age

Date Opened:

Date Closed:

Date Opened:

Date Closed:

- - - -

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

REFERRAL LETTER FORM

TO: _____ ADDRESS: _____

FROM: Suginami Health Center, Medical Social Division.

Date:

Case Name:

Address:

Name of Patient:

Summary of Liaison:

Please advise this division of your disposition on this matter.

Incl 4

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

PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

AFE/WS

5 April 1950

SUBJECT: Conference with Sugimori Health Center's Chief Medical Social Worker on 4 April 50

TO: William H. James, Chief
Public Welfare Section

1. The following forms prepared by the medical social worker as a result of previous KaCAR suggestions were reviewed:

a. Medical social work case record.

(1) Folder.

(2) Face sheet (see inclosure 1).

(3) History sheet (see inclosure 2).

b. Master card for alphabetical index file (see inclosure 3).

c. Referral sheet to community agencies (two copies - one for medical social record. See inclosure 4).

2. Other Matters Discussed.

a. Group conferences of medical social workers and public health nurses should be held under the physicians leadership and not to the medical social worker as had happened on one occasion.

b. A day sheet for statistical purposes should be developed. Welfare Officer agreed to draft one for discussion on 14 April.

c. Referrals of patients of livelihood assistance continue to be a major difficulty. A recent case example is cited below.

d. The case of Isamu Okuzawa (a TB patient of the Center) came to the attention of the medical social worker on 3 March 1950 when the patient's mother asked the medical social worker to help her secure a medical card for the patient. The mother at the time reported that she had applied for livelihood aid at the welfare office on 30 January 1950, but as yet had not received any relief grant. The medical social worker immediately got in touch with the welfare office and succeeded in having them issue a medical card on 3 March for the patient. On 20 March the mother received a letter from the welfare office advising that a grant of 1,2000 yen had been

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approved. However, she had only received 1,000 yen up to that time. On 24 March admission for the son to the hospital was arranged and the mother had to use the 1,000 yen for transportation of the son to the hospital and for some required bedding. As yet the grant for the mother's needs has not been straightened out and the welfare office has done nothing to reimburse transportation and bedding costs. April 4th

ANTANELLA H. KENT

4 Incls
1. Med Soc Face Sheet
2. History Sheet
3. Mater Card
4. Referral Ltr Form

Applied My. 30 Jan.
Applied H Gen. 3 March
Med Ticket 8 March 38 days
Approved - 1000 yen 23 March 53 days
other ¥1000 not yet given 4 April 64 days.

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MEDICAL SOCIAL FACE SHEET

Case Number:

Clinic Number:

Date Opened:

Date Closed:

Name:

Present Address:

Home Address:

Referral from:

Doctor in charge:

Public Health Nurse in charge:

Name of Mimei-Jimusho:

Condition of Disease:

Family Members:

Name	Relationship	Age	Occupation	Income	Education	Health

Housing:

Living Situation:

Income:

Working Person:

Others:

Total:

Property:

Expenses:

Rental:
Food:
Light:
Clothing:
Education:
Sanitation:
Culture:
Medical:
Miscellaneous:
Total:

Debts:

Incl 1

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

Patient's Name: Family Name: Clinic No.:

Date of Birth: Address:

HISTORY SHEET

Date	Actions	Signature

Encl 2

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MASTER CARD

Medical Social Record Number:

Clinic Record Number:

Clinic Service:

Name of Patient:

Address:

Family Members:

Name	Relationship	Age

Date Opened:

Date Closed:

Date Opened:

Date Closed:

- - - -

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

REFERRAL LETTER FORM

TO: _____ ADDRESS: _____

FROM: Sugimand Health Center, Medical Social Division.

Date:

Case Name:

Address:

Name of Patient:

Summary of Liaison:

Please advise this division of your disposition on this matter.

Jack H

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

File

PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

AHK/mm

Report Prepared by
Annabelle H. Kent

20 March 1950

SUBJECT: Summary of Field Trip Reports of 2 - 16 March 1950 on the Initial Part of the Administrative Review of the Suginami Health Center's Medical Social Division.

TO: William H. James, Chief
Public Welfare Section

1. In accordance with this section's arrangement with this Region's Public Health Section's Chief the above administrative review was begun on 2 March 1950. The major findings which were revealed during conferences with the Health Center's Medical Social Workers and Physicians and with Dr. Sakai of Tokyo-To Health Bureau's Prevention Section and the recommendations thereto are summarized as follows.

2. The Medical Social Division consists of a staff of two persons, both functioning as medical social workers. Miss Debuchi, one of the medical social workers, is also chief of the division. Both do all the professional as well clerical work in the division.

3. Major medical social problems presented by the Center Director, Service Section Chief, medical social worker and Dr. Sakai of Tokyo-To Health Bureau:

a. Shortage of beds in TB sanatoria - At present about 50 TB patients are seriously in need of hospitalization from a social as well as medical point of view but can not be admitted to hospitals because of the lack of beds. (The exact number recommended by this center for hospitalization was not available as no complete up-to-date waiting list is kept.)

b. TB patients in hospitals, particularly heads of families, leave before medically ready for discharge, because their dependents do not receive adequate assistance grants under the DLSL. Because of this patients suffer anxiety, which in turn interfers with and retards their recovery. DLSL livelihood aid budgets checked by the medical social worker always revealed that recipients must live on less than the minimum standards established by the Welfare Ministry.

c. When the medical social workers have referred cases to the Minsei-iin or Minsei Jimusho (welfare office) they have found that even

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if the family needs assistance immediately the Minsei-iin insist on observing the family for two or three months before approving a case for help. As a result families have reached the "end of their rope" or on the point of almost starvation before aid is approved. This is particularly true of any family that has any income no matter how small. In case there is an able-bodied person in the family who is out of work, no aid is approved.

d. As the Minsei-iin councils in this area often meet only once in two or three months, additional delays have occurred in order to secure their opinions on cases.

e. The medical social workers often have to repeatedly visit the Minsei-iin, Minsei Jimusho and Suginami Ward Office before action is taken on a needy case for medical or livelihood aid.

f. The lack of bedding in hospitals is another problem with which medical social service has been concerned. When patients are to be hospitalized and if the hospital has no extra bedding the patient must supply his own. The welfare offices have refused to provide such services to needy persons. Only when a special supply of bedding is being distributed has the medical social worker been able to secure approval on some cases. Because of this problem often when a patient could be admitted to a hospital he is unable to go because of his inability to furnish his own bedding.

g. Transportation costs for ambulances service raises another problem as under the DLSL only the legal rate is supposed to be paid. Only after repeated and continuous visits by the medical social workers to the welfare office has sufficient funds been secured to provide for the cost of ambulance service at the rate charged. Ambulances will refuse to move a patient until the amount requested is authorized. For a one-hour trip the cost has been around 3,000 yen.

h. The doctors feel that the position of the medical social worker should be classified as a technical or professional one and not as a chief clerk so that her position would carry more prestige.

i. The medical social worker feels that the Minsei-iin and welfare offices resent her interest in trying to secure help for families. They consider her as an "intruder and outsider". The welfare personnel on the other hand often look at Medical Social Division as a branch office of theirs and expect her to do part of their work such as home visit investigations. Yet even when the full-detailed financial and social data is presented the welfare office may refuse to recognize any validity in the report and prolong their case investigation as usual.

j. As there is no medical social worker in the Tokyo-To Health Bureau the position of the medical social workers in the center is weak.

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Part of the reason for no medical social worker at bureau level is due to a feeling on the part of the Welfare Bureau that they should be responsible for medical social activities. And at the same time Health Bureau has not been convinced that it is really their responsibility to co-ordinate and strengthen medical social activities, as well as to provide technical guidance and supervision to the medical social workers. Dr. Tsukahara, director of the Center, pointed out that the Welfare Bureau people have little or no understanding of medical social service; for example he sighted one "Big Shot" of the Bureau on looking at the Health Center chart of organization, said "why don't you put the medical social division in the general affairs section".

k. The medical social workers feel that they need a budget in their division to help patients with emergency needs that cannot be met by community resources.

l. Dr. Sakai questioned the present policy of the Welfare Ministry on the eligibility requirements which must be met by persons not eligible for livelihood aid who need help with medical aid. Dr. Sakai is of the opinion that persons in need of medical aid should not be limited to only those who are at the indigency level or who must go down to that level prior to being approved for medical aid.

4. Miss Debuchi was of the opinion that it is better to have group conferences with the public health nurses than to write up a copy of social record for clinic chart. Welfare Officer recommended that both are essential and in addition individual conferences should be held on cases with the doctors as well as public health nurses.

5. There are only two telephones in the Health Center and both are in the building next door where the offices are located. As a result when a telephone call comes in for the medical social worker or any one else in the clinic a messenger is sent calling them to the phone. As a result time is lost and in addition calls which the medical social workers should make to community agencies are not made or are delayed.

6. Written summaries on patients' medical and social data to the Minsei Jimusho on center referrals were recommended. This has never been done. Such summaries should request a ~~re~~written reply regarding the welfare office's decision.

7. Responsibility outside the area of the medical social worker was found delegated to the medical social worker in that, she has had to select the cases which should be admitted to hospitals first. As this is primarily the physician's responsibility, such decisions should be made by the medical staff.

8. Each medical social case is generally handled by both medical

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social workers. The continuity of case handling is thereby split and the possibility of developing a relationship with patients is obviated. The medical social workers should each carry specific services and follow through on cases from beginning to closure.

9. Each of the medical social workers should be assigned clinic services. The recommended plan of case assignment would provide for;

a. Effective continuity of service to patients referred to social service by placing the responsibility on one medical social worker for the handling of a case from beginning to end, and

b. The medical social worker being present in the clinic on the day that patients on her service come to the clinic.

c. Bring about a closer working relationship between the medical social worker and the doctors and public health nurses.

10. The reactions of the chief medical social worker Miss Debuchi and Dr. Sakai were of interest in relation to the above recommendation. Miss Debudhi at first resisted the plan because she "wanted to be involved in all types of medical cases", and Dr. Sakai thought cases should be assigned on the basis of the need the patient presents to the doctor or public health nurse. For example, in the latter way Miss Debuchi could handle all cases referred for public assistance and Miss Isshi all referred to the child welfare officials, etc. After considerable discussion in which the fallacies in the above type of reasoning was pointed out, they agreed to think of accepting the recommended plan.

11. The filing system was recommended for revision in order to file all active social service cases alphabetically according to the clinic service in which it is active and to file closed cases alphabetically. A master card index, alphabetically arranged, was also discussed and an example of such a card was presented. Dr. Sakai agreed to see that funds would be forthcoming to print the cards.

12. The medical social division case record was also discussed in regard to its contents and order. It was recommended that;

a. The face sheet be a separate sheet apart from the social service history sheet and the face sheet should be filed first in the record. An example of a social service history sheet kept in chronological order was explained and the use of topical headings was pointed out. A copy of this social service history should be filed in the clinic record. All material gathered on a case in social service should be filed together, and fastened inside individual folders.

13. Although the medical social division is responsible for accepting and recommending cases for the reduction or exemption of clinic fees, the decisions actually were based on the Minsei-iin approvals. These

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records lacked information in the patients' income and needs. Furthermore it was apparent that some of the cases should have been cared for under the medical aid program of DLSL. It was therefore recommended that;

a. The medical social worker record in detail the findings, needs and income in order to arrive at a clear justification for free or part care or whether the case should come under DLSL.

b. That the Health Bureau instructions on the procedures governing eligibility for free care or reductions on clinic fees be revised to include the medical social workers as the competent center staff person to approve cases coming under this instruction.

14. Welfare Officer's general impressions: Medical social activities in this center from the Japanese level of operation are far ahead of the generally found welfare practice among the Minsei-iin and welfare offices. Whereas the welfare program in the community, on the basis of this survey, are obviously lax in meeting the needs of many indigent persons, the medical social workers reveal real interest and concern about such cases. And by their constant pressure on welfare agencies and Minsei-iin bring help to many who no doubt would be disregarded. If the community welfare program was more efficient and concerned over persons' needs, the medical social worker could have more time to do more adequate follow-up on cases brought to their attention and relate her duties and case work activities to resolving other social problems which are obstacles to the patient's full use and benefit of medical treatment.

ANNABELLE H. KENT

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

File
2 Report attached

PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

AHK/mm

17 March 1950

SUBJECT: Continued Administrative Review of the Medical Social Service Division of the Suginami Health Center on 16 March 1950

TO: William H. James, Chief
Public Welfare Section

1. The undersigned Welfare Officer, Annabelle H. Kent, and Noboru Koyama (JN), Advisor, continued the above administrative review from 0945 to 1215 on 16 March. Conferences were held with the following Japanese officials;

a. Dr. Sakai - Tokyo-To ~~Welfare~~ Health Bureau
b. Dr. Tsukahara - Director of Health Center
c. Dr. Ogimura - Chief Service Division, Health Center
d. Miss Debuchi and Miss Isshi - Health Center Medical Social Workers.

2. Matters reviewed and recommendations made:

a. Each of the medical social workers should be assigned clinic services instead of each being involved in cases from all services and each sharing responsibility on all cases. Miss Debuchi, one of the medical social workers, is also chief of the Social Service Division. The recommended plan of case assignment would provide for

(1) Effective continuity of service to patients referred to social service by placing the responsibility on one medical social worker for the handling of a case from beginning to end, and

(2) The medical social worker being present in the clinic on the day that patients on her service come to the clinic.

(3) Bring about a closer working relationship between the medical social worker and the doctors and public health nurses.

b. The reactions of the chief medical social worker Miss Debuchi and Dr. Sakai were of interest in relation to the above recommendation. Miss Debuchi at first resisted the plan because she "wanted

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to be involved in all types of medical cases" and Dr. Sakai thought cases should be assigned in the basis of the need the patient presents to the doctor or public health nurse. For example, in the latter way Miss Debuchi could handle all cases referred for public assistance and Miss Isshi all referred to the child welfare official, etc. After considerable discussion in which the fallacies in the above type of reasoning was pointed out, they agreed to think of accepting the recommended plan.

c. The filing system was recommended for revision in order to file all active social service cases alphabetically according to the clinic service in which it is active and to file closed cases alphabetically. A master card index, alphabetically arranged, was also discussed and an example of such a card was presented. Dr. Sakai agreed to see that funds would be forthcoming to print the cards.

d. The medical social division case record was also discussed in regard to its contents and order. It was recommended that

(1) The face sheet be a separate sheet apart from the social service history sheet and the face sheet should be filed first in the record. An example of a social service history sheet kept in chronological order was explained and the use of topical headings was pointed out. A copy of this social service history should be filed in the clinic record. All material gathered on a case in social service should be filed together, and fastened inside individual folders.

e. The medical social workers are responsible for accepting all applications on the exemption of clinic fees.

(1) Example of the form which is used for this purpose (these forms are filed in one loose leaf file book called "list of applications for exemption of fees" and all such handled since March 1948 are filed chronologically.)

(2) Form "Application for Exemption of Fee" -
Patient's name - Atsuko Anumi
Address applied - 24 February 1950
Reason for application - Since March 1948 "I have been suffering from tuberculosis and getting pneumothrax at the Health Center. My mother is too old to support me and my two younger sisters are students. We rent two rooms upstairs and my mother can hardly support all our living from her little income from home work. I think we can not pay the clinic fees. I applied for medical aid under DISL and since January the medical card was discontinued and I can't pay the expenses. I would like to apply for free medical care." Signed with the patient's name and seal.

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(3) The patient filled out the above reason on the form which he came to the medical social worker on 24 February 1950. The medical social worker then took this form to the home of the Minsei-iin, who wrote on the form as follows; "Verified statement of patient is correct". Signed with seal of Minsei-iin.

(4) After this the medical social worker routed the form with her seal on it for the following seals (seven in all);

(a) Service Division Chief's seal
(b) TB Division Chief's seal
(c) Prevention Division Chief's seal
(d) General Affairs Department Chief's seal
(e) General Affairs Division Chief's seal
(f) Director of Center's seal.

(5) The medical social worker had not set up any separate social record on the case and had not recorded the family's needs and income. She knew the patient for many years and gave the following reasons why welfare office closed the case.

(a) The family, it was presumed, had received key money from the roomers.

(b) One daughter would graduate from Tsuda College soon and would be ready to find employment.

(6) Miss Debuchi stated that the Minsei-iin's seal is requested on all applications approved for the reduction or exemption of medical fees. This is based on an instruction in the Hoken-Jo, Shiro Tori regulation for utilization of Health Center #31 - dated 31 August 1946. Dr. Sakai gave the following reasons for this requirement when Welfare Officer suggested the discontinuation of securing the Minsei-iin's seal.

(a) The Minsei-iin are the "specialists" on determining financial need.

(b) It is the custom in Japan to use the Minsei-iin for this purpose.

(c) If all persons in need of free medical care applied only through the center there would be too many free cases and the financial condition of Tokyo-To could not bear it.

what is all his Dr. to do with this?

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(d) This Health Center is not regarded in a high status in the community and if the Health Center determined eligibility for free or part pay care the community would not accept it.

(e) The whole community does not regard the health needs of people very hightly - they consider only the family's financial situation as important.

(f) If the center through the medical social worker approves free care without Minsei-iin's approval the medical social worker may be placed in jeopardy as patients may have falsified their financial situation.

(7) During the discussion on the above it was pointed that

(a) The medical social worker is just as much a specialist on determining financial need as the Minsei-iin or welfare offices.

(b) That the patient shares responsibility when making an application for free care.

(c) That a detailed account of the family's income and needs and the client's application would justify either the rejection or acceptance of such cases.

(d) That the Health Center should be in the position to determine eligibility of such cases on the basis of the medical social worker's interview and whatever verification she feels necessary.

(e) Furthermore, if this responsibility were really placed on the medical social worker, it is estimated that many cases now exempt could come under DLSL.

(8) Copies of the Tokyo-To Instructions and Regulations on the above matter was requested of Dr. Sakai and in the meantime it was recommended that he study their instructions with regard to revising them to include the medical social worker as the center staff person responsible for determining financial need and that the Minsei-iin's seal not be required.

(9) Dr. Tsukahara, director of the Center, added that one reason why the center may have not been given the actual responsibility for determining which patients should receive free care is the lack of medical social workers in most health centers.

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(10) Dr. Tsukahara also reported that following Welfare Officer's last conference be authorized the medical social workers to determine eligibility for UNICEF milk and informed the doctors in the clinic to refer such cases to her instead of to the Minsei-iin. In addition he has prepared posters which will inform the public that they can apply for UNICEF milk at the center.

(11) The attached statistics and reports were submitted on this date.

ANNABELLE H. KENT

Note: This administrative review is to be continued on 22 March 52 ADK

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

NK/mm

Submitted 16 March 1950

HEALTH CENTERS WITH MEDICAL SOCIAL DIVISION

(Prepared by Tokyo-To Health Bureau)

1. Health Center with Medical Social Division: Among 41 Health Centers, 40 have Medical Social Divisions.

2. Health Centers without Medical Social Division: Among 41 Health Centers, one does not have a Medical Social Division.

3. Health Center where there is the chief of Medical Social Div. 37
4. " " " " " not " " " " " 4

5. Total number of staff in Medical Social Division

	With 3 persons in M.S.Div.	With 2 persons in M.S.Div.	With 1 pers. in M.S.Div.	Total
No. of health center	1	7	32	40
Total no. of staff	3	14	32	49

6. Classification of the chief of Medical Social Division

Director (physician)	2	Physician	2
2nd cl. Shuji	2	3rd cl. Shuji	24
X-ray technician	1	Chief PH nurse	6
PH nurse	0	TOTAL	37

7. Classification of all staff of Medical Social Division

Director	2	Physician	2
2nd cl. Shuji	2	3rd cl. Shuji	30
X-ray technician	1	Chief PH nurse	7
PH nurse	4	Other	1
		TOTAL	49

8. Health Center where they have full-time worker in Med.Soc.Div.
Yotsuya, Joto, Suginami (2 full-time workers)

9. Health Center where they have division chief mainly in charge of M.S.D.
Kanda, Asakusa, Mukojima, Ebara, Minami-Tama, Kita-Tama Daiichi.

10. Type of main duty in case the staff of M.S.D. is part-time worker

Director	2	Gen.Aff.Section chief	1
Service Section chief	1	Gen.Aff.Division chief	3
Medical Affairs Div.Ch.	3	Pharmaceutical Aff.D.Ch.	1
Nutrition Div.Chief	1	Hygiene Statistics D.Ch.	9
Health Educ.Div.Ch.	7	Maternity&Child Hyg.D.C.	2
Nursing Div.Chief	6	Hygiene Statistician	1
PH nurse	4		

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11. Type of any part-time job in case the staff of Medical Social Division has main duty in the division:

General Affairs Division Chief	2
Health Education Division Chief	2
Hygiene Statistics Division Chief	1
Pharmaceutical Affairs Division Chief	1
X-ray Technician	1

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SUGINAMI HEALTH CENTER MEDICAL SOCIAL DIVISION

		September		October		November		December		January		February		TOTAL	
Consultation for medical social work	New case	46		55		207		79		77		94		558	
	T.B.	24		32		40		27		21		49		193	
	Pregnant	4		7		4		2		6		12		35	
	Baby	9		6		159		41		38		26		279	
	V.D.	5		1		1		3		2		1		13	
	Others	4		9		3		6		10		6		38	
	Continuing case	46		52		46		42		36		35		257	
Carried over to the next month		new	con	new	con	new	con	new	con	new	con	new	con	new	con
		9	24	5	25	9	26	9	22	7	26	16	23	59	146
Cause for Closure	Closed case	37	22	48	27	45	20	41	20	40	10	74	12	285	111
	Finished hospitalization	4	6	7	10	11	8	7	10	4	8	11	3	44	45
	Finished guidance for medical care	12	2	14	10	6	1	5		13		26	1	76	14
	Elimination of fear for disease by means of exam.	4	1	10	2	4	2	5	4	5		2	5	30	14
	Exemption or reduction of fee		1	3	2	2	2	3	1	1		1	1	10	7
	Finished abortion	2	1	3		1				2		7		18	1
	Maternity under CWL	1		4		2		2		4		5		18	
	Assistance for UNICEF or LARA supply	11	4	4	1	6	1	12		7		21		61	6
	Death or removal to other place		2	1	1		1	1	1	1	1		1	3	7
	Referred to other agencies	2	2	2	1	8	2	3						15	5
	Rehabilitation, deadlock, or others	1	21			23	3	3	4	3	1	1	1	13	12

BUDGET CONDITION OF SUGINAMI HEALTH CENTER

As of 8 March 1950

Items	Budget	Amount spent	amount not spent yet	Total of Expenditure	Remains of budget
Exp for municipal office	7,201,049.00	9,116,265.00			1,915,216.00
Exp for office	7,201,049.00	9,116,265.00			1,915,216.00
Salary of official	4,443,245.00	5,981,915.00			1,537,770.00
Sal. of employe	2,394,433.00	3,170.125,00			775,692.00
Wage	2,048,812.00	2,810,890.00			762,078.00
Allowances	2,715,074.00	3,098.679.00			383,605.00
Area allowance	1,748,852.00	2,026,149.00			277,197.00
Dependents allow.	680,700.00	787.500.00			106,800.00
Over-time allow.	285,422.00	285,030.00			392.00
Travel allowance	42,730.00	36,571.00			6,159.00
travel fare	42,730.00	36.571.00			6,159.00
Sanitation expense	4,629,672.00	3,165,526.42			1,464,145.58
Exp for health ctr	1,048,285.00	831,641.03			216,643.97
tvl al.for h.ctr	164,735.00	132,079.00			32,656.00
tvl fare for h.c.	47,315.00	39,809.00			7,506.00
reguler tvl fare h.c.	117,420.00	92,270.00			25,150.00
allow. for h. ctr.	208,100.00	172,780.00			35,320.00
spec.duty allow.	105,100.00	101,280.00			3,820.00
miscellaneous allow.	103,000.00	71,500.00			31,500.00
demands expense	674,450.00	525,782.03			148,667.97
expendable expense	315,200.00	286,761.03			28,438.97
printing expense	46,500.00	37,525.00			8,975.00
fuel and light exp	134,000.00	101,762.00			32,238.00
communication exp	55,000.00	37,354.00			17,646.00
utensil	42,000,00	36,370.00			5,630.00
foodstuff	4,750.00	4,750.00			0.00
rent	44,000.00	14,000.00			30,000.00
fuel	28,000.00	4,838.00			23,162.00
entrusting exp	5,000.00	2,422.00			2,578.00
others	1,000.00	1,000.00			0.00
wage	1,000.00	1,000.00			0.00

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sanitation exp	312,854.00	133,211.87	179,642.13
environmental sanitat.	38,788.00	3,377.00	35,411.00
expendables	7,308.00	0.00	7,308.00
printing	16,800.00	0.00	16,800.00
communication	1,480.00	0.00	1,480.00
travel fare	12,000.00	3,377.00	8,623.00
utensils	1,200.00	0.00	1,200.00
foodstuff sanitation	218,143.00	97,584.87	120,558.13
fuel and light	7,500.00	0.00	7,500.00
regular tvl fee	52,413.00	49,414.00	2,999.00
expendables	33,600.00	0.00	33,600.00
fuel	12,230.00	11,500.00	730.00
printing	19,400.00	0.00	19,400.00
communication	8,680.00	7,889.87	790.13
rent	12,380.00	0.00	12,380.00
utensils	10,000.00	7,800.00	2,200.00
travel fare	27,400.00	11,656.00	15,744.00
overtime allowance	22,040.00	9,325.00	12,715.00
wage	12,500.00	0.00	12,500.00
medical guidance	43,983.00	28,950.00	15,033.00
travel fare	1,500.00	0.00	1,500.00
allowances	26,250.00	26,250.00	0.00
expendables	9,283.00	0.00	9,283.00
foodstuff	2,703.00	2,700.00	3.00
utensils	1,500.00	0.00	1,500.00
fuel	1,502.00	0.00	1,502.00
communication	1,245.00	0.00	1,245.00
trachoma prevention	5,640.00	0.00	5,640.00
allowances	1,100.00	0.00	1,100.00
expendables	2,100.00	0.00	2,100.00
foodstuff	160.00	0.00	160.00
printing	1,900.00	0.00	1,900.00
communication	380.00	0.00	380.00
distribution of commodity	6,300.00	3,300.00	3,000.00
overtime allowance	3,300.00	3,300.00	0.00
expendables	2,000.00	0.00	2,000.00
foodstuff	1,000.00	0.00	1,000.00

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Prevention of infectious disease	101,150.00	84,165.00	16,985.00
demands	3,500.00	0.00	3,500.00
communication	2,300.00	0.00	2,300.00
expendables	400.00	0.00	400.00
printing	800.00	0.00	800.00
allowances	79,050.00	73,955.00	5,095.00
spec.duty allow.	79,050.00	73,955.00	5,095.00
miscellaneous	2,400.00	2,400.00	0.00
expendables	2,400.00	2,400.00	0.00
travel allowance	16,200.00	7,810.00	8,390.00
travel fare	4,200.00	0.00	4,200.00
regular tvl fare	12,000.00	7,810.00	4,190.00
control of rats & insects	1,878,943.00	1,652,565.00	226,378.00
miscellaneous	1,506,453.00	1,342.825.00	163,628.00
wage	1,506,453.00	1,342,825.00	163,628.00
demands	52,030.00	39,212.00	12,818.00
repairment	5,000.00	3,990.00	1,010.00
expendables	21,090.00	11,495.10	9,594.90
printing	2,100.00	0.00	2,100.00
utensils	23,840.00	23,726.90	113.10
travel allowance	259,665.00	227,074.00	32,591.00
regular tvl fare	209.625.00	189,635.00	19,990.00
spec. tvl fare	50,040.00	37,439.00	12,601.00
allowances	60,795.00	43,454.00	17,341.00
overtime allowance	60,795.00	43,454.00	17,341.00
supply of medicine and facility	44,880.00	5,436.00	39,444.00
distribution of medicine	21,760.00	3,056.00	18,704.00
expendables	8,160.00	0.00	8,160.00
printing	5,440.00	0.00	5,440.00
communication	4,080.00	2,040.00	2,040.00
utensils	4,080.00	1,016.00	3,064.00
guidance for medicine and facility	23,120.00	2,380.00	20,740.00
travel fare	1,360.00	1,360.00	0.00
expendables	8,160.00	0.00	8,160.00
printing	5,440.00	0.00	5,440.00
communication	4,080.00	1,020.00	3,060.00
utensils	4,080.00	0.00	4,080.00

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health survey	113,079.00	39,675.52	73,403.48
survey of vital			
population	63,890.00	8,829.00	55,061.00
travel fare	6,860.00	2,040.00	4,820.00
overtime allowance	24,260.00	6,789.00	17,471.00
expendables	2,860.00	0.00	2,860.00
communication	1,910.00	0.00	1,910.00
utensils	3,000.00	0.00	3,000.00
printing	25,000.00	0.00	25,000.00
survey of nutrition	20,400.00	20,352.52	47.48
expendables	5,500.00	5,452.52	47.48
rent	7,500.00	7,500.00	0.00
allowances	6,300.00	6,300.00	0.00
foodstuff	1,100.00	1,100.00	0.00
survey of statistics of			
infectious disease	10,379.00	0.00	10,379.00
expendables	73,00	0.00	73.00
communication	10,306.00	0.00	10,306.00
survey of health statistics			
	2,660.00	0.00	2,660.00
expendables	1,440.00	0.00	1,440.00
communication	1,220.00	0.00	1,220.00
detail survey of infectious			
disease	15,750.00	10,484.00	5,256.00
travel fare	10,500.00	10,484.00	6.00
expemdables	2,250.00	0.00	2,250.00
printing	750.00	0.00	750.00
communication	2,250.00	0.00	2,250.00
vaccination	890,930.00	301,680.00	589,250.00
miscellaneous	31,870.00	29,830.00	2,040.00
wage	22,320.00	20,340.00	1,980.00
foodstuff	2,200.00	2,190.00	10.00
rent	7,150.00	7,100.00	50.00
communication	200.00	200.00	0.00
small pox	848,080.00	264,290.00	583,790.00
allowances	507,910.00	141,060.00	366,850.00
wage	84,060.00	76,500.00	7,560.00

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rent	147,750.00	31,500.00	116,250.00
travel fare	43,390.00	7,800.00	35,590.00
overtime allowance	32,310.00	0.00	32,210.00
fuel	26,230.00	7,000.00	19,230.00
communication	1,430.00	430.00	1,000.00
expendables	5,000.00	0.00	5,000.00
paratyhoid injection	10,980.00	7,560.00	3,420.00
wage	10,980.00	7,560.00	3,420.00
VD prevention	115,060.00	33,552.00	81,508.00
demands	12,000.00	0.00	12,000.00
utensil	7,000.00	0.00	7,000.00
fuel	5,000.00	0.00	5,000.00
allowances	98,660.00	31,803.00	66,857.00
spec. duty allow.	5,040.00	2,685.00	2,355.00
overtime allowance	93,620.00	29,118.00	64,502.00
travel allowance	4,400.00	1,749.00	2,651.00
travel fare	4,400.00	1,749.00	2,651.00
child welfare hygiene	96,512.00	83,600.00	12,912.00
sanitation for pregnant woman and baby	96,512.00	83,600.00	12,912.00
expendables	4,777.00	0.00	4,777.00
entrusting	3,135.00	0.00	3,135.00
wage	5,000.00	0.00	5,000.00
fuel	1,500.00	1,500.00	0.00
communication	200.00	200.00	0.00
rent	12,500.00	12,500.00	0.00
allowances	69,400.00	69,400.00	0.00
TB control	18,179.00	0.00	18,179.00
TB examination	18,179.00	0.00	18,179.00
allowances	3,000.00	0.00	3,000.00
foodstuff	244.00	0.00	244.00
printing	1,980.00	0.00	1,980.00
expendables	2,455.00	0.00	2,455.00
rent	10,500.00	0.00	10,500.00
Veterinary hygine	9,800.00	0.00	9,800.00
Rabies prevention	1,200.00	0.00	1,200.00
travel fare	1,200.00	0.00	1,200.00
control of rabid dog	8,600.00	0.00	8,600.00
travel fare	800.00	0.00	800.00

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expendables	5,300.00	o.00	5,300.00
printing	2,500.00	0.00	2,500.00
Employment counter-move	380,986.00	380,986.00	0.00
business employment	380,986.00	380,986.00	0.00
wage	380,986.00	380,986.00	0.00
First aid for disaster	10,000.00	10,000.00	0.00
sanitation	10,000.00	10,000.00	0.00
facilities of h.ctr.	10,000.00	10,000.00	0.00
repairment of facilities	10,000.00	10,000.00	0.00

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Special

CASES HANDLED FOR MEDICAL PROTECTION IN TOKYO-TO

Health Center	January	February
Kanda	14	131
Kojimachi	4	6
Chuo	186	176
Nihombashi	7	5
Shiba	11	20
Azabu		18
Akasaka	207	
Ushigome		
Yotsuya	19	31
Yodobashi	92	91
Koishikawa	110	127
Hongo	89	14
Shitaya	259	98
Asakusa	7	3
Mukojima	21	32
Honjo	1	48
Fukagawa	514	63
Joto	154	188
Shinagawa	331	373
Ebara	162	128
Meguro	145	450
Omori	136	164
Kamata	11	42
Setagaya		4
Kinuta	27	32
Shibuya	112	14
Nakano	54	29
Suginami	677	724
Toshima	103	160
Oji	40	26
Takinogawa	20	11
Arakawa	147	119
Itabashi		22
Adachi	34	160
Katsushika		
Edogawa	179	169
Minami Tama	5	4
Nishi Tama		
Kita Daiichi	2550	722
Kita Daini	273	61
Nerima	8	7
TOTAL	6709	4472

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PUBLIC WELFARE SECTION
KANTO CIVIL AFFAIRS REGION
APO 500

Report prepared by
Annabelle H. Kent

11 March 1950

SUBJECT: Field Trip to Tokyo-To; Suginami Health Center's Medical Social Service Division

TO: Mr. William H. James, Chief
Public Welfare Section
Kanto Civil Affairs Region
APO 500

1. This summary covers the initial part of the administrative review of the medical social service program in the Suginami Health Center. In accordance with the cooperative arrangement with the chief of the KaCAR's Medical Section, the undersigned Welfare Officer began the review on 2 March 1950.

2. Participants and Dates of contacts

a. 1000 - 1200 on 2 March 1950 - Suginami Health Center introductory conference held by Miss Morgan, PHN, KaCAR, Public Health Section and Annabelle H. Kent, KaCAR, Public Welfare Section with

(1) Dr. Sakai, Tokyo To Health Bureau, Prevention Section

(2) Dr. Tsukahara, Director, Health Center

(3) Dr. Shimizu, Assistant Director, Health Center

(4) Dr. Agimura, Chief of Social Service, Health Center

(5) Miss Miya Debuchi, Medical Social Service Division, Health Center

(6) Miss Tane Hayashi - Public Health Nurse, Health Bureau

b. 0810 - 1150 on 8 March - Suginami Health Center
0840 - 1630 on 9 March - " " "
0830 - 1200 on 10 March - " " "

(1) On above dates welfare officer conferred with the following persons, read medical records and other related medical social documents.

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(a) Dr. Tsukahara, Director of Center

(b) Miss Debuchi - Medical Social Worker

(c) Miss Ishii - Medical Social Worker

(d) Mr. Matsumoto of supply division

3. General Data

a. The Suginami Ward Office's geographical boundaries are the same as that for the Suginami Health Center. The population of the area is approximately 300,000.

b. The Suginami Ward Office has 140 Minsei-iin in its area and four Minsei-Jimushos (Welfare Office) as follows:

(1) Suginami Minsei Jimusho - #149, 2-chome, Higashi, Suginami Ward

(2) Wada Hori " " - #30, 1-chome, Horinouchi, Suginami Ward

(3) Ogikubo " " - #133, Shuku Machi, Suginami Ward

(4) Takaido " " - #727, 3-chome, Kami Takaido, Suginami Ward

4. Health Center organization, Staff and Functions (see inclosures 1, 2 and 3)

a. A total staff of 97 persons are employed in the Center. Formerly the staff was 125. All members are considered over worked as they have more work than they can handle. The patient load has increased by 30% over that of a year ago.. Because of the inability of the medical staff to handle all patients Dr. Tsukahara reported that many are turned away.

b. The Medical Social Division is one of 4 divisions in the Service Section. The relationship of the section chief to the division is mainly one of securing their statistical reports (see inclosure 6) and helping the division secure supplies when general affairs disregards the request of the medical social division.

c. The staff in the Medical Social Division consists of two persons, Miss Debuchi (chief clerk), Medical Social Worker, and Miss Isshi (employee) who also functions as a medical social worker. The major activities of both these persons is with case handling. For background

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and experience of these two medical social workers see inclosure 4.

5. Major overall medical social problems presented by the Center Director, Service Section Chief, Medical Social Worker and Dr. Sakai of Tokyo To Health Bureau.

a. Shortage of beds in TB Sanatoriums - At present about 50 TB patients are seriously in need of hospitalization from a social as well as medical point of view but can not be admitted to hospitals because of the lack of beds. (The exact number recommended by this center for hospitalization was not available as no complete and up to date waiting list is kept.)

b. TB patients in hospitals, particularly, heads of families, often leave before medically ready for discharge. Because their dependents do not receive adequate assistance grants under the DLSL, such patient's anxiety and concern over their family's needs interferes with their recovery and not infrequently retards their recovery. DLSL livelihood aid budgets checked by the MSW revealed that recipients receive less than the minimum standards established by the Welfare Ministry.

c. When the Medical Social Workers have referred cases to the Minsei-iin or Minsei-Jimusho (Welfare Office) they have found that even if the family needs assistance immediately the Minsei-iin insist on observing the family for 2 or 3 months before approving a case for help. As a result families have reached the "end of their rope" or on the point of almost starvation before aid is approved. This is particularly true of any family that has any income no matter how small. In case there is an able bodied person in the family who is out of work no aid is approved.

d. As the Minsei-iin Councils in this area often meet only once in two or 3 months additional delays have occurred in order to secure their "approvals" on cases.

e. The medical social workers often have to repeatedly visit the Minsei-iin, Minsei Jimusho and Suginami Ward Office before action is taken on a needy case for medical or livelihood aid.

f. The lack of bedding in hospitals is another problem with which medical social service has been concerned. When patients are to be hospitalized and if the hospital has no extra bedding the patient must supply his own. The Minsei Jimushos have refused to provide such services to needy persons. Only when a special supply of bedding is being distributed has the MSW been able to secure approval on some cases. Because of this problem often when a patient could be admitted to a hospital he is unable to go because of his inability to furnish his own bedding.

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g. Transportation costs for ambulances service raises another problem as under the DLSL only the legal rate is supposed to be paid. Only after repeated and continuous visits by the MSW to the Welfare Office has sufficient funds been secured to provide for the cost of ambulance service at the rate charged. Ambulances will refuse to move a patient until the amount requested is authorized. For a one hour trip the cost has been around 3,000 yen.

h. The doctors feel that the position of the MSW should be classified as a technical or professional one and not as a chief clerk so that her position would carry more prestige.

i. The medical social worker feels that the Minsei-iin and Minsei-Jimusho resent her interest in trying to secure help for families. They consider her as an "intruder and outsider". The welfare personnel on the other hand often look at the MSW Division as a branch office of theirs their work such as home visit investigations. Yet even when the full detailed financial and social data is presented the Welfare Office may refuse to recognize any validity in the report and prolong their case investigation as usual.

And expect them to do part of

j. As there is no medical social worker in the Tokyo To Health Bureau the position of the medical social workers in the center is weak. Part of the reason for no MSW at bureau level is due to a feeling on the part of the Welfare Bureau that they should be responsible for Medical Social activities. And at same time Health Bureau has not been convinced that it is really their responsibility to coordinate and strengthen M S Work activities, as well as to provide technical guidance and supervision to the M S workers. Dr. Tsukahara, Director of the Center, pointed out that the welfare bureau people have little or no understanding of Medical Social Service for example he sighted one "Big Shot" of the bureau on looking at the Health Center Chart of organization said why don't you put the medical social division in the general affairs section.

k. The medical social workers feel that they need a budget in their division to help patients with emergency needs that cannot be met by community resources.

l. Dr. Sakai questioned the present policy of the welfare ministry on the eligibility requirements which must be met by persons not eligible for Livelihood Aid who need help with medical aid. Dr. Sakai is of the opinion that persons in need of medical aid should not be limited to only those who are at the indigency level or who must go down to that level prior to being approved for medical aid.

6. Conference with Miss Isshi, MSW, on procedures;

a. When a patient first comes to the clinic he is first seen at the receptionist's desk who gives his name and address to the PHN

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in charge of the clinic service to which the person desires to go.

(1) The P H Nurse takes the person's history and in the event it is for the TB service, the patient is immediately referred for a blood test and small chest X-ray. After this is done then the P H Nurse takes the patient to the doctor.

(2) In the case of expectant mothers the PHN on the 1st visit often taking the history routinely refers them for a blood test and small chest X-ray and then the patient is taken to the doctor.

(3) In the case of nursing mothers the routine preliminary blood test and small chest X-rays are optional.

(4) After the doctor has seen the patient he may recommend additional chest X-rays and other laboratory procedures. Then the P H Nurse arranges these and patient is told to go home. A written notice is sent informing the patient when to return if the doctor finds there may be a need for him to return.

(5) On the day the patient returns for the findings and recommendations the case may be referred to the MSW. After seeing the doctor the patient is routinely referred to the PHN first. However all patients recommended for hospitalization are routinely referred to the MSW. The MSW cannot always tell who referred the case from the clinic, as the doctors merely tell the patient to come to MSW and generally the PHN does the actual referral. If the patient should come directly to the MSW after seeing the doctor the PHN after completing the interviewer refers the case to the PHN.

7. Once a week on Friday a surgeon from the National TB Sanatorium comes to the Health Center for the purpose of examining TB patients who need surgery. The patients seen by him are divided into two groups -

a. Patients referred by the clinic doctor for special consultation in relation to treatment.

b. Patients which the MSW finds do not accept or understand their TB condition. She uses this doctor to explain the seriousness of TB to the patient, as in most cases the clinic doctors are either too busy to do so or do seem not have the courage to tell the patient the facts about his condition for fear such will discourage the patient. It is Miss Isshi's opinion that doctors in most instance try to hide

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the real seriousness of this disease and merely tell the patient not to be afraid or upset. The doctor from the National TB Sanatorium is different as he has the courage to tell the patient the truth. This group II is referred by the MSW on the basis of an understanding in the clinic between the MS Workers and the doctors.

8. On the day of the National TB doctor's visit, Miss Isshi acts as an assistant and nurse to him by collecting the clinic records and X-rays for him on each patient the MS Workers refer. The PHN also stands by but generally the M S Workers have to assist him.

9. Filing system in Medical Social Service Division

a. All cases are numbered consecutively from the date on which the cases were first opened. Each case retains the initial number assigned. There is no master index file as the Social Service Department "has not had time to set one up". - This had been recommended by Miss Brugger of SCAP PH&W last year when she visited the Center.

b. Cases are filed in 9"x12" file boxes into different groups as follows:

Cases opened this month	Active Cases
Active cases - who have not returned this year	Reopened Cases
Active Cases in hospitals	Reopened cases special-need more attention and service
Closed Cases	Active Cases - Those which have not come back as yet this month

c. Since there is no master index file, MS Workers rely on their memory as to whether they have seen the patient before and since the active cases are filed in so many different groups it is "hard to find a case".

10. The medical social service office has special files on such matters as

a. Lists of institutions in the community

b. Letters of referral to and from Minsei-iin

c. File of applications this division sent to chief of clinic

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asking for reduction of clinic fee or exemption of clinic fee for individual patients.

d. File of applications for lying in agency under Child Welfare Law.

e. File on law and regulation of unrepatriated person's allowances.

f. Regulations and instructions on hospital cases paid by Tokyo-To.

11. Hospital Admissions

a. The Medical Social Division is responsible for making up the weekly lists of patients to be admitted to hospitals.

b. The patients or family must make application for admission to hospital. This is told them by either the doctor or PHN. Then the MSW handles all arrangements for admission.

c. There is no center list showing total number of TB patients awaiting hospitalization.

d. After the MSW issues a referral to patients to take to hospital for admission, MSW makes a weekly list and calls the hospital concerned. Generally the patients inform the MSW when they are admitted or the hospital calls the MSW to let her know. If neither is done the MSW checks with the hospital.

12. Referrals to MSW from Clinic

a. PHN refers 70% of cases from clinic and doctors refer 30%. The doctors never call the MSW down to the clinic or comes up to the MS Worker's office. He merely tells the patient to go to MSW. The PHN often brings the patient to the MS Worker's office.

13. Reception Record - This book is started new each fiscal year. Either Miss Debuchi and Miss Isshi fill in the data on the cases. Contacts on persons coming to the office only for information are not recorded. Example of non-recorded contacts - person wishes to know names and addresses of institutions in Suginami Area.

14. Daily Diary - Also is kept on fiscal year basis. Miss Debuchi or Miss Isshi complete this record. If Miss Debuchi is too busy she will write a brief note and have Miss Isshi record it in the Diary. No record is kept in here either of the persons or patients who come to the MSW for information only.

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15. Social Work Consultation Card - After the reception record is completed Miss Debuchi files in the identifying data on "Social Work Consultation Card" from PHN and clinic records.

16. For various forms used by MS Workers see inclosure 7.

17. Meetings Participated in by Medical Social Worker

a. A center staff conference is held every Wednesday afternoon for the purpose of discussing administrative and housekeeping matters.

b. Miss Isshi and Miss Debuchi try to attend all the four Minsei-iin councils in the area either together or alone. Generally they attend two or three each month. They feel they are not wanted there but go any way. Actually they have not been invited to attend.

c. Miss Debuchi in January arranged a conference with the PH Nurses for the purpose of discussing cases. Miss Debuchi acted as chairman and Miss Isshi and all PH Nurses attended, as well as the Director of the clinic, TB Doctor and service division chief doctor. The physicians listened to the PHN and MSW exchange information on their cases. This has been the only meeting of this sort.

d. A meeting was held in January on the DLSL with the center chiefs, PHN and MSW and Minsei-iin Jimusho chiefs, child welfare officials and Tokyo-To Welfare Bureau representatives and representatives from Ward Office to acquaint one another with their own functions.

18. Procedures Involved in Handling UNICEF Milk

a. Interview with Miss Debuchi and Dr. Tsukahara on 10 March 1950.

b. On 12 November 1949, Miss Debuchi held a meeting with the head of the Phys. Ass., Standing Minsei-iin, head of midwives association and chief of Minsei Jimusho in area to decide on the method of selecting the babies who would receive UNICEF milk. It was agreed at the meeting the matters of selection would be left to the Minsei-iin as they know the "family situations best". The UNICEF allocation of milk was for 260 babies. Furthermore it was agreed that each of the 140 Minsei-iin in the area would select two babies and they were to submit the names to the Medical Social Division. The families selected received a written authorization from the Minsei-iin which they were to bring with them to the Health Center. On the initial selection the branch office of the ward office made up a complete list of all families with babies under 9 months of age in Suginami Ward. This list was then turned over to the Minsei Jimusho who turned it over to the Minsei-iin. There are about 10,000 babies under 9 months of age in the Suginami area.

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(1) As a result only 150 names of babies were received. So Miss Debuchi decided to call another meeting to ask the midwives to select babies as they knew the families who needed milk for their babies. The midwives were to issue certificates to such cases and the family was then to bring it to the MS Worker.

(2) Also the Health Center had notices printed and posted on the bulletin boards in the area advising that needy families with babies under 9 months of age could apply for milk either through the Minsei-iin or midwives. As a result of the bulletin board publicity 20 additional babies are receiving the milk.

(3) No doctors have referred such cases directly to the MSW as they were advised to tell the parent to apply at the home of the Minsei-iin, and it is assumed that they have done this.

c. Distribution of UNICEF Milk

In November	153	babies received UNICEF Milk
In December	146	"
In January	162	"
In February	202	"

d. The amount each baby receives varies in accordance with the doctor's recommendation. The average is 1 kilogram per baby per month.

e. Mr. Matsumoto in charge of the supply division reported the center received 2,336 lb. of UNICEF milk on 14 November 1949. This is 1/3 of a ten month allocation. The ten month allocation should amount to 7,008 lb. Atthe end of February 875 lb. of the 2,336 lb. was carried over to March. Distribution per infant can amount to 3.3 lb. for those who need total amount of milk and 2.7 lb. for those only in need of supplementary amount.

f. When the parent brings the certificate to the Health Center she may be seen first by MSW or the doctor. If any family had income of over 2,000 yen per member in the family the case was not eligible or if the doctor found the baby was healthy and receiving enough milk the case was rejected by the MSW. The 2,000 yen standard was decided by Miss Debuchi on the basis of her experience. After the release of milk is approved by the MSW the babies' clinic card is so marked with a red line on top. The mother then takes this request to the nutritionist division where the milk is released through the supply division. A book with the date, amount of milk, address, and name is prepared on

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each case and the seal of the family is secured thereon at the time of distribution. All this milk is distributed free. Each month and after the baby is reexamined the family can then present the clinic card for the UNICEF milk.

g. Miss Debuchi and Dr. Tsukahara admitted that there are many more than 260 babies in the area which need supplementary milk. But they were afraid to publicize this release milk to other than needy families because they feared too many would apply. It was agreed that the Director would immediately inform the doctors in the clinic to refer such babies to the MSW so that she could certify them family's eligibility.and that ~~or~~ more flexible standard of need would be adopted. In addition since the Welfare Ministry (Instruction Ji Hatsu #25 - dated 27 October 1949 from Welfare Ministry's Children's Bureau) did not require a Minsei-iin certification that the MS Worker would certify to the family's financial eligibility instead of referring the family to the Minsei-iin or midwives for the certificates.

h. Miss Debuchi stated that she had rejected 10 cases for UNICEF milk because the income was over 2,000 yen per member in the family. No record on these rejections was kept.

19. Budget for Social Service Division

a. There is no set amount included for the SS Division's needs in the budget. Office supplies are secured out of the Center's total budget. The SSD has never been allowed any funds to help patients with any need. As a result the M S Workers occasionally have to give their own money to patients who have a special need which cannot be met by community resources. On one occasion Miss Debuchi gave 70 yen to a woman for traveling expenses to Shizuoka as it was her understanding that the Welfare Office could not assist in this type of situation.

12. Other Matters Discussed

a. Miss Debuchi was of the opinion that it is better to have group conferences with the doctors and PH Nurses than to write up a copy of social record for clinic chart. Welfare Officer recommended that both are essential and in addition individual conferences should be held on cases with the doctors as well as public health nurses.

b. There are only 2 telephones in the Health Center and both are in the building next door where the offices are located. As a result when a telephone call comes in for the MSW or any one else in the clinic a messenger is sent calling them to the phone. As a result time is lost and in addition calls which the MSW should make to community agencies are not made or delayed.

c. Written summaries on patients' medical and social data

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to the Minsei Jimusho on center referrals were recommended. This has never been done. Such summaries request a reply.

d. Responsibility outside the realm of the MSW is assumed (should) in deciding which cases should be admitted to hospitals first. This is primarily the physician's decision.

e. Each medical social case is generally handled by both MS Workers. The continuity of case handling is thereby split and the possibility of developing a relationship with patients is obviated. The MS Worker should each carry specific services and follow through on cases from beginning to closure.

21. This administrative review is to be continued on 15 March.

ANNABELLE H. KENT
Public Welfare Officer

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ANNABELLE H. KENT
Public Welfare Officer

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SUGINAMI HEALTH CENTER - TOKYO

- Director — Dr. Tsukahara, 2nd class technician
  - General Affairs Section — Mr. Katagiri, 2nd class clerk
    - *General Affairs Division — Staff - 8 — Personnel, budget, communication, planning, accounts, general affirs
    - *Medical Affairs Division — Staff - 5 — Medical Treatment Law, Eugenics Law, Mental Disease Law, control of medical treatment and practice
    - *Pharmacy Division — Staff - 3 — Chemical Supplies Law (Yakuji Ho), chemicals and sanitation supplies
  - Sanitation Section — Dr. Okabayashi, Technician Veterinarian
    - *Environment Sanitation Division: Staff - 22 — Elimination of vermins, guidance of environment sanitation
    - *Foods and Animal Disease Division: Staff - 5 — Foodstuff, sanitation, vaterinary s nitation
    - *Prevention Division, Communicable disease control: Staff - 6 — Worms, trachome, leprosy
  - Prevention Section — Dr. Obara, technician physician
    - *Tuberculosis Division, Staff - 6 — Prevention of TB. Preventive treatment of TB
    - *Disease Prevention Div., Staff - 1 — Prevention of acute epidemics
    - *Venereal Disease Div., Staff - 2 — Prevention and treatment of VD
    - *Dental Sanitation Div., Staff - 1 — Prevention of dental disease
    - *Mothers and Child Health Div. Staff - 2 — Health guidance for mothers and infants
    - *Nutrition Div., Staff - 2 — Nutrition guidance and research
  - Services Section — Dr. Ogimura technician physician
    - *Health Education Div., Staff - 1 — Health publicity
    - *Health Statistics Div., Staff - 4 — Statistics and research
    - *Nursing Div., Staff - 17 — Public health nurse, midwives and nurse activities
    - *Laboratory Div., Staff - 5 — Tests and examination, preparation of medicines, prescription
    - *Medical Social Div., Staff - 2 — Medical social work activities

Encl 1

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(28 February 1950)

Organizational Chart of Suginami Health Center

Chief	Tsukahara	2nd class technician (physician)
G. A. Sect. Chief	Katagiri	2nd class clerk
Hygiene Sect. Chief	Okabayashi	Technician, Veterinarian
Prevention Sect. Chief	Obara	Technician, Physician
Service Sect. Chief	Ogimura	Technician, Physician

G. A. Section

G. A. Division

Tsuchiya - 3rd class clerk
Komuro - Asst clerk
Asakura - Asst clerk
Oshima - Asst clerk
Kobayashi - Temporary clerk
Ikeda - Worker
Wada - Worker
Tsukada - Worker

Medical Affairs Division

Tachibana - 3rd class clerk
Matsumoto - 3rd class technician
Ohkubo - 3rd class clerk
Takahashi - Asst clerk
Sato - Asst clerk

Pharmaceutical Affairs Division

Matsumoto - 3rd class pharmacist
Koizumi - 3rd class technician
Ito - Temporary clerk

Hygiene Section

Environmental Hygiene Division

Nogami - 3rd class clerk
Ozaki - 3rd class clerk
Watanabe - Asst clerk
Ide - 3rd class technician
Oshima - Asst technician
Kikuchi - Asst technician
Suzuki - Asst technician
Shibazeki - Asst technician

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Kameyama - Asst technician
Matsushima - Asst technician
Otaka - Asst technician
Okoshi - Asst technician
Koyama - Asst technician
Amamori - Asst technician
Tokiwa - Asst technician
Murata - Asst technician
Matsushita - Asst technician
Saito - Temporary Prevention Official
Yukawa - Temporary Prevention Official
Goto - Temporary Prevention Official
Takebe - Temporary Prevention Official
Takano - Temporary Prevention Official

Food and Animal Disease Control Division

Koriuchi - 3rd class technician, Pharmacist
Tanaka - 3rd class technician, Veterinarian
Kishimoto - 3rd class technician
Kubodera - Veterinarian, Asst technician
Otsubo - Temporary clerk

Prevention Section

Communicable Disease Control

Ota - 2nd class technician, Veterinarian
Tomobuchi - 3rd class clerk
Uchida - Clerk
Kominami - Temporary Prevention Official
Kuribayashi - Temporary Prevention Official
Orihara - Temporary Veterinarian

TB

Nakayama - 2nd class technician, Physician
Kurihara - 3rd class technician, Physician
Ochiai - X-ray technician (assistant)
Yamane - X-ray clerk
Ikeda - Clerk
Inezawa - Temporary clerk

VD

Kinjo - 3rd class technician, Physician - Prevention Sect. Chief
Kawashima - Worker

Prevention

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Saito - 3rd class technician, Physician

Maternity and Child Hygiene

Watanabe - 3rd class technician, Physician
Katagiri - 3rd class technician, Physician

Dental Sanitation

Miyairi - 2nd class technician, Dentist

Nutrition

Ogawa - 3rd class technician, Nutritionist
Yamada - Asst technician, Nutritionist

Service Section

Health Education

Kato - 3rd class clerk

Public Health Statistics

Yuki - Asst clerk - Service Sect. Chief
Tomita - Clerk
Oba - Clerk
Matsuzawa - Clerk

Public Health Nursing

Inayoshi - Chief Nurse
Shimizu - " "
Konishi - Public Health Nurse
Uruno - " " "
Baba - " " "
Inada - " " "
Tayama - " " "
Masuda - " " "
Ishikawa - " " "
Yamashita - " " "
Kataoka - " " "
Ibara - " " "
Aoki - " " "
Matsukawa - " " "
Takahashi - " " "
Ono - " " "
Mizushima - " " "

Laboratories

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Imai - 3rd class technician, Physician
Mori - 3rd class technician, Pharmacist
Tanabe - 3rd class technician
Hosoya - 3rd class technician, Veterinarian
Sugiyama - Worker

Medical Social Service

Debuchi - 3rd class clerk
Ishii - Clerk

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Assignment of Personnel in
Suginami Health Cen

(as of 28 February 1950)

	Chief	General Affairs Sect.			Hygiene Section		Prevention Section		
		Pharma-ceutical Affairs Div.	Medical Affairs Div.	General Affairs Div.	Food & Animal Disease Control	Environ-mental Sanita-tion	Nutri-tion	Dental Hygiene	Maternit & Child Hygiene
Physician	1								2
Dentists								1	
Veterinarians					2				
Pharmacists		2							
Public Health Nurse									
Midwives									
Nutritionists							2		
Dental Hysie-nist									
Sanitarians					3	1			
X-ray Technician									
Laboratory Technician									
Statisticians									
Communicable Disease Control 2nd Class Technicians									
2nd Class Clerk				1					
3rd Class Clerk			3	1		1			
Employee			2	4		1			
Worker				3					
Temporary Clerk		1			1				
Temporary Commu-nicable Disease Control Worker									
Total	1	3	5	9	6	3	2	1	2
Hygiene Division									
Technician						1			
Assistant Technician						13			
Temporary Communicable Disease Control Worker						5			
Sum Total	1	3	5	9	6	22	2	1	2

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Assignment of Personnel in Each Section
Suginami Health Center

airs Sect.	Hygiene Section			Prevention Section							Service Secti		
cal General	Food &	Environ-	Nutri-	Dental	Maternity	Preven-	VD	TB	Communi-	Labora-	Medical	Public	P
irs Affairs	Animal	mental	tion	Hygiene	& Child	tion			cable	tories	Social	Health	H
Div.	Disease	Sanita-			Hygiene				Disease		Service	Nursing	S
	Control	tion							Control				t
					2	1	2	2		1			
				1									
	2												
												17	
			2										
	3	1						2		2			
										1			
3	1	1							1			1	
2	4	1						1	1			1	
	3					1				1			
								1	1				
	1												
5	9	6	3	2	1	2	1	3	6	6	5	2	17
			1										
			13										
			5										
5	9	6	22	2	1	2	1	3	6	6	5	2	17

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Personnel in Each Section
ami Health Center

tion Section					Service Section					Sum Total
ntal Hygiene	Maternity & Child Hygiene	Prevention	VD	TB	Communicable Disease Control	Laboratories	Medical Social Service	Public Health Nursing	Public Health Statistics	Health Education	
	2	1	2	2		1		1		10
1										1
										2
										3
							17			17
										2
										4
				2						2
						2				2
					1					1
										1
					1		1		1	8
			1	1	1		1	4		14
		1				1				5
		1		1	1					4
					2					2
1	2	1	3	6	6	5	2	17	5	1	78
										1
										13
										5
1	2	1	3	6	6	5	2	17	5	1	97

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MEDICAL SOCIAL DIVISION STAFF

1. Miss Miya Debuchi (class 3 clerk), age 50 - base salary approximately 9,000 yen. Her net salary is 11,000 yen per month.

a. Graduated Japan Women's College in 1920 - majored in Japanese Language and Literature, after this taught in a girls' high school in Formosa for 2 years.

b. In 1930 appointed as a Homo Tu, visiting nurse in Homen Jimusho in Asakusa, Tokyo.

c. In 1936 - appointed chief of the Homen Jimusho Office.

d. In 1943 - was transferred to Health Bureau of Tokyo City and worked in General Affairs for 6 months.

e. Then transferred to infant home in Setagaya as chief of office.

f. In 1945 she came to the Suginami Health Center as chief of its working office.

g. In March 1948 when Health Center was appointed as a model Health Center and a medical social division was established she transferred to this division as its chief and has been there since.

2. Miss Isshi (Koin - employee), age 42 - base salary 5,000 yen - net income 6,800 yen.

a. Graduated in 1929 from higher course of Kobe 1st Girls' High School where she studied Japanese Language and Literature. She then stayed at home until 1946 when she was hired as an employee in the Mother and Child Sanitation Section of Suginami Ward Office. In March 1948 she was transferred to the Suginami Health Center to function a medical social worker and has been here since.

Encl 4

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CASES REVIEWED

1. Sakuji Suzuki Case - data secured from record:

a. Social Work Consultation Card (Translation of data thereon)

Sakuji Suzuki,	head and husband, age	52	PT	TB
Tama	Wife	45		
Shigeko	1st daughter	14		
Ryozo	1st son	11		
Takao	2nd son	10		
Akihiro	3rd son	8		
Masao	4th son	3		

Address: 2191, Amanuma, Suginami Ku
First Visit (to MSW) 3 February 1950
Case referred by PH Nurse
Family lives in own house of 16.5

Tama came for consultation about hospitalization of her husband. She wants her husband to be taken care under medical aid because she thinks she can hardly continue the shop. For emergent measure, we think he should be hospitalized under medical aid and then later we shall discuss about this case. On 8 February, her brother from country came with her and said he will take care of her family if her husband is hospitalized under medical aid. So we recommended her to consult Minsei Jimusho to decide the most suitable way and get medical aid, also we referred her to PHN, Miss Baba, for sanitation guidance and referred her to Tama Saiseikai (hospital).

2. Additional information secured on case during interview of 9 March with Miss Debuchi, MSW. (Purpose of the interview on this case was to trace procedures, case handling methods and case work service.)

a. On 3 February when MSW referred a patient to PHN, the PHN had Mrs. Suzuki in her office and referred her to the MSW. Afterwards on this same date the MSW interviewed Mrs. Suzuki and at the same time had secured the clinic record and PHN record for reference on Mr. Suzuki's husband, the clinic patient.

b. While interviewing Mrs. S. the MSW completed the medical social division's "Reception Record" and the medical social division "Daily Diary" and the "Social Work Consultation Card".

c. Mrs. S. told the MSW that her husband got sick and had to be hospitalized and she did not know what to do. After discussing situation the MSW filled out a referral form to the Minsei Jimusho and told

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Mrs. S. to apply for medical aid. The problem of support of the family revealed that Mrs. S. wanted to stay at home and take care of the children. It was decided that Mrs. S. first discuss with the Minsei-iin the medical aid and then decide on problem of support. MSW indicated that approvals on medical aid cases are more rapidly secured than that for livelihood aid and furthermore if Mr. S. is hospitalized it would then be easier to secure livelihood aid approval from the Welfare Office and Minsei-iin.

On 8 February the brother of Mr. S., the patient, and a brother of the wife came with Mrs. S. to see Miss Debuchi to report that the family applied for medical aid and that the Minsei-iin was handling the case. The MSW discussed hospitalization of the husband and the brother from Chiba said he would take care of the whole family but the family would have to move to Chiba. The MSW did not like this plan because the wife would not be able to easily see her husband when he is hospitalized. The brother in Chiba in addition had recommended selling the family's home. MSW questioned this because income derived from such a sale would mean all of it per welfare office practice would have to be applied on medical aid and then the family would not be eligible for medical aid. MSW suggested that Mrs. S. think it over some more. On 9 February Mrs. S. came back to see the MSW and told her that her relatives were not really willing to take care of her and the family and in addition she herself did not want to go to live with the relatives. Mrs. S. had decided to place her husband in a hospital and on that date the MSW gave Mrs. S. a written referral to the Tama Saiseikai (TB Hospital). As Mrs. S. said that the PHN Miss Baba had visited when she was out, the MSW referred Mrs. S. back to the PHN. Miss Isshi, the other MSW, then gave the following supplementary data on the case as she had handled it when Miss Debuchi was out.-

On 20 February Miss Isshi made a list of patients referred from Health Center to the Tama Hospital and took it there. Miss Isshi explained the family situation of Mrs. S. the hospital authorities. On 7 March - Mrs. S., the wife, came back to Miss Isshi and said that the Minsei-iin informed her that she would have to agree to pay part of the husband's hospital care before approval for medical aid could be given. The Minsei-iin wanted to know how much the family would agree to pay. Mrs. S. said she was not able to do so because it was all she could do to support herself and the children. (She and a child of 11 had been going to the country to get goods for business.) - Mrs. S. asked Miss Isshi to help with this situation. So Miss Isshi wrote another referral to the Ogikubo Minsei Jimusho asking them to reinvestigate as she did not think family could pay any thing toward the medical aid costs. In the meantime there was another problem as the hospital told Mrs. S. they could not admit Mr. S. for about 2 months. Miss Isshi then called the hospital and explained the family situation and asked them to place him lst on the list. Tama Saiseikai (Hospital) in Kita Tama Gun (a private hospital) agreed to do so. On questioning both Miss Debuchi and

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Miss Isshi it was found that neither had discussed the patient with the doctor who had recommended hospitalization and neither knew the extent of the man's TB condition how long he may require hospitalization or what the prognosis was. Neither did they recall the name of the doctor who recommended hospitalization. As rule Miss Debuchi stated she does not feel it necessary to talk with the doctor because she gets all the information she needs from the clinic record. It was also found that the doctors are generally not given the benefit of the social investigations because of the lack of

a. individual conferences with the doctor, and

b. a copy of the social record is not kept as a part of the clinic record.

Dr. Tsukahara, Director of Center who was present during welfare officer's interview, called for the clinic record and reported that Mr. S's left lung is completely affected with TB and that his case is active and that he is a danger to the family and the community. Hospitalization was recommended, ideally at once, but actually there are many more serious cases still waiting. The clinic record included a copy of the PHN report which verified she had on 3 February given health guidance to the family, instructed them on isolation of the patient and on precautionary measures which were to be taken to protect other members of the family. In addition she had recommended that Mrs. S. have all the other members of the family examined for TB. (As of 9 March the family members had not yet come to the clinic for these examinations.)

Miss Debuchi indicated that after Mr. S. is hospitalized and things get straightened out for him, Mrs. S. and the other family members could then be pressed to come to the clinic for their contact examinations.

3. Case of Yoshida - an elderly couple

a. The following information was secured from Miss Isshi, MS Worker.

b. On 21 October 1949 one of the PH Nurses brought the patient, Mr. Yoshida, to Social Service. Miss Isshi interviewed him. The patient did not understand why he needed to be interviewed as all he wanted was a certificate stating that he cannot work. He explained that he had applied for livelihood aid at the home of the Minsei-iin, Mr. Ishibashi, (Ogikubo Minsei Jimusho Area). The Minsei-iin said he needed a health certificate since he was only 53 years old and if he was found all right he would not be eligible for livelihood aid. (The MS Worker "thought" he had applied at the home of the Minsei-iin 2 or 3 days prior to 21 October 1949.) The patient told the MSW that he had no money and needed assistance. He only wanted a certificate certifying

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that he is too sick to work.

c. When the PH Nurse brought him to Social Service she gave the MSW the clinic record and PH Nurse record. These reports revealed that the patient had a "very serious TB condition". Both lungs were affected. The doctor had recommended immediate hospitalization. The MSW advised the patient that he better go to a hospital immediately and said that she would help. However, the patient did not want to because he had a wife at home suffering from "chronic kidney trouble and cancer". He said he could not leave his wife at home alone and could not support himself or her. The MS Worker suggested sending the PHN to his home to see the wife but he did not want this because he did not wish the neighbors to know of his situation and he begged the MS Worker not to. The MS Worker indicated that may be both he and his wife could be admitted to a hospital at the same time. The MS Worker told him to think this over.

d. The MSW waited 2 days but he did not come back. So on the 3rd day (24 October 1949) she visited and found both in bed. The wife was covered only with a very thin blanket and the bedding was exceptionally poor. The patient, Mr. Yoshida, looked very much worse and had been unable to get out of bed since he last returned from the Center. The family had apparently had no food in days. They lived in one room rented from friends.

e. After seeing this situation and again discussing hospitalization for both, the MSW on that same date went to the Ogikubo Jimusho (Welfare Office) and asked them to give the family some money as they had nothing to eat. At the time she spoke with Mr. Hatanaka, one of the case workers, and Mr. Tanazukik, Chief of the local welfare office. She asked them to help the family that day as they were in desperate circumstances and were apparently eligible for LA and MA. Mr. Hatanaka agreed to approve 1,000 yen as an emergency grant but it would have to be handled through the Minsei-iin. The MSW then went to the Suginami ward office to talk over the arrangements for hospital admission. She saw Mr. Kato in the Protection Section. She asked for transportation expenses so couple could go to the hospital. The office first stated that the DISL could not be applied for this purpose and did not think they could help. He promised to look up the law and regulations and call her back. She then went back to the Minsei Jimusho on the transportation problem and they said they did not know what to do and referred her back to the ward office. On coming back to the Health Center, Miss Isshi talked the case over with Miss Debuchi (Chief MSW) and they decided that Miss Isshi would call hospitals to see where the couple could be admitted. She called 5 hospitals and none would take them because they were seriously ill or had no available beds for such cases. She then went to Tama Saiseikai (Hospital) herself on that same date, 24 October 1949. They did not wish to take the couple either but finally gave in and agreed to

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accept them. The MSW agreed to have them brought to the hospital on the next day.

f. On the next day (25 October 1949) the MSW went back to the ward office to see what they had decided on the matter of ambulance transportation costs. Mr. Kato then told her they would approve it. Then the ward office sent her to the Minsei Jimusho who would have to arrange for the authorization. At the Minsei Jimusho she finally secured their agreement to send the ambulance to the home at 2 p.m. on the following day.

g. On the following day the MSW and the PHN went to the home of the couple. They waited from 1400 to 1500 but no ambulance arrived. They then went to the home of the Minsei-iin of the area who was out and from there to the Minsei Jimusho where they learned that the Minsei Jimusho had not told the ambulance to exact hour they were to come for the couple. They then went back to the home and found the ambulance had just arrived. However the driver would not move the couple unless he had authorization for 3,000 yen, so finally the MSW and PHN agreed to secure the 3,000 yen by borrowing from the hospital. After the couple's admission, the MSW went back to the Minsei Jimusho and had them reimburse the hospital.

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MEDICAL SOCIAL SERVICE STATISTICS
FEBRUARY 1950

1. Reason for Referral of New Cases

Consultation for hospitalization	38
Medical examination	9
Abortion	8
Maternity hospitalization	4
Delivery of UNICEF	26
Exemption of fee	3
Others	6
Total	94

2. Source of Referral of New Cases

Physicians	29
Public Health Nurse	7
Division of Health Center	6
Minsei-iin	24
Child Welfare Worker	5
Doctor, Institution	10
Radio, Newspaper, Other Voluntary Sources	13
Total	94

3. Case Handling

Visits of MS Workers	
To Institutions	6
To Child Welfare Workers	
To Minsei-iin	
To Patients	3
Total	9

4. Type of Assistance Rendered

Exemption of fee	12
Referral to DLSL	16
Referral to Social Insurance	1
Referral to Institution	15
Advice for Examination	7
Advice for Medical Treatment	4
Consultation for medical care ticket	20
Consultation for hospitalization	64
Maternity aid under CWL	5
Consultation for abortion	10
Livelihood Guidance	6
Delivery of UNICEF	25
Delivery of LARA	4

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Sanitational Guidance Slip	4
Medical Care Ticket under DLSL	32
Others	3
Total	228

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SOCIAL WORK CONSULTATION CARD

Date

Name	Address Pe manent Domicile		Referee Cause of referral		Carte No. In the year of Showa Name of Health nurse Minsei-iin	Repatriates War sufferer
Name of family member	Relation	Occupation	Income	Education	Health	Appearance

Housing	No. of room No. of Tatami	Environmental Sanitation

Income	Expenses		Asset	Legal Supporting Person	Address Name Relation Occupation Ability
Working	House Rent	Hygiene			
Public or Priv. Assistance	Food Cost	Culture			
	Clothings	Medical care	Debt		
	Education	Miscellaneous			
Total	Fuel & Light	Total			

In accordance with the condition of case, write Social Examination, Guidance Plan and Process of care.

Part 2

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

Name and Address of Patiant:
Reference:

Referral:

WRITTEN REQUEST

ADDRESS:

NAME:

REFERENCE:

SUGINAMI HEALTH CENTER
#145, 3, Ogikubo, Suginami-ku, Tokyo
TEL: (39) 3018, 2988

DATE:

TO:

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GUIDE FOR INSTITUTION

NAME: NAME OF REPRESENTATIVE:	MAP:
ADDRESS:	
TELEPHONE: REFEREE:	
TYPE OF WORK:	
MEDICAL TREATMENT HOUR:	
FEE: PROCEDURE:	
CAPACITY: QUALIFICATION FOR ACCOMMODATION:	

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APPLICATION FOR EASY PAYMENT OF RENT

As I can not pay the rent at once, please allow me to pay by easy payment.

Handling	Unit	Amount (¥)	Method of easy payment

Applicant:

Address:

Name:

To Chief, Tokyo-To Suginami Health Center:

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APPLICATION FOR EXEMPTION OR REDUCTION OF RENT OR COMMISSION

Reason for Application:

Date of Application: Seal:

I apply for exemption (reduction) of (rent / commission).

Applicant:

Name: Seal:
Address:

To Chief, - - - - Health Center, Tokyo-To:

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GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Civil Affairs Section
APO 500

091.4 (13 Jun 50)CAS-PW 13 Jun 1950

SUBJECT: Public Welfare Information

TO: Chief, Hokkaido Civil Affairs Region, APO 7-5
Chief, Tohoku Civil Affairs Region, APO 7
Chief, Kanto Civil Affairs Region, APO 500
Chief, Tokai-Hokuriku Civil Affairs Region, APO 710
Chief, Kinki Civil Affairs Region, APO 25
Chief, Chugoku Civil Affairs Region, APO 182
Chief, Shikoku Civil Affairs Region, APO 1050
Chief, Kyushu Civil Affairs Region, APO 24-5

1. The following materials are forwarded for information purposes:

a. Inclosure 1. This report of administrative review of the Medical Social Division of a Tokyo-To Health Center was prepared by Mrs. Annabelle H. Kent of the Kanto Region Welfare Section. This was the first received of a series of reports on the review. The Region is continuing its work with this center in developing a rational, coordinated operation. As discussions at this headquarters among welfare and health personnel of this Section, Kanto Region and Public Health and Welfare Section have indicated a mutual concern in developing the medical social work program, it is desired that the report be reviewed by your Public Health staff as well. Inclosure 3 to the review contained a series of examples of "opinion sheets," not all of which are forwarded.

b. Omitted.

c. Omitted.

d. Omitted.

e. Omitted.

f. Omitted.

FOR THE CHIEF, CIVIL AFFAIRS SECTION:

/s/J. A O'Brien
J. A. O'BRIEN

6 Incls:
as indicated
Incl 1 omitted

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NOTE: Original cover letter filed in Disabled Persons Welfare Law (HHS)