GHQ/SCAP Records (RG 331, National Archives and Records Service)

Description of contents

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(3) Date: Sept. 1947 - Sept. 1949

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(5) Item description and comment:

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(7) Film no. Sheet no.

(Compiled by *National Diet Library*)

Chief, Kyushu CA Region

4110
One Enclosure

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

WHB/ea

I/10

AG 720 - BA

22 September 1949

SUBJECT: Japanese B Encephalitis

TO: See Distribution

The following radiogram from CINCFE Tokyo is quoted for your information and guidance.

"Increase in reported incidence Japanese B encephalitis among Japanese with laboratory confirmations in scattered cases, indicates presence of limited outbreak this disease. Principal foci appear to be in Aichi, Mie and Shizuoka Prefectures. Some cases also reported from Kanagawa Prefecture and from Tokyo. Recommend responsible commanders and medical officers be notified of situation without undue publicity and that preventive measures including mosquito control be intensified where indicated. To date there are no known cases among occupation personnel."

BY COMMAND OF MAJOR GENERAL CCULTER:

C. C. CARTER
Colonel AGD
Adjutant General

DISTRIBUTION:
1 ea CA Region & Team
I Corps Z/R
1 AG Rec, I Corps

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

AG 014 - BA

1 July 1949

SUBJECT: Birth Control

TO: See Distribution

With reference to the letter of 11 February 1949, this headquarters, subject: "Birth Control", paragraph 3 is amended to read: Hereafter Civil Affairs will concern itself with this subject only to the extent of giving advice and suggestions when solicited by proper Japanese officials, regarding the establishment and administration of clinics.

BY COMMAND OF MAJOR GENERAL COULTER:

C. C. CARTER
Colonel, AGD
Adjutant General

DISTRIBUTION:
2 ea CA Region & Team
I Corps Z/R
3 AG Rec, I Corps

Info copy:
CG, 8th Army
ATTN: CA Section

I 0 0 MAY 19 1949 10 43

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

JJB/mo

AG 319.1 - BA

SUBJECT: I Corps Military Government Studies

MAY 17 1949

TO : Commanding Officer
Kyushu Military Government Region
APO 24-5

The attached study is furnished for your general information and assistance. You are authorized to put into effect those recommendations which are consonant with current directives.

BY COMMAND OF MAJOR GENERAL COULTER:

A. Seipel
A. SEIPEL
Lt Col, AGD
Asst Adj General

RECORDED
I CORPS

1 Incl:
I Corps Nine Point ESP Study No. 14.

1392

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

AG 700 - BA

SUBJECT: Tuberculosis Control
(M.G. Hq I Corps Nine Point ESP Study No. 14)

TO: Commanding General
Eighth Army
APO 343

1. PURPOSE:

To evaluate the effectiveness of the tuberculosis control program in I Corps Z/R and to make recommendations for its improvement along lines which are consistent with the Economic Stabilization Program.

2. SCOPE:

This study includes discussions of incidence of tuberculosis, the attitudes of the Japanese people, economic implications, the present plan for tuberculosis control with related statistical data, and existing sanatorium facilities.

3. INCIDENCE OF TUBERCULOSIS:

It is well known to all concerned that tuberculosis is the most important public health problem in Japan today, since it is the greatest killer of people in this country. In no other nation does this disease rank first as the cause of death. In 1947 there were 147,411 deaths from tuberculosis alone in Japan. The fact that this disease is preventable makes this figure even more appalling.

Statistics in the field of tuberculosis are unreliable on the whole. This is due to many factors, some of which are:

(1) The inherent reluctance on the part of doctors to make a diagnosis of tuberculosis because this disease is considered a "blight" or a "plague" by the family.

Encl 1

(2) Reliance on the part of the doctors on unscientific methods of diagnosis. Therefore many actual cases of tuberculosis are not discovered or perhaps purposely overlooked.

(3) Inadequate statistical methods. In spite of these deficiencies tuberculosis is the greatest offender where morbidity and mortality rates are concerned.

4. ATTITUDES OF THE JAPANESE PEOPLE:

As mentioned in the foregoing paragraph the Japanese people consider tuberculosis as a "blight" or a "plague" on their family. Young girls who are known to be infected with tuberculosis have practically lost their chances for marriage.

In the hospitals, also, the true nature of the disease is masked. Diagnoses such as "infiltration of the lung", pleurisy", "pneumonitis", "pleuritis", "chronic bronchitis", are all used to cover up the disease. The word tuberculosis is hardly ever seen on a hospital chart. And yet when there is a chance to get some now rare streptomycin, the true diagnosis appears fast enough. This, therefore, suggests a method which could be used to advantage when streptomycin is finally released to the Japanese hospitals -- that is, to require a clear, concise and laboratory-proven case of tuberculosis.

5. ECONOMIC IMPLICATIONS:

The economic loss to industry and business of workers sick with tuberculosis through prolonged absenteeism, chronic invalidity and death when computed in yen is enormous. To prevent this loss is an urgent and important factor in the economic recovery of Japan. Prevention is cheaper than treatment; therefore tuberculosis must be avoided by all known preventive measures if an efficient recovery program is to be fulfilled.

As implied above, treatment is expensive. In national sanatoria in Shimane Prefecture, the average stay of a tubercular patient is approximately 11 months at a cost of ¥52,800.00 for room and meals. In the Red Cross Hospital the average stay is 6 months at a cost of ¥45,000.00 per patient. These figures do not include treatment, x-ray, pneumothorax, etc.

In this same prefecture only 7.7% of all patients hospitalized as of 1 December 1948 were considered private pay patients and of this small number 60% were receiving 20% - 80% of the hospital costs from some source such as group benefits, insurance, etc. Approximately 72.8% of tuberculosis patients in the sanatoria were receiving hospitalization costs through some type of national and/or prefectural aid. Thus the burden for the care of tubercular patients in hospitals and sanatoria is borne chiefly by the government -- which means the taxpayer ultimately.

6. PLAN FOR TUBERCULOSIS CONTROL IN JAPAN:

O.D. 38, dated 1 May 1947, Hq Eighth Army, was issued to military government units as a directive on the "Control of Tuberculosis", which corresponded to the Japanese plan. In brief the salient points in the plan are:-

(1) All active cases of tuberculosis be hospitalized.

(2) Mass X-ray of all children, and industrial groups, particularly those prone to tuberculosis, i.e. coal miners, and whenever open cases are found to insist upon hospitalization.

(3) Build up the resistance of children - nutritional requirements.

(4) Increase immunity by the extensive use of B.C.G.

The Health Center became the operational nucleus of this program. After two years of functioning under this O.D., enough statistical and clinical data has accumulated so that an evaluation of the function and efficiency of the plan may be made.

Any program of tuberculosis control, to be effective, must embrace four principal phases, namely:

(1) Case finding: - What is the extent of the problem?

(2) Case holding: - Medical care, hospitalization and isolation.

(3) Rehabilitation: - After care, periodic check up.

(4) Social care: - Protection of the tubercular family from economic distress.

A public health program based on these four points and supported by research and a well planned health education program is certain to reduce both the morbidity and mortality rates of tuberculosis. Such a program demands the cooperation of many organizations and individuals. There is no room for competition in tuberculosis control.

Inclosure 1 is a composite sheet of tuberculosis activities in the health centers in several regions in I Corps Z/R. It is taken directly from the health center check sheet survey conducted by Headquarters Eighth Army and is tabulated as the minimum, average, and maximum numerical answers for the region concerned. A few points are worthy of note:

(1) Of the many visits to the tuberculosis clinic only a very small percentage were for the purpose of undergoing pneumothorax therapy. Even when compared to the number of known cases on register it is small. Pneumothorax is a very useful, easily administered and very effective ambulatory treatment for tuberculosis.

(2) The number of patients interviewed by the medical social service division is pitifully small compared to the number of clinic visits. Certainly in the field of tuberculosis control advice and guidance is extremely important.

(3) The number of nurses' visits to both patients and contacts is very small. The nurse is particularly useful in this work because it is her job to go into the home and give first hand advice, and as such is a good teacher of methods. However according to the figures, this function is not very active.

7. <u>EXISTING SANATORIUM FACILITIES:</u>

According to a survey conducted within I Corps Z/R there are approximately 23,965 allocated to tuberculosis patients in national hospitals and sanatoria, which constitute

the major part of available tuberculosis hospital facilities. Of these 19,012 are filled - or roughly 80% as an average for this area. And according to the chairman of the Patients' Association of Kyoto National Hospital, 25% of the patients now present have been declared medically able to return home, - if they had a home. Therefore, if these figures can be taken as a cross-section of the situation; only 60% of the beds in national sanatoria and hospitals are filled with patients requiring hospitalization.

There seems to be an overall reluctance on the part of the general public to enter a hospital, especially a national one. The apparent reasons for this seem to be:

(1) The hospitals are usually situated away from transportation facilities, making them relatively inaccessible for the family. Since the family unit is important in Japan this becomes a major factor.

(2) The food situation is unsatisfactory. In many national hospitals food is still prepared in the room by a member of the family. When the food is handled by the hospital the system is usually weak and poorly administered, and much of the food gets into illegal channels. Tuberculosis patients know they should get a supplemental ration because of their disease, but they are not always sure they are receiving it -- and sometimes they are correct.

(3) There is a concept among the general public that a hospital is a place in which to die. This is a feeling that can not be changed overnight.

(4) Due to the relatively long periods of time required for the treatment of tuberculosis the patients either refuse to enter a hospital or, if once in, become restless and leave. This is only natural and provisions must be made to care for the patient as a person. His welfare and happiness must be considered. Lack of this provision is one of the main reasons

for the growth of the Patients' Association, as pointed out in a previously submitted study on that subject.

Another weak point in that system for tuberculosis control is the liaison between the Health Center and the sanatorium. For instance, the director of Hyogo National Sanatorium stated that he found it necessary to travel to the health center in order to determine whether or not a patient should be hospitalized. He stated that if he left it up to the discretion of the health center doctors, patients would present themselves who would not need hospitalization and vice versa. This situation is only one example but it brings out in bold relief a great deficiency in the system. Since the Health Center is administered by the city or the prefecture, and the national hospitals by the central government, proper coordination is difficult at best.

It is outside the scope of this study to analyze the medical treatment aspects of hospitalized tuberculosis patients. On the whole the doctors are fairly competent and technically well qualified. However, one thing is worthy of comment - that concerning isolation technique. Semi-isolation technique is recognized the world over as being important in the care of tuberculosis. But time after time beds are found to be too close together, not staggered head to foot. Sputum cups and their contents are not properly handled and destroyed. Little children are allowed to romp about in bed with their sick parents. Minor things yes, but important and inexpensive to correct.

8. DISCUSSION:

As mentioned in section five (5) of this study the economic loss to industry due to tuberculosis is enormous. Added to this potential loss is the actual expense incurred by the government in supporting the national sanatoria and the patients therein. Over and above this is the fact that tuberculosis is preventable. Therefore tuberculosis control becomes a worthwhile investment for the Japanese Government.

At the present time the tools for tuberculosis control -- the Sanatorium, the Health Center -- are grossly inadequate as compared to the extent of the problem. Correctly administered, however, the present facilities could form a good skeleton system. Efforts therefore must be directed

along three lines:

(1) Increasing the efficiency of the presently available facilities.

(2) Enlarging the capacity of the system.

(3) Education of the general public on the importance of tuberculosis control measures.

9. CONCLUSIONS:

a. Tuberculosis in Japan constitutes a great economic liability to the recovery program. Since this disease is preventable it is well worth the cost and efforts spent on its control.

b. The Japanese people do not know the true facts about tuberculosis. Education, hygienic measures and public interest concerning the disease have all been lacking up to the present time.

c. The plan which has been instituted in Japan is felt to be an excellent and extensive one. Many of the phases of the plan have not been developed as yet and coordination between the various facilities is poor.

d. One of the most important phases of the plan is to get the active cases of tuberculosis in a sanatorium or under isolation elsewhere. At present the sanatoria are not attractive to the patients; the food is bad, administration poor, and general sanitation is lacking. This situation must be improved if we are to expect patients to enter or remain in the sanatorium.

e. The Health Center is the potential nucleus of the tuberculosis control program but its various interlocking functions have not been fully developed as yet. The clinical aspect is good, but the welfare, social service and contact tracing aspects of control are poor.

f. The national sanatoria and hospitals, which constitute the major source of hospitalization for tuberculosis, are poorly administered. The fact that they now are under national control makes liaison with the health center cumbersome. The national government with its usual disregard

for, and neglect of, the local situation makes a poor agency for administration.

g. Emphasis in recent years has been on the Health Center as nucleus for tuberculosis control. This has been effective, but attention must also be given to the sanatorium if the program is to be complete. This aspect is usually disregarded by both military government and the Japanese.

h. Welfare of and personal interest in the patients in the sanatoria must be provided for, as attested by the growth of the patients' association. This association as such is undesirable but in its place some provision must be made for the welfare of and regard for the patients as humans, not as specimens of illness.

10. RECOMMENDATIONS:

Based on the foregoing conclusions and discussion, the following recommendations are made for consideration by higher headquarters.

(1) Due to the lack of interest and information on the subject of tuberculosis and its true nature, increased efforts should be made to educate the public along these lines, even, if necessary, to the expense of other programs in health.

(2) Because of inefficient administration by the national government, return of the sanatoria to the local governments should be encouraged. This has been requested in several instances already by some prefectures. This would improve the now pitiful liaison existing between institutions under different administrative policies.

(3) Require that certain standards be established and maintained throughout all tuberculosis sanatoria. At present existing regulations are ill-defined and garbed in generalities. Included in this should be a provision that a standard semi-isolation technique be maintained.

(4) That when streptomycin is allocated to sanatoria a rigid code of usage be maintained. This would include a clear-out diagnosis supported by laboratory and diagnostic aids. Also the reasons should be understood by the patients in the sanatoria as to why some patients are receiving the drug and other not. Accurate records for use by inspecting officials should be maintained. This rigid code should continue even after streptomycin becomes plentiful.

(5) That at yearly intervals at least, a course or conference be held in the sanatoria for the health center doctors. The purpose of this is to improve liaison, to acquaint the health center personnel with exactly what type of patient will be accepted by the sanatorium, and to inform them of the facilities existing in the hospital. In this manner the health center doctor will be prepared to answer queries by patients concerning life and conditions in the sanatoria.

(6) That patient associations be dissolved as such. However, provisions for the welfare of the patient must be made. (See I Corps M.G. Program Study No. 11, subject: "Patient Associations".)

(7) That a central kitchen system of food supply be established in all national hospitals, the responsibility of which should rest with the hospital director.

(8) That emphasis be put on tuberculosis control as a system of coordinated efforts, rather than merely as a part of the Health Center. This would tend to remedy the liaison and cooperation deficiencies which now exist.

11. This headquarters has instituted action along the lines of the foregoing recommendations, in so far as they

conform to existing directives from higher headquarters.

FOR THE COMMANDING GENERAL:

1 Incl:
Composite Tabulation of
Tuberculosis Activities in
the Health Centers

COMPOSITE TABULATION OF TUBERCULOSIS ACTIVITIES IN THE HEALTH CENTERS

Kinki

	Minimum	Average	Maximum
Tuberculosis			
No. Deaths yearly	7	56	182
No. Cases on register	24	187	262
No. Tbc tests done in past year	1,282	9,970	38,841
No. positive	538	5,224	93,671
No. Direct X-rays /year	16	160	655
No. Indirect X-rays/year	388	2,582	10,330
No. X-rays positive/year	63	1,097	5,927
No. BCG inoculation/year			
No. Pneumothorax patients/year			
No. Patients from area in Sanat.			
No. Clinic visits/year			
Nursing Division			
No. TB patients visited/month			
No. TB contacts visited/month			
Medical Social Service Division			
No. Patients interviewed/month	2	22	165
Laboratory Division			
No. Sputum examined/month	2	15	73
No. Sedimentation rates/month	3	82	407

Inclosure 1

Tokai

	Minimum	Average	Maximum
Tuberculosis			
No. Deaths yearly	1	73	546
No. Cases on register	2	355	2,430
No. Tbc tests done in past year	1	14,681	75,202
No. positive	2	5,070	20,736
No. Direct X-rays/year	1	272	2,469
No. Indirect X-rays/year	4	2,598	13,131
No. X-rays positive/year	2	249	2,136
No. BCG inoculation/year	15	5,019	28,000
No. Pneumothorax patients/year	1	6	135
No. Patients from area in Sanat.	1	9	147
No. Clinic visits/year	23	1,438	19,124
Nursing Division			
No. TB patients visited/month	1	26	180
No. TB contacts visited/month	3	36	368
Medical Social Service Division			
No. Patients interviewed/month			
Laboratory Division			
No. Sputum examined/month	1	10	62
No. Sedimentation rates/month	1	49	190

Kyushu

	Minimum	Average	Maximum
Tuberculosis			
No. Deaths yearly	2	162	878
No. Cases on register	8	560	4,018
No. Tbc tests done in past year	310	21,505	108,531
No. positive	8	7,822	48,307
No. Direct X-rays/year	0	296	4,726
No. Indirect X-rays/year	0	1,719	12,740
No. X-rays positive/year	0	122	1,026
No. BCG inoculation/year	500	12,990	48,307
No. Pneumothorax patients/year	0	7	106
No. Patients from area in Sanat.	0	44	1,198
No. Clinic visits/year	0	12,664	31,671
Nursing Division			
No. TB patients visited/month	0	43	342
No. TB contacts visited/month	0	18	340
Medical Social Service Division			
No. Patients interviewed/month	0	4	153
Laboratory Division			
No. Sputum examined/month	0	13	170
No. Sedimentation rates/month	0	45	1,232

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HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

LMH/tf

AG 413.53 - HA

APR 11 1949

SUBJECT: Medical Films for Showing to Japanese Audiences

TO: Commanding Officer, Kinki Mil Govt Region, APO 25
Commanding Officer, Tokai-Hokuriku Mil Govt Region, APO 710
Commanding Officer, Kyushu Mil Govt Region, APO 24-5
Commanding Officer, Chugoku Mil Govt Region, APO 248
Commanding Officer, Shikoku Mil Govt Region, APO 1050

1. Inclosed is a list of Department of the Army medical films and film strips which have been cleared for showing under military government supervision to Japanese audiences.

2. These films may be borrowed for use in conjunction with public health and public welfare programs, provided such bookings do not interfere with military showings.

3. Application for booking will be made by personnel of the military government teams only, direct to the nearest film and equipment exchange. The locations of the film and equipment exchanges and availability of particular films is indicated in Inclosure 1. Arrangements for the duration of loan will be determined by the film and equipment exchange exercising control of films.

4. It is desired that the military government units confine their requests to films available in the stocks of the nearest film and equipment exchanges, as indicated in Inclosure 1. No redistribution of films will be made to enlarge the inclosed listings.

BY COMMAND OF MAJOR GENERAL COULTER:

A. SEIPEL
Lt Col AGD
Asst Adj General

1 Incl:
Listing of HA medical films

Department of the Army Medical Films Released for Use by Military Government Teams for Showings to Japanese Nationals in Public Health and Public Welfare Programs

Film No.	Film Title	General Film & Equipment Exchange – APO 343	I Corps Film & Equipment Exchange – APO 301	IX Corps Film & Equipment Exchange – APO 309	Kobe Base Film & Equipment Exchange – APO 217	7th Inf. Div. Film & Equip. Exchange – APO 7	1st Cav. Div. Film & Equip. Exchange – APO 201	24th Inf. Div. Film & Equip. Exchange – APO 24	25th Inf. Div. Film & Equip. Exchange – APO 25	GHQ Film & Equipment Exchange – APO 500
FMF 5020	Removal of Magnetic Foreign Bodies from the Eye	X								
FMF 5021	Removal of Intrathoracic Foreign Bodies	X								
FB 195	DDT - Weapon against Disease	X	X	X	X	X	X	X	X	X
FS 8-49	Animal Injuries-Prevention, First Aid and Emergency Treatment	X	X							
FS 8-54	Animal Diseases-Prevention, First Aid, Emergency Treatment	X								
FS 8-55	Classes and Grades of Poultry	X	X	X	X	X		X	X	X
FS 8-60	First Aid and Sanitation-Disposal of Waste	X	X	X	X	X		X	X	X
FS 8-62	Water Supply and Purification	X	X	X	X	X		X	X	X
FS 8-63	Communicable Disease Control - Control of Respiratory Diseases	X	X	X	X	X		X	X	X
FS 8-64	Control of Insect Borne Diseases	X	X	X						
FS 8-70	First Aid for Non-Combat Injuries	X	X	X	X	X		X	X	X
FS 8-79	Anatomy and Physiology	X	X	X	X	X		X	X	X
FS 8-81	Ward Management and Nursing - Part I - Ward Management, Temperature, Pulse, Respiration, Bedmaking, Bathing.	X	X	X						
FS 8-82	Ward Management and Nursing - Part II-Foods and Fluids, Body Wastes, Specimens, Enemas, Medicines, Heat and Cold.	X	X							
FS 8-98	Sterile Technic	X								
FS 8-102	Roller Bandages, Circular Modified Gibson, Etc									

Department of the Army Medical Films Released for Use by Military Government Teams for Showings to Japanese Nationals in Public Health and Public Welfare Programs

Film No	Film Title	Central Film & Equipment Exchange - APO 343	I Corps Film & Equipment Exchange - APO 301	IX Corps Film & Equipment Exchange - APO 309	Kobe Base Film & Equipment Exchange - APO 317	7th Inf. Div. Film & Equip. Exchange - APO 7	1st Cav. Div. Film & Equip. Exchange - APO 201	24th Inf. Div. Film & Equip. Exchange - APO 24	25th Inf. Div. Film & Equip. Exchange - APO 25	Gen. Film & Equipment Exchange - APO 500
TF 8-953	Malaria, Cause and Control.	X	X	X	X	X	X	X	X	X
TF 8-999	The Fly	X	X	X	X	X	X	X	X	X
Tf 8-1378	Clinical Malaria	X	X	X	X	X	X	X	X	X
Tf 8-1382	Care of the Sick and Injured-Surgical Dressings	X	X	X	X	X	X	X	X	X
TF 8-1383	Care of Sick and Injured, Enemas	X	X	X	X	X	X	X	X	X
TF 8-1388	The Heart and Circulation	X	X	X	X	X	X	X	X	X
Tf 8-1389	Mechanism of Breathing	X	X	X	X	X	X	X	X	X
Tf 8-1390	Digestion of Foods	X	X	X	X	X	X	X	X	X
Tf 8-1391	Control of Body Temperature	X	X	X	X	X	X	X	X	X
TF 8-1392	The Work of the Kidneys	X	X	X	X	X	X	X	X	X
Tf 8-1393	The Nervous System	X	X	X	X	X	X	X	X	X
Tf 8-1394	The Eyes and Their Care	X	X	X	X	X	X	X	X	X
TF 8-1395	Endocrine Glands	X	X	X	X	X	X	X	X	X
TF 8-1396	Body Defenses Against Disease	X	X	X	X	X	X	X	X	X
TF 8-1429	Physiology of Anoxia - The Basis of Inhalation Therapy	X	X	X	X	X	X	X	X	X
TF 8-1430	Oxygen Therapy Procedures	X	X	X			X	X		
TF 8-1460	Care of Sick and Injured, Chain of Asepsis	X	X	X	X	X	X	X	X	X
Tf 8-2049	First Aid for Non-Battle Injuries	X								
TF 8-2096	Dental Health	X	X	X		X	X	X	X	
Misc 1230	Schistosomiasis (Snail fever)	X	X	X			X	X		
P-F 5016	Thoracic Surgery-Part I, Hemothorax with Consideration of Specific Remedial Exercises	X	X	X				X		X
P-F 5017	Thoracic Surgery-Part II-Foreign Bodies in the Lung and Mediastinum	X								
P-F 5018	Thoracic Surgery-Part III-Foreign Bodies in the Pericardiom and Heart	X								

Department of the Army Medical Films Released for Use by Military Government Teams for Showings to Japanese Nationals in Public Health and Public Welfare Programs

Film No.	Film Title	Central Film & Equipment Exchange – APO 343	I Corps Film & Equipment Exchange – APO 301	IX Corps Film & Equipment Exchange – APO 309	Kobe Base Film & Equipment Exchange – APO 217	7th Inf. Div. Film & Equip. Exchange – APO 7	1st Cav. Div. Film & Equip. Exchange – APO 201	24th Inf. Div. Film & Equip. Exchange – APO 24	25th Inf. Div. Film & Equip. Exchange – APO 25	Chile Film & Equipment Exchange – APO 500
FMF 5020	Removal of Magnetic Foreign Bodies from the Eye	X								
FMF 5021	Removal of Intrathoracic Foreign Bodies	X								
FB 195	DDT - Weapon Against Disease	X	X	X	X	X	X	X	X	X
FS 8- 49	Animal Injuries-Prevention, First Aid and Emergency Treatment	X	X							
FS 8- 54	Animal Diseases-Prevention, First Aid, Emergency Treatment	X								
FS 8- 55	Classes and Grades of Poultry	X	X	X	X	X		X	X	X
FS 8- 60	First Aid and Sanitation-Disposal of Waste	X	X	X	X	X		X	X	X
FS 8- 62	Water Supply and Purification	X	X	X	X	X		X	X	X
FS 8- 63	Communicable Disease Control - Control of Respiratory Diseases	X	X	X	X	X		X	X	X
FS 8- 64	Control of Insect Borne Diseases	X	X	X						
FS 8- 70	First Aid for Non-Combat Injuries	X	X	X	X	X		X	X	X
FS 8- 79	Anatomy and Physiology	X	X	X	X	X		X	X	X
FS 8- 81	Ward Management and Nursing - Part I - Ward Management, Temperature, Pulse, Respiration, Bedmaking, Bathing.	X	X	X						
FS 8- 82	Ward Management and Nursing - Part II-Foods and Fluids, Body Wastes, Specimens, Enemas, Medicines, Heat and Cold.	X	X							
FS 8- 98	Sterile Technic	X								
FS 8-102	Roller Bandages, Circular Modified Gibson, Etc									

CORRECTION

THIS DOCUMENT

HAS BEEN REPHOTOGRAPHED

TO ASSURE LEGIBILITY

Department of the Army Medical Films Released for Use by Military Government Teams for Showings to Japanese Nationals in Public Health and Public Welfare Programs

Film No.	Film Title	Central Film & Equipment Exchange - APO 343	I Corps Film & Equipment Exchange - APO 301	IX Corps Film & Equipment Exchange - APO 309	Kobe Base Film & Equipment Exchange - APO 317	7th Inf. Div. Film & Equip. Exchange - APO 7	1st Cav. Div. Film & Equip. Exchange - APO 201	24th Inf. Div. Film & Equip. Exchange - APO 24	25th Inf. Div. Film & Equip. Exchange - APO 25	GHQ Film & Equipment Exchange - APO 500
FMF 5020	Removal of Magnetic Foreign Bodies from the Eye	X								
FMF 5021	Removal of Intrathoracic Foreign Bodies	X								
FB 195	DDT - Weapon against Disease	X	X	X	X	X	X	X	X	X
FS 8-49	Animal Injuries-Prevention, First Aid and Emergency Treatment	X	X							
FS 8-54	Animal Diseases-Prevention, First Aid, Emergency Treatment	X								
FS 8-55	Classes and Grades of Poultry	X	X	X	X	X		X	X	X
FS 8-60	First Aid and Sanitation-Disposal of Waste	X	X	X	X	X		X	X	X
FS 8-62	Water Supply and Purification	X	X	X	X	X		X	X	X
FS 8-63	Communicable Disease Control - Control of Respiratory Diseases	X	X	X	X	X		X	X	X
FS 8-64	Control of Insect Borne Diseases	X	X	X						
FS 8-70	First Aid for Non-Combat Injuries	X	X	X	X	X		X	X	X
FS 8-79	Anatomy and Physiology	X	X	X	X	X		X	X	X
FS 8-81	Ward Management and Nursing - Part I - Ward Management, Temperature, Pulse, Respiration, Bedmaking, Bathing.	X	X	X						
FS 8-82	Ward Management and Nursing - Part II-Foods and Fluids, Body Wastes, Specimens, Enemas, Medicines, Heat and Cold.	X	X							
FS 8-98	Sterile Technic	X								
FS 8-102	Roller Bandages, Circular Modified Gibson, Etc									

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Film No		Film Title	Central Film & Equipment Exchange - APO 343	I Corps Film & Equipment Exchange - APO 301	IX Corps Film & Equipment Exchange - APO 309	Kobe Base Film & Equipment Exchange - APO 317	7th Inf. Div. Film & Equip. Exchange - APO 7	1st Cav. Div. Film & Equip. Exchange - APO 201	24th Inf. Div. Film & Equip. Exchange - APO 24	25th Inf. Div. Film & Equip. Exchange - APO 25	Gen Film & Equipment Exchange - APO 500
TF	8-953	Malaria, Cause and Control.	X	X	X	X	X	X	X	X	X
TF	8-999	The Fly	X	X	X	X	X	X	X	X	X
Tf	8-1378	Clinical Malaria	X	X	X	X	X	X	X	X	X
TF	8-1382	Care of the Sick and Injured-Surgical Dressings	X	X	X	X	X	X	X	X	X
Tf	8-1383	Care of Sick and Injured, Enemas	X	X	X	X	X	X	X	X	X
TF	8-1388	The Heart and Circulation	X	X	X	X	X	X	X	X	X
Tf	8-1389	Mechanism of Breathing	X	X	X	X	X	X	X	X	X
Tf	8-1390	Digestion of Foods	X	X	X	X	X	X	X	X	X
TF	8-1391	Control of Body Temperature	X	X	X	X	X	X	X	X	X
TF	8-1392	The Work of the Kidneys	X	X	X	X	X	X	X	X	X
Tf	8-1393	The Nervous System	X	X	X	X	X	X	X	X	X
Tf	8-1394	The Eyes and Their Care	X	X	X	X	X	X	X	X	X
TF	8-1395	Endocrine Glands	X	X	X	X	X	X	X	X	X
TF	8-1396	Body Defenses Against Disease	X	X	X	X	X	X	X	X	X
TF	8-1429	Physiology of Anoxia - The Basis of Inhalation Therapy	X	X	X			X	X		
TF	8-1430	Oxygen Therapy Procedures	X	X	X	X	X	X	X	X	X
TF	8-1460	Care of Sick and Injured, Chain of Asepsis	X								
Tf	8-2049	First Aid for Non-Battle Injuries	X	X	X		X	X	X	X	
TF	8-2096	Dental Health	X	X	X			X	X		
	Misc 1230	Schistosomiasis (Snail Fever)	X	X	X				X		X
	PMF 5016	Thoracic Surgery-Part I, Hemothorax with Consideration of Specific Remedial Exercises	X								
	PMF 5017	Thoracic Surgery-Part II-Foreign Bodies in the Lung and Mediastinum	X								
	PMF 5018	Thoracic Surgery-Part III-Foreign Bodies in the Pericardium and Heart	X								

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Film No.	Film Title	Central Film & Equipment Exchange – APO 343	I Corps Film & Equipment Exchange – APO 301	IX Corps Film & Equipment Exchange – APO 309	Kobe Base Film & Equipment Exchange – APO 247	7th Inf. Div. Film & Equip. Exchange – APO 7	1st Cav. Div. Film & Equip. Exchange – APO 201	24th Inf. Div. Film & Equip. Exchange – APO 24	25th Inf. Div. Film & Equip. Exchange – APO 25	Chq Film & Equipment Exchange – APO 500
FMF 5020	Removal of Magnetic Foreign Bodies from the Eye	X								
FMF 5021	Removal of Intrathoracic Foreign Bodies	X								
FB 195	DDT - Weapon Against Disease	X	X	X	X	X	X	X	X	X
FS 8-49	Animal Injuries-Prevention, First Aid and Emergency Treatment	X	X							
FS 8-54	Animal Diseases-Prevention, First Aid, Emergency Treatment	X								
FS 8-55	Classes and Grades of Poultry	X	X	X	X	X		X	X	X
FS 8-60	First Aid and Sanitation-Disposal of Waste	X	X	X	X	X		X	X	X
FS 8-62	Water Supply and Purification	X	X	X	X	X		X	X	X
FS 8-63	Communicable Disease Control - Control of Respiratory Diseases	X	X	X	X	X		X	X	X
FS 8-64	Control of Insect Borne Diseases	X	X	X						
FS 8-70	First Aid for Non-Combat Injuries	X	X	X	X	X		X	X	X
FS 8-79	Anatomy and Physiology	X	X	X	X	X		X	X	X
FS 8-81	Ward Management and Nursing - Part I - Ward Management, Temperature, Pulse, Respiration, Bedmaking, Bathing.	X	X	X						
FS 8-82	Ward Management and Nursing - Part II-Foods and Fluids, Body Wastes, Specimens, Enemas, Medicines, Heat and Cold.	X	X							
FS 8-98	Sterile Technic	X								
FS 8-102	Roller Bandages, Circular Modified Gibson, Etc									

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Film No.	Film Title	Central Film & Equipment Exchange - APO 343	I Corps Film & Equipment Exchange - APO 301	IX Corps Film & Equipment Exchange - APO 309	Kobe Base Film & Equipment Exchange - APO 317	7th Inf. Div. Film & Equip. Exchange - APO 7	1st Cav. Div. Film & Equip. Exchange - APO 201	24th Inf. Div. Film & Equip. Exchange - APO 24	25th Inf. Div. Film & Equip. Exchange - APO 25	Gen. Film & Equipment Exchange - APO 500
TF 8-953	Malaria, Cause and Control.	X	X	X	X	X	X	X	X	X
TF 8-999	The Fly	X	X	X	X	X	X	X	X	X
TF 8-1378	Clinical Malaria	X	X	X	X	X	X	X	X	X
TF 8-1382	Care of the Sick and Injured-Surgical Dressings	X	X	X	X	X	X	X	X	X
TF 8-1383	Care of Sick and Injured, Enemas	X	X	X	X	X	X	X	X	X
TF 8-1388	The Heart and Circulation	X	X	X	X	X	X	X	X	X
TF 8-1389	Mechanism of Breathing	X	X	X	X	X	X	X	X	X
TF 8-1390	Digestion of Foods	X	X	X	X	X	X	X	X	X
TF 8-1391	Control of Body Temperature	X	X	X	X	X	X	X	X	X
TF 8-1392	The Work of the Kidneys	X	X	X	X	X	X	X	X	X
TF 8-1393	The Nervous System	X	X	X	X	X	X	X	X	X
TF 8-1394	The Eyes and Their Care	X	X	X	X	X	X	X	X	X
TF 8-1395	Endocrine Glands	X	X	X	X	X	X	X	X	X
TF 8-1396	Body Defenses Against Disease	X	X	X	X	X	X	X	X	X
TF 8-1429	Physiology of Anoxia - The Basis of Inhalation Therapy	X	X	X			X	X		
TF 8-1430	Oxygen Therapy Procedures	X	X	X	X	X	X	X	X	X
TF 8-1460	Care of Sick and Injured, Chain of Asepsis	X								
TF 8-2049	First Aid for Non-Battle Injuries	X	X	X		X	X	X	X	
TF 8-2096	Dental Health	X	X	X			X	X		
Misc 1230	Schistosomiasis (Snail Fever)	X	X	X				X		X
PMF 5016	Thoracic Surgery-Part I, Hemothorax with Consideration of Specific Remedial Exercises	X								
PMF 5017	Thoracic Surgery-Part II-Foreign Bodies in the Lung and Mediastinum	X								
PMF 5018	Thoracic Surgery-Part III-Foreign Bodies in the Pericardiom and Heart	X								

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Film No.	Film Title	General Film & Equipment Exchange - APO 343	I Corps Film & Equipment Exchange - APO 301	IX Corps Film & Equipment Exchange - APO 309	Kobe Base Film & Equipment Exchange - APO 217	7th Inf. Div. Film & Equip. Exchange - APO 7	1st Cav. Div. Film & Equip. Exchange - APO 201	24th Inf. Div. Film & Equip. Exchange - APO 24	25th Inf. Div. Film & Equip. Exchange - APO 25	CHQ Film & Equipment Exchange - APO 500
FMF 5020	Removal of Magnetic Foreign Bodies from the Eye	X								
FMF 5021	Removal of Intrathoracic Foreign Bodies	X								
FB 195	DDT - Weapon Against Disease	X	X	X	X	X	X	X	X	X
FS 8- 49	Animal Injuries-Prevention, First Aid and Emergency Treatment	X	X							
FS 8- 54	Animal Diseases-Prevention, First Aid, Emergency Treatment	X								
FS 8- 55	Classes and Grades of Poultry	X	X	X	X	X		X	X	X
FS 8- 60	First Aid and Sanitation-Disposal of Waste	X	X	X	X	X		X	X	X
FS 8- 62	Water Supply and Purification	X	X	X	X	X		X	X	X
FS 8- 63	Communicable Disease Control - Control of Respiratory Diseases	X	X	X	X	X		X	X	X
FS 8- 64	Control of Insect Borne Diseases	X	X	X						
FS 8- 70	First Aid for Non-Combat Injuries	X	X	X	X	X		X	X	X
FS 8- 79	Anatomy and Physiology	X	X	X	X	X		X	X	X
FS 8- 81	Ward Management and Nursing - Part I - Ward Management, Temperature, Pulse, Respiration, Bedmaking, Bathing.	X	X	X						
FS 8- 82	Ward Management and Nursing - Part II-Foods and Fluids, Body Wastes, Specimens, Enemas, Medicines, Heat and Cold.	X	X							
FS 8- 98	Sterile Technic	X								
FS 8-102	Roller Bandages, Circular Modified Gibson, etc									

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Film No	Film Title	Central Film & Equipment Exchange - APO 343	I Corps Film & Equipment Exchange - APO 301	IX Corps Film & Equipment Exchange - APO 309	Kobe Base Film & Equipment Exchange - APO 317	7th Inf. Div. Film & Equip. Exchange - APO 7	1st Cav. Div. Film & Equip. Exchange - APO 201	24th Inf. Div. Film & Equip. Exchange - APO 24	25th Inf. Div. Film & Equip. Exchange - APO 25	Gen. Film & Equipment Exchange - APO 500
TF 8-953	Malaria, Cause and Control.	X	X	X	X	X	X	X	X	X
TF 8-999	The Fly	X	X	X	X	X	X	X	X	X
TF 8-1378	Clinical Malaria	X	X	X	X	X	X	X	X	X
TF 8-1382	Care of the Sick and Injured-Surgical Dressings	X	X	X	X	X	X	X	X	X
TF 8-1383	Care of Sick and Injured, Enemas	X	X	X	X	X	X	X	X	X
TF 8-1388	The Heart and Circulation	X	X	X	X	X	X	X	X	X
TF 8-1389	Mechanism of Breathing	X	X	X	X	X	X	X	X	X
TF 8-1390	Digestion of Foods	X	X	X	X	X	X	X	X	X
TF 8-1391	Control of Body Temperature	X	X	X	X	X	X	X	X	X
TF 8-1392	The Work of the Kidneys	X	X	X	X	X	X	X	X	X
TF 8-1393	The Nervous System	X	X	X	X	X	X	X	X	X
TF 8-1394	The Eyes and Their Care	X	X	X	X	X	X	X	X	X
TF 8-1395	Endocrine Glands	X	X	X	X	X	X	X	X	X
TF 8-1396	Body Defenses Against Disease	X	X	X	X	X	X	X	X	X
TF 8-1429	Physiology of Anoxia - The Basis of Inhalation Therapy	X	X	X			X	X		
TF 8-1430	Oxygen Therapy Procedures	X	X	X	X	X	X	X	X	X
TF 8-1460	Care of Sick and Injured, Chain of Asepsis	X								
TF 8-2049	First Aid for Non-Battle Injuries	X	X	X		X	X	X	X	
TF 8-2096	Dental Health	X	X	X			X	X		
Misc 1230	Schistosomiasis (Snail Fever)	X	X	X				X		X
PMF 5016	Thoracic Surgery-Part I, Hemothorax with Consideration of Specific Remedial Exercises	X								
PMF 5017	Thoracic Surgery-Part II-Foreign Bodies in the Lung and Mediastinum	X								
PMF 5018	Thoracic Surgery-Part III-Foreign Bodies in the Pericardiom and Heart	X								

Department of the Army Medical Films Released for Use by Military Government Teams for Showings to Japanese Nationals in Public Health and Public Welfare Programs

Film No.	Film Title	General Film & Equipment Exchange - APO 343	I Corps Film & Equipment Exchange - APO 301	IX Corps Film & Equipment Exchange - APO 309	Kobe Base Film & Equipment Exchange - APO 217	7th Inf. Div. Film & Equip. Exchange - APO 7	1st Cav. Div. Film & Equip. Exchange - APO 201	24th Inf. Div. Film & Equip. Exchange - APO 24	25th Inf. Div. Film & Equip. Exchange - APO 25	GHQ Film & Equipment Exchange - APO 500
FMF 5020	Removal of Magnetic Foreign Bodies from the Eye	X								
FMF 5021	Removal of Intrathoracic Foreign Bodies	X								
FB 195	DDT - Weapon Against Disease	X	X	X	X	X	X	X	X	X
FS 8-49	Animal Injuries-Prevention, First Aid and Emergency Treatment	X	X							
FS 8-54	Animal Diseases-Prevention, First Aid, Emergency Treatment	X								
FS 8-55	Classes and Grades of Poultry	X	X	X	X	X		X	X	X
FS 8-60	First Aid and Sanitation-Disposal of Waste	X	X	X	X	X		X	X	X
FS 8-62	Water Supply and Purification	X	X	X	X	X		X	X	X
FS 8-63	Communicable Disease Control - Control of Respiratory Diseases	X	X	X	X	X		X	X	X
FS 8-64	Control of Insect Borne Diseases	X	X	X						
FS 8-70	First Aid for Non-Combat Injuries	X	X	X	X	X		X	X	X
FS 8-79	Anatomy and Physiology	X	X	X	X	X		X	X	X
FS 8-81	Ward Management and Nursing - Part I - Ward Management, Temperature, Pulse, Respiration, Bedmaking, Bathing.	X	X	X						
FS 8-82	Ward Management and Nursing - Part II-Foods and Fluids, Body Wastes, Specimens, Enemas, Medicines, Heat and Cold.	X	X							
FS 8-98	Sterile Technic	X								
FS 8-102	Roller Bandages, Circular Modified Gibson, Etc									

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Film No.	Film Title	Central Film & Equipment Exchange - APO 343	I Corps Film & Equipment Exchange - APO 301	IX Corps Film & Equipment Exchange - APO 309	Kobe Base Film & Equipment Exchange - APO 317	7th Inf. Div. Film & Equip. Exchange - APO 7	1st Cav. Div. Film & Equip. Exchange - APO 201	24th Inf. Div. Film & Equip. Exchange - APO 24	25th Inf. Div. Film & Equip. Exchange - APO 25	Gen. Film & Equipment Exchange - APO 500
TF 8-953	Malaria, Cause and Control	X	X	X	X	X	X	X	X	X
TF 8-999	The Fly	X	X	X	X	X	X	X	X	X
Tf 8-1378	Clinical Malaria	X	X	X	X	X	X	X	X	X
Tf 8-1382	Care of the Sick and Injured-Surgical Dressings	X	X	X	X	X	X	X	X	X
Tf 8-1383	Care of Sick and Injured, Enemas	X	X	X	X	X	X	X	X	X
TF 8-1388	The Heart and Circulation	X	X	X	X	X	X	X	X	X
Tf 8-1389	Mechanism of Breathing	X	X	X	X	X	X	X	X	X
Tf 8-1390	Digestion of Foods	X	X	X	X	X	X	X	X	X
Tf 8-1391	Control of Body Temperature	X	X	X	X	X	X	X	X	X
TF 8-1392	The Work of the Kidneys	X	X	X	X	X	X	X	X	X
Tf 8-1393	The Nervous System	X	X	X	X	X	X	X	X	X
Tf 8-1394	The Eyes and Their Care	X	X	X	X	X	X	X	X	X
TF 8-1395	Endocrine Glands	X	X	X	X	X	X	X	X	X
TF 8-1396	Body Defenses Against Disease	X	X	X			X	X		
TF 8-1429	Physiology of Anoxia - The Basis of Inhalation Therapy	X	X	X	X	X	X	X	X	X
Tf 8-1430	Oxygen Therapy Procedures	X								
TF 8-1460	Care of Sick and Injured, Chain of Asepsis	X	X	X		X	X	X	X	
Tf 8-2049	First Aid for Non-Battle Injuries	X	X	X			X	X		
TF 8-2096	Dental Health	X	X	X				X		X
Misc 1230	Schistosomiasis (Snail Fever)									
PMF 5016	Thoracic Surgery-Part I, Hemothorax with Consideration of Specific Remedial Exercises	X								
PMF 5017	Thoracic Surgery-Part II-Foreign Bodies in the Lung and Mediastinum	X								
PMF 5018	Thoracic Surgery-Part III-Foreign Bodies in the Pericardium and Heart	X								

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PMF 5020	Removal of Magnetic Foreign Bodies from the Eye	X								
PMF 5021	Removal of Intrathoracic Foreign Bodies	X								
FB 195	DDT - Weapon Against Disease	X	X	X	X	X	X	X	X	X
FS 8-49	Animal Injuries-Prevention, First Aid and Emergency Treatment	X	X							
FS 8-54	Animal Diseases-Prevention, First Aid, Emergency Treatment	X								
FS 8-55	Classes and Grades of Poultry	X	X	X	X	X		X	X	X
FS 8-60	First Aid and Sanitation-Disposal of Waste	X	X	X	X	X		X	X	X
FS 8-62	Water Supply and Purification	X	X	X	X	X		X	X	X
FS 8-63	Communicable Disease Control - Control of Respiratory Diseases	X	X	X	X	X		X	X	X
FS 8-64	Control of Insect Borne Diseases	X	X	X						
FS 8-70	First Aid for Non-Combat Injuries	X	X	X	X	X		X	X	X
FS 8-79	Anatomy and Physiology	X	X	X	X	X		X	X	X
FS 8-81	Ward Management and Nursing - Part I - Ward Management, Temperature, Pulse, Respiration, Bedmaking, Bathing.	X	X	X						
FS 8-82	Ward Management and Nursing - Part II-Foods and Fluids, Body Wastes, Specimens, Enemas, Medicines, Heat and Cold.	X	X							
FS 8-98	Sterile Technic	X								
FS 8-102	Roller Bandages, Circular Modified Gibson, Etc									

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TF 8-953	Malaria, Cause and Control.	X	X	X	X	X	X	X	X	X
TF 8-999	The Fly	X	X	X	X	X	X	X	X	X
TF 8-1378	Clinical Malaria	X	X	X	X	X	X	X	X	X
TF 8-1382	Care of the Sick and Injured-Surgical Dressings	X	X	X	X	X	X	X	X	X
TF 8-1383	Care of Sick and Injured, Enemas	X	X	X	X	X	X	X	X	X
TF 8-1388	The Heart and Circulation	X	X	X	X	X	X	X	X	X
TF 8-1389	Mechanism of Breathing	X	X	X	X	X	X	X	X	X
TF 8-1390	Digestion of Foods	X	X	X	X	X	X	X	X	X
TF 8-1391	Control of Body Temperature	X	X	X	X	X	X	X	X	X
TF 8-1392	The Work of the Kidneys	X	X	X	X	X	X	X	X	X
TF 8-1393	The Nervous System	X	X	X	X	X	X	X	X	X
TF 8-1394	The Eyes and Their Care	X	X	X	X	X	X	X	X	X
TF 8-1395	Endocrine Glands	X	X	X	X	X	X	X	X	X
TF 8-1396	Body Defenses Against Disease	X	X	X			X	X		
TF 8-1429	Physiology of Anoxia - The Basis of Inhalation Therapy	X	X	X	X	X	X	X	X	X
TF 8-1430	Oxygen Therapy Procedures	X								
TF 8-1460	Care of Sick and Injured, Chain of Asepsis	X	X	X		X	X	X	X	
TF 8-2049	First Aid for Non-Battle Injuries	X	X	X			X	X		
TF 8-2096	Dental Health	X	X	X				X		X
Misc 1230	Schistosomiasis (Snail Fever)	X								
PMF 5016	Thoracic Surgery-Part I, Hemothorax with Consideration of Specific Remedial Exercises	X								
PMF 5017	Thoracic Surgery-Part II-Foreign Bodies in the Lung and Mediastinum	X								
PMF 5018	Thoracic Surgery-Part III-Foreign Bodies in the Pericardiom and Heart	X								

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FMF 5020	Removal of Magnetic Foreign Bodies from the Eye	X								
FMF 5021	Removal of Intrathoracic Foreign Bodies	X								
FB 195	DDT - Weapon Against Disease	X	X	X	X	X	X	X	X	X
FS 8- 49	Animal Injuries-Prevention, First Aid and Emergency Treatment	X	X							
FS 8- 54	Animal Diseases-Prevention, First Aid, Emergency Treatment	X								
FS 8- 55	Classes and Grades of Poultry	X	X	X	X	X		X	X	X
FS 8- 60	First Aid and Sanitation-Disposal of Waste	X	X	X	X	X		X	X	X
FS 8- 62	Water Supply and Purification	X	X	X	X	X		X	X	X
FS 8- 63	Communicable Disease Control - Control of Respiratory Diseases	X	X	X	X	X		X	X	X
FS 8- 64	Control of Insect Borne Diseases	X	X	X						
FS 8- 70	First Aid for Non-Combat Injuries	X	X	X	X	X		X	X	X
FS 8- 79	Anatomy and Physiology	X	X	X	X	X		X	X	X
FS 8- 81	Ward Management and Nursing - Part I - Ward Management, Temperature, Pulse, Respiration, Bedmaking, Bathing.									
FS 8- 82	Ward Management and Nursing - Part II-Foods and Fluids, Bodily Wastes, Specimens, Enemas, Medicines, Heat and Cold.	X	X	X						
FS 8- 98	Sterile Technic	X								
FS 8-102	Roller Bandages, Circular Modified Gibson, Etc									

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TF 8-953	Malaria, Cause and Control.	X	X	X	X	X	X	X	X	X
TF 8-999	The Fly	X	X	X	X	X	X	X	X	X
TF 8-1378	Clinical Malaria	X	X	X	X	X	X	X	X	X
TF 8-1382	Care of the Sick and Injured-Surgical Dressings	X	X	X	X	X	X	X	X	X
TF 8-1383	Care of Sick and Injured, Enemas	X	X	X	X	X	X	X	X	X
TF 8-1388	The Heart and Circulation	X	X	X	X	X	X	X	X	X
TF 8-1389	Mechanism of Breathing	X	X	X	X	X	X	X	X	X
TF 8-1390	Digestion of Foods	X	X	X	X	X	X	X	X	X
TF 8-1391	Control of Body Temperature	X	X	X	X	X	X	X	X	X
TF 8-1392	The Work of the Kidneys	X	X	X	X	X	X	X	X	X
TF 8-1393	The Nervous System	X	X	X	X	X	X	X	X	X
TF 8-1394	The Eyes and Their Care	X	X	X	X	X	X	X	X	X
TF 8-1395	Endocrine Glands	X	X	X	X	X	X	X	X	X
TF 8-1396	Body Defenses Against Disease	X	X	X	X	X	X	X	X	X
TF 8-1429	Physiology of Anoxia - The Basis of Inhalation Therapy	X	X	X			X	X		
TF 8-1430	Oxygen Therapy Procedures	X	X	X	X	X	X	X	X	X
TF 8-1460	Care of Sick and Injured, Chain of Asepsis	X								
TF 8-2049	First Aid for Non-Battle Injuries	X		X		X	X	X	X	
TF 8-2096	Dental Health	X	X	X			X	X		
Misc 1230	Schistosomiasis (Snail Fever)	X	X	X				X		X
PMF 5016	Thoracic Surgery-Part I, Hemothorax with Consideration of Specific Remedial Exercises	X								
PMF 5017	Thoracic Surgery-Part II-Foreign Bodies in the Lung and Mediastinum	X								
PMF 5018	Thoracic Surgery-Part III-Foreign Bodies in the Pericardiom and Heart	X								

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

JJB/mo

AG 319.1 - BA

SUBJECT: I Corps Military Government Studies

MAY 4 1949

TO : Commanding Officer
Kyushu Military Government Region
APO 24-5

The attached study is furnished for your general information and assistance. You are authorized to put into effect those recommendations which are consonant with current directives.

BY COMMAND OF MAJOR GENERAL COULTER:

WILLIAM A. FRANKS
Major, AGD
Asst Adj General

RECORDED
HQ I CORPS

1 Incl:
I Corps Nine Point ESP Study No. 11.

PHP/2351

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

AG 700 - BA

SUBJECT: Patients' Associations
(M.G. Hq I Corps Nine Point ESP Study No. 11.)

TO: Commanding General
Eighth Army
APO 343

1. PURPOSE:

To investigate the function and purposes of the Patients' Self-Governing Associations as presently organized in the national hospitals of I Corps Zone of Responsibility, and their relationship to the economic recovery program.

2. SCOPE:

This study includes a brief history of the association, an account of its constitutions and intended functions, its actual activities as practiced, and related attitudes of the hospital administrators.

3. HISTORY:

The patients' associations were established early in 1946 on a pyramidal organization structure with headquarters in Tokyo. Various member associations, one for each national hospital and sanatorium, have been formed, each with a separate constitution. According to these constitutions the associations were formed for the welfare of the patient in the hospital. During the recent years of its existence, the associations have caused an extreme amount of concern to hospital directors and to military government in general, because of activities of questionable and spurious nature, and outright interference with hospital administration.

In consequence of this the subject was studied by SCAP at the end of 1948 and various conferences held with the purpose of investigating the validity and objectives of the

Incl 1

association. Also in 1948 a comprehensive special report entitled "Patients" associations in National Hospitals and Sanatoria", dated 28 October 1948, was submitted by Kyushu Region, to which reference is made later in this study.

No official word has come from higher headquarters on the status of the situation as yet. However, as a result of the conferences mentioned above, two letters of directive nature were issued, of which the following are summaries:

(1) Letter, Medical Treatment No. 41, subject: "Patients' Association", dated 10 February 1949, from the Chiefs of Sections of National Hospitals and Sanatoria, Welfare Ministry, to Chiefs of all Medical Institutions. In essence this letter states that an official report from the Welfare Ministry had included in it that a representative of the Public Health and Welfare Division, SCAP, has "ordered the representatives of the Nippon Sanatorium Patients' Union to dissolve the Patients' Association quickly.

(2) Letter, Secretariate Notification No. 25, subject:;"Maintenance of Self-Government", dated 15 February 1949, from the General Management Office, Secretariate, All Patient Union, to branch association. This communication implied that as a result of the conference, official approval by SCAP had been given to the association. In part this letter states: "The view of Col Johnson saying 'a 100% of assistance will be given if the Self-Government exists right' proves to admit the maintenance of the just Self-Government, but can not be considered as suggesting the dissolution".

In other words confusion still exists among the Japanese officials insofar as the opinion of higher headquarters is concerned.

4. INTENDED PURPOSES OF THE ASSOCIATION:

Reference is hereby made to the constitutions of various member associations included in the Kyushu report mentioned in paragraph 3.

In general, the constitutions are promulgated in accordance with democratic principles. Membership, although usually not so stated, is practically compulsory. In the constitution of the Sengoku So Sanatorium in Osaka it is stated that "patients join the union at the same time as their entering the sanatorium, and can withdraw by the reason of death or other causes." The intent of this is fairly clear.

The amount of dues paid by the members varies considerably. In Nagoya, the total fee is ¥12.50 monthly, distributed as follows; ¥3.00 remain at local institutions, ¥3.50 sent to regional headquarters, and ¥6.00 sent to national headquarters in Tokyo. At the Osaka sanatorium mentioned above the total fee is ¥23.00 monthly, broken down as follows: ¥10.00 remains at sanatorium, ¥6.00 to national headquarters, ¥4.00 to regional headquarters, ¥3.00 to Osaka sub-branch.

The finances are used to carry on the varied activities aimed at the welfare of the patient. Among these are the cultivation of mutual friendship of patients, the publication of literary material and assistance in finding suitable employment after discharge. As for salaries paid, apparently only the employees working full-time on the business of the association are paid out of the dues collected. In a pyramidal organization such as this, the pay-roll and treasury could assume large proportions, when it is remembered that there are approximately 19,000 tuberculosis patients in national institutions in I Corps Z/R alone. Just where the money goes would make the subject of an interesting investigation.

It is felt by this headquarters that the formation of such an association reflects directly on the poor administration of national hospitals. The closest official in charge of and responsible for correct administration of national hospitals is on the regional level. Even the prefectural officials, who are at least in closer proximity to the hospitals, have no part in this organization. Even when the regional national hospital inspectors do visit a hospital many deficiencies are overlooked, perhaps intentionally. This results in an extremely weak system of administration. In Shikoku, the regional national hospital inspector is not even a doctor:

5. ACTUAL ACTIVITIES AS PRACTICED:

The actual activities carried on in the name of the association can be divided roughly into two categories: (1) those activities which coincide with the constitutionally professed purposes, and (2) those which are outside these limits.

In dealing with activities which coincide with professed purposes, a survey was conducted at the Kyoto National Hospital for use as an example. The chairman of the association stated that there had been made with local entertainers and chorus groups to give of their services at the hospital. For the most part the activities consisted of holding meetings to discuss administrative matters of relatively little concern to a group of patients in a hospital -- for instance whether or not national hospitals should continue as a nationally subsidized institution or not. In addition, it was stated that the distribution of foodstuffs and materials allocated by Kyoto Prefecture was one of their activities: And finally, the chairman stated that 25% of his patient members would leave the hospital if there were living facilities and employment to care for them on the outside.

The activities carried on under the name of the patients' association but outside the professed limits of their constitutions are well known to all concerned. An account of these activities in Kyushu is contained in the report previously mentioned. Activities of similar nature are reported from nearly all prefectures in I Corps Z/R. In brief form these activities usually conform to one or more of the following:

(1) Interference with or direct opposition to administrative measures undertaken by the hospital director.

(2) Actual aggressive steps have been taken in various national hospitals by the association in attempts to formulate their own local regulations in spite of existing hospital standards.

(3) Misappropriation or abuse of national hospital property. In one case in Nara Prefecture, the hospital ambulance was used in a Communist demonstration.

(4) Deliberately promoting unrest and dissatisfaction among the patients, especially with regards to the foods situation. Much of this is done through newspapers published by each member association.

(5) Furtherance of Communistic political interests and campaigning for votes by various demonstrations and newspaper articles.

(6) In the 18 January 1949 edition of "X-Rays", a paper published by Kaizuka Chapter of the Japan Communist Party, directly affiliated with the patients association in Kaizuka Sanatorium, Osaka, are found articles of inciting natures. This paper is intended to bring the patients to reason that the present patient poor hospital administration is due to the capitalist-controlled corrupt government of Japan. It urges that the only way the patients can fight this is "to organize and carry a coordinated front."

(7) In the 20 January 1949 edition of "Camphor", published by the Sengoku So Sanatorium Group of the Japan Young Communist League, there appears primarily political material. In essence this paper states that patients' hardships will be cleared up when "we purge all the parliament members of the four corrupted political parties ..... The Communist Party is the only party that has any medical treatment policy". This is the type of material continuously confronting the tuberculosis patient for reading purposes.

6. RELATED ATTITUDES OF THE HOSPITAL ADMINISTRATORS:

The unanimous opinion of the hospital directors is that these associations and their activities are a decided interference and hindrance to administrative policy and medical care. There exist in each hospital many administrative regulations which include definite rules and penalties. Under the provisions of these many of the minor but bothersome incidents could be legally handled. Of this hospital administrator is well aware. But nothing is done.

In many cases the hospital director himself is involved in some minor illegal transactions. The patients' association has learned about these and will use them as blackmail to prevent action against the association. This sort of thing was a factor in the recent suicide of a national hospital director in Fukui Prefecture.

In other cases the hospital director, cognizant of the relatively efficient organization and communication system

inherent in the association compared to that of the national hospitals, will not complain for fear of losing his job or of being investigated.

7. DISCUSSION:

It is obvious that the patients' association originally had a useful objective, but it has been infiltrated by outside interests, namely the Communist Party. With this infiltration the primary aims of the association have become lost in a frenzy of agitation.

As mentioned previously, the mere growth of such an association indicated a need for interest on the part of the hospital in the welfare and personal feelings of the patient. This is especially true in the case of tuberculosis patients whose therapy is necessarily time - consuming and weary. Even the hospital directors themselves agree in this regard, but individually can not affect any change. This must come from higher echelons of responsibility.

From an economic standpoint, the presence of a bothersome and continually agitating patient group is not conducive to efficient administration. Also the small individual dues when multiplied by the number of patients in any hospital, might be applied directly to welfare activities rather than to support the organization.

The political implications of this situation are obvious. With a large group of persons who are practically isolated from outside influence and who a re subject to abuses from inside the hospital, the patient colony becomes fertile soil for the germination of Communistic seeds. Admittedly 19,000 patients is a slight minority of the population of I Corps Zone of Responsibility, but the very nature of the situation can be used to tug on the heartstrings of unsuspecting people outside the hospital.

8. CONCLUSIONS:

a. That there are many deficiencies in the administration of national hospitals.

b. That the patients' association represents a counter-measure on the part of the patients for this poor administration.

c. As originally promulgated, the patients' association would be a satisfactory temporary stabilizing influence on the national hospital system, if kept within the bounds of advisory capacity alone.

d. However, the association has been infiltrated with agitators, mostly of the Communist Party, whose intention it is to incite dissatisfaction and unrest.

e. The situation at present needs immediate solution from the national level; local measures are not effective.

f. There is obviously a crying need for a general welfare program in the interest of the patients in national hospitals. This must be provided if the treatment for chronically ill patients is to be considered effective and all-inclusive.

g. The situation must be changed in order to prevent its continuance as a communist tool.

9. RECOMMENDATIONS:

The following recommendations are made for the considerations of higher headquarters:

(1) That the Patients' Self-Governing Association as a national organization be disbanded by a directive from the Welfare Ministry and its provisions be made known to all concerned, including the patients themselves.

(2) Because an obvious need of some official agency exists, it is recommended that a separate welfare committee be established in each sanatorium as the official agency to establish liaison with the prefectural welfare departments. This committee should establish programs within the hospital aimed at the welfare and happiness of the patients.

(3) That all semblance of an association be removed from the agency -- no officials, no bantering about "membership", no "dues" -- all financial assistance necessary could be included on the budget of the hospital.

(4) That all offenses against hospital regulations be dealt with promptly and openly. This requires support from higher echelons of administration and from law enforcement agencies.

(5) That the directors hold weekly staff conferences to determine which patients can be discharged and that the director should have final authority as to disposition of patients.

(6) That an honest attempt be made to appoint efficient and well-trained hospital directors, who are doctors, and who will be able to handle problems as they arise. This also applies to regional directors, who at present are grossly ineffective.

(7) That a central kitchen system be established and maintained in all hospitals, and that the hospital director be held responsible for its correct functioning.

10. This headquarters has instituted action along the lines of the foregoing recommendations, in so far as they conform to existing directives from higher headquarters.

FOR THE COMMANDING GENERAL:

I/10

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

JJB/mo

AG 319.1 - BA

SUBJECT: I Corps Military Government Studies

APR 14 1949

TO : Commanding Officer
Kyushu Military Government Region
APO 24-5

The attached study is furnished for your general information and assistance. You are authorized to put into effect those recommendations which are consonant with current directives.

BY COMMAND OF MAJOR GENERAL COULTER:

A. SEIPEL
Lt Col, AGD
Asst Adj General

1 Incl:
I Corps Nine Point ESP Study No. 9.

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

AG 700 - BA

SUBJECT: The Health Center
(M.G. Hq I Corps Nine Point ESP Study No. 9.)

TO: Commanding General
Eighth Army
APO 343

1. PURPOSE:

To evaluate the health center system in I Corps Z/R in its relation to the Economic Stabilization Program and to make recommendations for its improvement.

2. SCOPE:

This study covers the public health aim of the occupation in Japan; the functions, efficiency and economic implication of the health center; the related attitudes of the Japanese medical profession, general public, and government officials toward the health program; and the personnel who staff the health centers.

3. ACTUAL FUNCTIONS OF THE HEALTH CENTERS:

Attached as an inclosure is a summarized tabulation of all the health centers in one of the regions studied (Kinki). This is a tabulation taken directly from the Health Center Survey Check Sheet instituted by Headquarters Eighth Army. The answers to each question are given as the average, minimum, and maximum of the numerical amounts, and on a percentage basis in the case of yes - no answers. From this can be learned what functions are being carried out, what activities are relatively overweighted, and to what degree uniformity is present among all centers.

Contrary to original intent, the check sheets were filled out for the most part by the Japanese officials and not by the public health officers. Even so, the composite sheet points out several factors worthy of further consideration:

(1) There is an average of only one doctor in each health center.

(2) There is an average of four nurses in each health center.

(3) Approximately 50% of the average number of clinic patients per month are treated under provisions of the Daily Life Security Law.

(4) An average of 16.1 patients are seen daily in the health centers. (Average clinic patients in month 451 ÷ 28 days a month = 16.1)

(5) In the case of tuberculosis control for one year, there was an average of 1,097 cases diagnosed as positive for tuberculosis, yet only an average of 187 cases were registered.

(6) The average number of prepartum visits monthly nearly equals the number of post-partum visits. From actual observation it has been noted that prepartal visits are made primarily in order to comply with the provision that prenatal blood tests for syphilis be completed before an extra food ration is given to the pregnant woman. Since the postpartal figure is almost equal to the prepartal, perhaps the woman returns only for that same reason. This is an excellent method of getting the expectant and recent mothers to come to the Health Center but the whole point of the visits is lost.

(7) In the health education division, one third of all queries were not answered. This fact is probably due to confusion on the part of the Health Center as to just what the education and information program is all about. This was an anticipated response, since the idea of a Health Center involved in education in general is new.

(8) Approximately 50% of all health centers stated that there were nurses working in the laboratory, in the pharmacy and in the X-ray room. In 46% of the health centers the nurses admittedly do janitorial work!

(9) Another notable factor is that the average total pay for a public health nurse is ¥2,816 per month.

(10) Above all, the extreme variation between minimum and maximum figures of numerical answers indicates a lack of standardization and organization on the part of the prefectures.

In general it may be stated that health centers in the more urban areas, that is, those upon which most attention by military government and money have been given, are functioning well. There is more emphasis on preventive rather than therapeutic aspects of medicine. In contrast to these the poorer, more rural health centers are extremely short in staff, facilities and interest.

4. ATTITUDES OF THE JAPANESE PEOPLE:

To make a broad statement, the Japanese people in general do not understand the purpose of the Health Center. It is considered primarily as a treatment clinic for indigents, a concept which is fostered by the prefectural public health officials. There is a sharp separation in the minds of the officials between the clinical aspects, which are usually readily developed, and the preventive aspects which lag behind due to the fact that it never has been considered as important by the Japanese. And the people have learned to look on a medical institution as unapproachably expensive-one which is administered by racketeers who have their hands in one's pockets before they will begin consultation. Consequently, it is difficult for the people to understand any institution specifically designed for the health of the community. At present most people think of the Health Center as the place to go when one is pregnant in order to obtain an extra food or milk ration. This suspicious attitude then, is one of the biggest obstacles

to the success of the health center program. However, even during the past year there has been a noticeable change in the attitude of the general public with regard to its true function. Of course, this change is most evident in the more urban communities where the people are fairly well acquainted with new ideas and much publicity. But the picture is different in the rural areas where the people are more backward and resistant to change.

The medical profession is at present inwardly hostile to the development of the Health Center. There is a general thought among the practicing physicians that the center is designed to usurp their patients. They do not realize that its facilities are at the disposal of the private practitioner to provide him with the means to perform diagnostic tests -- to help him carry on scientific medicine. But there is no demand for this help, for the practitioner can go on happily in his old way of symptomatic medicine. And until the practitioner meets the competition of the younger, more scientific physicians, it will continue this way. The older, more organized physicians find it easier to buck the Health Center than to learn to use new methods. Of course this is not unique to Japan.

All means must be employed in order to gain the full-hearted cooperation of the general practitioner of medicine, otherwise a developmental stalemate will result.

As for the men responsible for the development of the Health Center -- they are prefectural employees first and foremost. The government employees the world over are the same. They are interested primarily in pleasing their superiors. This accounts for the lack of genuine initiative and spirit needed to spearhead a new operation such as the health center system.

In spite of all these drawbacks, it is felt that the health center program has made satisfactory progress to date. But what will happen when the occupation is completed? It is not sufficient to keep continually prodding the officials into action; the people themselves must be relied upon in the final analysis to furnish a demand for such a program. This constitutes the spirit of democracy.

5. PERSONNEL:

Inadequacy of health center personnel has been and will probably continue to be one of the most serious drawbacks to the development of the health center program. Even if it is assumed that trained personnel were available, they would not be attracted by the comparatively low salaries offered in this work. This needs no further discussion as it is well known to all concerned. The entire problem boils down to one of insufficient pay. If enough pay is offered, quantity and quality of personnel will automatically improve.

But neither do we have the quality of personnel available in sufficient amounts. Attempts at remedial action in the form of training courses at the National Institute of Health in Tokyo have been encouraging. But what worker wants to leave his home for months at a time in order to get training without which he could just as easily hold his same job? The old custom of advancement according to superiority and age still grips firmly.

The health center system is bogged down by incompetent personnel attempting to perform a rather specialized job. A good health center chief doctor who thoroughly understands his mission could in time instill in his subordinates the correct attitude and methods.

6. ECONOMIC IMPLICATIONS:

Certain functions of the Health Center are directly connected with economic aspects of the stabilization program. The most outstanding of these is the establishment of veterinary sections. Previously the service was neither standardized nor centralized and resulted in almost worthless local efforts. Coupled with the statistics section of the Health Center the correct tabulation and reporting of data will help planning for intelligent prophylactic measures in animal culture. Through meat and milk inspection a preventive check is kept on processed and raw products. Food sanitation activities will do much to increase man hours saved through better preparation, better utilization, less spoilage and better packaging. All this carries obvious economic importance.

7. DISCUSSION:

The aim of the occupation in Japan is to provide a guide and pattern along democratic lines to a nation in a state of flux and confusion. It is such a time when the people are faced with the formation or choice of ideologies. In order to insure that democratic principles are carried forth every aspect of the people's life and interests must be provided for.

When a person is healthy he is happy. Based on this, public health aims at providing a well-organized and efficiently operating system to insure health protection to the greatest number of people. And the Health Center, the actual operational unit of public health in Japan has been subjected to much revision in policy and expansion of activity. The problem ahead is one of standardization and coordination.

From the data set forth in the composite Health Center Check Sheet it is evident that there is much variation among the centers involved. The fact that some centers are functioning well and correctly is proof that the whole program is on a good sound basis but has only begun. At this time, then it has been demonstrated what an increase in physical facilities can do, since the preceding year was concerned mostly with physical expansion. Therefore the time is ripe to emphasize efforts along the lines of increasing the activities of the program. This coincides with the financial readjustment of the entire economic rehabilitation program now undertaken all over Japan.

8. CONCLUSIONS:

a. The Health Center has grown physically and materially quite rapidly over the past year, even so much so that it has generally outgrown the quality and quantity of the personnel to staff the institution.

b. The activities of the many health centers in I Corps Z/R vary within a wide range of extremes as indicated by the composite check sheet. This indicatem poor coordination.

c. Measures must be taken to gain the cooperation

of the entire medical profession if the program is to succeed.

d. The general public must be made cognizant of the true functions of the Health Center through general education and specific programs.

e. A recruiting program of some sort must be devised in order to insure well-trained and interested personnel for use in the Health Center, and sufficient inducement must be given for doctors and other trained personnel to remain in the program.

f. The health center program, young as it is, can justify claim for increased financial assistance.

9. RECOMMENDATIONS:

The following recommendations are therefore made for consideration of higher headquarters:

(1) That part of general public education be directed along the lines of hygienic and health measures, implemented by informational programs in order to make the Japanese people cognizant of the true value of preventive medicine.

(2) That some inducement be made to acquire and keep a higher type employee within the health center program. In this system a doctor is not paid nor considered as a man with specialized training and consequently the best men do not care to join the ranks. Perhaps the promise of more rapid advancement with the organization on the basis of training and qualifications would provide more incentive.

(3) Perhaps the decentralization of the National Institute of Health and establishment of branches in the main cities of Japan would be of value. In this way there would be a more equal distribution of technical training facilities.

(4) That Health Center improvement be encouraged from this point on in terms of specific activities and programs for development rather than on an overall basis. For instance begin on tuberculosis control and emphasize this program, followed in turn by others. At present all programs are surrounded by confusion on the part of the Japanese officials, due to almost simultaneous expansion, on paper at least, of all programs.

(5) That a sub-section of the Prefectural Public Health Department be organized, the function of which would be coordination and standardization of Health Centers within the prefecture. This has already been accomplished in Hyogo.

(6) That the compulsory month of internship following a young physician's training spent in public health be more efficiently utilized by the Health Center, to involve more Health Centers and service on more of an in-service training basis, rather than on the didactic, academic basis as it is performed at present. This then becomes a potential source of medical personnel to staff the Health Center.

10. This headquarters has instituted action along the lines of the foregoing recommendations, in so far as they conform to existing directives from higher headquarters.

FOR THE COMMANDING GENERAL:

1 Incl:
Composite Tabulation
of Health Center
Check Sheets

COMPOSITE TABULATION OF HEALTH CENTER CHECK SHEETS

KINKI REGION

119 Health Centers

1. Population (District):	Min	27,487		Max	198,970	Aver	93,231	
Area	"	9 sqkm		"	607 sqkm	"	232 sqkm	
2. Cost of building	"	¥29,194		"	¥4,091,970	"	¥391,747	
Expansion poss.	No	ans	8%	Yes	55	2/3%	No	36 1/3%
New	"	22	1/3%	"	23	1/6%	"	44 1/6%
Rebuilt	"	23	2/3%	"	46	1/2%	"	29 5/6%
Brick	"	14%		"	2	1/2%	"	83 1/2%
Stone	"	—		"	18	1/3%	"	81 2/3%
Composite	"	22%		"	60%		"	10%
Screened	"	19	2/3%	"	33	2/3%	"	46 2/3%
Cleanliness	"	2%		"	58	1/2%	"	39 1/2%
Working space adequate	"	2	1/6%	"	40	1/6%	"	57 2/3%
Families living in	"	15%		"	53%		"	32%
3. Personnel (Selected):								
Doctors	Min	1		Max	7	Aver	1	
P.H. Nurses ..	"	2		"	14	"	4	
Total all personnel	"	8		"	61	"	21	
4. General Affairs Division								
Clinic patients in month	Min	70		Max	1703	Aver	451	
Persons under Daily Security Law	"	1		"	1354	"	224	
No. doctors in district	"	23		"	269	"	69	
No. food establishment	"	39		"	1301	"	325	
Fees collected per month	"	¥-1170		"	¥76,837	"	¥15,832	
Budget per annum	"	¥352,875		"	¥2,963,860	"	¥636,148	

Incl. 1

Operating expenses per annum	Min	¥363,015	Max	¥2,426,454	Aver	¥682,836				
Liaison with hospitals	No ans	—	Yes	86%			No	14%		
Supply requirements anticipated	"	—	"	82	1/6%		"	17	5/6%	
Narcotics safe	"	16	2/3%	"	72	1/6%	"	11	1/6%	
Supply inventory maintained	"	—	"	91	2/3%		"	8	1/3%	
Supply stored well	"	—	"	87	2/3%		"	12	1/2%	
Allocations of controlled items made promptly	"	—	"	82	1/2%		"	17	1/2%	
Central Records Kept	"	—	"	89	1/2%		"	10	1/2%	
Clinic schedule posted	"	1	1/6%	"	95%		"	3	5/6%	
Fee schedules posted	"	14%		"	79	2/3%	"	6	1/3%	
Patients received courteously	"	22%		"	86	1/2%	"	9	1/2%	
Patients orientated	"	—		"	84	1/6%	"	15	5/6%	
Minimum equipment available	"	—		"	66	2/3%	"	33	1/3%	

5. Sanitation Division:

Environmental sanitation										
Sanitary teams under health center	No ans	—	Yes	86	1/6%		No	13	5/6%	
Work planned	"	—	"	87	2/3%		"	12	1/3%	
Teams trained	"	—	"	86%			"	14%		
Teams assigned areas	"	—	"	89	2/3%		"	10	1/3%	
Equipment satisfactory	"	—	"	66	1/3%		"	33	2/3%	
Transportation available	"	1	5/6%	"	44%		"	54	1/6%	
Areas clean	"	3	2/3%	"	58%		"	38	1/3%	

Veterinary Affairs:

No. monthly inspections						
butcher shops	Min	3	Max	21	Aver	8
Fruit market	"	1	"	28	"	6
Dairies	"	2	"	36	"	10

Slaughter Houses	Min	2	Max	80	Aver	7
Restaurants	"	2	"	77	"	14
Hotels	"	1	"	133	"	84
Drinking establishments	"	2		84	"	25
Food manufacturers	"	2	"	53	"	15
Milk plants	"	1	"	11	"	2

6. Communicable Disease Division:

V.D. Patients treated monthly						
Lues	"	2	"	164	"	30
Gonorrhea	"	1	"	115	"	11
Chancroid	"	1	"	27	"	2
Tuberculosis						
Deaths	"	7	"	182	"	56
Cases registered	"	24	"	62	"	187
Tests done past year	"	1282	"38,841		"	9,970
Tests positive	"	538	"93,671		"	5,224
X rays direct	"	16	"	655	"	160
X rays indirect	"	388	"10,330		"	2,582
X rays positive	"	63	" 5,927		"	1,097

7. Nutrition Division:

Individual instruction	Min	52	Max	293	Aver	78
Baby feeding instruction	"	44	"	304	"	112

8. Maternal and Child Health Division

Prepartum patients monthly	Min	22	Max	501	Aver	122
Postpartum monthly	"	8	"	886	"	126
Children patients monthly	"	13	"	732	"	191

9. Health Statistics Division:

Schedules handled	Min	8	Max	536	Aver	154
Birth	"	110	"	636	"	315
Death	"	41	"	208	"	87
Stillbirth	"	5	"	43	"	15
Marriage	"	32	"	206	"	95
Divorce	"	2	"	20	"	7
Physicians report cards received	"	28	"	317	"	117

10. Health Education Division:

Programs coordinated with other divisions	No ans		Yes		No	
	16	2/3%	74	2/3%	8	2/3%

Other divisions assist in planning	No ans	33	1/3%	Yes	56	1/3%	No	10	1/3%
Types of programs used:									
School	"	33	1/3%	"	50%		"	16	2/3%
Community	"	33	1/3%	"	48	1/6%	"	18	1/2%
Special groups	"	33	1/3%	"	35	2/3%	"	31%	
HC district	"	36	2/3%	"	44	1/6%	"	19	1/6%
Prefectural	"	33	1/3%	"	41	2/3%	"	25%	
National	"	33	1/3%	"	33	2/3%	"	33%	

11. Nursing Division:

Nurses held individual conference	No ans	16	2/3%	Yes	72	2/3%	No	10	2/3%
Nurses take histories	"	16	2/3%	"	76	1/2%	"	6	5/6%
Patients referred back to nurses	"	--		"	100%		"	--	
Nurses working in:									
Admitting	"	16	2/3%	"	61	2/3%	"	21	2/3%
Laboratory	"	--		"	50%		"	50%	
Pharmacy	"	--		"	43%		"	57%	
X ray room	"	--		"	52%		"	48%	
Nurses give:									
Intramuscular injections	"	--		"	49	1/2%	"	50	1/2%
Intravenous	"	--		"	55	5/6%	"	44	1/6%
Nurses assist in clinics Outside H.C.:	"	--		"	5	1/2%	"	94	1/2%
Types of clinics:									
TB	"	--		"	2%		"	98%	
VD	"	--		"	2%		"	98%	
Prenatal	"	--		"	2%		"	98%	
Child	"	--		"	3	5/6%	"	96	1/6%
Other clinics	"	--		"	0%		"	100%	
Do nurses do janitorial work:	"	--		"	46	1/2%	"	53	1/2%
Is there a Chief nurse	"	--		"	78	1/3%	"	21	2/3%
Are there nursing districts	"	--		"	98%		"	2%	

Nurses Keep records of home-visits
No ans — Yes 100% No —

Nurses' staff base salary

	Min	¥1956	Max	¥3245	Aver ¥2410
Total average	"	¥2477	"	¥3333	" ¥2816

12. Medical Social Service Division:

Patients interviewed	"	2	"	165	"	22
Liaison visits	"	1	"	25	"	5

13. Laboratory Division:

Equipment adequate No ans -- Yes 50% No 50%

Examinations last month:

Smears	Min	17	Max	405	Aver	140
Sputum	"	2	"	73	"	15
Urine	"	3	"	191	"	74
Stools	"	7	"	818	"	267
Cultures	"	2	"	56	"	8
Sedimentation rates	"	3	"	407	"	82
Blood counts	"	2	"	72	"	12
Complement fixation	"	23	"	184	"	52
Precipitation	"	3	"	182	"	44
Chemical	"	2	"	47	"	4
Food	"	2	"	22	"	2
Milk	"	1	"	13	"	2
Water	"	2	"	40	"	8
Serodiagnostic	"	2	"	43	"	11
Spinal fluid	"	2	"	134	"	17
Other	"	2	"	110	"	5

Note: Many of the health centers do not have anywhere near the facilities for doing some of the laboratory tests mentioned above. Therefore, it is felt that these minimum figures in No. 13 are false.

Public Health

APR 5 1949 43 13

I 10 2-Ea Tea

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

LWH/tn

30 March 1949

AG 441 - BA

SUBJECT: Recommended Procedure in Safeguarding Narcotics, Barbiturates and Alcohol at Military Government Team Localities

TO : See Distribution

1. Custody of narcotics, barbiturates, antibiotics and alcohol issued to military government units will be held only by the following in the priority of listing: medical officers, medical service corps officers, civilian physicians (DAC), and unit property officers.

2. Records will be maintained to accurately indicate the amount at each of the above items received, dispensed and on hand. AR 40-590 and AR 40-1705 will be complied with. A disinterested officer will audit these records monthly and certify therein as to the accuracy of the account for the period audited.

3. In the absence of professionally qualified medical officer or civilian physician, a medical service corps officer, a graduate nurse, or qualified first aid enlisted man may be permitted to administer narcotics or barbiturates only upon the expressed approval of a medical officer or civilian physician (DAC). Such authorization is for emergencies only and must be obtained for each dose or occasion.

4. Narcotics, barbiturates, antibiotics and or alcohol which are in excess of current needs will be hand carried by responsible officer to the Office of the Surgeon, I Corps, turned in and receipt obtained, same to become a part of maintained records.

BY COMMAND OF MAJOR GENERAL COULTER:

C. C. CARTER
Colonel, AGD
Adjutant General

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HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

LWH/mo

AG 700 - BA

18 FEB 1949

SUBJECT: Medical Intern Education

TO : See Distribution

1. Reference is made to Welfare Ministry Directive, Ihatsu No. 263, dated June 1948, which provides a basis for the establishment of medical internship in Japan.

2. Since directors of hospitals approved for training interns do not have experience in such a program and no provision is made in the reference directive for its operation and management, full advantage is not taken of this important phase of a physician's early training. Therefore, although begun with good intent, the program has not developed to a point where either the hospital or the intern receive the desired benefit.

3. A study will be made of the presently approved hospitals and health centers in each prefecture, with a view to more efficient distribution and utilization of these young doctors. Attention should also be directed toward the improvement of other hospitals in order to attain future approval.

4. It is further desired that attention be given to the already established intern training institutions, to insure that both intern and hospital are deriving maximum benefit from the intern system. Two of the major deficiencies appear to be (1) failure to give the intern concise responsibilities in his various services and (2) failure to properly schedule services in conformity with a rotational system.

5. The reference Japanese directive provides that one month of the internship be spent in Public Health. This becomes a potential source of personnel for the presently understaffed health centers.

BY COMMAND OF MAJOR GENERAL COULTER:

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Adjutant General

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Capt Hanson Data

I/O Ltr

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

L"H/tn

AG 710 - BA

17 February 1949

SUBJECT: Tuberculosis Control

TO: See Distribution

1. Japanese production of streptomycin will not be adequate to meet all needs for the use of this drug in the treatment of tuberculosis among the Japanese until the end of 1949.

2. In the meantime, available streptomycin will be allocated by the Welfare Ministry to those sanatoria where close surveillance can be kept over its use. Since a broad-scope program is being planned, a substantial increase in the number of beds available for tuberculosis patients will be necessary.

3. It is desired that the appropriate Japanese agency in each prefecture conduct as soon as possible a numerical survey of presently available beds and bedspace for this purpose. Private institutions, communicable disease hospitals, national and prefectural hospitals should be included so that the count will be maximum, regardless of staff and personnel facilities. The report is to be detailed and is to show by category available beds in private, governmental, or incorporated institutions. A report of this survey will be sent through military government channels to Public Health and Welfare Section, GHQ, SCAP.

4. In order to insure correct and efficient utilization of streptomycin, military government teams will institute a program to enlighten the Japanese officials of the medical profession in the latest, most up-to-date methods in its use. This program should consist of information as to proper indications, administration, toxicity and clinical valuation. It is to begin without delay.

BY COMMAND OF MAJOR GENERAL COULTER:

C. C. CARTER
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Adjutant General

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

12 February 1949

SUBJECT: Studies of Military Government Programs

TO: See Distribution

1. Reference is made to letter AG 319.1 - HA, this headquarters, subject: "Studies of Military Government Programs".

2. Attached as inclosure is additional information on the aspects of the subjects listed in the original directive (Paragraph 1).

3. Regions to whom a certain subject does not apply, will disregard the respective information included.

LLEWELLYN W. HUNSICKER
Capt., MC
Public Health Officer

DISTRIBUTION:
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I Corps

TOPICS FOR ANALYSIS AND STUDY BY THE REGIONS

PUBLIC HEALTH SECTION

1. <u>Sanitary Teams</u>: (Kinki, Tokai)

a. The Problem: Sanitary teams have been organized for 3 years now and many problems have arisen concerning their operation and efficiency. They are the object of much resistance and reluctance when budget is planned. Then too, the teams when organized, are inefficiently operated in general. The incidence of disease spread by insects and rodents does not appreciably change. However we must have some agency responsible for this phase of public health.

b. What do you suggest?

c. Suggestion for analysis:

(1) Number of teams actually operating compared to the number authorized according to the population of the area.

(2) Reasons for reluctance on the part of the prefectures or failures up to the present in this respect. Attitude of the prefectures with regard to this method of sanitary control; suggestions from the Japanese.

(3) Composite attitudes of Regional and Team PHO's and sanitary engineers regarding efficacy of the method.

d. Analysis - to be a detailed and comprehensive study of the situation, the methods employed and the results thus far obtained.

e. Recommendations - both Japanese and Military Government.

2. <u>Patient Associations</u>: (Kyushu, Tokai)

a. The Problem: Patient associations are organized on a nation-wide scale. They have become so powerful that they virtually administer the national hospitals. This is a dangerous situation from two standpoints:

(1) Hospital administration should be in the hands of medical authorities and must be based on sound medical practices, aimed at the maximum of care for the greatest number of patients.

(2) Information from higher headquarters indicate that this association, strong in numbers, is definitely connected to the Communist Party. The implications of this are apparent.

b. Question: How is this association to be stopped?

c. Suggestion for analysis:

(1) A study of existing national hospital regulations for the purpose of determining just what provisions are actually being violated so that the violators may legally be punished.

(2) A survey of measures already taken to curb the activities.

(3) A survey of attitudes on the part of hospital directors, patients, prefectures, etc.

d. Recommendations - by Military Government personnel and/or Japanese for remedy of this situation.

3. Health Centers (Shikoku, Kinki)

a. The Problem - tremendous amounts of money have been spent on improving the health centers and elaborate programs instituted. But the health center remains generally, an institution whose functions are misunderstood by medical and lay personnel. Consequently the facilities are not used to best advantage.

b. Question:

Is it worth the money and efforts spent?

c. Suggestion for analysis

(1) At the completion of the survey of Health Centers by means of the check sheet already distributed to the teams, a composite sheet should be made at prefectural and region levels which will indicate a fairly accurate picture of the situation at present.

(2) Conferences with groups of lay and medical personnel to glean attitudes of the respective groups.

d. Recommendation:

(1) List the week points and the apparent reasons why, with suggestions from Military Government and the Japanese for their correction.

4. Tuberculosis Control (Chugoku, Kyushu)

a. The problem - Reports from various quarters indicate that on the average only 60 - 70% of tuberculosis beds are occupied. Yet there is a backlog of active tuberculosis patients in most of the health center files.

b. The Question: Why does this situation exist?

c. Suggestion for analysis:

(1) Actual numbers of beds available and filled, compared to reported number of hospital-type patients not under any care.

(2) Attitudes of the medical association, prefecture, hospital administration, health center chiefs, patients, etc.

(3) Apparent reasons for the discrepancy.

d. Recommendations - from Military Government and the Japanese.

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HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

IWH/msk

AG 014 - B.

11 February 1949

SUBJECT: Birth Control

TO : See Distribution

1. The continuously increasing Japanese birth rate and resultant increase in population is having such serious effects on the economic situation of Japan that the Japanese have turned to the Occupation Forces for advise and suggestion. The ethical and moral implications involved in the encouragement of birth control and in the dissemination of educational material regarding its practice are so contentious that military government must not be associated with such activities.

2. It is desired, therefore, that all interested Japanese officials be informed that the entire subject of birth control is one of Japanese concern only and that under the recently-passed Eugenics Protection Law (No. 156) and the Pharmaceutical Affairs Law (No. 197) they may proceed with any program which they deem desirable.

3. Hereafter, military government will not concern itself with the subject.

BY COMMAND OF MAJOR GENERAL COULTER:

C. C. CARTER
Colonel, AGD
Adjutant General

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CG, 8th Army
ATTN: IH Sec

HEALTH

I 10 Lts

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

10 February 1949

AG 319.1 - BA

SUBJECT: Studies of Military Government Programs

TO : See Distribution

1. This headquarters desires to make studies of various military government programs and activities with a view to evaluating them and increasing their effectiveness. Broad preliminary studies to be made by the regional headquarters indicated below are to be used as the basis of these studies. During preliminary studies the experience and recommendations of military government personnel, Japanese officials, and Japanese people connected with or effected by the various programs and activities should be considered. Among the generalities to be considered in each study the following should be included:

a. The basic aim of the occupation is to make Japan peaceful, democratic, self-sustaining, friendly to the United States, and a bulwark to communism.

b. The Economic Recovery Program is of transcending importance particularly in those aspects expressed in the nine points enunciated by the Department of Defense and announced by SCAP in ten points.

c. The necessity or desirability of revising or modifying pertinent military government directives, and Japanese laws and directives.

d. The best methods of implementing the program or activity.

e. The reduction of cost of implementing the program or activity.

f. The simplification of the program or activity.

g. The making of the program or activity attractive and acceptable to the Japanese.

h. The overcoming of existing difficulties and obstacles which hinder the program or activity.

i. The need and desirability of the program or activity.

2. Regional headquarters may institute additional studies. It is desired that this headquarters be informed of the nature of the studies so that additional work on them may be carried on by other regional or by corps headquarters at the same time.

3. In rendering reports of studies, source material should be covered by broad general statements. Only very important and statistical source material should be forwarded. The report of study should be brief and specific as to conclusions, suggestions, and recommendations.

4. Studies will not interfere with the submission of normal reports.

5. The following is a list of studies, of regions to which they are assigned and of dates reports are due:

STUDIES	REGION	DATE DUE HQ I CORPS
ECONOMICS		
a. Crop Collection (Incentive Goods	Kyushu Tokai	21 Mar
b. Coal Production	Kyushu Chugoku	30 Mar
c. Fish & Veg. Surveillance Program (Blackmarket)	Kinki Chugoku	11 Apr
d. Inventory of Critical Materials	Kinki Kyushu	20 Apr
e. Control Association Program	Chugoku Shikoku	2 May
f. Tax Law and Collections	Kinki Tokai	2 May
g. Labor Education	Tokai Kyushu	16 May
h. Increased Agr. Production (Fertilizer)	Kinki Shikoku	20 May
i. Financial Aspect of Land Reform	Shikoku Tokai	1 Jun
j. Reforestation	Shikoku Chugoku	15 Jun

Ltr, Hq I Corps, file AG 319.1 - BA, subj: "Studies of Military Government Programs", dtd 10 Feb 49, cont'd.

CIVIL INFORMATION

a.	Informing Japanese People	Tokai Shikoku	15 Mar
b.	Pref. Information Sections	Kinki Chugoku	25 Mar
c.	Visual Education Program	Kyushu Kinki	5 Apr

LEGAL AND GOVERNMENT

a.	National Rural and Municipal Police	Chugoku Tokai	15 Mar
b.	Public Procurators' Office	Kinki Shikoku	25 Mar
c.	Court System	Kyushu Tokai	11 Apr
d.	Prisons	Kinki Chugoku	20 Apr
e.	Development of Local Autonomy	Kyushu Shikoku	9 May
f.	Illegal Entrants	Kyushu Chugoku	21 May

CIVIL EDUCATION

a.	Boards of Education	Kyushu Kinki	25 Mar
b.	Reorganization of Public Schools	Tokai Shikoku	2 Apr
c.	Curriculum of Upper Secondary Schools	Tokai Chugoku	15 Apr
d.	Social Organizations	Kinki Shikoku	1 Jun
e.	In-Service Training	Kyushu Chugoku	15 Jun

PUBLIC HEALTH

a.	Insect and Rodent Control and Sanitation	Kinki Tokai	15 Mar
b.	Health Centers	Shikoku Kinki	25 Mar
c.	Tuberculosis Control	Chugoku Kyushu	5 Apr
d.	Patient Association	Tokai Kyushu	11 Apr

PUBLIC WELFARE

a.	Coordination of Disaster Plans	Tokai Kinki	15 Mar
b.	Community Chest	Kinki Kyushu	1 Apr
c.	Rehabilitation Workshops	Chugoku Shikoku	1 May

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HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

LWH/mo

AG 441 - BA

20 January 1949

SUBJECT: Interpretation of Pharmaceutical Affairs Law

TO : See Distribution

Following 4th indorsement, GHQ, SCAP, AG 441.1 (16 Oct 48)PH, to letter, Saga Military Government Team, subject: "Special Report", dated 16 October 1948 is quoted for your information:

"1. The Minister of Welfare, Japanese Government, has designated sulfanilamide and its derivatives, penicillin and streptomycin, and all preparations containing these drugs under Article 41 (g) of the Pharmaceutical Affairs Law, Law No. 197, 29 July 1948, by notification published in the Official Gazette, dated 27 December 1948.

"2. This designation puts Article 41 (g) and Article 44 (g) of the Pharmaceutical Affairs Law into full operation.

"3. Article 56 of the Pharmaceutical Affairs Law provides that any person who has violated the provisions of Article 44 of the Law shall be subject to a penal servitude not exceeding three years or a fine not exceeding ¥ 30,000, or both."

BY COMMAND OF MAJOR GENERAL SWING:

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HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

WJK/ay

AG 352 - BA

13 January 1949

SUBJECT: Course on Military Government Veterinary Affairs and Sanitary Engineering (28 February - 4 March 1949)

TO : See Distribution

1. There will be a five (5) day course on veterinary affairs and sanitary engineering in Kyoto for enlisted men and Department of the Army Civilians. The school will begin at 0830 on 28 February at the Sampo Building (Kinki Region and Kyoto Military Government Team enlisted men's billets).

2. Each military government unit in the I Corps Z/R will be represented by one (1) enlisted man or Department of the Army Civilian.

3. Attention is invited to paragraph 1a, letter, this headquarters, subject: "Adjustments in Utilization of Military Government Medical Personnel", dated 8 January 1949. It is desired that personnel selected to attend this course be matured and interested though not necessarily at present a part of the Public Health Section. Such personnel should have at least six (6) months remaining of their tour of duty in this theater at the time they will have completed the course of training.

4. Enlisted personnel will be billeted at the Sampo Building and Headquarters Company I Corps Billets, Museum Area, and Department of Army Civilians at the Kyoto Hotel. Transportation from the Kyoto Rail Transportation Office may be obtained upon arrival by calling the Kinki Military Government Motor Pool - 2-6037.

5. Names of personnel to attend will be reported to this headquarters, attention: Military Government Section, prior to 10 February 1949.

BY COMMAND OF MAJOR GENERAL SWING:

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HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

8 January 1949

AG 200.3 - BA

SUBJECT: Adjustments in Utilization of Military Government Medical Personnel

TO : See Distribution

1. The progressively increasing shortage of medical officers in military government requires that each regional commander make a survey of the medical personnel which is to be available to him over the next year. In order that it may be most effectively used to furnish medical care to personnel of military government teams and also carry out the Public Health programs, the following listed steps are suggested for consideration in meeting this problem:

a. Commence the training at once of at least two NCO's of each isolated team in first aid, bandaging, immunization procedures, and other points for essential medical aid of emergency or of a routine nature. The NCO's selected should be matured and interested personnel though not necessarily a part of the Public Health Section. This should be made an important duty of the incumbent medical officer.

b. Where medical officers are present with a region and prefectural team in the same area, have the regional officer assume additional duties of the Public Health officer of the team. The prefectural team health officer then may be used as a replacement elsewhere.

c. Give priority of assignment of medical officers to teams where medical care of Occupation personnel is not available through facilities under control of the tactical forces. Medical assistance in areas where tactical forces have medical installations may be arranged through this headquarters.

d. Use one medical officer to cover two prefectures.

e. Use Medical Service Corps officers or NCO's as Public Health officers after being trained in the programs by the regional Public Health officer.

2. Until announced otherwise by higher headquarters, quarantine responsibility will continue to be with Medical Service Corps officers. However, immediate increased emphasis should be placed on training Japanese personnel in approved practices in order that they may take this responsibility over at an early date.

3. In case a regional commander is confronted with a medical care situation which he cannot handle, he should consult this headquarters.

4. While it is extremely desirous to carry on a good Public Health program, first priority must be given to minimum, adequate medical care for the personnel of military government teams.

BY COMMAND OF MAJOR GENERAL SWING:

C. C. CARTER
Colonel, AGD
Adjutant General

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PUBLIC HEALTH

RESTRICTED

HEADQUARTERS I CORPS
APO 301(Kyoto, Honshu)

GH/vy
20 DEC 1948

AG 250.53 - BA

SUBJECT: Prohibition on Prosecution of Japanese Physicians in Occupation Courts.

TO: See Distribution

1. The Supreme Commander for the Allied Powers has directed that no Japanese physician be tried by occupation force courts for giving medical treatment to occupation force personnel since such treatment is not considered to be an act prejudicial to the security of the occupation forces, but that "such action as the Japanese Government desires to take to prosecute such individuals is of no interest to the occupation forces." In this connection, it is noted that the Supreme Commander has informally advised the Ministry of Welfare of the Japanese Government to issue instructions to Japanese physicians not to treat occupation personnel except in an emergency.

2. It is desired that each of you take necessary action to insure that each local occupation force court authority and/or each military government team under your command is duly informed of this decision of the Supreme Commander to the end that charge not be preferred against Japanese physicians for treating occupation personnel.

3. If, in an unusual case, the circumstances indicate the advisability of trial by an occupation court because of the mistreatment of a member of the occupation forces by a Japanese physician, the matter will be referred to this headquarters for decision before charges are preferred.

4. It is desired that the necessary action herein directed be accomplished without publicity.

BY COMMAND OF MAJOR GENERAL SWING:

C. C. CARTER
Colonel, AGD
Adjutant General

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HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

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I/OLTs

AG 230 - BA

7 December 1948

SUBJECT: Utilization of Trained Japanese Personnel

TO : See Distribution

1. References:

a. Operational Directive #7, Headquarters Eighth Army, "Procurement and Training of Personnel to Staff Public Health Organization", dated 3 February 1948.

b. PH&W Weekly Bulletin #75, GHQ, SCAP, dated 1 - 7 June 1948.

c. PH&W Weekly Bulletin #76, GHQ, SCAP, dated 7 - 13 June 1948.

d. PH&W Weekly Bulletin #93, GHQ, SCAP, dated 4 - 10 October 1948.

2. It is reported that Japanese who have completed refresher courses given by the Institute of Public Health with a view to service with health organizations have not been used to full advantage. Some prefectures have not placed these people in key positions so that they can be used in teaching capacities. Since health centers are in desperate need of an adequately trained and qualified staff, it is essential that these personnel be assigned in a capacity which will utilize training and experience to the maximum.

3. A majority of the engineers attending the public health engineers refresher course were drawn from the prefecture engineering department (doboku) and on completion of the Institute course have returned to their former positions. It is desirable that in each prefecture a minimum of one of these graduates be employed as a sanitary engineer in the sanitation section of the health department.

4. It is desired that a survey be made in each prefecture to determine utilization of public health refresher course graduates and to provide information upon which to base advice to the Japanese in placement of future graduates. The survey should include names, course attended, position formerly occupied, and position currently occupied. Further, it is desired that each military government team maintain surveillance to insure proper utilization and placement of future graduates of refresher courses.

BY COMMAND OF MAJOR GENERAL SWING:

C. C. CARTER
Colonel, AGD
Adjutant General

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HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

LWH/tf

AG 333 - BA

NOV 23 1948

SUBJECT: Inspection of Kyushu Region

TO: Commanding Officer, Kyushu Mil Govt Region, APO 929

1. Inspecting Officer - Llewellyn W. Hunsicker, Capt., M.C., Public Health Section.

2. Installations Visited - Kyushu Region and all included teams, public health sections.

3. Date of Visit - 8 November through 13 November 1948.

4. Purpose of Visit - Inspection.

5. Kyushu Regional Headquarters:

a. Informational:

(1) Capt Harrower seems to have a good knowledge of directives and laws pertaining to public health. He has compiled an index to all directives by subject and it is in use throughout the entire region.

(2) A thorough inspection of the regional office was impossible because of the allotted time.

6. Fukuoka Military Government Team, Public Health Section.

a. Informational: Inspection in general revealed that the section is doing a satisfactory job in developing and aiding public health programs. Office equipment, charts and files in excellent shape. As of this date Fukuoka prefecture has 28 Health Centers, one as model. Time did not permit inspection of this.

b. Discrepancy or efficiency noted, with action taken:

(1) In the prefectural health department, laboratory activities has not yet been made a separate section.

(2) There is no agency within the health department which is concerned with information and education.

(3) The subject of medical education is being neglected to some extent, and the suggestion was made that an investigation of the interne system for young doctors be made.

7. Nagasaki Military Government Team, Public Health Section.

a. Informational:

(1) Capt Yancey, Public Health Officer, has two enlisted men who are assigned definite activities and are utilized very well. Miss Sharfensburg, nurse, was recently moved to Kagoshima Team because of some personality differences between herself and the Public Health Officer. The Public Health Officer also is in charge of a small dispensary at the compound. Previous to this date, the Public Health Officer also has had responsibility for two major and one minor port, which total about three ships weekly.

(2) The prefectural health department is divided into only four sections, the personnel being generally inadequate according to the Public Health Officer. There are 12 health centers and one model. Inspection of this model revealed good use of rather poor facilities and equipment. An information and education division has been established within the department.

b. Discrepancies or efficiencies noted with action taken:

(1) Insect and rodent control activities were rather rampant and uncoordinated. Suggested four section team utilizing cooperation

between disposal sections of cities and towns and the usual rodent control teams.

(2) Laboratory activities in the Prefectural Health Department still not organized as a section. Suggest that this be effected.

8. Saga Military Government Team, Public Health Section.

a. Informational:

(1) Capt Earl, Public Health Officer, has no enlisted man assigned to his section. Use is made of a female Japanese doctor for nursing affairs and maternal and child hygiene.

(2) Public Health Officer also is responsible for medical care of the team, for which he has only medical chests #1 and #2. Although this is apparently adequate for the immediate needs of the team, an expansion of facilities in the form of a small dispensary might be advisable.

(3) The prefectural health department is well organized, one separate section of which is the laboratory. This is the most recent innovation in administration. A separate information and education division is present and functioning.

(4) Following dissolution of the sanitary associations, "Sanitary Teams" have appeared, again on a supposedly voluntary basis, with similar activities. This is under investigation by the Public Health Officer.

(5) The general attitude of the Public Health Officer was satisfactory and his accomplishments reflect his activity.

b. Discrepancy or efficiency noted with action taken:

In general no discrepancies noted.

9. Kumamoto Military Government Team, Public Health Section.

a. Informational:

(1) Capt Bondurant, Public Health Officer, is very much interested in his work and is doing a good job in assisting the public health program in this prefecture.

(2) The office is well administered; many illustrative charts are on walls, one enlisted man takes charge of sanitary affairs, and a Japanese nurse has nursing affairs as her main activity.

(3) The Public Health Officer has no additional duties.

(4) The public health section of the Japanese Health Department is well organized although laboratory affairs is not a separate section. There are 12 Health Centers, one of which is a functioning model, another of which is a contemplated second model.

b. Discrepancy or efficiency noted with action taken:

(1) In general bacteriological examination of drinking water is not performed. Suggested to start the system used in U.S.A. in conjunction with the regional sanitary engineer.

(2) Interne education not investigated by Public Health Officer. Suggested investigation and an attempt at standardization.

10. Kagoshima Military Government Team, Public Health Section.

a. Informational:

(1) Capt Wallace, Public Health Officer, shows satisfactory accomplishments in the field of public health activities. He has done an exceptionally good job in the face of a somewhat reluctant public health department.

(2) There are 11 health centers in the prefecture. The opening ceremonies of the model health center was attended by the inspecting officer. It showed results of much thoughtful planning

and interest on the part of the Public Health Officer.

(3) The Public Health Officer also has the additional responsibility of a dispensary which is in excellent shape.

b. Discrepancy or efficiency noted: None noted.

11. Miyazaki Military Government Team, Public Health Section.

a. Informational:

(1) Capt Detrick, Public Health Officer, has also been acting welfare officer for the team since January 1948. About 40% of his time is spent on welfare activities and 60% in public health. Consequently, because of the burden of varied activities, the Public Health Officer is slowly losing interest in his work. Coupled with this is the prefecture itself which is rather poor, isolated, and is backward in attitude. In the entire prefectural health administration there are only 18 doctors, only 3 of which are in the prefectural health department itself. There are 10 health centers, 7 of which have a doctor, as a result of moving 3 former health center chiefs to the model to form a staff. The reason for such paucity of doctors is their salary which cannot be raised because of the prefectural budget limitations.

(2) The model health center itself opened in October. There are only 3 doctors on its staff and 15 nurses. Inspection of this center revealed that there was a great lack of cooperation or coordination between the Public Health Officer and the Japanese doctors there. Many obvious deficiencies were noted at the time of inspection which certainly could have been detected by the Public Health Officer, had the effort been made.

b. Discrepancy or efficiency noted:

Obviously the main trouble is the extra burden of work on the Public Health Officer. After conference on the point with the Welfare Officer, I Corps, it was learned that there is a person available for the position of Welfare Officer for that team. Definite assignment of this or some similar person is a drastic necessity to maintain any work at all in these two sections of the team.

c. This team will be the object of frequent investigations.

12. Oita Military Government Team, Public Health Section.

a. Informational:

(1) Capt E. E. Herron, Public Health Officer, is in charge of the section, with one immature enlisted man whose judgment cannot be trusted by the Public Health Officer. The Public Health Officer has only been assigned to this team since May 1948, but in spite of this time he exhibits exceptionally good understanding of the problems involved in public health work.

(2) The prefectural public health department is well organized and very active. Laboratory is one of its 5 sections. There are 14 health centers, the model however is just under construction, completion to be expected in January 1949.

(3) A model hospital has been established in Beppu which reflects somewhat the activity of the Public Health Officer.

b. Discrepancies and efficiencies noted:

The Public Health Officer is very much interested in his work and has done much to improve the public health situation in Oita prefecture.

No discrepancy noted.

13. In general all teams were very satisfactory with the exception of Miyazaki, for the reasons noted under paragraph

11b. With the probable assignment of a welfare officer to the team, conditions should improve. The Public Health Officer at Kyushu Region has been advised of this situation for his close surveillance.

BY COMMAND OF MAJOR GENERAL SWING:

WILLIAM A. FRANKS
Capt, AGD
Asst Adjutant General

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

AG 720 - BA

FRS/ay

23 October 1948

SUBJECT: Venereal Disease Control Regulations

TO : See Distribution

1. References:

a. GHQ, FEC, Circular 41, 1947 as amended by Cir 104, 1947.

b. Hq Eighth Army, Operational Directive 72, 1947.

c. Hq Eighth Army, Operational Directive 7, 1948.

d. Hq Eighth Army, Operational Directive 9, 1948.

e. Hq Eighth Army, Weekly Directive 3, 1948.

f. Hq Eighth Army, Circular 33, 1948.

g. Hq I Corps, Memorandum 47, 1947.

h. Japanese National Diet Law #167, 1948. Official Gazette, (Extra) 15 July 1948.

i. Ministry of Welfare Ordinance #45, 1948. Official Gazette, dated 24 September 1948.

2. Reference 1h and i are attached hereto as inclosures for your information and appropriate action. The English translations have been made from advance copies of the official publications and it must be borne in mind that many idiomatic and legal meanings are lost in translation. It is therefore necessary that plans for carrying into effect the provisions of the V.D. Control Law and the Ministerial Ordinance, when the Occupation Forces are concerned, be carefully planned and thoroughly discussed with the Japanese officials who are charged with enforcement of the law.

3. The Occupation Forces are not authorized to interpret Japanese Laws; however, strained interpretations by Japanese officials which appear to be made with intent to defeat the spirit of the law should be referred to this headquarters for appropriate action.

4. It will be noted that the whole procedure for V.D. control as outlined in Diet Law 167 and Ordinance 45 is strictly a Japanese process.

However, due to the importance of the problem, particularly in areas where troops are present, Military Government will exercise surveillance over the prescribed control procedures and practices.

BY COMMAND OF MAJOR GENERAL SWING:

C. C. CARTER
Colonel, AGD
Adjutant General

2 Incls:
1. Diet Law 167, 1948.
2. Welfare Ministry Ordinance, 45, 1948.

DISTRIBUTION:
"C"

Info copies to
3 MG, Hq Eighth Army
2 PM, Kobe Base
2 PM, Hq 5th Air Force, APO 710

MODIFIED TRANSLATION

DIET LAW 167, VENEREAL DISEASE PREVENTION LAW, 1948

Chapter I. General Provisions

Art.1. This Law provides for medical treatment and prevention of VD. The law as a Public Health measure aims to prevent VD from impairing the soundness of mind and body of the people and their descendents.

Art. 2. The state and local public bodies shall afford complete medical treatment and dissemination of knowledge for the prevention of VD.

Art 3. Every person shall use precautions to avoid contracting VD and, when infected, shall take medical treatment promptly.

Art 4. Physicians shall cooperate in the performance of their duties and responsibilities to the state, local public bodies and to every person prescribed in the preceding two Articles.

Art 5. When used in this Law, the term "VD" shall include syphilis, gonorrehea, chancroid and inguinal lymphogranuloma.

2. The term "protectors" in this Law shall mean "persons who exercise parental power" or "guardians".

Chapter II. Report

Art. 6. Physicians, when they diagnose persons as infected by VD (referred to as patients hereinafter), shall give instructions to the patient as provided by the Ministerial Ordinance. (NOTE - See Art 1 of Incl #2) Physicians shall also report the necessary matters in writing within 24 hours to the Governor of the prefecture through the director of a Health Center in charge of the districts where the said patient resides, as provided by Ministrial Ordinance. (See Article 2 of Incl #2)

Art 7. In the event persons diagnosed to be infected by VD or who are under treatment and who fail to obey the instructions provided in Article 6, or when such patients change doctors and fail to submit certificates of treatment by an other physician, the physician shall report such facts in writing to the Governor of prefecture through the Director of the Health Center.

2. This provision shall also apply in case of recovery, death, or change of residence of the said patient.

3. When the patients change their residence, they or their protectors shall notify the physicians who have been treating them.

Chapter III. Health Examination (See Article 25, Incl #1)

Art. 8. Any man and woman entering into matrimony shall, in advance of marriage obtain health certificates prepared by a physician.

Art. 9. Any woman who is found pregnant, shall have a health examination to determine whether she is suffering from VD.

Art. 10. The governor of the prefecture, receiving the report as provided in Art. 6, may order a health examination by a physician of persons in whom there is reasonable evidence to suspect the presence of VD through contact with the patient. This provision shall not, however, apply to the persons who submit certificates to the effect that they are receiving treatment by physicians.

Art. 11. The governor of the prefecture may order the health examination of those who by reasonable evidence are believed to be habitual prostitutes. (See Art 3 of Incl #2)

Art. 12. When it is deemed necessary to take special measures for the treatment and prevention of VD, the prefectural governor may with the approval of the Minister of Welfare require the health examination of individuals in whom there is reasonable evidence to suspect the presence of VD, in accordance with the provisions of Ministerial Ordinance. (See Article 3 & 4 of Incl #2)

Art. 13. In case a physician makes a health examination as provided for in Articles 10 or 11, he shall make a virus test by the methods as stated in Ministerial Ordinance. (See Article 5 of Incl #2)

Chapter IV. Treatment

Art. 14. The prefectural governor, when he deems it necessary for the treatment and prevention of VD, may order VD patients or their protectors to report on the measures which the said patients are taking to cure such disease.

2. Persons, who are ordered to report on the patients under medical treatment as provided in the preceding Paragraph, shall submit certificates of their treatment with the report specified therein.

Art. 15. The Prefectural governor, if he finds it necessary, shall order the patients who are not under medical treatment to take, or order their protectors to make them take, treatment.

2. The governor of a prefecture, when he deems it necessary for the complete treatment or prevention of VD, may order patients to enter, or order their protectors to take them to VD hospitals or clinics so long as their disease is liable to infect others.

3. The Prefectural governor may take steps to bear all or part of the expenditures of treatment in VD hospitals or clinics of patients who have been ordered either to take treatment, or to enter the said VD hospitals or clinics according to the provision of the preceding paragraph or when persons who are responsible for the sustenance of the said patients are unable to defray the said expenditures as provided by the Ministerial Ordinance. (See Article 6 of Incl #2)

Chapter V. Establishments

Art. 16. The Prefecture shall establish VD clinics and hospitals for the examination and treatment of VD patients as provided by the Ministerial Ordinance. (See Article 7 of Incl #2)

2. The city, the town or the village may establish public VD clinics and hospitals as provided by the Ministerial Ordinance. (See Article 7 of Incl #2).

3. The Prefecture, the city, the town or the village may substitute either public or private clinics and hospitals deemed appropriate for VD clinics and hospitals under Art. 11 for an appointed period, if approved by the Minister of Welfare. (See Art 7-2 of Incl #2)

Chapter VI. Expenditures

Art. 17. The Prefecture shall bear the following expenditures:

1. Those necessary for the health examination under Art. 10 to 12 inclusive.

2. Those necessary for taking the steps provided in Art. 15, par. 3.

3. Those necessary for VD clinics and hospitals established by the prefecture or substitutional VD clinics and hospitals.

Art. 18. The city, the town or the village shall bear the expenditures necessary for a VD clinic and hospital or a substitute thereof established by the city, the town or the village concerned.

Art. 19. The state subsidizes one half of the expenditures specified in each paragraph of Art. 17 and in the preceding Article as provided by Cabinet Ordinance.

Art. 20. The state subsidizes not exceeding one half of the expenditures for the dissemination of knowledge for the treatment and prevention of VD spent by the prefectures within the budget limit as provided by the Cabinet Ordinance.

Art. 21. The Prefectural governor shall collect the following expenditures from the persons concerned and their legal supporters within an appointed period as provided by Cabinet Ordinance. This however shall not apply in case where the prefectural governor recognizes the inability of the said persons concerned or their legal supporters to bear the whole or part of the expenditures.

1. Expenditures necessary for the health examination under Art. 10 or Art. 11.

2. Expenditures necessary for the examination and treatment at VD clinics and hospitals established by the prefecture or substitute thereof.

3. The mayor of the city or the headman of the town or the village shall collect the cost of the examination and the treatment at VD clinic and hospital established by the city or the town or the village or substitutes thereof from the persons concerned . However, in case the mayor of the city or the headman of the town or the village recognizes the inability of the said persons concerned or their legal supporters to bear the whole or a part of the costs, the above provision shall not apply.

Chapter VII. Supplementary Provisions

Art. 22. The governor of a prefecture, if he deems it necessary for the enforcement of this law, may order competent officials to visit persons suffering from VD or persons in whom there is reasonable evidence to suspect the presence of VD or the place where such patients are doing business, and make necessary inspections and inquiry.

Art. 23. The health officials concerned, when they examine as provided by Art. 11 or Art. 12, or visit or make necessary examinations or inquiries shall carry with them certificates of their official post and show said certificates if persons concerned request them.

Art. 24. Persons, who are dissatisfied with dispositions made by the Prefectural governor, the mayor of the city, or the headman of the town or the village under authority of this law or orders thereunder, may appeal thereon to administrative government agencies.

Art. 25. Those who are ordered by prefectural governor or competent officials of the local government to take health examination in accordance with the provisions of Art. 10, 11 and 12, may appeal to the court for the withdrawal of the order in case they claim the order violates the provisions of Art. 10, 11 and 12 of this Law.

2. When the above appeal is made, the health examination shall not be executed until decision by the court.

he shall notify the individual concerned that he has a right to appeal to the court before the health examination is executed.

Chapter VIII. Penalty

Art. 26. Any person with knowledge of having VD in a stage which is liable to infect others, and who performs prostitution, shall be liable to imprisonment for a term not exceeding 2 years or to a fine not exceeding 10,000 yen.

Art. 27, Any persons who assists or solicits prostitution or provides a place for prostitution with good knowledge of the presence of VD which is liable to infect others, shall be liable to imprisonment for a term not exceeding 3 years or to fine not exceeding 20,000 yen.

2. Any person who assists or solicits prostitution or provides a place for prostitution without knowing of the presence of VD which is liable to infect others, shall be liable to the above said imprisonment or the above said fine.

Art. 28. Any person who knows he is suffering from VD which is liable to infect others, and who acts so as to infect others with the disease by sexual intercourse, lactation, or intimate physical contact shall be liable to imprisonment for a term not exceeding 1 year or to a fine not exceeding 5,000 yen.

2. The above said two offences shall be prosecuted upon indictment.

Art. 29. Any physician, who without proper reasons, reveals confidential information regarding any patient shall be sentenced to an imprisonment of not exceeding one year or a fine not exceeding 5,000 yen.

2. In case officials conducting health examination as provided in Art. 11, or a public officer engaged in a duty for the prevention of VD, or other persons holding such positions, reveal without proper reasons the secret of others which they happen to know in performance of their duties, the preceding provision shall apply.

Art. 30. Persons who make false answers to the questions of Physicians provided in Art. 6 shall be sentenced to an imprisonment of not exceeding six months or not exceeding a fine of 2,000 yen.

Art. 31. Persons who, without proper reasons, reject, hinder, or avoid the execution of duties of the officials concerned as provided in Art. 22 or who make false answers to the questions of the said official shall be sentenced to a fine of not exceeding 5,000 yen.

Art. 32. Any persons who falls under any of the following Paragraphs shall be sentenced to a fine of not exceeding 3,000 yen.

1. Any one who fails to give the instructions or report under Art. 6 of report under Art. 7, Par. 1.

2. Any one who violates the provisions of Art. 7, Par. 2.

3. Any one who disobeys the order provided in Art. 10, or Art. 15, Par. 1 or 2.

4. Any one who disobeys the order provided in Art. 11 or rejects, hinders or which avoids the health examination prescribed in Art. 11 or 12.

5. Any one who fails to submit the report provided in Art. 14. Par. 1.

Appendix

Art. 33. This Law shall come into force as from September 1, 1948.

Art. 34. The VD Prevention Law, No. 48, 1927 and the Welfare Ministry Ordinance, No. 45, 1945, "Special Regulations for the VD Prevention Law" are hereby repealed.

Art. 35. Medical offices established under Art. 2, Par. 1 of the VD Prevention Law and substitutes for them under Art. 4 of the Law shall be deemed to be those provided in Art. 16.

Art. 36. The punishment of the offended deed against VD Prevention Law and the Special Regulations for VD Prevention Law before the enforcement of this Law shall be according to the existing Laws.

. . . . . .

MINISTRY OF WELFARE ORDINANCE
No. 45

24 September 1948

REGULATIONS OF VD PREVENTION LAW

Art. 1. Medical doctor's instructions provided for in the provisions of Article 6 of the VD Prevention Law (hereinafter referred to as the Law) shall be executed by word of mouth or in written form on the following items:

1. Harmful effects of the disease.
2. Means of treatment and other necessary matters concerning the treatment thereof.
3. Preventive medicines and implements, and other preventive methods.
4. Punishments provided for in the provisions of Articles 26, 28, 30 and paragraph 2 of Article 32 of the Law.

Art. 2. According to the provision of Article 6 of the Law, physicians shall inquire or investigate on the following items, and report them.

1. Name, date of birth, sex distinction, occupation, and place of living of the patient.
2. Diagnosis.
3. Date of exposure.
4. Date of symptoms perceptible.
5. Whether medical treatments have been given before or not, and when and where the treatment was given, if any given.
6. Name, sex distinction, place of living and occupation of the person who is deemed to have infected the patient with the disease.
7. Name, sex distinction, place of living and occupation of the person or persons to whom the patient has committed and act liable to infect him or them with the disease.
8. Other necessary matters.

Art. 3. A competent official under the provisions of Articles 11 and 12 of the Law shall be limited to the officials of local government, of city, town or village, or of health centers who are the physicians.

Art. 4. When health examination is ordered by Governor of the urban or local prefecture under the provisions of Article 12 of the Law, he shall before-hand seek the approval of Minister of Welfare, with the following items stated on the written program thereof.

1. Locality and condition of the spreading of VD.

Incl 8

2. Name and site of the hospital or clinic which shall operate health examinations.
3. Objects of health examination.
4. Means of health examination.
5. Estimation of expenses for the operation of health examinations.
6. Other necessary items.

After the health examination under the previous paragraph is operated, the governor of local government shall promptly report the results thereof to the Minister of Welfare.

Art. 5. The bacteriological examination under the provision of Article 13 of the Law shall be carried out by the following methods:

1. Syphillis - Darkfield examination, or more than two of the serological tests specified by the Minister of Welfare.
2. Gonorrhea - Microscopic examination of gonococcus or culture examination.
3. Lymphogranoloma Venereum - Frei test.

Art. 6. Those who desire the governor to take steps as provided for in paragraph 3 of Article 15 of the Law, shall obtain certificates from the chief of Health Center in the area of the patient in accordance with instructions of the prefectural governor, and submit the above certificate to the doctor concerned or the director of hospital or clinic.

Art. 6 - 2 Prefectural governor shall, in accordance with the certificate provided for in the preceding paragraph, pay a part or whole of the expenses to the doctor concerned or the director of hospital or clinic.

Art. 7. When a hospital or clinic is going to be established under the provisions of Article 16 of the Law by a local government or city, town or village, the approval of Minister of Welfare shall be obtained, stating the following items.

1. Reasons of the set-up.
2. Name and site.
3. Means of management.
4. Outline of the building thereof and ground plan.
5. Outline of equipments.
6. Fixed number of staff and personnel.
7. Date of inauguration expected.
8. Estimates on annual expenditures and incomes.

Art. 7 - 2 When a public or private hospital or clinic is going to be used by the local government, or city, town or village, the approval of Minister of Welfare shall be obtained, stating the following items.

1. Reasons of necessitating the substitute hospital or clinic.

2. Name of the person managing it (with his personal history).
3. Name and site.
4. Number of staff and personnel.
5. Outline of the building and equipments of the hospital or clinic.
6. Capacity of medical services for day-patients and in-patients, in the scope of substitution.
7. Numbers of the patients in the past (monthly average).
8. Estimates on annual expenditures concerning substitution.
9. Term of using as the substitute hospital or substitute clinics.
10. The writing agreement. (copy)

Art. 7 - 3. The term for using a substitute hospital or clinic shall be one year, and the renewal of the term thereof shall be made in accordance with the formalities under preceding paragraph. When the substitute agreement is to be cancelled, the application with good reasons shall be made for the approval thereof by Minister of Welfare.

Art. 8. An indentification card provided for in Article 23 of the Law shall be made according to the form shown on affixed paper. (Note, form not presently available).

SUPPLEMENTARY PROVISION

This Ministerial Ordinance as from the day of promulgation and applied as from the September 1, 1948.

Kyoshen MD Region (8)

8 ea. tox

I/10 Lts.

HEADQUARTERS I CORPS
Office of the Surgeon
APO 301 (Kyoto, Honshu)

Surg 411.1

28 September 1948

SUBJECT: Safeguarding of Potent Poisons

TO : All Medical Department Officers, I Corps Z/R

1. Recent inspections have revealed that potent poisons have not been safeguarded under lock and key but were allowed to remain open on shelves, and in many instances mixed in with other medication. A potent poison is any substance, drug, chemical, or reagent which is likely to destroy human life or seriously endanger health when applied externally to the body or when taken internally in any quantity.

2. It is the responsibility of all Medical Department Officers to see that all poisons are properly safeguarded in order to eliminate unforgivable accidents.

3. Hospital Commanders, Division Surgeons, and Surgeons of Separate Battalions will cause to be made a list of all known potent poisons and the antidotes thereto, this information to be compiled in the form of a chart; further, antidotes for all known poisons will be on hand and centrally located in a cabinet in order to reduce the minimum time in the procurement of antidotes when required.

4. The foregoing will be made a basis for inspection of all units, and all responsible Medical Department Officers will initiate action immediately to comply with paragraph 3, above.

FOR THE CORPS SURGEON:

PAUL [illegible]ROACH
Major, MSC
Executive Officer

Public Health

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

JRM/ay

AG 300 - BA

25 September 1948

SUBJECT: Three Months Plan

TO : See Distribution

1. Reference: Letter, Headquarters I Corps, file AG 310.1-BA, subject: I Corps Military Government Plan 1 July - 30 September 1948, dated 24 June 1948.

2. This headquarters will not publish a "Three Months Plan" as it has in the past. I Corps Military Government Activities for the period 1 October - 31 December will follow priorities established by Letter, Headquarters Eighth Army, subject: "Priority of Military Government Activities", attached as Inclosure No. 1.

BY COMMAND OF MAJOR GENERAL SEIBERT:

1 Incl:
As indicated

W. N. HORNISH
Lt Col, AGD
Asst Adj Gen

DISTRIBUTION:
2 ea MG Region & Team
I Corps Z/R
2 AG Rec, I Corps
2 File

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

AGMGX 300.1 11 September 1948

SUBJECT: Priority of Military Government Activities

TO : Commanding General, I Corps, APO 301
Commanding General, IX Corps, APO 309
Commanding Officer, Chugoku Mil Govt Region, APO 317
Commanding Officer, Shikoku Mil Govt Region, APO 1050
Commanding Officer, Tokyo Mil Govt Team, APO 181
Commanding Officer, Kanagawa Mil Govt Team, APO 503
Commanding Officer, Shizuoka Mil Govt Team, APO 1007

1. Reference is made to letter, this headquarters, subject as above, dated 15 June 1948, covering priority of activities through September 1948.

2. The inclosed list establishes priorities for the period October through December 1948. It indicates the relative emphasis placed by this headquarters on the various activities under each section and is furnished as a basis for planning, subject to changes dictated by local conditions.

3. In the light of present shortages of personnel, the importance of careful, continuous and coordinated planning cannot be too strongly emphasized. Such planning will lead to the most efficient utilization of available personnel and transportation and insure relative coverage of the most important activities without omitting required action in secondary fields.

4. Nothing in the inclosure, hereto, should be construed as giving priority to any section of military government to the detriment of another section. The priority given is by activity within each section. All activities required of military government units are not included, but those requiring particular emphasis during the next quarter are listed. The order of listing within a given section priority is of no significance. All activities under a first priority are considered of equal importance, subject only to modifications based on local conditions.

Ltr, Hq Eighth Army, APO 343, dtd 11 Sept 1948, subj: 'Priority of Military Government Activities'.

5. Sufficient copies are included to permit distribution to prefectural teams if desired.

BY COMMAND OF MAJOR GENERAL RYDER:

/s/ R. Schafer
/t/ R. SCHAFER
Lt Col, AGD
Asst Adj Gen

1 Incl:
List of Activities

Reproduced by Hq I Corps,
25 Sep 48

SECTION I

ECONOMICS ACTIVITIES

1st Priority

1. Production, collection and distribution of food.
2. Production of coal.
3. Japanese tax collection (when handled by Economics Section).

2nd Priority

1. Transportation.
2. Distribution of critical materials.
3. Labor-management relations and labor education.
4. Electric power rationing.
5. Reparations program.

Inclosure 1 to Ltr, AGMGX 300.1, dtd 11 Sept 48, subject:
"Priority of Military Government Activities.

SECTION II

LEGAL AND GOVERNMENT ACTIVITIES

1st Priority

1. Activities of prefectural and other local authorities with special reference to:

   a. The local autonomy law and local government administration.
   b. Administration of the courts.
   c. Activities of judges and procurators.
   d. Political parties.

2. Development of democratic procedures in government, legislation, law enforcement, and the political reorientation program. Maintain close liaison with the team information officer.

3. Japanese tax collection (when handled by Legal and Government Section).

4. Fish and vegetable control (to the extent handled by Legal and Government Section).

2nd Priority

1. Current Japanese government legislation as published in the OFFICIAL GAZETTE.

2. Administration of the purge, with particular attention to violations of the injunctions by purgees.

SECTION XII

FINANCE AND CIVIL PROPERTY

1st priority

1. Japanese tax collection.
2. Maintenance of United Nations Nationals' property.

2nd Priority

1. Impounding and inventory of property bearing markings of areas occupied by Japanese armed forces.
2. Investigation of looted vehicles.