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MINISTRY OF WELFARE
JAPANESE GOVERNMENT

27 October 1948

Hatsuyo No. 85.

To : Prefectural Governor

From : Vice Minister

Subject: The Enforcement of VD Prevention Law ✓

The VD Prevention Law, which has passed newly in the 2nd Diet, was put into force from September 1 as the Law, No. 167, 1948 and Ministerial Ordinance accompanying the enforcement thereof is promulgated on September 24 and cabinet order thereof is going to be promulgated before long. This Law, which has been drawn up on the basis of the former VD Prevention Law and Special Regulation the same Law and in views of the legislation of foreign countries is epoch making for the complete medical treatment and prevention of VD to prevent it from impairing the soundness of soul and body of the people and producing an evil effect upon their descendants for the purpose of contributing to the improvement and promotion of public health and is established with the serious deliberation in Diet.

The principles of the Law are as follows:

1. The complete medical treatment and prevention of VD is the obligation of State, local public bodies and every individual and prescribe the cooperation of physicians.
2. It has handled VD as communicable disease and prescribed reporting of physicians, pursuit of the origin of the contagion, supervision over the patients until the completion of their treatment, compulsory treatment, and hospitalization.
3. With the control of VD among the people in general as its object, the routine compulsory health examination of prostitutes which had been the main object of the former Law is abolished, but those who are suspected to by reasonable evidence be habitual prostitutes may be ordered to receive the health examination.
4. If the prefectural governor orders indiscriminately the health examination, the fundamental human right is afraid to be dangerous, therefore it is carefully handled.

5. In order to prevent producing an evil effect of VD upon descendants of people, the Law prescribes the health examination in case of matrimony and pregnancy.

6. It is the obligation of local public bodies to provide all necessary facilities for VD prevention.

On the above principles of the Law, you connect closely with the offices concerned which come in touch with the execution of this Law and taking into consideration that the objectives of the Law are to exterminate VD from all the people and that the objectives can be achieved only by popularization of the knowledge of VD should be thoroughly understood you are requested to exert yourself more to popularize the knowledge of VD and to execute the Law with the following matters, perfectly by order of Minister, I report you.

I. General matters

1. Governor of the urban and local prefectures shall, as the persons responsible for the execution of this Law, supervise and give guidance to the personnel in their charge, and formulate the fundamental counter-measures of the thorough treatment of VD and the prevention thereof under the connections with those concerned.

2. Governor of the urban and local prefectures shall take consideration with the following matters in case of the execution of this Law.

(1) Corresponding to the actual condition of the health centers under their jurisdiction, generally the powers of Art. 10, 11, 14 and 15 paragraph 1 of the Law shall be transferred to the heads of health centers (mayors in the cities prescribed in Cabinet Order under Art. 1 of Health Center Law.)

(2) In case of the transferring of preceding paragraph, the prefectural governor shall take steps necessary of the financial source of the expenditure under the provision of Art. 28 of the Local Finance Law.

(3) When a governor finds it necessary to order the examination, treatment or hospitalization of any person for VD, this order shall be issued not for a group but for an individual and include the name, address, designated hospitals or clinics and necessary matters of the individual concerned.

3. At the execution of the powers transferred, the heads of health centers shall have their personnel in their charge be thoroughly aware of the Law and have them be familiar with the operation thereof; they

shall undertake the responsibility of the spread of the idea, and also take care of the connection with and cooperation of physicians.

4. The reason for the establishment of the provision on their cooperation in Art. 4 of this Law derives from their responsibility that they shall assist the officials in the carrying out of the Law in Art. 6 and following articles, thereof in view of the fact that the execution of this Law depends upon their active cooperation, governors of the urban and local prefectures shall endeavour to promulgate the purpose of the Law through Medical Association, and by consolidating the facilities for tests and examinations of Health Center, etc., give the convenience to the utilization by physicians; thus the execution shall be expected to be complete.

5. The operation of this Law being completed together with the application of the following laws, these laws and regulations shall be researched, and the smooth execution of the Law shall be aimed at under the constant connection with the organizations concerned.

(1) Pharmacy concerned:

(a) Pharmacy Law has provided, in Art. 41, Art. 44, and Art. 56, that penicillin and sulfa-diazine, sulfathiazole, etc., designated by Welfare Minister that are the remedies for VD, cannot be sold without the prescriptions or the directions by physicians. This is required for the prevention of harmful self-treatment, from the aims of this Law at the thorough treatment and the prevention thereof. It is requested that the guidance and supervision over the pharmacy business shall be taken into consideration in cooperation with the office concerned in order to carry out these articles strictly.

(b) The provision of Art. 40 of the Pharmaceutical Affairs Law shall be applied to the preventive medicines and inferior instruments of VD and of Art. 34 to the exaggerated advertisement. Specially, as to the preventive instruments, the harmful and futile instruments or even these unharmed and futile shall be controlled as inferior instruments liable to endanger public health of item I, e of Art. 40 and the suitable measures of encouraging the use of superior one shall be taken, and the complete prevention shall be strived for.

(2) Police concerned:

The execution of the Law shall be done according to the view points of public health and therefore it should be remembered that the cooperation of the police shall be limited in the case when it is required by the health department. This point will be notified after the matter is communicated to the national Police Headquarters.

(3) Others:

(a) In Art. 4 of the Public Bath-House Law, the bathing of those liable to make others contagious with diseases is prohibited;

but, as not a few cases of the contagion of venereal disease in public bath-houses are found, as to those to be clearly seen as venereal disease in appearance, the guidance shall be given to take measures on the basis of Art. 4 of the public bath law and also, shall be paid to the guidance and supervision by the environment sanitation inspector over the prevention of the contagions in the bath-houses.

(b) As to Art. 19 of the Children Welfare Law, it should be referred to No. 3 of III on health examination.

5. Since the popularization of the knowledge of the complete prevention and treatment of VD is the premise to the execution of this Law, you shall exert yourself for the thorough understanding of the people to VD with the following matters.

(1) The spread of the idea is the thoroughness of prevention, discovery and treatment in their early stage and complete treatment in order to give the true knowledge of VD, and recognize the measure of prevention.

(2) Strict enforcement of the physical examination at the time of marriage and pregnancy.

(3) As the spread of the idea on VD is liable to form of public indecency, referring to the motion-picture film ("Body and Devils"), readers of sex education, and sex science exhibitions, all of which this Ministry has given aid in their preparation, it shall be executed.

(4) As to the sex education it shall be closely with the persons concerned, education and the correct knowledge of the sex shall be furnished.

II. On Reporting

1. Reporting forms the foundation of operation of this Law, and therefore, for purpose of urging the reporting by physicians, the interpretations of the items of the Law shall be done on every opportunity to Medical Associations and the thorough acknowledgment shall be strived for.

2. The reporting under Art. 6 of the Law shall be done according to the free mail system, in the form prescribed in form No. 2, of Hatsu-Ken No. 36, "On the Prompt Reporting of the Statistics of Infectious Diseases", June 4 1948. In case the health center taking charge of the place of residence of the patient is unknown to the physician, the report may be submitted to the neighboring health center. At that time, the head of the same health center shall send it, without delay, to the health center taking charge of the place of residence of the patients.

3. "Within 24 hours" in Art. 6 of the Law shall be construed to mean "sending it within 24 hours after the diagnosis has been made."

4. The reporting by physician of the patient not obeying the instructions or the death or the healing of the patient shall be done immediately when he becomes aware of the fact, but "When such patients give up their treatment and fail to submit certificates of treatment by other physicians", shall indicate that the reporting shall be done in case that he has discontinued to get medical treatment without leave in 10 days from the time when he visited the physician for the last time.

5. The reporting of the change of the place of residence by the patient or his guardian to the physician shall be done by writing or orally.

III. On Health Examination

1. On the details of the health examination from Art. 8 to Art. 11 of the Law, notifications shall be made separately.

2. As to the health examination under Art. 8 of the Law, measures shall be taken to spread the urging thereof in Medical Association, Juvenile Organizations, Girl and Women Organization, schools and companies and factories, etc., and it is necessary to investigate the health examination on reporting of marriages and to recommend those who have not received the health examination to receive it thus the fostering of the good habit of exchange the health examination certificates and the aims of the Law shall be attained.

3. As regards the health examination under Art. 9 of the Law, the blood test for syphilis will be performed preferably prior to the fourth month of pregnancy at the time the pregnant women apply for "Mother and childhood book" or at the time of health guidance under Article 19 of the Children Welfare Law. In case she is suffering from syphilis, anti-syphilis treatment shall be carried out at an early stage.

4. Those who are considered to have infected VD to the patient, and those whom the patients have committed conduct liable to infect VD by the report of Art. 6 of the Law, shall be not ordered immediately to receive the health examination, but need to recommend those to receive the health examination by letter or visiting their homes. This is the so-called contact-tracing. Since the contact-tracing is the main point with the report of physician, it shall be carefully handled, and the education thereof shall be given to the persons concerned and, also the keeping of secrecy shall be specially taken care of. The order of health examination of Art. 10 of the Law shall be issued only after the individual has been given opportunity to report for health examination is considered necessary for the protection of the public health.

5. The order of health examination under Art. 11 of the Law, shall not take place of the former routine health examination, therefor shall not be issued for a group but for an individual.

6. The case described in Art. 12 of the Law as "When it is deemed necessary to take special measures" shall be construed to mean the case of the sudden outbreak of numerous VD patient through the medium of not-springs, or public-bath, etc.

7. The above order of examination shall be executed, as a rule, by designating the hospitals or clinics under Art. 16 of the Law, in relation to the trustworthiness of the execution and the burden of the fees.

IV. On Medical Treatment

1. The method of the execution of modern medical treatment, shall be in accordance with gist of the Execution of Counter-measures for Medical Treatment of the last year.

2. "When he deems it necessary for the treatment and prevention of VD" under Art. 14 of the Law shall be construed to be the case that the patient does not obey the indications of the physician or he suspends the treatment, without good reason, etc.

3. "If he finds it necessary" under Art. 15, Par. 1, of the Law shall be construed to mean that the patient is found to be receiving no treatment according to the report by the patient under Art. 14 of the Law, or that any other hazard for public health is found to exist.

4. "When he deems it necessary for the complete treatment or prevention of VD" under Art. 15, Par. 2 of the Law shall be construed to mean that the action is necessary for that person because there exists liability of contagion to others. It is illegal that you order compulsory hospitalization only for the health examination. The standards of "so long as their disease is liable to infect others" shall be as follows:

(1). In the case of syphilis, the completion of the course of at least 3 injections of arsenic preparations and 2 injections of bismuth preparations and the disappearance of the symptoms out of the skin, mucous membrane, etc., but the continuous treatment is required after having left the hospital or clinic.

(2) In the case of gonorrhoea, till all of the symptoms have disappeared and the smeared specimen or culture test has become negative 3 times for 3 days in succession.

(3) In the cases of chaneroid and inguinal lympho-granuloma, till the complete cure of the wound. As stated above, considerably long-period treatments being required according to the cases of the diseases, consideration shall be paid for the vocational guidance in order to give the chance of rehabilitation, and, after the dismissal from the clinics, by the close cooperation of Women's Homes, Women's Organizations, etc.,

the establishment of the fundamental constructive program shall be required.

The first offence of prostitution or the juvenile who have been ordered to be hospitalized shall be sent into the competent protection institute and, when there is no institute, they shall be protected carefully within the VD hospitals, by distinguishing their rooms from others.

5. The order of paragraph 1 or 2 of Art. 15 shall be executed, as a rule, by designating the hospital or clinic under Art. 16 of the Law in relation to the trustworthiness of the execution and the burden of the fees.

V. Facilities

1. According to Art. 16 of the Law, every urban and local prefectures have the obligation for setting-up; at least one hospital shall be set up in every prefecture, and the clinics shall be set up by means of the consolidation of health centers, however, the urban and local prefectures which have no VD hospitals may substitute a suitable hospital or a part of hospital is under the present financial circumstances.

2. The establishment by the heads of cities, towns and villages shall be voluntary, but especially in cities decided by Cabinet Order based on Art. 1 of Health Center Law, it is required to set up in accordance with the preceding item.

3. Substitute hospitals or substitute clinics shall be set up, as a principle, at the places where there is no hospital or clinic based on Art. 16 of the Law, and the perfect execution of the Law shall be expected; it shall be reminded that to the substitute hospitals and substitute clinics, the local public body bear only for commissioned treatment fees, hospitalization fees and fees for being in clinic, and not the current expenditure.

VI. Expenses

1. The state subsidy is, as formerly, the liquidation subsidy.

2. The standard of the expenses; being now under negotiation with Ministry of Finance and Local Finance Committee, shall be notified immediately on decision.

VII. Supplementary Rules

1. The competent officials (See Art. 22, 23, 25) shall be the personnel of Health Department and the personnel of health centers, and the scope thereof is necessary to be limited before-hand by the chief concerned.
2. On investigation and inquiries by means of stepping in by the competent officials, in view of the large liability of the outrage on the personal rights, the execution thereof shall be limited exclusively to the patients with reasonable reason to be suspected afflicted with VD, and the handling shall be courteous.
3. The aims of Art. 25, Par. 3, and the provision of Art. 29, Par. 2, on the betrayal of secrecy shall be made to be well and thoroughly understood by the competent officials.

VIII. On Penal Rules

1. The compulsory application of the Law with rules of penalty is not the fundamental principle of the Law. However, the rule of penalty should be known to the public, and if the intention is evidently ill meant or if there are evidences, it is desired to be ready to apply the rules of healthy strictly and thus to aim to have the people take voluntary measures to prevent VD.
2. The punishment of Art. 26 and 28 provide the intentional offence and not apply to those who have not known of suffering from VD. (remark: The VD Prevention Law in English)
3. As to the application of Art. 26-8, in case a proper preventive measure is adopted (by the individual) it can be considered that the penalty may be reduced according to the situation and therefore guidance shall be given to encourage to form good habit of taking preventive measures constantly.

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LAW FOR PREVENTION OF VENEREAL DISEASE (NATIONAL)
(4 April 1927 No. 48)

ART. 5 - A person who has prostituted herself knowing that she was suffering from venereal diseases, which have the possibility to infect other, shall be punished with penal servitude not exceeding three months.

A person who has aided or has acted as a go-between for the prostitution knowing that the prostitute was suffering from venereal diseases which have possibility to infect others shall be punished with penal servitude not exceeding six months or fined not more than five hundred yen.

Every person who by committing a crime of the preceding two paragraphs has taken adequate measures for prevention of infection, punishment shall be mitigated.

SPECIAL REGULATION OF LAW FOR PREVENTION OF VENEREAL DISEASE
(Ordinance of the Department of Public Welfare No. 45 23 Nov 1945)

ART. 3 - A physician who has examined a venereal patient shall direct the patient of measures regarding prevention of infection and medical treatment as well as report the patient's name, age, address, sex and name of disease to the prefectural governor who has jurisdiction over the patient's domicile.

A person who has received the direction of the preceding paragraph shall obey it.

ART. 4 - When a possible contagious venereal patient (who has the possibility to infect others) has not obeyed directions of the preceding article a prefectural governor may designate a physician and order the patient to undergo medical treatment.

A prefectural governor may order a venereal patient, who has possibility to infect others or to spread venereal diseases by nature of her business to go to a hospital.

ART. 5 - A physician shall examine a patient who has possible infection a venereal disease in accordance with measure provided in other regulations.

ART. 6 - A person who has possibility of spreading venereal diseases by nature of her business, may not wait on customers nor engage in business unless, she has a health certificate after undergoing a physical examination which regulated by a prefectural governor.

A prefectural governor shall provide the limits of physical examination, health certificate and business of waiting on customers.

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THE METROPOLITAN POLICE DEPT.

- Tokyo -

February 4, 1960

TO : Provost Marshal Office, Tokyo
FROM : Chief of Crime Prevention Division, MPD.
SUBJECT: re Control of Prostitutes who loiter about the street.

(1) In controlling prostitutes dealing with GI's, the present method of arresting suspects on the charge of flagrant offence alone not only involves a considerable amount of hard work on the part of the controlling officers but the results are not satisfactory. In view of this, the Metropolitan Police Department, after consultation with the Sanitary Bureau of the Metropolitan Office and the public procurators in charge in the Tokyo District Public Prosecutor's Office, decided to arrest prostitutes who loiter about the street, thereby to prevent the spread of venereal diseases, and enforced control in the manner mentioned below. The results obtained were highly satisfactory and we propose to continue this method in future.

(2) Method of Enforcement of Control:

1. The police officer will subject suspects who loiter about the street to official questioning, and those who are presumed to be prostitutes judging from their dresses, language, attitude, etc. will be taken with their consent to a police box nearby, where their belongings will be examined. Any suspect who has voluntarily confessed to her commission of prostitution will be taken to the police station, where a protocol will be prepared. At the same time, evidences will be collected and against any suspect who is found to have actually committed prostitution a result for a warrant of arrest will be made at once to a judge.

2. Officials in charge in the Sanitary Bureau of the Tokyo Metropolitan Office will subject the suspect to health examination, and if she is found to have virus, an order to enter a hospital will be issued, and she will be sent to either the Toyotama Hospital or Yoshiwara Hospital.

3. Those suspects who have been found upon health examination to be suffering from no venereal disease and those prostitutes with virus who have undergone hospital treatment will be detained at the police station for further questioning by executing warrants of arrest, and will then be sent to the public procurator in charge in the

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Tokyo District Public Prosecutor's Office within 48 hours.

4. In enforcing this control, great care is taken not to infringe upon the human rights of the suspects.

(3) Actual Examples of Control Enforced under this Method:

1. This type of control was enforced commencing 2000 hours, January 25, 1950, by the Prostitution Control Group of the Public Peace Section, MPD, around Shinjuku Station. Members of the Group numbering 50 organized four teams and worked under the direction of Superintendent INOUE, Chief of the Sanitary Branch, and Inspector KUROHA. Some officials of the Sanitary Bureau of the Metropolitan Office also participated.

2. At first 50 women were taken on suspicion of prostitution, but 11 of them against whom suspicion was weak were released at once and the remaining 39 against whom suspicion was strong were taken to Yodobashi Police Station for questioning. The officials of the Sanitary Bureau of the Tokyo Metropolitan office issued orders for medical examination in the name of the Governor of Tokyo Metropolis against those who were deemed to be habitual offenders as the result of this questioning and carried out health examination. Ten of the suspects were found to be infected with VD and were at once sent to the Toyotama Hospital.

3. Against the remaining 29 prostitutes who were not suffering from venereal disease warrants of arrest issued by a judge of the Tokyo District Court were obtained on charge of violation of the Ordinance for Control of Prostitution, etc. and they were detained at the Police Station for further questioning. On January 27 they were turned over to Public Prosecutor NAKAGOME of the Tokyo District Public Prosecutor's Office.

These prostitutes who are now in hospital for treatment will be dealt with in the same manner as mentioned above after they have finished their treatment.

4. During this control, not a single case involving the problem of infringement on the human right occurred and the control was carried out without any trouble.



GENERAL HEADQUARTERS
FAR EAST COMMAND
Office of the Provost Marshal
APO 500

726 (20 Jan 50)M

20 January 1950

SUBJECT: Use of Military Police to Support Japanese Police in Venereal Disease Control

TO: Provost Marshal, Headquarters Eighth Army, APO 343
Provost Marshal, Far East Air Forces, APO 925
Legal Officer, United States Naval Forces, Far East, Navy No. 1165

1. In order to clarify any possible misunderstanding, information is furnished that the following actions by military police, designed to support Japanese police in the control of venereal disease, are in line with present policy:

a. When Japanese police enter houses known or suspected to be houses of prostitution, military police are authorized to accompany them for the following purposes:

- (1) To prevent Occupation personnel from interfering with the Japanese police.
- (2) To arrest Occupation personnel violating military law or regulations.

Under these circumstances, military police have no authority to ask the Japanese police to enter such places, without consent of the owner, unless provided with necessary warrants, as required by Japanese law; and are not authorized to give orders to the Japanese police to act against indigenous personnel under the National Venereal Disease Control law. This law forbids arrest or forcible detention by the police except where an order from the Governor of the Prefecture has been obtained in advance in the case of prosecution for refusal to have a health examination or to take necessary treatments for venereal disease as ordered.

b. When military police, acting under proper authority, enter houses of prostitution which have been placed "off limits" or enter suspected houses to determine if they should be placed "off limits", they are authorized to request the Japanese police to accompany them as interpreters and to assist in determining the true facts of the case. However, in such instances, military police have no authority to instruct the Japanese police to act against indigenous personnel under the venereal disease prevention law. This does not prevent Japanese police from taking such enforcement measures as may be legal under the provisions of the venereal disease control law if they are provided with warrants as required by Japanese law.

Karte
INFORMATION COPY
ATTN. PH OFFICER

726 (20 Jan 50)PI, 20 Jan 50

Subj: Use of Military Police to Support Japanese Police in Venereal Disease Control

c. When Japanese police are engaged in official questioning of known or suspected prostitutes or panderers in "pick-up" areas where prostitutes are in the habit of loitering and soliciting business with Occupation personnel, the military police have authority to accompany the Japanese police to prevent interference by Occupation personnel. In such cases military police are not authorized to make arrests of such suspected prostitutes and should not ask the Japanese police to do so. Again, this does not mean that the Japanese police do not make arrests as permitted by applicable Japanese law.

2. The appropriate Japanese public health and law enforcement agencies have been asked to make a special effort, within the limitations of available personnel and funds and within the scope of the venereal disease prevention law, to reduce the rate of venereal disease infection among the groups of prostitutes dealing with Occupation personnel.

ROBERT T. CHAPLIN
Colonel CAC
Provost Marshal

GENERAL HEADQUARTERS
FAR EAST COMMAND
APO 500

AG 726.1 (20 Jan 50)GA

20 January 1950

SUBJECT: Repression of Prostitution

TO: Commanding General, Eighth Army, APO 343
Commanding General, Marianas-Bonins Command, APO 246
Commanding General, Ryukyus Command, APO 331
Commanding General, Headquarters and Service Group, General
Headquarters, Far East Command, APO 500
Commanding General, Philippines Command (Air Forces), APO 74

1. Attention is invited to AR 600-900, 22 November 1949, a copy of which is attached.

2. This clear cut statement of Department of Army policy will be brought to the personal attention of every commander, whose responsibility it shall then become to insure proper orientation of the members of his command and strict compliance with the provisions of the cited regulation.

BY ORDER OF GENERAL MACARTHUR:

K. B. BUSH
Brigadier General, USA,
Adjutant General

1 Incl
AR 600-900

Copies furnished:
COMNAVFE, Navy No. 1165
CG, FCAF, APO 925

VENEREAL DISEASE PREVENTION LAW

Chapter I. General Provisions

Sept. 1, 1948

Art. 1. This Law provides for the complete medical treatment and prevention of VD to prevent it from impairing the soundness of soul and body of the people and producing an evil effect upon their descendants for the purpose of contributing to the improvement and promotion of public health.

Art. 2. The state and local public bodies shall always endeavour in the complete medical treatment and prevention of VD, popularising the knowledge about the said medical treatment and prevention.

Art. 3. Every person shall take precaution not to have any chance of contracting VD and, when infected, shall take medical treatment promptly.

Art. 4. Physicians shall cooperate in the performance of the duty and responsibility of the state, local public bodies and every persons prescribed in the preceding two Articles, endeavouring in the medical treatment and prevention of VD.

Art. 5. When used in this Law, the term "VD" shall include syphilis, gonorrhoea, 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 as provided by the Ministry Ordinance as to treatment and prevention measures of infection to the patients or to their protectors, and also after inquiring names, residence persons who are considered to have infected VD to the patients, and persons whom the patients have committed conduct liable to infect VD and other matters prescribed by the Ministry Ordinance, shall report the necessary matters in written form within 24 hours to the Governor of prefecture through the director of a health center in charge of the districts where the said patients reside.

Art. 7. Physicians, when persons diagnosed to be patients of VD or under their treatment fail to obey the instructions provided in the preceding Article, or when such patients give up their treatment and fail to submit certificates of treatment by other physicians, shall report thereon in written form to the Governor of prefecture through the director of the health center in charge of the residence of the said patients.

2. This provision shall also apply in case of the recovery or death of the said patients or the change of their dwellings.

3. When the said patients have changed their residence, they or their protectors shall notify the physicians treating the said patients.

Chapter III. Health Examination

Art. 8. Any man and woman entering into matrimony shall, in advance of marriage try to exchange their health certificates prepared by a physician to show whether they are suffering from VD or not.

Art. 9. Any woman who is found pregnant, shall have the health examination of a physician to determine whether she suffers from VD or not.

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

Inclosure No. 1.

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Art. 11. The governor of prefecture may order the health examination by a physician of those who by reasonable evidence are suspected to be habitual prostitutes, or order the health officials concerned to examine whether they are infected with VD.

Art. 12. When it is deemed necessary to take special measures for the medical treatment and prevention of VD, the prefectural governor may with the approval of the Minister of Welfare require the health examination by physicians or health officials of individuals in whom there is reasonable evidence to suspect the presence of VD, after designating the health examination procedures and other necessary items in accordance with the provisions of Ministerial Ordinance.

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 in order to be cured of 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 the treatment of physicians.

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

3. The Prefectural governor may take steps to bear the whole or a part of the expenditures of treatment in VD hospitals or clinics, in case when 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 persons who are responsible for the sustenance of the said patients are unable to afford to defray the said expenditures as provided by the Ministerial Ordinance.

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.

2. The city, the town or the village may establish public VD clinics and hospitals as provided by the Ministerial Ordinance.

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.

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 of one half of the expenditures for the dissemination of the knowledge of the treatment and prevention of VD executed by the prefectures in the limit of budget 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 incapability of the said persons concerned and their legal supporters to bear the whole or a 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.

2. The mayor of the city or the headman of the town or the village shall collect the expenditure 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 and their legal supporters designating the period as provided by Cabinet Ordinance. However, in case where the mayor of the city or the headman of the town or the village recognizes the incapability of the said persons concerned and their legal supporters to bear the whole or a part of the expenditures, the above provision shall not apply.

Chapter VII. Supplementary Provisions

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

Art. 23. The health officials concerned, when they examine as provided by Art. 11 or Art. 12, or visit or make necessary examination or inquiries shall carry with them certificates of their official post and show 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 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 the decision is fixed.

3. In case the governor of a prefecture orders a health examination, 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 who, though the person has knowledge of suffering from VD liable to infect others, 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 provided a place for prostitution with good knowledge of the presence of VD liable to infect others, shall be liable to imprisonment for a term not exceeding 3 years or to a fine not exceeding 20,000 yen.

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

Art. 28. Any person who, though the person has knowledge of suffering from VD liable to infect others, 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 discussed upon indictment.

Art. 29. Any physician, who without proper reasons, reveals the confidential information regarding any patient which he happens to know at the time of the health examination or treatment of his VD shall be sentenced to an imprisonment of not exceeding one year or a fine not exceeding 5,000 yen.

2. In case the officials conducting health examination as provided in Art. 11, Public Officers engaged in the 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 likewise.

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 fall under any of the following Paragraph 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 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" shall be abolished.

Art. 35. Medical offices established under Art. 2 Par. 1 of the VD Prevention Law and substitutes for them under Art. 6 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.

.....

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

Art. 28. Any person who, though the person has knowledge of suffering from VD liable to infect others, 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.

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2. In case the officials conducting health examination as provided in Art. 11. Public Officers engaged in the 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 likewise.

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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 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

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Art. 34. The VD Prevention Law, No. 49, 1927 and the Welfare Ministry Ordinance, No. 45, 1945, "Special Regulations for the VD Prevention Law" shall be abolished.

Art. 35. Medical offices established under Art. 2 Par. 1 of the VD Prevention Law and substitutes for them under Art. 6 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.

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To: Mrs. Hester

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

OPERATIONAL DIRECTIVE)

10 March 1950

NUMBER 1)

MONTHLY ACTIVITIES REPORT

1. Each Civil Affairs Region will submit an activities report for each calendar month. This report will be classified "Restricted." It will consist of a basic letter report and titled annexes and will contain all information available to and including the last day of the month.

2. a. This report will be carefully edited, giving special attention to the elimination of inconsequential and irrelevant material. It will present a summary of regional trends and matters significant on a regional basis. Successive reports will reflect the progress made in the execution of the general mission and will be clear and concise. Since this is an informational report, it should not repeat those things well known or covered by previous reports, but should contain only current significant trends and facts.

b. The basic letter will be a brief narrative not to exceed one sheet typed on both sides. It will contain brief resumes of activities, observations and trends of special significance only, i.e., those of national or prime regional importance which are covered in the annexes. It is not mandatory that the basic letter contain comment pertinent to each of the annexes.

c. Annexes will be in narrative form. The subject matter for each annex is outlined in paragraphs 4 through 9. Annexes will contain pertinent detail concerning the indicated topics only when action has been taken thereon, or important new information is available. Matters not covered in the outlines should be included in the annex most closely associated with the subject. Recommendations or complaints will not be included, but will be made the subject of special reports. In such cases, brief notations will be made in the appropriate annexes. Each annex will begin on a separate page and will contain in its heading the name of the reporting headquarters and the author. Both sides of the paper will be used in such a manner that the reverse may be read when the sheet is turned from the bottom. Each page of an annex will be identified with a notation in the lower right corner, i.e., Annex "A" on each page of that annex.

3. Annex B-1, Public Health Activities, will contain appropriate numbered paragraphs with specific titles as shown below; both paragraph

RS

number and title will be omitted if there is nothing significant to report. Disease incidence data under "period" will conform to Japanese reporting practices.

a. General Administration.

- (1) Resume of Civil Affairs field trips.

| <u>Activity</u> | <u>No. Conf. or visits</u> | <u>Did Pref P.H.D. Repr. Accompany?</u> | <u>Purpose</u> |
|-----------------|----------------------------|---|----------------|
|-----------------|----------------------------|---|----------------|

- (2) General administration of public health activities, plans, programs and progress measurement.

b. Preventive medicine.

- (1) Status of immunizations under the National Immunization Law. (Use census data population factors)

| <u>Disease</u> | <u>Date Season Program Begun</u> | <u>No. Imm. This Pd</u> | <u>Cumulative Number</u> | <u>Est. Balance yet to do</u> |
|----------------|----------------------------------|-------------------------|--------------------------|-------------------------------|
|----------------|----------------------------------|-------------------------|--------------------------|-------------------------------|

- (2) Significant local or general outbreak of disease.

| <u>Disease</u> | <u>No. Cases</u> | <u>Principal Areas</u> | <u>Incidence Increasing / Decreasing</u> |
|----------------|------------------|------------------------|--|
|----------------|------------------|------------------------|--|

- (3) General remarks about control measures, incidence, reporting, and problems.

c. Tuberculosis.

| <u>Prefecture</u> | <u>New Cases This Pd</u> | <u>Total Cases Remaining</u> | <u>Hospitalization In Hosp: Await Adm</u> | <u># PHN Home Visits</u> |
|-------------------|--------------------------|------------------------------|---|--------------------------|
|-------------------|--------------------------|------------------------------|---|--------------------------|

d. Venereal Disease for Region.

| <u>G.C.</u> | <u>New Cases Early SYPH Other</u> | <u># Contacts Traced</u> | <u>Lab Adequate?</u> | <u>Drugs Adequate?</u> |
|-------------|-----------------------------------|--------------------------|----------------------|------------------------|
|-------------|-----------------------------------|--------------------------|----------------------|------------------------|

e. Specific disease (seasonal) prevention campaign.

- (1) Started this month.

| <u>Disease</u> | <u>Area of Application</u> | <u>Campaign appraised as adequate (yes/no)</u> |
|----------------|----------------------------|--|
|----------------|----------------------------|--|

- (2) Scheduled to begin next month.

| <u>Disease</u> | <u>Area</u> | <u>Are Plans Adequate? (yes/no)</u> |
|----------------|-------------|-------------------------------------|
|----------------|-------------|-------------------------------------|

f. Health centers.

(1) Opened this month. No. _____ Class _____ Location _____

(2) Number of health centers now in operation.

| | | |
|-------------------|-----------------------------|--------------------------|
| | No. by Class | Number Serving |
| <u>Prefecture</u> | <u>A</u> <u>G</u> <u>NS</u> | <u>More than 100,000</u> |

(3) General remarks about the health center program.

g. Hospitals.

| <u>Prefecture</u> | No. of <u>Hospitals</u> | <u>Minimum Standards</u> <u># Meeting</u> / <u># Fail to</u> | No. <u>Beds</u> | No. Beds <u>Empty</u> |
|-------------------|----------------------------|---|--------------------|--------------------------|
| | (1) General | | | |
| | (2) C. D. | | | |
| | (3) T. B. | | | |
| | (4) Other | | | |

h. Medical Care.

i. Maternal and Child Health.

j. Public health employee trainings:

(1) No. attending school full time _____.

(2) No. participating in "in-service" training _____.

k. Personnel.

State general adequacy of number of professional people engaged in:

(1) Prefectural public health department.

(2) Health centers.

(3) Prefectural laboratory.

(4) National Hospitals.

(5) Other.

l. Budget for public health (expenditure under direction of prefectural public health department).

| | | | | | |
|-------------------|---------------|-----------|-----------------|---------------|--|
| <u>Prefecture</u> | <u>Period</u> | <u>\$</u> | <u>W/capita</u> | <u>% Pref</u> | <u>% Source</u> |
| | | | | <u>Budget</u> | <u>Pref</u> <u>Nat'l</u> <u>Cities</u> |

m. Veterinary Affairs.

(1) Food

Prefecture Tonnage Inspected Tonnage Rejected

- (2) Food inspection and facilities for distribution. (Animal protein foods, seafood, canneries, etc.)
- (3) Rabies control.
- (4) Animal disease control (animal health centers).
- (5) Summary of reportable animal diseases.
- (6) Other (Veterinary Med Ass'n activities, etc.).

n. Sanitary Engineering.

- (1) Environmental sanitation.
- (2) Insect and rodent control.
- (3) Water supplies.
- (4) Waste disposal.
- (5) Other.

e. Nursing affairs.

- (1) Nursing schools.

a Schools receiving new classification during month.

Class _____ . Location _____ .

| <u>Prefecture</u> | <u>Schools</u> | | <u>Current Enrollment</u> | |
|-------------------|----------------|----------|---------------------------|----------|
| | <u>A</u> | <u>B</u> | <u>A</u> | <u>B</u> |

- (2) "In-service" training.
- (3) Health center nursing.
- (4) Hospital nursing.
- (5) Other.

p. Public Health information and education programs.

- (1) Information directed at the general public. Resume of media, items and estimated results.

(2) Education.

- a School health programs.
- b Adult health and welfare education.
- g Health programs for special groups: PTA, Clubs, Organizations, etc.
- q. Items most needed to further the public health program.
 - (1) From Japanese sources.
 - (2) From GHQ, SCAP
- r. "Major problems encountered, with solution."
- s. Other.

HEADQUARTERS, 1503D AIR TRANSPORT WING
PACIFIC DIVISION, MATS
APO 226

OSI/GRC/rej

17 January 1950

SUBJECT: Contact Tracing of Venereal Diseases

TO: Chief
Kanto Civil Affairs Region
APO 500

1. This letter is submitted upon the recommendation of Colonel Shellenberger, reference recent telephone conversation, with the view to determining the adequacy of the action presently being taken by this Headquarters in the matter of contact tracing of venereal diseases.

2. Since the inactivation of the VD Control Office of the Metropolitan Tokyo Provost Marshal's office this Headquarters, through necessity, and in the absence of any instruction from higher headquarters, concerning the handling of these matters, has instituted the procedure described as follows:

3. The medical officer at the time of the diagnosis, where the patient indicates a willingness to assist in the apprehension of the contact, notifies the VD control section of the Haneda Air Provost Marshals office that a positive diagnosis has been made and that the patient is willing to assist in the apprehension of the contact. A VD NCO is immediately dispatched in company with the patient and a Japanese policeman, (three Japanese policeman are assigned permanently to this Provost Marshals office) and an attempt is made to locate the girl. When she is picked up she is taken directly to the Kamata Police Station where the disposition of the case is handled solely by the Japanese Police.

4. An interview with the Chief of the Kamata Police reveals that the following is the procedure as outlined in his instructions. The VD Division, Preventative Medical Section, Health Bureau, Tokyo-To, is notified that the Kamata Police have in their custody a Japanese girl suspected of having infected a member of the occupation forces with a venereal disease. Hereupon a doctor is dispatched to the Kamata Station to examine the girl. If the diagnosis is negative the girl is released without further action. If the diagnosis is positive the girl is released to the care of the doctor who escorts her to the proper Japanese

(Incl. #1)

hospital for treatment. After the cure has been effected she is returned to the Kamata Police Station where she is processed for trial by the appropriate agencies, ie Provost Court, or Japanese Court.

5. It is highly desirable that this Headquarters be allowed to continue to locate these contacts, but if the measures presently being taken are inadequate or in violation of pertinent regulations, request that we be advised by your headquarters how best to proceed with this program of contact tracing. Worthy of your consideration is the fact that on only two instances have we been unable to locate the contact where patient indicated a willingness to assist in her apprehension. This program has been in effect in the above, or similar form, for the past two and one half years.

FOR THE COMMANDING GENERAL:

CHARLES E. CONWAY
Capt, USAF
Air Provost Marshal

REPORT BY KAMATA POLICE.

27 January 1950

1. The Japanese Police cannot do anything unless the girl is found in the very act of prostitution. They can arrest the girl on the spot in this case, otherwise the Police must ask either Shinagawa Simplified Court or Tokyo-To Local Court for a warrant of arrest if there is a considerable reason for suspicion of prostitution. Some witness must testify to the fact or she may be found suspicious as a result of questioning by a policeman.
2. In case it is feared that soldiers might hinder policemen from arresting the girls on the spot, Kamata Police asks Provost Marshal to send Military Police to assist.
3. According to Japanese laws, the Japanese policemen are to handle the matter. Therefore, military authorities do not come into the picture unless requests are made by the police. This happens only once every two or three months and the Kamata Police usually handle the case independently of Military authorities.
4. They conduct raids a few times a month, but not on the scale as the one recently conducted in Shinjuku area. The Police spot check areas where girls are suspected of soliciting prostitution. They either arrest the girls or ask the court for warrants of arrest, as the case may be.
5. When Military authorities assist, they question the military personnel and the Japanese Police question the girls.
6. Kamata Police are not satisfied with the present set-up, but this method is the only one allowed by Japanese law.
7. In 1949 the Japanese Police conducted about thirty-five raids and picked up about seventy-five girls.
8. Up to September 1949 the girls were sent to Provost Marshal for trial. Since

(Incl. # 2)

775 013

October 1949 the girls are taken care of by the Japanese Police. Physical examinations are conducted during the forty-eight hour detention prescribed by the Japanese law. The girls are later sent to the Public Prosecutor's Office.

Akira Miura
Public Health Section.

Translation

The Mainichi

26 January 1950

Tokyo-To, in cooperation with Public Security Section, Metropolitan Police Board made a raid on street girls around Shinjuku Station, beginning at 2030 hours 25 January. This was the first raid since the Prostitution Law was put into effect and surveillance on prostitution was left to the Japanese Government. More than fifty street girls were picked up in front of the Mitsukoshi Department Store and Shinjuku Station, and around Yotsuya Sanko-cho, and they were examined at Yodobashi Police Station. Some of them were admitted to Toyotama Hospital. Other raids are scheduled to be made on Asakusa, Shibuya, Ueno, etc.

(Incl. # 3)

PUBLIC HEALTH BRANCH NEWSLETTER
CAS, GHQ, SCAP, APO 500

VOL I. No. 3 July 50

The contents are intended as operational aids and are not to be construed as directive in character or as altering policy. Published as warranted.

CONTRABAND STREPTOMYCIN

Civil Affairs is not a responsible agency in the disposition of contraband streptomycin, but regional headquarters do receive inquiries that deserve answers. Accordingly, some points about streptomycin are summarized below:

a. GHQ Circular No. 23 dated 7 July 1948 is the governing directive, and under its provisions, the PH&W Section is responsible for disposition instructions covering food, clothing, tobacco and drugs.

b. PH&W instructions were issued by memorandum of October 1949, to the Provost Marshal for guidance of Contraband Officers. Civil Affairs, not being a responsible agent in this matter, was not on the distribution. That part of the memorandum pertaining to disposition is quoted for your information:

"a. Foods, clothing and tobacco products will be released to the Chief, Prefectural Welfare Department, who will report to the Ministry of Welfare, Japanese Government and make disposition in accordance with instructions issued by Ministry of Welfare.

"b. Drugs and medicines (including penicillin) except vaccines, streptomycin, aureomycin and chloromycetin, will be released to the Chief, Pharmaceutical Affairs Section, Prefectural Health Department, who will likewise report to the Ministry of Welfare and make disposition in accordance with instructions issued by the Ministry of Welfare.

"c. Streptomycin, chloromycetin and aureomycin will be shipped addressed to Chief, Public Health and Welfare Section, GHQ, SCAP, APO 500. Release of contraband streptomycin is made to the Ministry of Welfare for use in the tuberculosis control program.

"d. Vaccines received through contraband sources are to be considered deteriorated and destroyed immediately on receipt."

Related to the above is a tendency for Japanese to request SCAP agencies to furnish streptomycin for named Japanese individuals. Civil Affairs does not possess this drug; PH&W does not desire to receive such requests through Civil Affairs channels. If streptomycin cannot be furnished from usual sources under the Prefectural Streptomycin Council, a special request could be sent by the Japanese to the Ministry of Welfare through their channels. The amount of streptomycin directly under the control of PH&W is extremely limited.

Daults
INFORMATION COPY (P.H.)DIST. BY P.H.D. CAS GHQ SCAP
JUL 14 1950

VD CONTACT TRACING IMPROVES

First indications are that venereal disease contact tracing under the provisions of GHQ-FEC Circular No. 26 dated 18 May 1950, is bringing better results and also fewer worthless reports. Gleanings from the field make the following notes worth mentioning:

a. Some military agencies apparently have not received the cited GHQ-FEC Circular or implementing instructions based thereon. In such an instance, your referral to the Circular by number, date, subject, and paragraphs will assist the military organization surgeon or commander in locating the command channel instructions.

b. Friendly indorsements can reiterate objectives and also press for further completeness and cooperation. Suggested bodies for indorsements are:

- (1) When returning a contact report that lacks sufficient data to permit identification

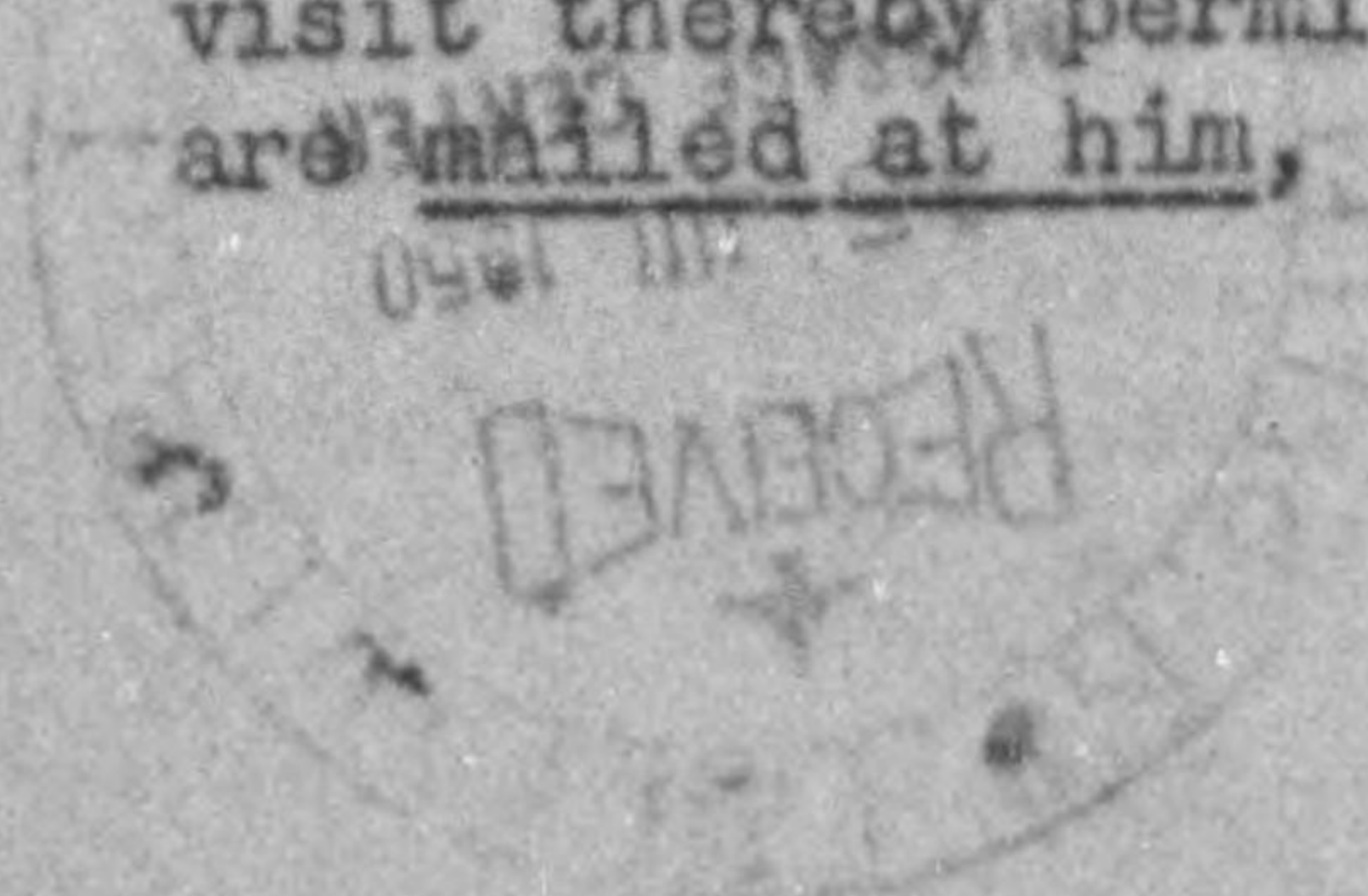
"Report of venereal disease contact (# _ _) received on (date) is being returned with the hope that you can furnish more complete data that will permit positive identification. It is our earnest desire to reduce the reservoir of infection."

OR

"Venereal disease contact report received from your organization is returned herewith with the hope that more complete data can be furnished so as to permit a reasonable chance of identification. It is suggested that form shown in GHQ-FEC Circular No. 26 dated 18 May 1950 be used for this purpose. It is our earnest desire to reduce the reservoir of infection."

- (2) When returning a completed contact report to the unit of origin, use of enough words shows an effort has been made and that failure to locate the person does not reflect lack of interest. An "X" in the "insufficient data" space says much less than "all suggested addresses were checked and neither person nor new clues were found."

The contact tracing job is not finished until the infected person is under treatment. Impetus can be given to this part of the program when conferring with prefectural public health officials. Under separate cover, copies of TB-PH-Prev Med 7, subject "The Principles of Venereal Disease Control," dated April 1950, are being distributed to you from this office. It is suggested that they be given to a responsible public health official in each prefecture and that they be handed to him at the time of your next visit thereby permitting appropriate appreciation of the problem. If they are mailed at him, they might be promptly filed.



HOSPITAL PROGRAM

It was indicated at recent Civil Affairs public health conferences that the hospital program will be given additional emphasis, and an objective of a "model" hospital in each prefecture would be one phase of the program. Operationally, several major points should be given considerable thought in order to assist interested public health officials. Some areas for thought are suggested here:

a. Hospital Administration. The key to many items in improving hospital programs will rest with competent hospital administrators. In a way similar to our directing assistance surveillance to prefectural public health officers, it may be appropriate for prefectures to direct efforts to the hospital administrators so as to have a strong point of responsibility. Just to keep "first things first" it is obviously important that carefully selected students for the school of hospital administration should be sent from every community possible, and an obligation to serve in that capacity after graduation might be included if public funds are obligated incident to the student's training. When a physician is the medical director, administration of professional services is best understood.

b. Architectural Consultant Service. It is cheaper to erase a line on a blue-print than it is to tear down a brick wall and relocate hospital equipment. As part of a planning service, the Ministry of Welfare has established an Architectural Consultant Service, free of charge, for government or private enterprises seeking advice about hospital planning and construction. Hospitals partially subsidized from national funds must have plans approved by the Ministry of Welfare before subsidy is approved, so this service should be a "must" in that category. Japanese officials and communities should be encouraged to make reasonable requests to the Ministry of Welfare for service. At present, a very limited budget restricts the service as compared to that envisioned. In fairness, too much should not be expected from this service during its early life. Requests for service would amount to approval by the prefectures and may indirectly aid its growth.

c. Hospital Planning is Service Planning. Good professional services can be established in very humble buildings. Any group planning a hospital should ask searching questions:

- (1) What hospital services are needed in this community?
- (2) What services and how much of the community load should this hospital provide? Consider sponsorship, location, available staff and working capital.
- (3) The architect must know quantitatively what services the hospital is expected to perform before he can make his rough space diagram.
- (4) Does the proposed site satisfy (a) accessible location and (b) sufficient area for the services (quantitatively) desired?
- (5) Is the foreseeable money sufficient for (a) land and building, (b) equipment and (c) operating capital?

d. Funds. Private institutions cannot obtain long term loans from the government; government hospitals are entitled to certain subsidies for construction.

Requirements for funds irrespective of type of organization must reflect comprehensive justification that will satisfy the most frugal people that the plan is economically sound. Money lending organizations hesitate to have a large loan commitment in a hospital because they cannot foreclose for tardy payments and at the same time, retain the respect of the community.

- (1) Defense of fund estimates. A plan paralleling that prepared as a prospectus for a business firm is one of the best methods for presenting proposed obligations.
- (2) Fund raising within a community. Experience elsewhere has shown that a community will support a one-time hospital drive. This drive should be used for the community hospital problem and not for an individual hospital. A professional fund raising organization will realize a larger amount of money at lower costs than will amateurs. Professionals may not be in Japan, but their methods can be emulated.

MINOR MEMOS

Limitations of public health staffs necessitate common knowledge of broad phases in the public health branch so one person remaining in the office can intelligently answer questions arising on medicine, sanitary engineering, nursing or veterinary affairs. . . . Current schedule of accreditation inspections for nursing schools will necessitate each region deciding which instances require that a Civil Affairs nurse accompany the inspectors. . . . PD of municipal water for occupation forces should be for non-potable water under SCAPIN 1872, if the system does not possess adequate capacity, pressure, equipment, etc.; PD is for potable water when the system is satisfactory to Eighth Army engineer without additional installations except that chlorine might have to be added to Army standards. . . . Water systems are approved as systems, not as a city which may have two or more systems. . . . Military detachments are dependent on an area engineer who speaks for them in regard to water. . . . You can augment your eyes, ears and hands by sending unaccompanied, a trusted and capable indigenous assistant to inspect routine items or established projects; he should NOT give instructions while there.

PERSONNEL

Major Karl H. Willers departed for the United States on 10 July.

Three public health officers are serving temporarily at Eighth Army installations.

Heusel

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General

Cir 46

CIRCULAR
NUMBER 46

24 July 1950

| <u>SECTION</u> | <u>SUBJECT</u> | <u>PAGE NUMBER</u> |
|----------------|------------------|--------------------|
| I | Veneral Disease. | 1 |
| II | Resissions. | 5 |

Section I - Veneral Disease

1. References.

- | | |
|----------------|-----------------|
| a. AR 40-210 | e. AR 615-368. |
| b. AR 600-900. | f. SR 40-10-5. |
| c. AR 615-5. | g. SR 345-920-3 |
| d. AR 615-250. | h. TB MED 230. |

i. Section II, Training Circular 3, War Department, 17 July, 1947.
subject: "Veneral Disease Control."

j. Circular 26, General Headquarters, Far East Command, 18 May 1950,
subject: "Veneral Disease Control."

k. Section VI, Circular 79, this headquarters, 25 October 1949.
subject: "Hospitalization."

l. Section I, Circular 82, this headquarters, 11 November 1949.
subject: "Physical Inspections."

2. General.

The purpose of this circular is to consolidate the policies and procedures prescribed by the Department of the Army, General Headquarters, Far East Command and this headquarters relating to the factors involved in the management and control of veneral disease, as follows:

- a. Reduction of veneral exposures.
- b. Veneral disease prophylaxis.
- c. Early detection and prompt treatment.

- d. Physical inspections.
- e. Punitive and disciplinary measures.
- f. Cooperation with agencies charged with elimination of known sources of infection.

3. Reduction of Venereal Exposures.

a. Education in sex hygiene and the methods of preventing venereal disease will conform with reference 1i. Special emphasis will be placed on individual responsibility, personal hygiene, and proper venereal disease prophylaxis, including the use of soap and water immediately after exposure.

b. The uniform application of measures to repress prostitution is prescribed in reference 1b.

4. Venereal Disease Prophylaxis.

a. The emphasis on individual prophylactic items reduces the usefulness of extra cantonment Army control facilities. Such facilities may be established on recommendation of the surgeon in locations which will permit their maximum availability.

b. Individual chemical prophylactic items will be made readily available in a manner that will prevent any embarrassment or self-consciousness that would nullify their use.

c. Individual mechanical prophylactic items may be purchased from Army exchanges, from unit funds and be made available on request. These items will be offered for sale at all main and branch Army exchanges.

d. The forced issue of prophylactic items is prohibited.

5. Early Detection and Prompt Treatment.

a. Every known case of venereal disease will be treated promptly in order to eliminate the possibility of complications and reduce time lost from duty to a minimum.

b. All uncomplicated cases of venereal disease, with the exception of lymphogranuloma venereum and gran loma inguinale will be managed on an outpatient status in compliance with reference 1h. Current rosters of those undergoing treatment and/or observation will be kept by both the organization commander and the surgeon. Individuals completing treatment will be required to report to the medical officer for post-treatment observation. In case of syphilis, the individual's name will be maintained on the rosters until his register is closed or the individual is transferred.

c. Complicated venereal disease and/or lymphogranuloma venereum and/or granuloma inguinale and/or painful, disabling, or extensive genital lesions that prevent the individual from performing military duty will be hospitalized in accordance with reference 1k.

d. Individuals suspected of having a venereal disease will be observed and managed on an outpatient status. The diagnostic criteria and post-treatment observation will be in accordance with reference 1h.

e. Physical inspections.

- (1) Monthly physical inspections for venereal disease are no longer required. Special health surveys may be ordered by the commanding officer on recommendation of the surgeon.
- (2) Preembarkation physical inspections will be conducted in accordance with reference 1 l.

f. Punitive and disciplinary measures.

- (1) Since organization commanders have no effective control over the indigenous environmental influences fostering venereal disease, the incidence rate taken alone is not a significant index of the state of discipline, training, and administration of an organization in Japan.
- (2) Extra training, restriction, fatigue, withholding or curtailing of pass privileges or any other measures that may be interpreted as being punitive or discriminative against individuals or group of individuals solely on the basis of having acquired venereal disease are prohibited.
- (3) Information relative to the contraction of venereal disease by individuals will not be transmitted to their parents, relatives or others except as authorized by paragraph 80, reference 1g.
- (4) Disciplinary action for failure to report the fact of infection is contained in reference 1a.
- (5) Individuals having repeated venereal infections will be handled in accordance with references 1c and e.

e. Cooperation with agencies charged with the elimination of known sources of infection.

- (1) The utmost cooperation, assistance, and encouragement will be given to the civil agencies responsible for detection and

treatment of the venereal diseases among civilians. As an aid to this program, a contact report will be completed at the time of venereal disease diagnosis. Through the use of these reports and by other applicable means, all available information concerning known and probable civilian sources of infection will be delivered to the local civilian health agency concerned so that such contacts may be located and brought under treatment.

- (2) Reports from civilian health agencies of alleged contacts among armed services personnel or employees will be investigated, indicated examination and treatment performed, and a return report of action taken will be made to the reporting agency.
- (3) Provost marshals are not responsible for contact tracing and will not be furnished copies of the contact report. Provost marshals will be provided with a monthly report of places of assignment or exposure and information useful in the fulfillment of responsibilities delineated in reference 1b.

6. Venereal Disease Contact Report (Reports Control Symbol N-27).

a. The contact report form, inclosure 1, will be completed for each case. If the information contained in paragraph 2 or 3 of inclosure 1 indicates that the contact can be identified and located, the report will be prepared in quadruplicate, each copy bearing the same identifying number. Each reporting unit will number its reports consecutively, beginning with number one. Copies will be distributed as follows:

- (1) The original and first copy will be forwarded to the local civilian health agency. If the address of the health center district in which the contact lives is known, copies may be forwarded direct to that agency; otherwise, they will be forwarded to the prefectural health officer of the prefecture concerned. The original contact report will contain a request that it be returned within 30 days to the originating unit, through the regional civil affairs team, with a notation of action taken.
- (2) The second copy will be sent to the health officer of the civil affairs team concerned. (See inclosure 2 for designation and location of such regions.)
- (3) The third copy will be retained by the originating unit.

b. If the information contained in the report indicates that the contact cannot be identified or located, the original will be retained by the originating unit for the collection of information and data which may be of value. These reports may be disposed of after 30 days.

- c. Reports pertaining to contacts who are under military jurisdiction should be forwarded to the surgeon of the organization concerned who will be responsible for initiation of the indicated investigations, examinations, and treatments. Familial contacts will be managed in accordance with paragraph 23d, reference 1a.
- d. All contact reports will be maintained in medical channels and will be handled discreetly. (AGN 726.1)

Section II - Reassignments.

1. Section II, Circular 39, this headquarters, 9 May 1949, subject: "Venereal Disease Control and Contact Tracing."
2. Section IX, Circular 23, this headquarters, 5 April 1950, subject: "Management of Venereal Disease."
3. Section VIII, Weekly Directive 5, this headquarters, 9 October 1948, subject: "Personnel Policy - Reference Venereal Disease."
4. Section XXX, Weekly Directive 42, this headquarters, 25 June 1949, subject: "Venereal Disease Control and Contact Tracing."
5. Section I, Weekly Directive 77a this headquarters, 25 February 1950, subject: "Venereal Disease Control." (AGRS 300.5)

BY COMMAND OF LIEUTENANT GENERAL WALKER:

OFFICIAL:

J. W. DONNELL
Colonel, AGD
Adjutant General

E. M. LANDRUM
Colonel, GSC
Chief of Staff

2 Incls

- 1 - Venereal Disease Contact Report
- 2 - Location of Civil Affairs Region Headquarters

No Substitute for Cleanliness. Under the Food Sanitation Law, achievement of cleanliness and appreciation of its importance is constantly stressed. No action such as adding a preservative to food is in any way a substitute for the basic sanitation expected under the provisions of the law and required in good public health practices. In this connection, the Ministry of Welfare in Hatsu-Ei No. 93 did recommend that nitrafurazone be added in dilute concentration to the ice candy mix for the purpose of preventing chance contamination of ice candy enroute from plants to the consumer. Nitrafurazone is similar to furacin and has some bactericidal properties.

VD Contact Tracing. GHQ-FEC Circular No. 26 dated 13 May 1950, changes the procedure for venereal disease contact tracing insofar as military organizations are concerned. This material is currently being distributed by separate letter.

Tracing is a public health matter concerning the entire Japanese population, and tracing should be instituted when information from any reliable source indicates reasonable justification therefore. At the present time, a great many contact reports are received from occupation personnel so that this small segment of people produce the impetus for a large amount of contact tracing.

It is a public health function to reduce the reservoir of venereal disease.

Insofar as the new procedure is concerned, the military organization will send their numbered report direct to Japanese public health agencies, usually the health center unless you designate otherwise, and Civil Affairs Regions will get a carbon copy of each report. To fulfill our mission, it will require that a log be kept of the numbers from each organization so that inquiry can be made to the appropriate Japanese public health authorities if the action report is not received in a reasonable length of time. It is estimated that the report of action taken should be back to the unit of origin within thirty days. Your log of reports from a unit will not necessarily have consecutive numbers since a military organization will report contacts according to residence of contact, which may be anywhere.

Trained contact tracers will produce results without offense and with the confidence of the patient and named persons reported as contacts; he will convince them of their personal benefit and their contribution to public health as a whole. A training program for contact tracers might be indicated in some areas of your region.

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

OPERATIONAL DIRECTIVE)
 NUMBER 16)

24 April 1950

PUBLIC HEALTH

| | |
|---|---------|
| SECTION I - References | Page 1 |
| SECTION II - General | Page 6 |
| SECTION III - Preventive Medicine | Page 9 |
| SECTION IV - Nursing Affairs | Page 10 |
| SECTION V - Veterinary Affairs | Page 11 |
| SECTION VI - Sanitary Engineering | Page 11 |
| SECTION VII - Miscellaneous and Reports | Page 12 |

SECTION I. References.

1. General.

- a. Memorandum for the Japanese Government, AG 710 (22 Sep 45)MG, SCAPIN 48, 22 September 1945, subject: "Public Health Measures."
- b. Memorandum for the Japanese Government, AG 720 (6 Oct 45)PH, SCAPIN 98, 6 October 1945, subject: "Information on Japanese Public Health."
- c. Memorandum for the Japanese Government, AG 323.31 (11 May 46) PH, SCAPIN 945, 11 May 1946, subject: "Reorganization of Government Public Health and Welfare Activities."
- d. Memorandum to the Ministry of Welfare, Japanese Government, General Headquarters, Supreme Commander for the Allied Powers, PHMJG 55, 9 January 1948, subject: "Amendment to the Local Autonomy Law, Law No. 67, 16 April 1947," and Memorandum of General Application pertaining thereto.
- e. Law No. 67, Japanese Diet, Official Gazette No. 312, 17 April 1947, subject: "Local Autonomy Law."
- f. Law No. 169, Japanese Diet, Official Gazette No. 512 (Extra), 12 December 1947, subject: "Partial Amendment to Local Autonomy Law."

Operational Directive No. 16, Civil Affairs Section, 24 April 1950 Cont'd

g. Law No. 14, Japanese Diet, Official Gazette No. 555 (Extra), 31 March 1948, subject: "Partial Amendment to Local Autonomy Law."

h. Law No. 32, Japanese Diet, Official Gazette No. 620 (Extra), 1 May 1948, subject: "Amendment to Local Autonomy Law."

i. Law No. 161, Japanese Diet, Official Gazette No. 686, 15 July 1948, subject: "Partial Amendment to the Regulation Governing the Organization of the Ministry of Welfare."

j. Law No. 179, Japanese Diet, Official Gazette No. 690, 20 July 1948, subject: "Partial Amendment to Local Autonomy Law (Law No. 67 of 1947)."

k. Law No. 180, Japanese Diet, Official Gazette No. 690, 20 July 1948, subject: "Partial Amendment to Local Autonomy Law (Law No. 67 of 1947)."

l. Law No. 280, Japanese Diet, Official Gazette No. 824 (Extra 56), 29 December 1948, subject: "Law for Partial Amendment to the Local Autonomy Law."

m. Law No. 151, Japanese Diet, Official Gazette No. 948, 31 May 1949, subject: "Law Establishing Public Welfare Ministry."

n. Law No. 154, Japanese Diet, Official Gazette No. 948, (Extra 59), 31 May 1949, subject: "Law for Readjustment of Laws in Compliance with the Enforcement of Ministry."

2. Birth Control.

a. Law No. 156, Japanese Diet, Official Gazette No. 684, 13 July 1948, subject: "Eugenic Protection Law."

b. Law No. 216, Japanese Diet, Official Gazette No. 969, 24 June 1949, subject: "Law for Partial Amendment to Eugenics Protection Law."

3. Communicable Disease Control and Prevention.

a. Letter, General Headquarters, United States Army Forces, Pacific, AG 710 (19 Sep 45)MD, 19 September 1945, subject: "The Control of Major Epidemic Diseases."

b. Memorandum for the Japanese Government, AG 726.1 (16 Oct 45)PH, SCAPIN 153, 16 October 1945, subject: "Control of Venereal Diseases."

c. Memorandum for the Japanese Government, AG 710 (18 May 46)PH, SCAPIN 1274-A, 18 May 1946, subject: "Reporting of Certain Communicable Diseases."

d. Memorandum to the Ministry of Welfare, Japanese Government

Operational Directive No. 16, Civil Affairs Section, 24 April 1950 Cont'd

General Headquarters, Supreme Commander for the Allied Powers, FHMJG 9,
20 January 1947, subject: "Additions to List of Reportable Diseases."

e. Memorandum to the Ministry of Welfare, Japanese Government,
General Headquarters, Supreme Commander for the Allied Powers, FHMJG 14,
17 March 1947, subject: "Approval of Program for Anti-Tuberculosis Control,"
and Memorandum of General Application pertaining thereto.

f. Memorandum for the Japanese Government, AG 710 (28 May 49)PH,
SCAPIN 2011, 28 May 1949, subject: "Prevention and Control of Typhus Fever
Group of Diseases in Japan."

g. Law No. 102, Japanese Diet, Official Gazette No. 431,
5 September 1947, subject: "Infectious Disease Prevention Law (Amendment)."

h. Law No. 68, Japanese Diet, Official Gazette No. 671 (Extra 1),
30 June 1948, subject: "Preventive Vaccination Law."

i. Law No. 167, Japanese Diet, Official Gazette No. 686 (Extra),
15 July 1948, subject: "Venereal Disease Prevention Law."

j. Law No. 81, Japanese Diet, Official Gazette No. Extra 44,
19 May 1949, subject: "Law for Partial Amendment to Law for Prevention of
Infectious Diseases."

4. Disposal of the Deceased.

a. Law No. 110, Japanese Diet, Official Gazette No. 445,
22 September 1947, subject: "Law Concerning Delivery of Dead Bodies to
Medical Educational Organs."

b. Law No. 48, Japanese Diet, Official Gazette No. 634 (Extra),
31 May 1948, subject: "Law Regarding Graveyard Burials and Others."

5. Education.

a. Memorandum to the Ministry of Welfare, Japanese Government,
General Headquarters, Supreme Commander for the Allied Powers, FHMJG 51,
2 January 1948, subject: "Public Health Education Program," and Memorandum
of General Application pertaining thereto.

b. Memorandum to the Ministry of Welfare, Japanese Government,
General Headquarters, Supreme Commander for the Allied Powers, FHMJG 91,
24 February 1949, subject: "Ministerial Instruction Concerning the Guidance
and Supervision of Organizations Engaged in Public Health and Welfare Infor-
mation and Education Activities."

Operational Directive No. 16, Civil Affairs Section, 24 April 1950 Cont'd

6. Food Laws (see Nutrition, also Veterinary).

7. Health Center.

Law No. 101, Japanese Diet, Official Gazette No. 431, 5 September 1947, subject: "Health Center Law."

8. Hospitals.

a. Law No. 205, Japanese Diet, Official Gazette No. 699 (Extra), 30 July 1948, subject: "Medical Service Law."

b. Law No. 67, Japanese Diet, Official Gazette No. Extra 41, 14 May 1949, subject: "Law for Partial Amendment to Medical Service Law."

c. Law No. 190, Japanese Diet, Official Gazette No. Extra 76, 6 June 1949, subject: "National Hospital Special Account Law."

9. Medical Care.

Law No. 205, Japanese Diet, Official Gazette No. 517, 18 December 1947, subject: "Partial Amendment to the National Medical Treatment Law."

10. Medical Practices.

a. Law No. 217, Japanese Diet, Official Gazette No. 519, 20 December 1947, subject: "Law for Business of Massage, Acupuncture, Moxe-cautery, Judo-Orthopedics, etc."

b. Law No. 201, Japanese Diet, Official Gazette No. 699 (Extra), 30 July 1948, subject: "Medical Practitioners Law."

c. Law No. 202, Japanese Diet, Official Gazette No. 699 (Extra), 30 July 1948, subject: "Dentists Law."

d. Law No. 203, Japanese Diet, Official Gazette No. 699 (Extra), 30 July 1948, subject: "Public Health Nurse, Midwife, and Nurse Law."

e. Law No. 204, Japanese Diet, Official Gazette No. 699 (Extra), 30 July 1948, subject: "Dental Hygienist Law."

f. Law No. 66, Japanese Diet, Official Gazette No. Extra 41, 14 May 1949, subject: "Partial Amendment to Medical Practitioners Law and Dentists Law."

11. Medical Supplies (Manufacturing, Procurement and Control).

Operational Directive No. 16, Civil Affairs Section, 24 April 1950 Cont'd

a. Memorandum to the Ministry of Welfare, Japanese Government, General Headquarters, Supreme Commander for the Allied Powers, PHMJG 45, 5 November 1947, subject: "Financing of Drugs used for Treatment of Venereal Disease," and Memorandum of General Application pertaining thereto.

b. Law No. 197, Japanese Diet, 29 July 1948, subject: "Pharmaceutical Affairs Law."

12. Miscellaneous.

Law No. 160, Japanese Diet, Official Gazette No. 510, 10 September 1947, subject: "Law Specifying Disaster Mentioned in Article 25-2."

13. Personnel Procurement, Training and Removal.

a. Memorandum for the Japanese Government, AG 725.11 (4 May 46)PH, SCAPIN 920, 4 May 1946, subject: "Appointment of Insect and Rodent Control Officers."

b. Memorandum for the Ministry of Welfare, Japanese Government, General Headquarters, Supreme Commander for the Allied Powers, PHMJG 53, 5 January 1948, subject: "Procurement and Training of Personnel to Staff Public Health Organizations," and Memorandum of General Application pertaining thereto.

c. Law No. 120, Japanese Diet, Official Gazette No. 468, 21 October 1947, subject: "National Public Service Law."

d. Law No. 125, Japanese Diet, Official Gazette No. Extra 56, 31 May 1949, subject: "Law for Partial Amendment No. 2 to National Public Service Law."

14. Veterinary (including Food).

a. Law No. 32, dated 1906, subject: "Slaughter House Law."

b. Memorandum for the Japanese Government, AG 728 (30 Oct 45)PH, SCAPIN 214, 30 October 1945, subject: "Information on Japanese Animal Disease Control."

c. Law No. 233, Japanese Diet, Official Gazette No. 522, 24 December 1947, subject: "Food Sanitation Law."

d. Law No. 232, Japanese Diet, Official Gazette No. 522, 24 December 1947, subject: "Control Law of Certain Preparations other than Medicines."

Operational Directive No. 16, Civil Affairs Section, 24 April 1950 Cont'd

e. Law No. 140, Japanese Diet, Official Gazette No. 683 (Extra), 12 July 1948, subject: "Law Relating to Processing Plants of Dead Animals and Others."

f. Law No. 158, Japanese Diet, Official Gazette No. 684, 13 July 1948, subject: "Horse Racing Law."

g. Law No. 166, Japanese Diet, Official Gazette No. 686, 15 July 1948, subject: "Law Concerning Dissolution of the Horse Owners Association."

h. Law No. 188, Japanese Diet, Official Gazette No. 695, 26 July 1948, subject: "Partial Amendment to the Law for the Prevention of Infectious Disease of Domestic Animals."

i. Law No. 153, Japanese Diet, Official Gazette (Extra 59), 31 May 1949, subject: "The Ministry of Agriculture and Forestry Establishment Law."

j. Law No. 198, Japanese Diet, Official Gazette No. Extra 78, 6 June 1949, subject: "Law for Partial Amendment No. 2 to Horse Racing Law."

SECTION II. General.

15. The objective of civil affairs surveillance in public health is to advise and assist the local Japanese Governments to effectively plan, phase and operate public health service which efficiently promotes health through the prevention of disease and provision of medical care. For the most part, Civil Affairs effort will be through and in cooperation with the prefectural public health officer, but will also include occasional dealing with regional representatives of the Ministry of Welfare and with units, districts or semi-autonomous groups under basic prefecture jurisdiction. Japanese plans must embody full utilization of their own funds, personnel, equipment, supplies, and facilities for education and information.

16. Except in emergencies, United States Army services, equipment and supplies will not be used unless specifically authorized by this headquarters.

17. Authoritative information is contained in the followings:

a. Official translations of Japanese laws cited in the references and implementing ordinances and regulations which have been distributed to all Civil Affairs Regions.

b. Official translations of important new legislation, ordinances and regulations provided by the Ministry of Welfare which are distributed periodically through the Official Gazette of the Japanese Diet, or through the Bulletin of the Public Health and Welfare Section, this headquarters.

Operational Directive No. 16, Civil Affairs Section, 24 April 1950 Cont'd

c. Technical information is published in SCAP Public Health Technical Bulletin and in the PH&W Bulletin.

18. The basis for the public health program has been established by Japanese laws passed by the National Diet in compliance with instructions from the Supreme Commander for the Allied Powers. Implementing prefectural and/or local ordinances and regulations must not lessen the requirements of national laws nor thwart their principles. The necessity for prompting of local Japanese governmental health departments should lessen as local units gain in planning and operating experience.

19. The concept of surveillance of public health activities is that, under the direction of the chief of the Civil Affairs Region, the public health officer will direct and coordinate the activities of all personnel assigned to the public health section. The scope and emphasis for the several activities will be as announced from time to time, with surveillance of programs being continued in force, continued on a relaxed basis, or rendered at a national level only. Public health surveillance will be concerned for the most part with programs emanating from the Ministry of Welfare, but will also include programs requiring veterinary surveillance emanating from the Ministry of Agriculture and Forestry.

20. Surveillance of Japanese health organizations will ensure:

a. That each prefecture maintains an efficient health department operated as a separate major department as required by law. Every effort will be made to attain the following objectives:

- (1) Sound organization based on the organizational plans advocated by the Ministry of Welfare; the organizational pattern to be so clear that the functions of each section and the lines of responsibility can be shown on a simple diagram.
- (2) Coordination between the several professional fields within public health in the preparation, execution and effective professional supervision of plans and programs.
- (3) Development of sound planning technique to assure:
(a) timely preparation of quarterly plans; (b) well thought-out emphases, priorities and expenditures; (c) inclusion of the element of progress measurement.
- (4) Continuous improvement of personnel by procurement of qualified individuals and/or training of incumbents so that all programs can be given the benefit of professional direction and of skillful application.

Operational Directive No. 16, Civil Affairs Section, 24 April 1950 Cont'd

- (5) Application of the above general principles to subordinate units supervised, especially to health center districts and medical service districts.

b. That a health center is operated in each health center district. Every effort will be made to attain the following objectives:

- (1) The health center director to be the conscientious public health leader and authority for the health center district.
- (2) Programs to be maintained effectively in all activities designed for health center districts by the Ministry of Welfare.
- (3) Each health center to serve not more than 100,000 population, in the interest of efficiency.

c. That hospitals and sanatoria are so organized and operated as to permit functions consistent with the provisions of the Medical Service Law. Every effort will be made to attain the following objectives.:

- (1) Inspection periodically by trained health department personnel.
- (2) Utilization of model ward and of central kitchen arrangement.
- (3) Reduction to a minimum of any opportunity for cross-infection between patients or from patient to visitors or staff.
- (4) Professional competency of attendants rendering care to patients.
- (5) Maintenance of reasonable levels of supplies.
- (6) Exemplary sanitation.

d. That authorized non-profit, voluntary health organizations are supervised and coordinated by the health department. Every effort will be made to attain the following objectives:

- (1) Maintenance of complete records of activities, staffs, members and assets.
- (2) Avoidance of assumption of governmental responsibilities such as distribution of insecticides, vaccines, or conduction of mass immunizations or examinations.

Operational Directive No. 16, Civil Affairs Section, 24 April 1950 Cont'd

(3) Exploitation of group educational opportunities.

SECTION III. Preventive Medicine.

21. Surveillance of preventive medicine activities will be directed particularly against those diseases with the greatest continuing health hazards or epidemic hazards. Such diseases include tuberculosis, typhoid, paratyphoid, dysentery, diphtheria, smallpox, typhus, epidemic influenza, Japanese B encephalitis, plague and cholera. Every effort will be made to attain the following objectives:

- a. Strict compliance with vaccination laws.
- b. Prompt, accurate and complete reporting by physicians of suspected and confirmed cases to local health centers.
- c. Alert epidemiologic scrutiny of communicable disease, especially by health center officials.
- d. Education of the public in preventive measures.

22. A report will be made to this headquarters by the most rapid means, preferably radio (routine unclassified), when a case of plague, cholera, typhus, smallpox, Japanese B encephalitis, or a significant outbreak of influenza or other communicable disease occurs. The report will be in the form shown in inclosure 1.

23. Surveillance of tuberculosis and venereal disease programs, especially at health centers, will be given special emphasis corresponding to the importance given these programs at national level.

a. Every effort will be made to attain the following objectives concerning tuberculosis:

- (1) Utilization of multiple approaches to tuberculosis control, including education, case reporting, physical and X-ray examination, tuberculin testing, tuberculosis (BCG) immunization of tuberculin negative reactors, surveys, a tuberculosis clinic in each health center, nursing advice, hospitalization, coordination with welfare effort and continuous appraisal of program adequacy.
- (2) Use of streptomycin, a controlled item, for treatment of tuberculosis in accordance with Ministry of Welfare directives as executed through the National Streptomycin Council and through the prefectural Streptomycin Council.

Operational Directive No. 16, Civil Affairs Section, 24 April 1950 Cont'd

b. Every effort will be made to attain the following objectives concerning venereal disease:

- (1) Familiarization of the public with venereal disease dangers, prevention and diagnostic and/or treatment facilities available.
- (2) Reduction of the reservoir of infection through contact tracing and through easily acquired treatment until non-infectious, irrespective of ability to pay.

24. Improvement of environmental sanitation and of food sanitation will be stressed as a factor in preventive medicine.

SECTION IV. Nursing Affairs.

25. Surveillance of nursing affairs will be directed toward attaining the highest possible standard of achievement for nurses, public health nurses and midwives.

26. Every effort will be made to attain the following objectives:

a. Accurate analysis of prefectural nursing and midwifery needs on which to base plans for the establishment and development of an adequate number of nursing, public health nursing and midwifery schools and the employment and distribution of nurses, public health nurses and midwives.

b. Organization and development of nursing division or section in the prefectural health departments staffed with appropriate personnel to give supervision over the clinical nursing, public health nursing and midwifery programs.

c. Development of the branch chapters of the Japanese Midwives, Clinical Nurses and Public Health Nurses Association.

d. Establishment and development of educational short courses or in-service training courses for nurses, public health nurses and midwives currently employed to assist them in the development of a better working knowledge in their respective fields.

f. Coordination of all public health nursing service, utilizing under health center direction the services of public health nurses employed under towns, villages, health insurance and agricultural cooperative programs, in order that all areas within the health center district might be provided with public health nursing services.

g. Participation of nurses, public health nurses and midwives in planning overall health projects.

Operational Directive No. 16, Civil Affairs Section, 24 April 1950 Cont'd

SECTION V. Veterinary Affairs.

27. Surveillance of veterinary affairs will be directed toward attaining the highest possible standards of sanitation for foods, the protection of the populace from diseases communicated from animals to man, and the improvement of animal stocks through disease control, hygiene and development. Every effort will be made to attain the following objectives:

- a. An appreciation of the provisions of the food sanitation law by food processors and food distributors.
- b. Application of the food sanitation law throughout the food industry, with special regard being given to quality control of foods known to be destined for consumption by occupation personnel or for export.
- c. Education of the public in regard to the relationship of food and certain animal diseases to human health.
- d. Application of control measures against communicable diseases among animals, with emphasis on those transmissible to man.

SECTION VI. Sanitary Engineering.

28. Surveillance will be directed toward promotion of health and prevention of disease through improved environmental sanitation. Every effort will be made to achieve the following objectives:

- a. Production and distribution of potable water to the largest possible segment of the population with advisory service for individuals producing their own supply.
- b. Laboratory control of water with periodic bacteriological and chemical tests and records thereof.
- c. Coordination of water production with food processing sanitation.
- d. Formulation of standing operating procedures at water works to cope with normal and abnormal events including the notification of the health department when any significant break in technique occurs.
- e. Operation of a demonstrably effective insect and rodent control program by trained personnel.
- f. Determination of characteristics of insect populations and consequent health hazards.
- g. Verification by controlled tests of the effectiveness of insecticides immediately after receipt and prior to use in a campaign.

Operational Directive No. 16, Civil Affairs Section, 24 April 1950 Cont'd

h. Maintenance of a high standard of environmental sanitation throughout the area, with exemplary sanitation of all public buildings and grounds.

i. Maintenance of liaison on sanitary measures between occupation force units and local Japanese health authorities for prudent planning and coordinated operation.

j. Health-safe disposal of waste, such as garbage, trash and night soil through municipal service and through individual effort.

SECTION VII. Miscellaneous and Reports.

29. Reasonable assistance will be rendered in situations where responsibility for surveillance varies from nil to less than total. Included in this category are:

a. Birth control. Professional information concerning contraceptive procedures will be furnished when requested by Japanese professional personnel.

b. Indigenous employees serving the occupation. Benefits from public health programs of general application apply to indigenous employees in the same manner as to all citizens. Public health measures established by SCAP for special application to indigenous employees are the administrative responsibility of the labor liaison officer of the military command, and routine procedures such as initial and periodic examinations and immunizations are included therein. When the labor liaison officer believes that the provisions of SCAPIN 1949 and 1949/1 are not being met, he normally would report the details to the chief of Civil Affairs Region for appropriate action. Appropriate action will consist of correcting misunderstandings, effecting remedial action locally or reporting the details to this headquarters.

c. Industrial hygiene. When authoritatively requested, technical advice may be given, but will be properly coordinated with labor surveillance.

d. Port quarantine. Sufficient liaison will be maintained with military and Japanese port authorities to permit sound medical intelligence for communicable disease control. Technical advice may be given to or through the local port military representatives when authoritatively requested.

e. Housing projects. When authoritatively requested, technical advice may be given but will be coordinated with the surveillance in the economic and welfare fields.


30. Reports and other periodic material desired are:

Operational Directive No. 16, Civil Affairs Section, 24 April 1950 Cont'd

- a. Monthly activities report as outlined in Civil Affairs Operational Directive No. 1 dated 10 March 1950.
- b. Epidemic disease report described in paragraph 22 and inclosure 1.
- c. Quarterly plan projecting the objectives and areas of application for each three month period. If a quarterly plan is required within the region headquarters, a copy thereof will suffice. It will reach this headquarters prior to 15 January, April, July and October.
- d. Critique of past quarterly plan evaluating content and methods of execution to reach this headquarters during January, April, July and October.
- e. Special reports are encouraged on public health matters of particular interest, recommendations for improvement of public health operations including proposals for changes and/or additions to existing laws and regulations, results of surveys or special studies, irregularities which cannot be corrected locally, details of exemplary administration or practices in Japanese public health effort.

AG 091.4 (24 Apr 50)CAS-PH

FOR THE CHIEF, CIVIL AFFAIRS SECTION:


J. A. O'BRIEN
CWO USA
Adm Off

1 Incl
Cy Rpt Form for
Communicable Diseases

This Operational Directive supersedes Eighth Army Operational Directives No. 17, subject: "Medical Responsibility for Japanese Nationals Employed for Occupation Forces" dated 28 March 1949; No. 27, subject: "Distribution and Use of Imported Streptomycin" dated 1 June 1949; No. 30, subject: "Accommodations for Tuberculosis Patients" dated 3 June 1949 and No. 57, subject: "Public Health" dated 5 December 1949 and any other operational instructions at variance hereto.

775 013

UNCLASSIFIED

ROUTINE

FROM: Chief, _____ Civil Affairs Region, _____ City

TO: SCAP (CAS) TOKYO

INFO: CG EIGHTH ARMY (SURGEON) YOKOHAMA

CG _____ INF DIVISION (SURGEON) _____ City

(NOTE: Omit last information copy if case did not occur near a military installation).

NR

RCS MED 16. Suspected or confirmed case of named disease; case number this year; onset date; patients name, age, location; whether control measures have been taken; adequacy of supplies.



Incl 1

GENERAL HEADQUARTERS
FAR EAST COMMAND
Office of the Provost Marshal
APO 500

726 (20 Jan 50)M

20 January 1950

SUBJECT: Use of Military Police to Support Japanese Police in Venereal Disease Control

TO: Provost Marshal, Headquarters Eighth Army, APO 343
Provost Marshal, Far East Air Forces, APO 925
Legal Officer, United States Naval Forces, Far East, Navy No. 1165

1. In order to clarify any possible misunderstanding, information is furnished that the following actions by military police, designed to support Japanese police in the control of venereal disease, are in line with present policy:

a. When Japanese police enter houses known or suspected to be houses of prostitution, military police are authorized to accompany them for the following purposes:

- (1) To prevent Occupation personnel from interfering with the Japanese police.
- (2) To arrest Occupation personnel violating military law or regulations.

Under these circumstances, military police have no authority to ask the Japanese police to enter such places, without consent of the owner, unless provided with necessary warrants, as required by Japanese law; and are not authorized to give orders to the Japanese police to act against indigenous personnel under the National Venereal Disease Control law. This law forbids arrest or forcible detention by the police except where an order from the Governor of the Prefecture has been obtained in advance in the case of prosecution for refusal to have a health examination or to take necessary treatments for venereal disease as ordered.

b. When military police, acting under proper authority, enter houses of prostitution which have been placed "off limits" or enter suspected houses to determine if they should be placed "off limits", they are authorized to request the Japanese police to accompany them as interpreters and to assist in determining the true facts of the case. However, in such instances, military police have no authority to instruct the Japanese police to act against indigenous personnel under the venereal disease prevention law. This does not prevent Japanese police from taking such enforcement measures as may be legal under the provisions of the venereal disease control law if they are provided with warrants as required by Japanese law.

Incl 1

726 (20 Jan 50)H, 20 Jan 50

Subj: Use of Military Police to Support Japanese Police in Venereal Disease Control

c. When Japanese police are engaged in official questioning of known or suspected prostitutes or panderers in "pick-up" areas where prostitutes are in the habit of loitering and soliciting business with Occupation personnel, the military police have authority to accompany the Japanese police to prevent interference by Occupation personnel. In such cases military police are not authorized to make arrests of such suspected prostitutes and should not ask the Japanese police to do so. Again, this does not mean that the Japanese police do not make arrests as permitted by applicable Japanese law.

2. The appropriate Japanese public health and law enforcement agencies have been asked to make a special effort, within the limitations of available personnel and funds and within the scope of the venereal disease prevention law, to reduce the rate of venereal disease infection among the groups of prostitutes dealing with Occupation personnel.

ROBERT T. CHAPLIN
Colonel CAC
Provost Marshal

775 013

GENERAL HEADQUARTERS
FAR EAST COMMAND
APO 500

AG 726.1 (20 Jan 50)GA

20 January 1950

SUBJECT: Repression of Prostitution

TO: Commanding General, Eighth Army, APO 343
Commanding General, Marianas-Bonins Command, APO 246
Commanding General, Ryukyus Command, APO 331
Commanding General, Headquarters and Service Group, General
Headquarters, Far East Command, APO 500
Commanding General, Philippines Command (Air Forces), APO 74

1. Attention is invited to AR 600-900, 22 November 1949, a copy of which is attached.

2. This clear cut statement of Department of Army policy will be brought to the personal attention of every commander, whose responsibility it shall then become to insure proper orientation of the members of his command and strict compliance with the provisions of the cited regulation.

BY COMMAND OF GENERAL MACARTHUR:

K. B. BUSH
Brigadier General, USA,
Adjutant General

1 Incl
AR 600-900

Copies furnished:
COMNAVFE, Navy No. 1165
CG, FEAFA, APO 925

Incl 2'

GENERAL HEADQUARTERS
FAR EAST COMMAND
Office of the Provost Marshal
APO 500

726 (20 Jan 50)M

20 January 1950

SUBJECT: Use of Military Police to Support Japanese Police in Venereal Disease Control

TO: Provost Marshal, Headquarters Eighth Army, APO 343
Provost Marshal, Far East Air Forces, APO 925
Legal Officer, United States Naval Forces, Far East, Navy No. 1165

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Incl 12

726 (20 Jan 50)Pl, 20 Jan 50

Subj: Use of Military Police to Support Japanese Police in Venereal Disease Control

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ROBERT T. CHAPLIN
Colonel CAC
Provost Marshal

GENERAL HEADQUARTERS
FAR EAST COMMAND
APO 500

AG 726.1 (20 Jan 50)GA

20 January 1950

SUBJECT: Repression of Prostitution

TO: Commanding General, Eighth Army, APO 343
Commanding General, Marianas-Bonins Command, APO 246
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Headquarters, Far East Command, APO 500
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BY COMMAND OF GENERAL MacARTHUR:

K. B. BUSH
Brigadier General, USA,
Adjutant General

1 Incl
AR 600-900

Copies furnished:
COMNAVFE, Navy no. 1165
CG, FCAF, APO 925

Incl 22

HEADQUARTERS
KANTO CIVIL AFFAIRS REGION
PUBLIC HEALTH SECTION
APO 500

KPH 726

20 July 1950

SUBJECT: Venereal Disease Contact Tracing

TO :

1. Enclosed herewith are maps showing location of various health centers in ~~China~~ Prefecture to be used in locating these places when ~~personnel~~ ^{personnel} from your organization are requested to report for locating and identifying venereal disease contacts.

2. These maps will indicate the address of health agency concerned as stated in par. 7 - a, Cir. #26, GHQ, FEC, dated 18 May 1950, as follows: "If the information contained indicates that the contact can be identified and located, the report will be made in quadruplicate. Copies will be distributed as follows. The original and 1st copy will be forwarded to the local civilian health agency". (This would be the nearest health center to the place of contact).

3. Request you also refer to par. 7 - c, which reads "If the information contained in the report indicates that the contact cannot be identified or located, a copy will be retained by the originating unit for the collection of information and data which may be of value. (In this case, reports need not be sent to the local health agency nor to this office).

4. Further ^{more it is} requests that in view of the present alert and the imposed inability of ~~personnel~~ ^{many of your personnel} to report for assistance in contact tracing that future reports not be forwarded unless there is adequate information, for Japanese Health Agencies to locate contact or ~~personnel~~ ^{personnel should become} available to actively assist in identification and apprehension of alleged contact.

5. In the event that ^{soldier} E. M. is available for personal identification,

request telephone number be given where subject E. M. can be reached.

6. It is the earnest desire of Civil Affairs
to reduce the reservoir of infection and to
assist in any way possible.
FOR THE CHIEF:

Incl _____

maps