

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

Description of contents

- (1) Box no. 2812
- (2) Folder title/number: (9)
Camp Drew, APO 43
- (3) Date: Mar. 1950 - Feb. 1951

(4) Subject:

Classification	Type of record
750, 9612	d, r

(5) Item description and comment:
Kanto

(6) Reproduction: Yes No

(7) Film no.

Sheet no.

(Compiled by *National Diet Library*)

ACCESS RESTRICTED

The item identified below has been withdrawn from this file:

File Designation R6331 Box 2812 Folder: CAMP
DREW
 Date 26 Feb 51
 Subject ~~From~~ VD CONTACT REPORT
 To _____

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 The item identified above has been withdrawn because it contains:

- Security-Classified Information
- Otherwise Restricted Information

176 doc. 176 pp.

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Authority

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Date

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Maebashi 2259

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Utsunomiya 2024. 4241
5250.

YAMANASHI

Kofu 480-9

NAGANO

Nagano 4911, 3111

IBARAGI

Mito 40-44

CHIBA 2631

Chiba Chiba 180.

KANAGAWA

Yokohama 2-2331-9

City Office 31031-5 幸田町

Yokosuka 2294 幸田町

SHIZUOKA

Shizuoka 2700-9, 3700

山崎町. 幸田町

RTO. 26-6758.

(ACUTB 23-0646)

Mr. Saijo 26-8974

Miss Morgan 26-8573

Dr. Pegg 26-7375

Miss Hamilton 26-9985

(Old Kaijo) 26-7241 (714)

Mrs Kobayashi 45-1795

Zama 400

Rt. Ward, Medical Officer

Citangit (725) Sgt. Sheline

Dr. Sao Paul. 57-8244

71st Station Hosp.
 Johnson 5114 31st Strat Com
 Sgt Miles Johnson 5872
 35th Sgt Schubert

13th Med Group (Tachikawa)
 (72AMCOM) 3556 3
 Sgt. Miles Ward

155th Station Hosp
 Yokohama 261-24549
 Cpl. Robinson
 Dr. Cocimano

610th Ord. Base (Tokyo)
 86-0511 Ex 80
 Cpl. Orta

Tokyo AM Depot
 4559-302
 Sgt. Pickens

Camp McGill Capt
 McGill 586 McAndrews
 Sgt. John O'tuinn
 Capt. McAndrews

1st Med Sq. 72FF
 2635-574
 Sgt. Pedue

Shiroi 611th (Chiba)
 Sgt. Wehrman

8th Army Stockade
 38-0181 Ex. 16
 Sgt. Gold
 Lt Ungvarski

Haneda AFB
 Captain Saul
 0391-200

361 Station Hospital
 26-7511 Ex. 33
 Sgt. Howard

Camp Drew (2633)
 Lt. Foy 324
 (Ota)

HEADQUARTERS
KANTO CIVIL AFFAIRS REGION
APO 500

FNS/ts

KPH 726.1

19 Feb 1951

SUBJECT: V-D Contact Report

TO: Surgeon
USAF Infirmary
APO 919

Sketch referred to in report is not available. Insufficient information to enable successful tracing by Japanese health officials.

FOR THE CHIEF:

1 Incl
49th Med Group V-D
Contact Rpt No. 108

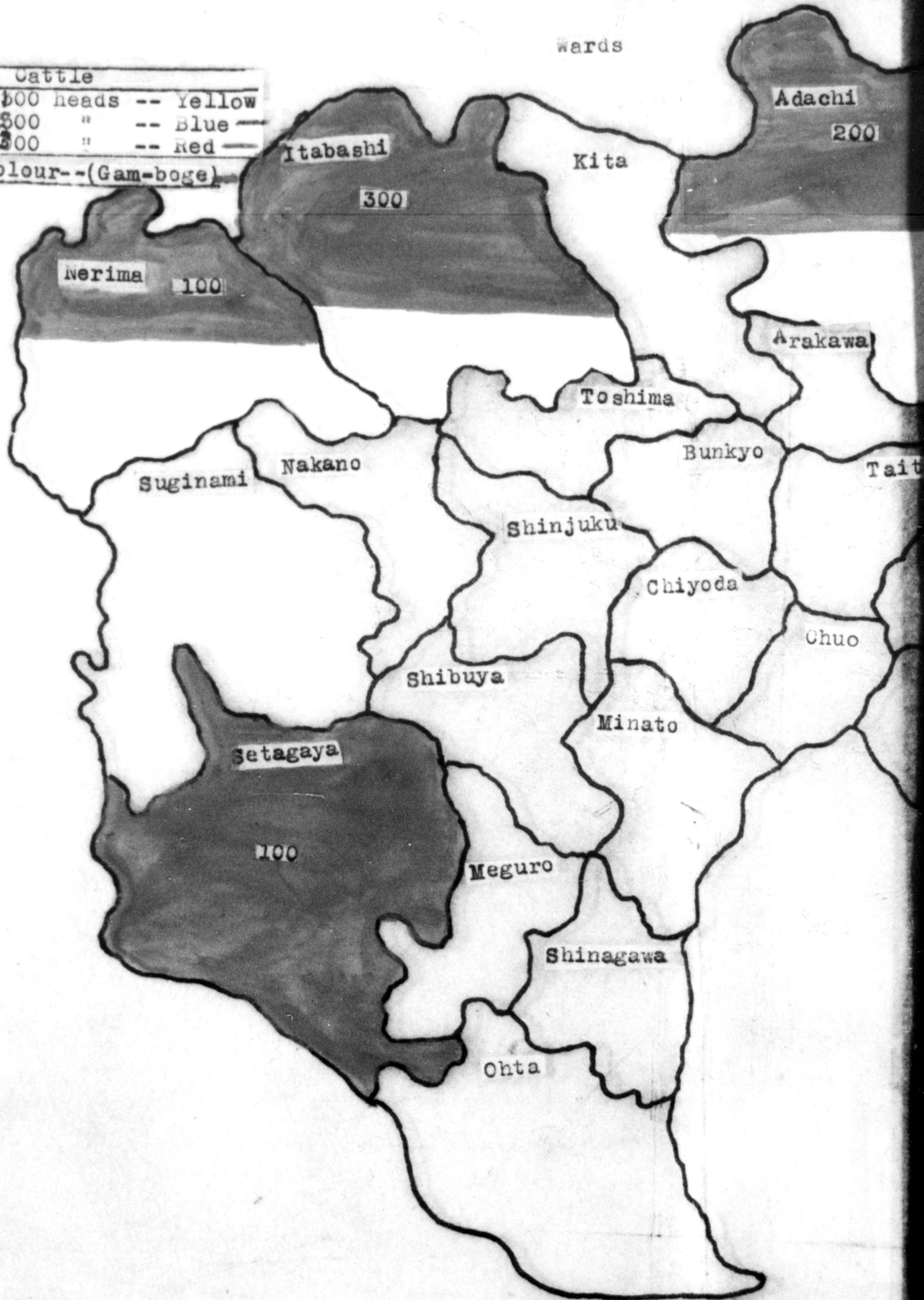
GEO B. NIBLOCK, JR.
Lt Colonel, Infantry
Deputy Chief

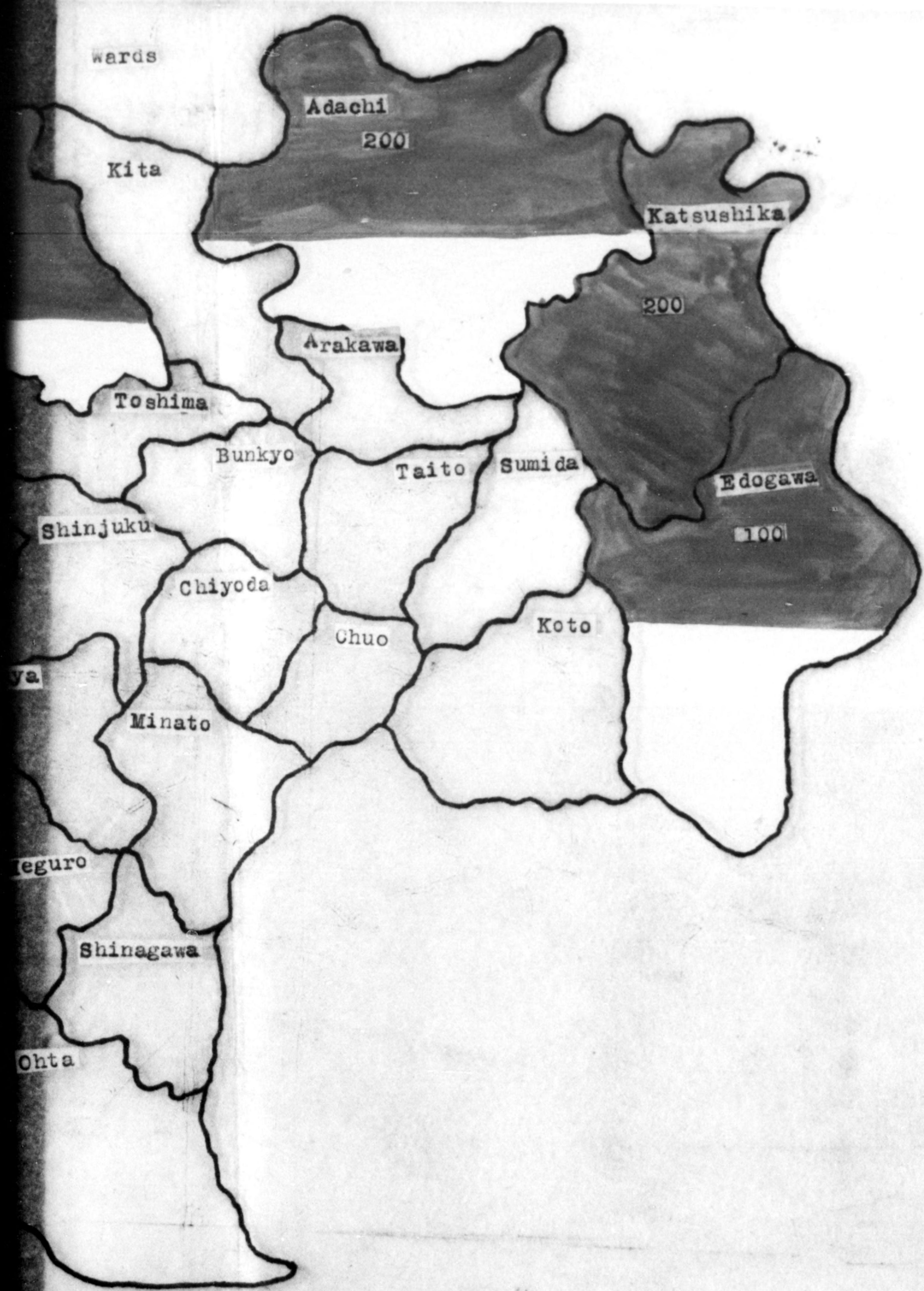
Handwritten:
1951
1951
1951

wards

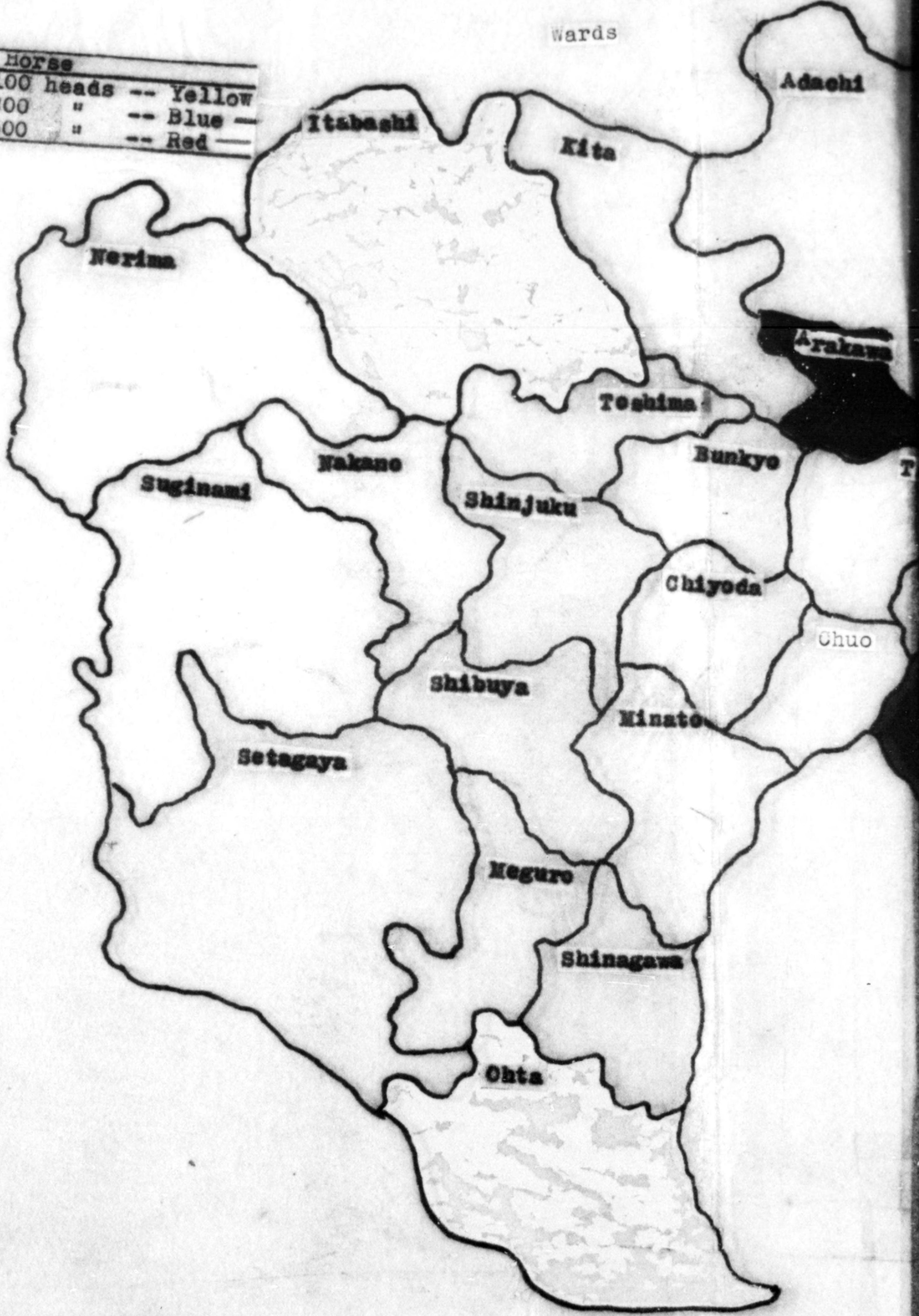
Cattle	
more than 500 heads	-- Yellow
" 300 "	-- Blue
" 300 "	-- Red

Pack-cow--- colour--(Gam-boge)





HORSE			
more than 100 heads	--	Yellow	
" 200 "	--	Blue	
" 300 "	--	Red	

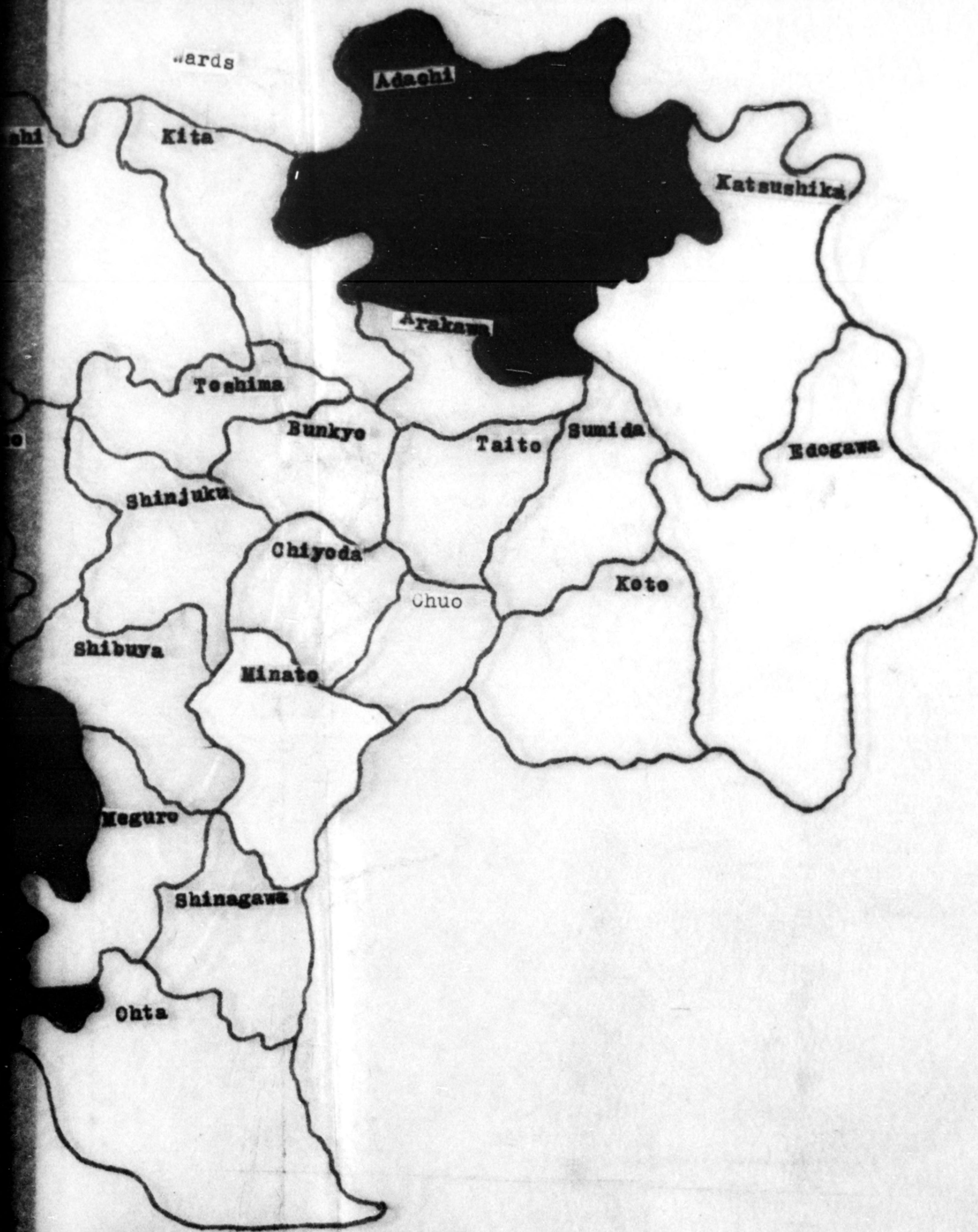


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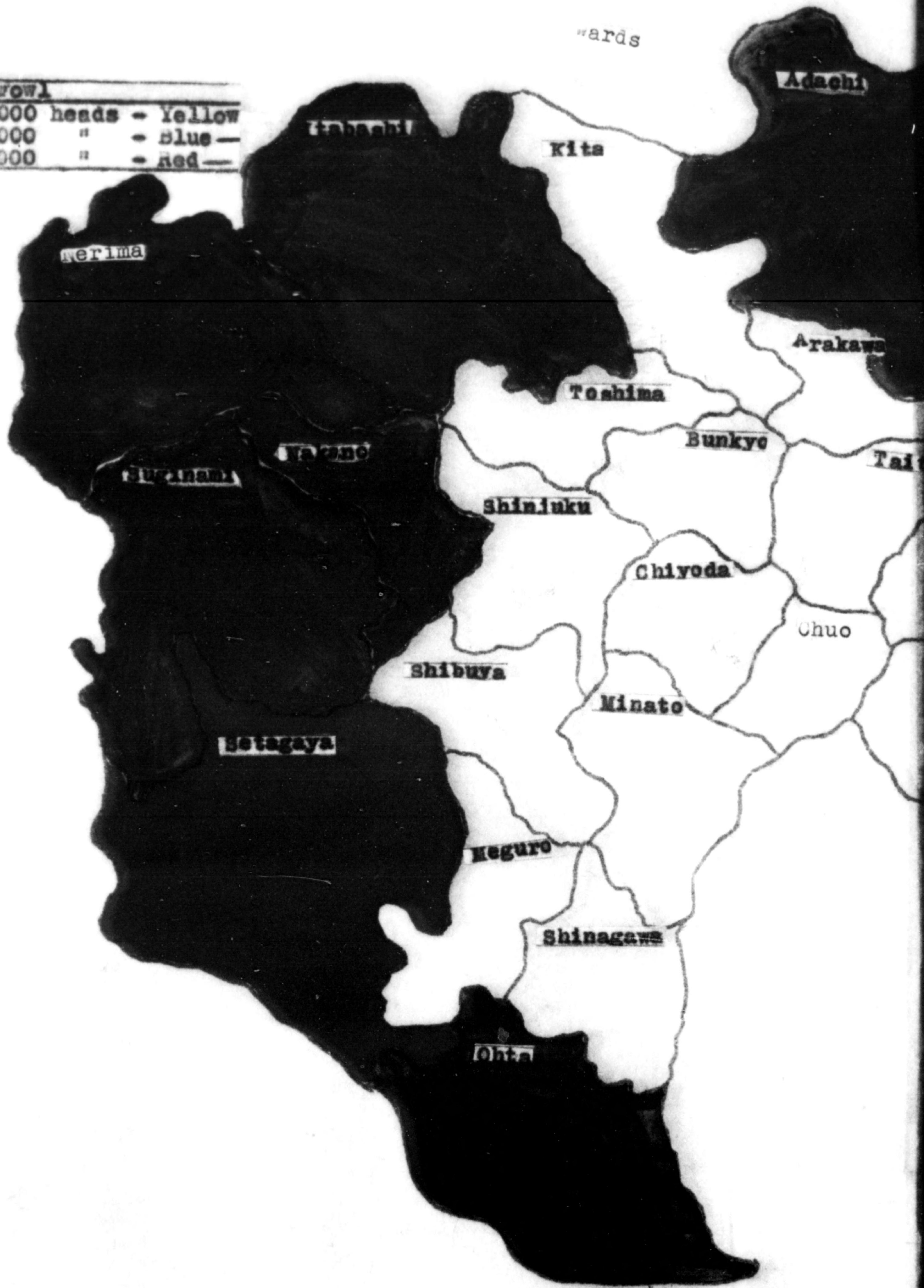


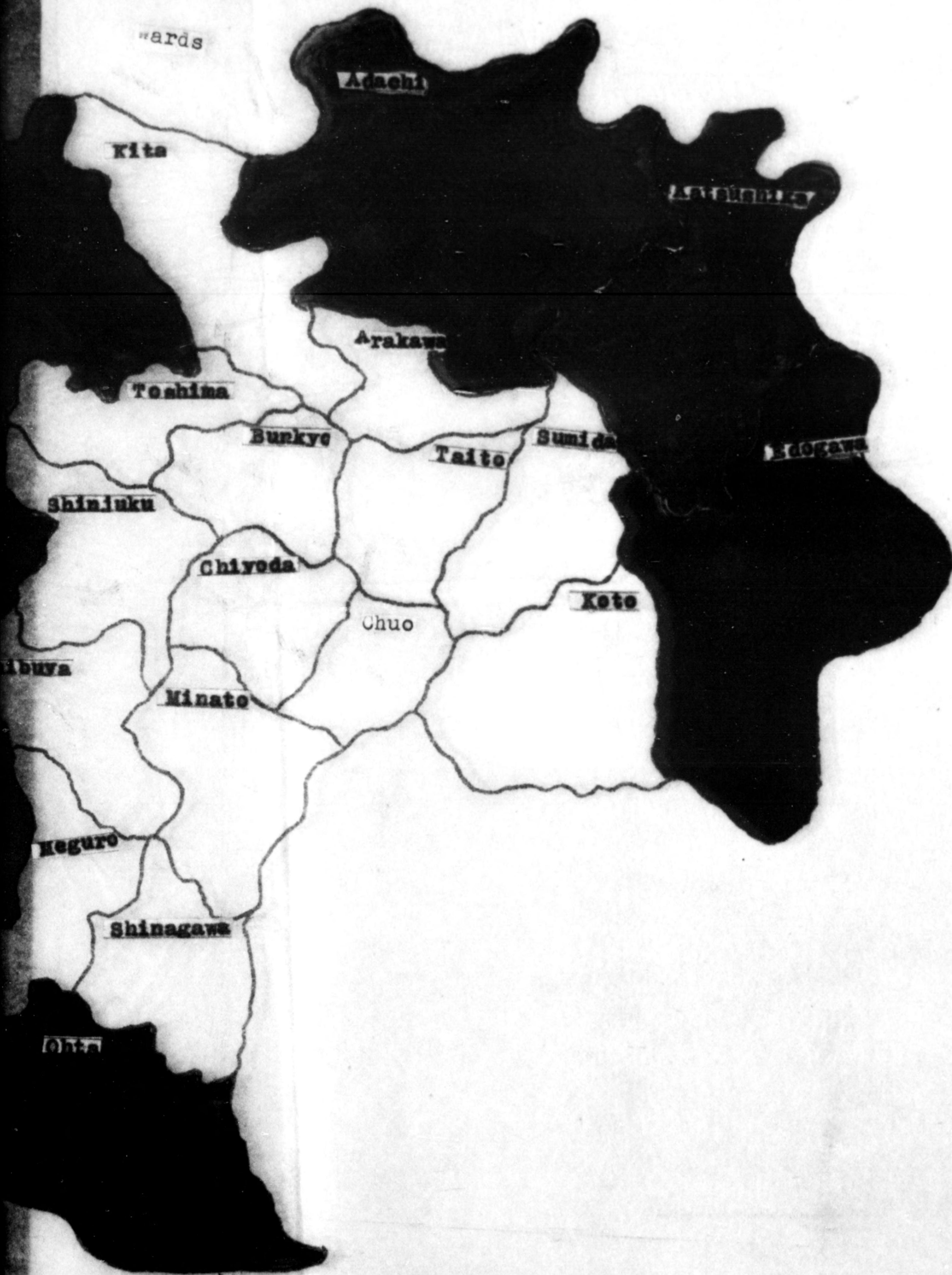
Fig	
more than 300 heads	-- Yellow
" 500 "	-- Blue
" 1,000 "	-- Red



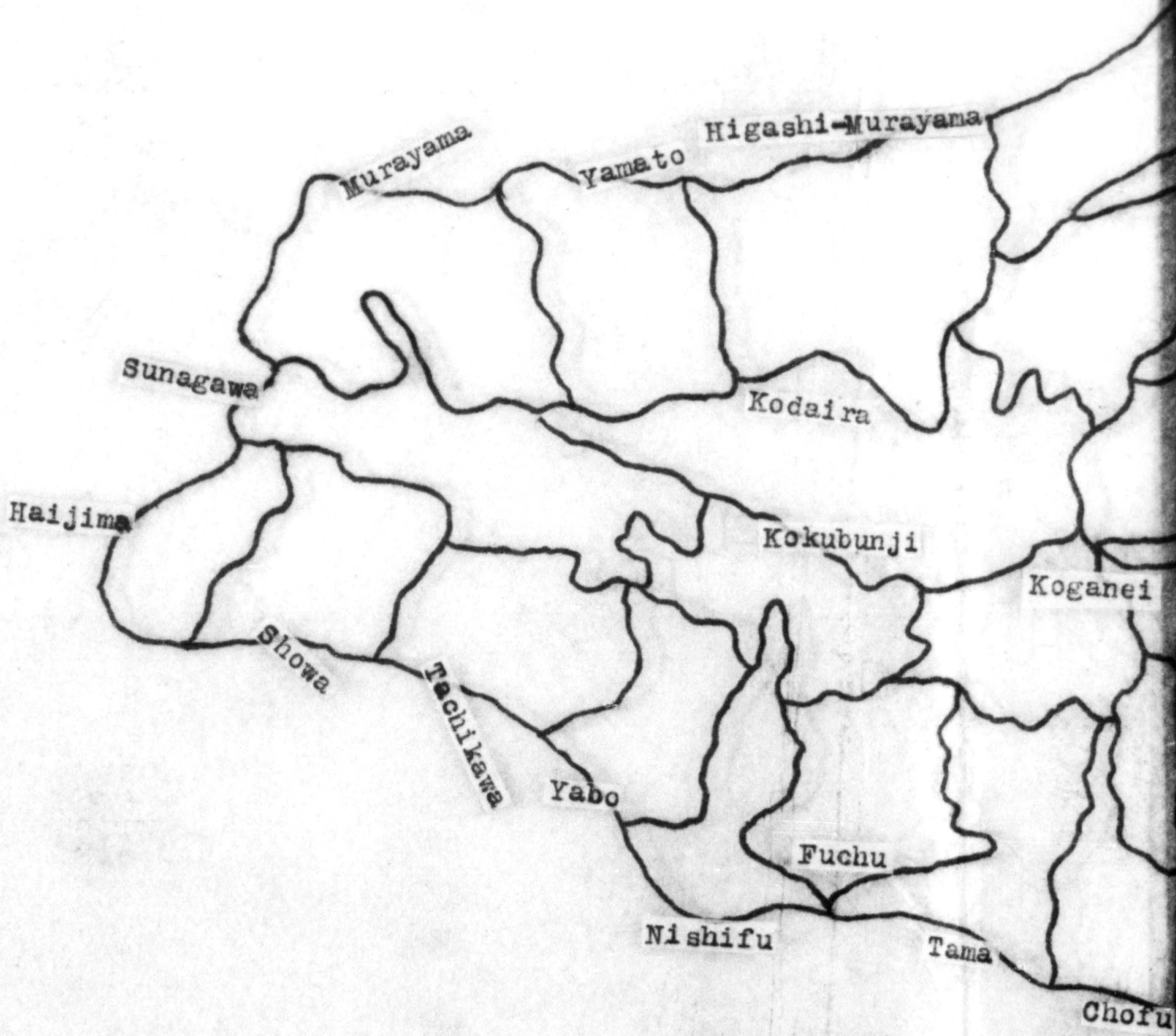


POULTRY	
more than 1,000 heads -	Yellow
" 2,000 "	Blue
" 3,000 "	Red





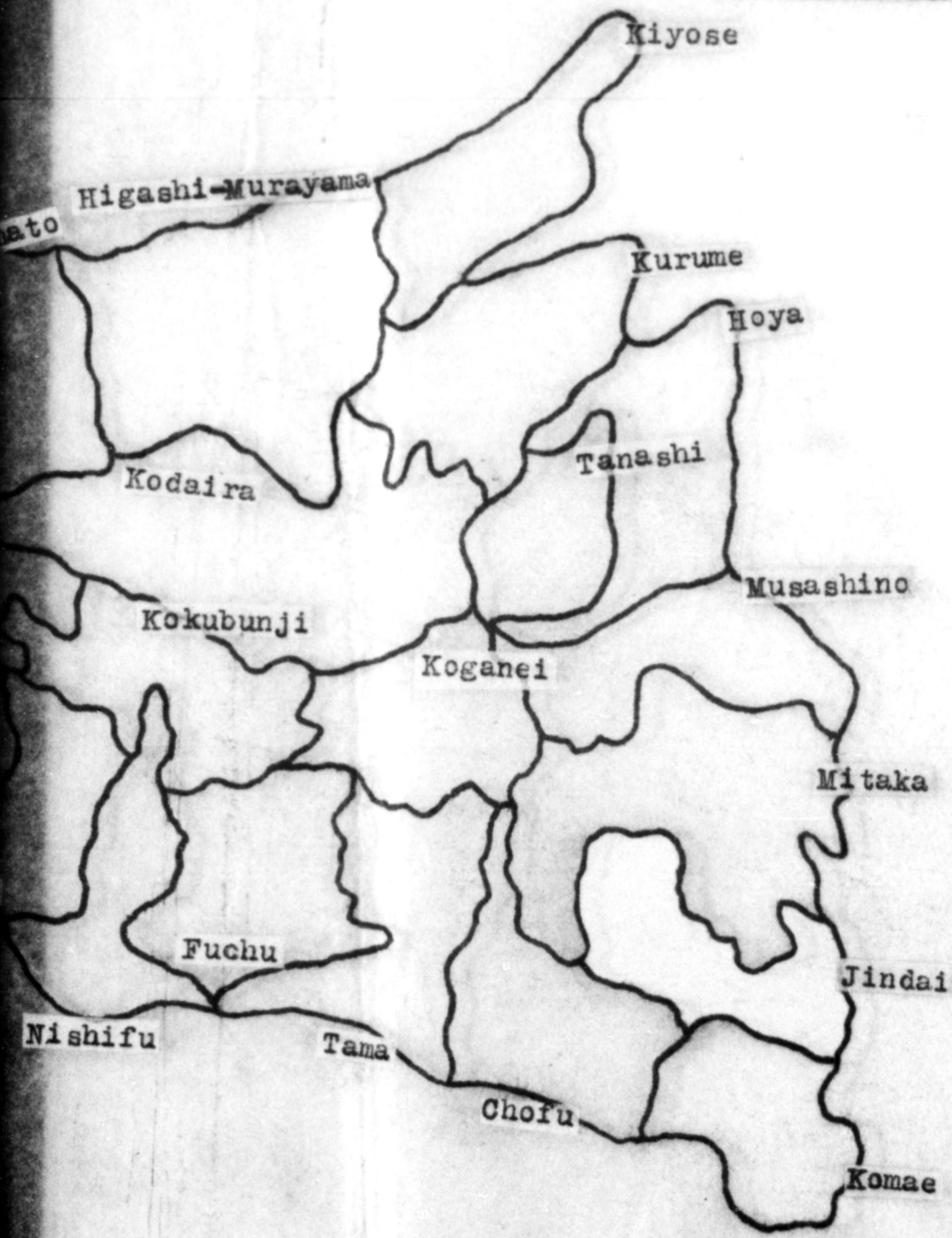
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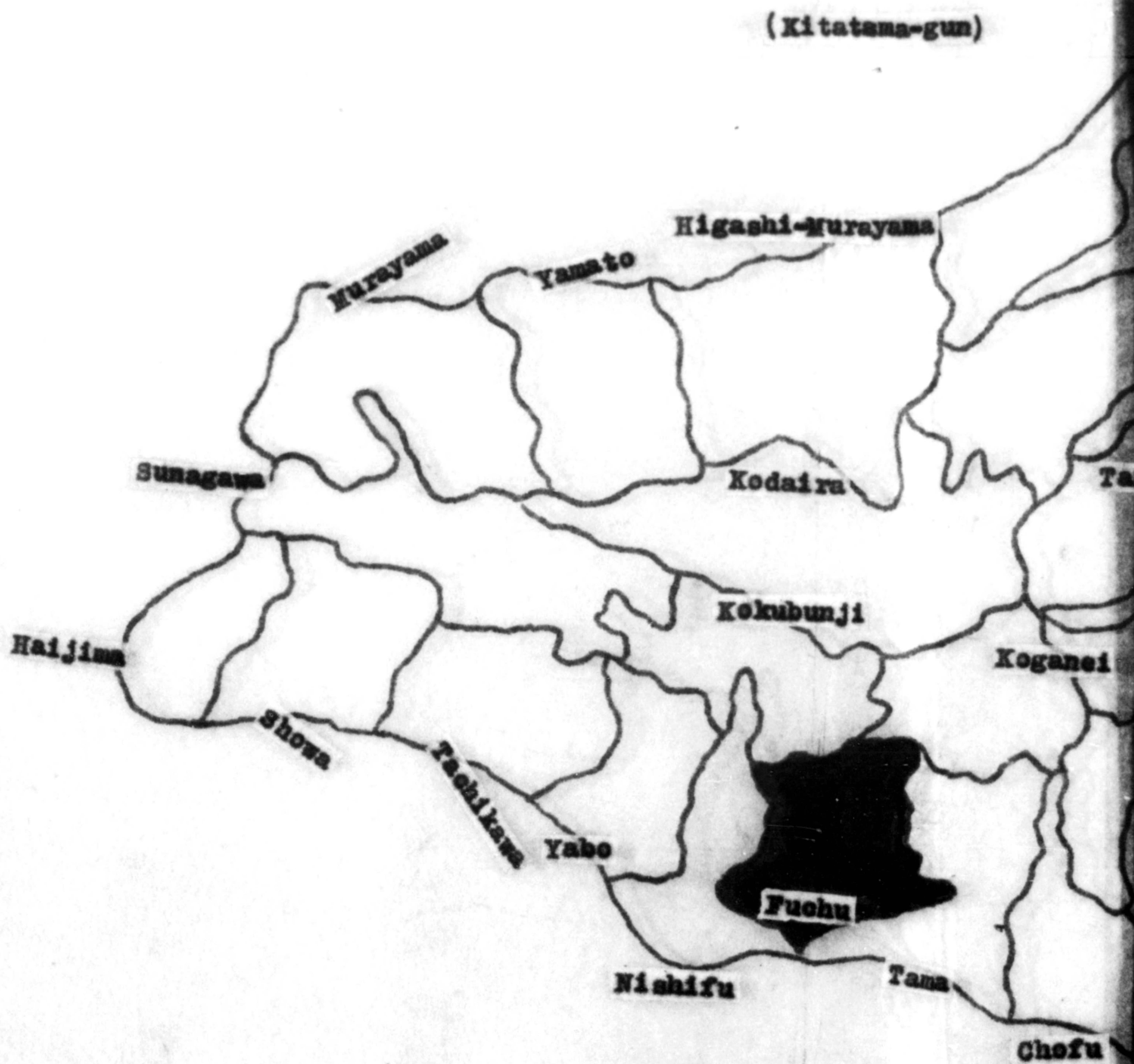


Cattle	
more than 500 heads	-- Yellow
" 500 "	-- Blue
" 500 "	-- Red

Pack-cow --- (colour---- Gam-boge) ---

(Kitatama-gun)



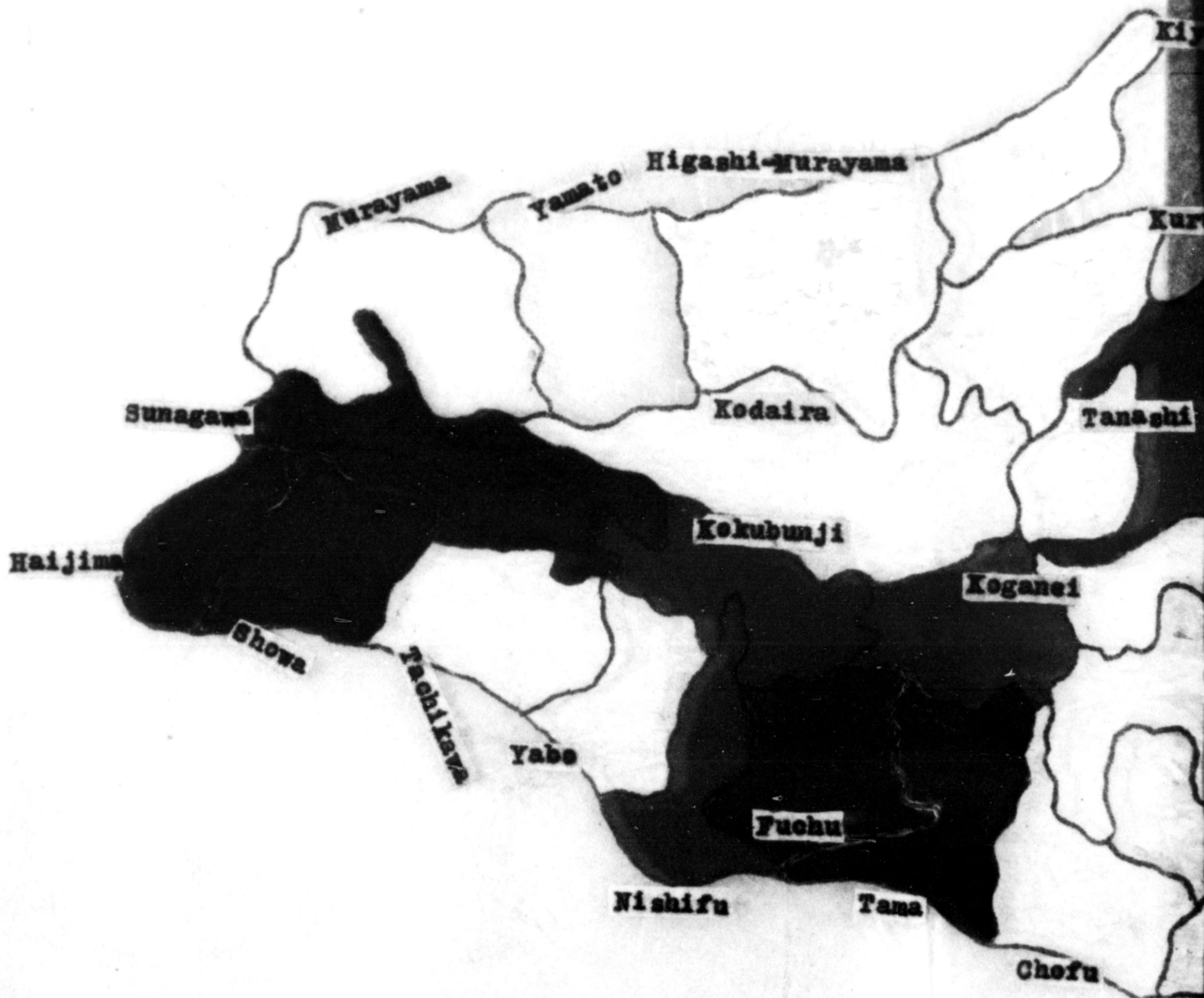


Horse			
more than 100 heads	--	Yellow	
" 200 "	--	Blue	
" 300 "	--	Red	

(Kitatama-gun)

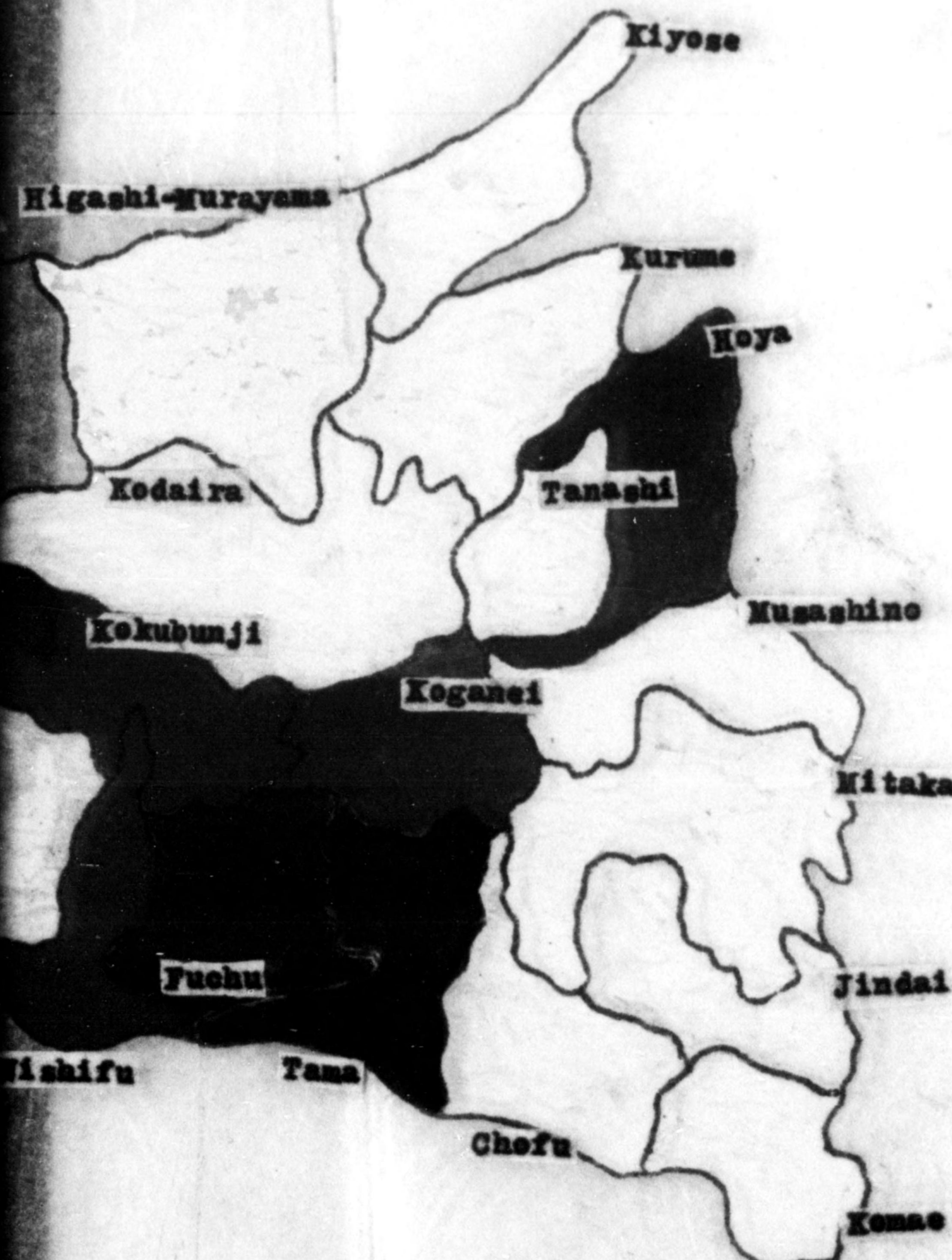


(Kitatama-gun)



(Kitatama-gun)

Fowl			
more than 1,000 heads	-	Yellow	—
" 2,000 "	-	Blue	==
" 3,000 "	-	Red	---



(Kitatama-gun)

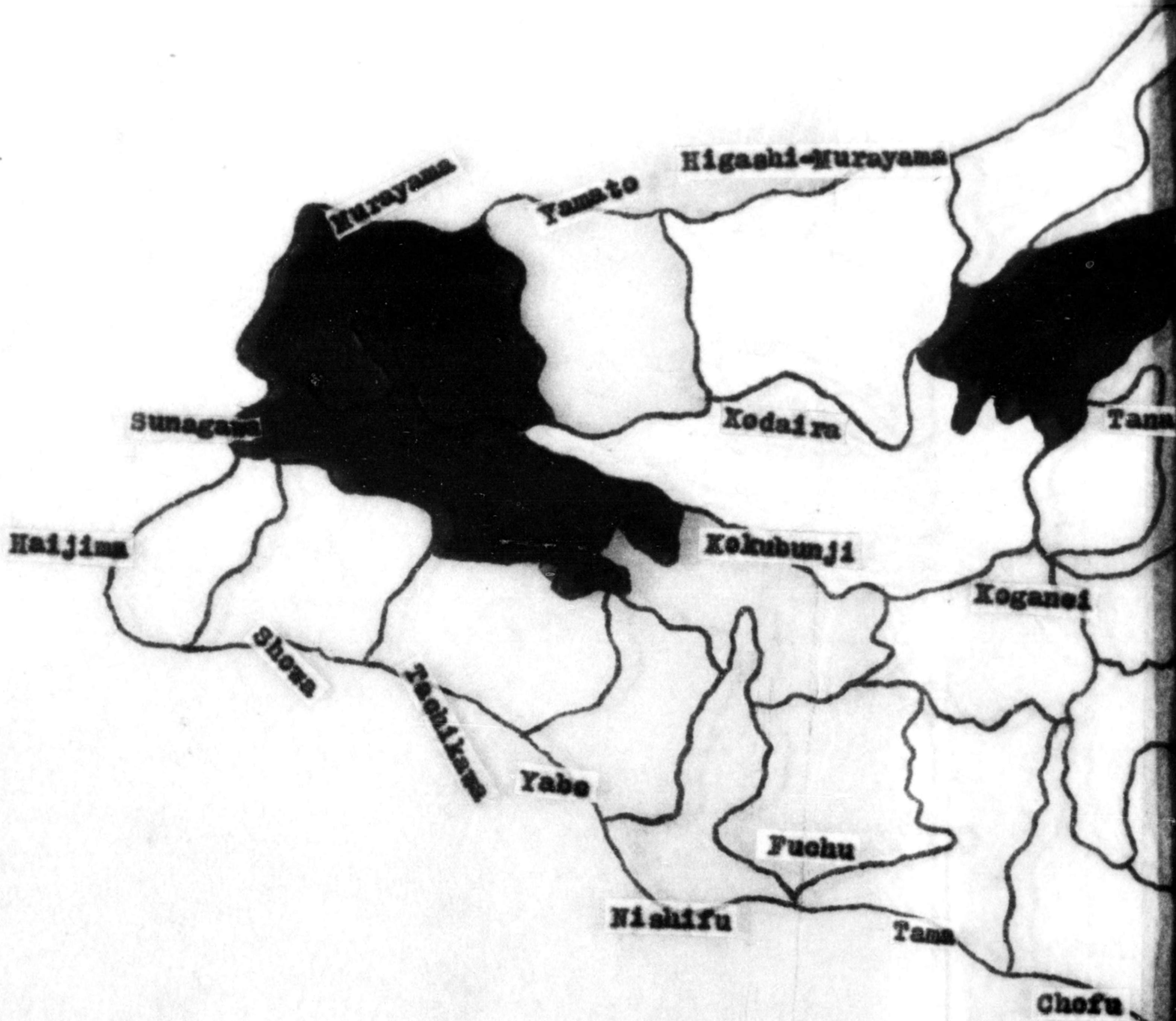
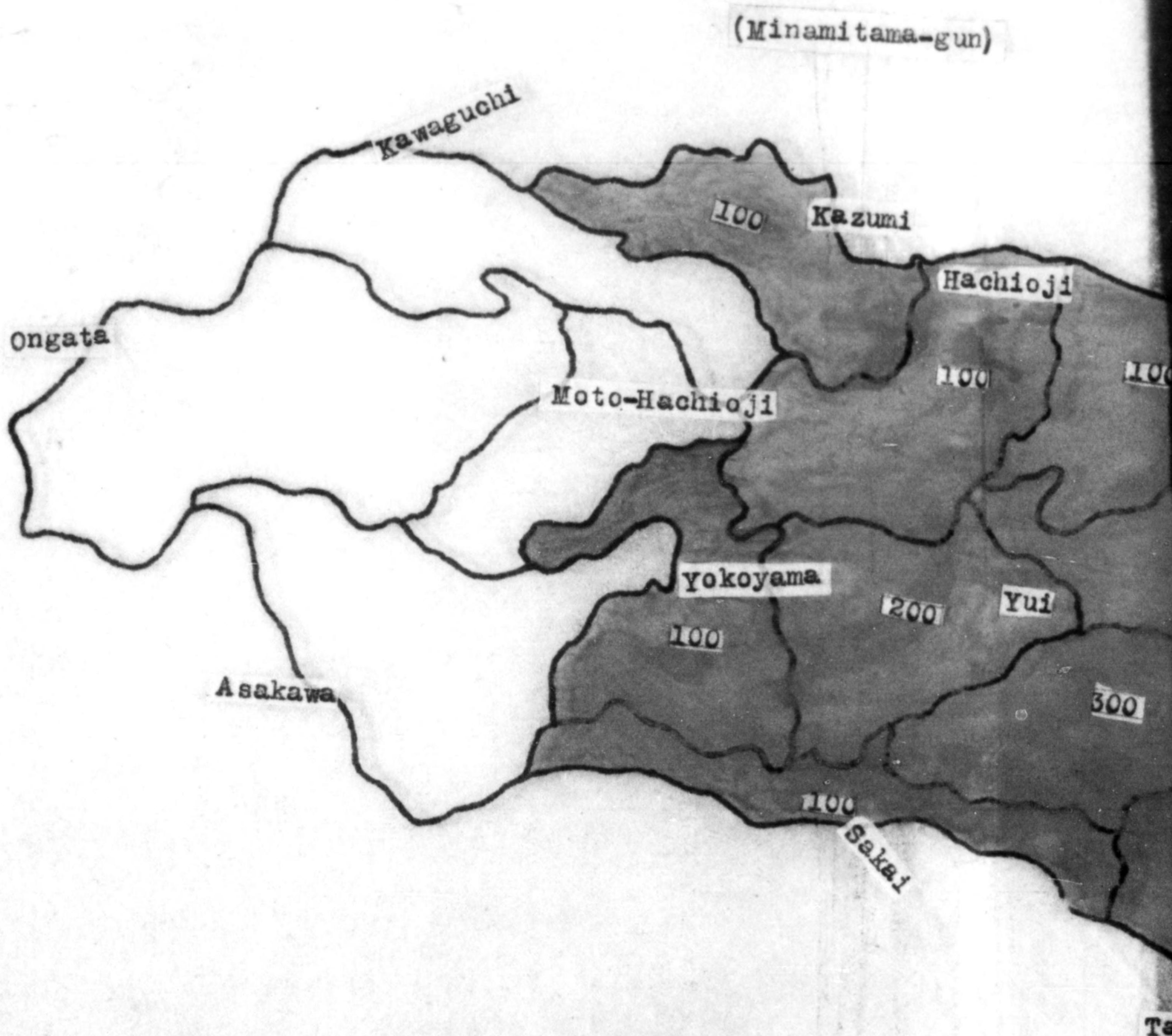


Fig	
more than 300 heads	-- Yellow
" 500 "	-- Blue
" 1,000 "	-- Red

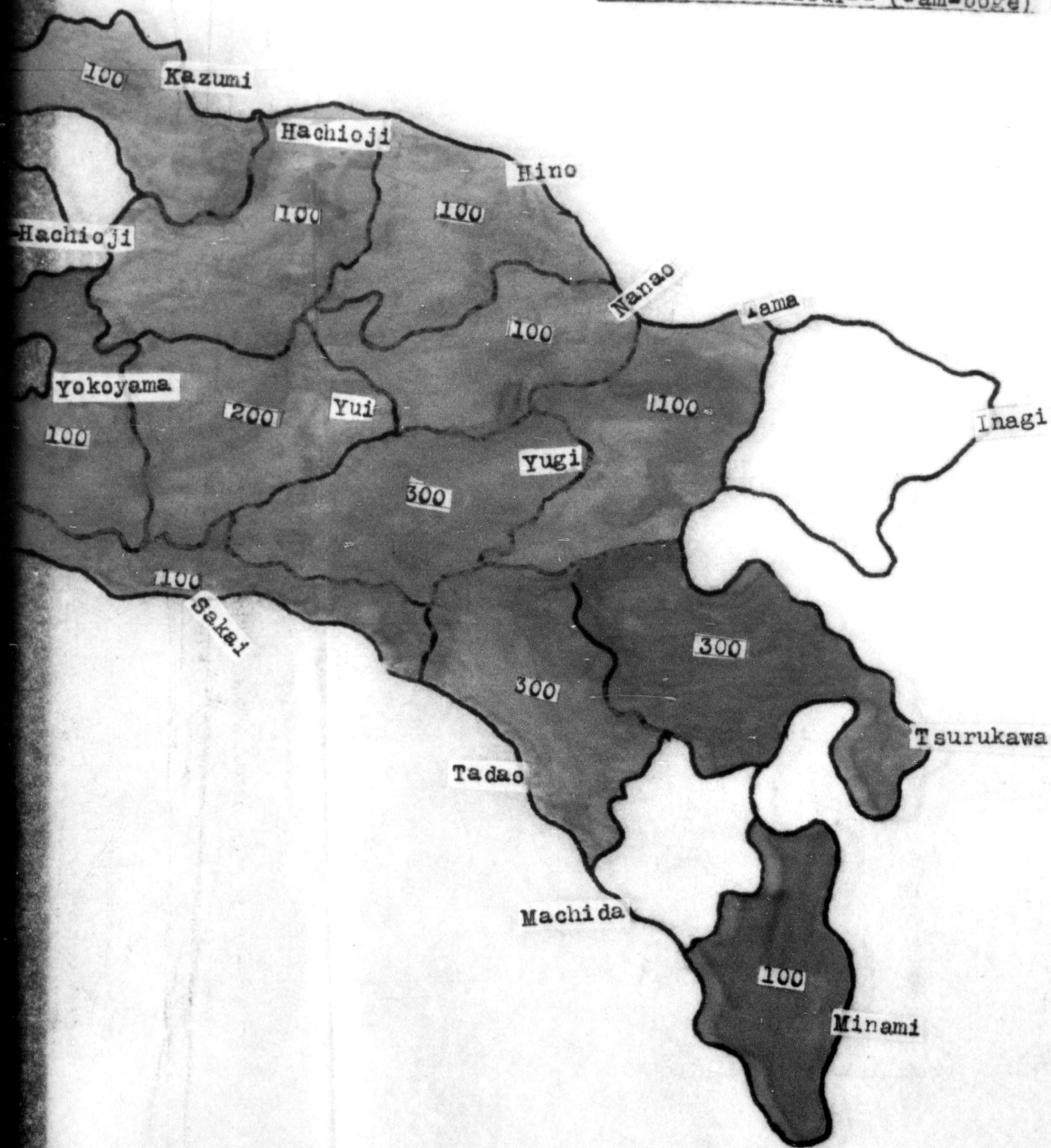
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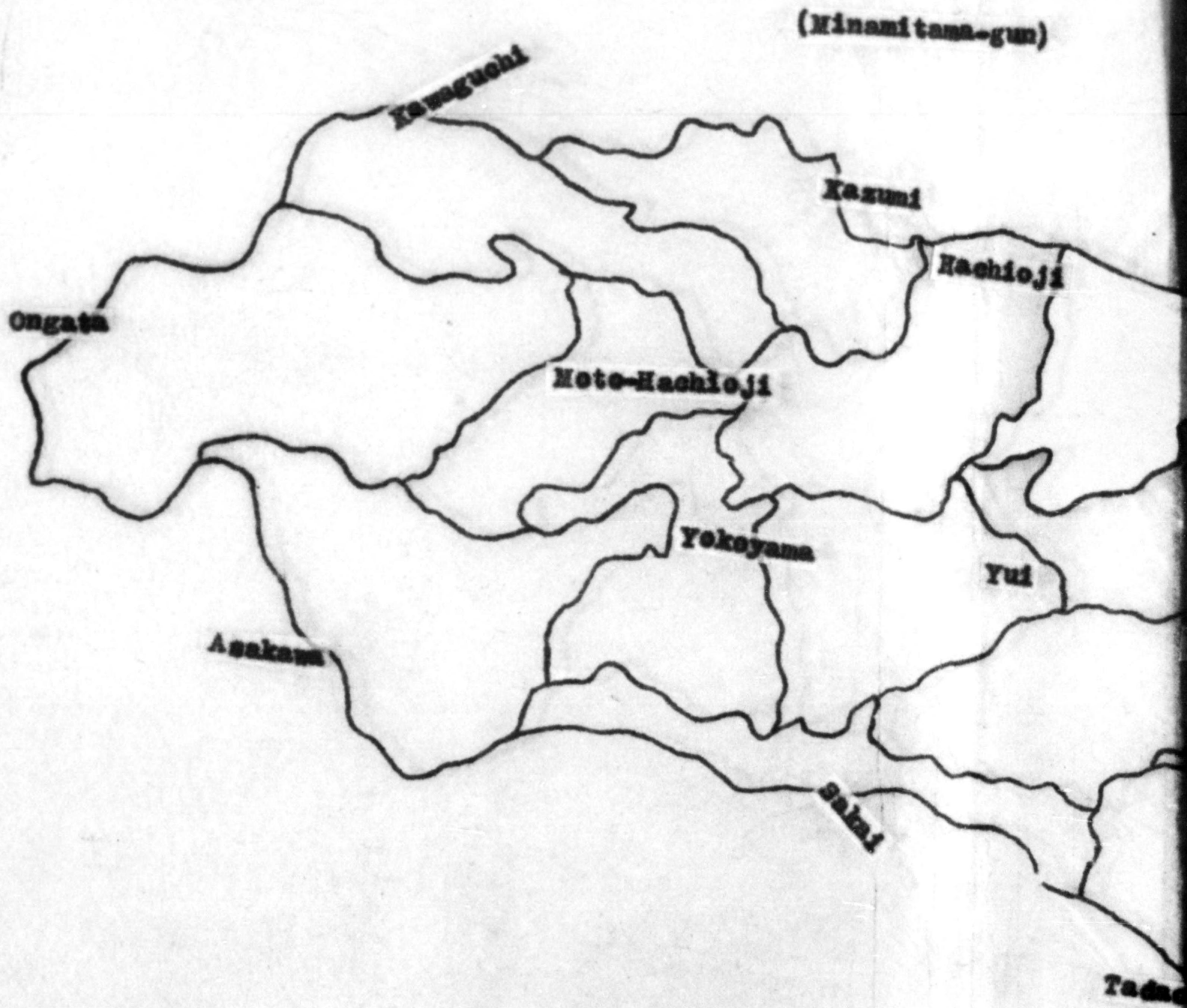




(Minamitama-gun)

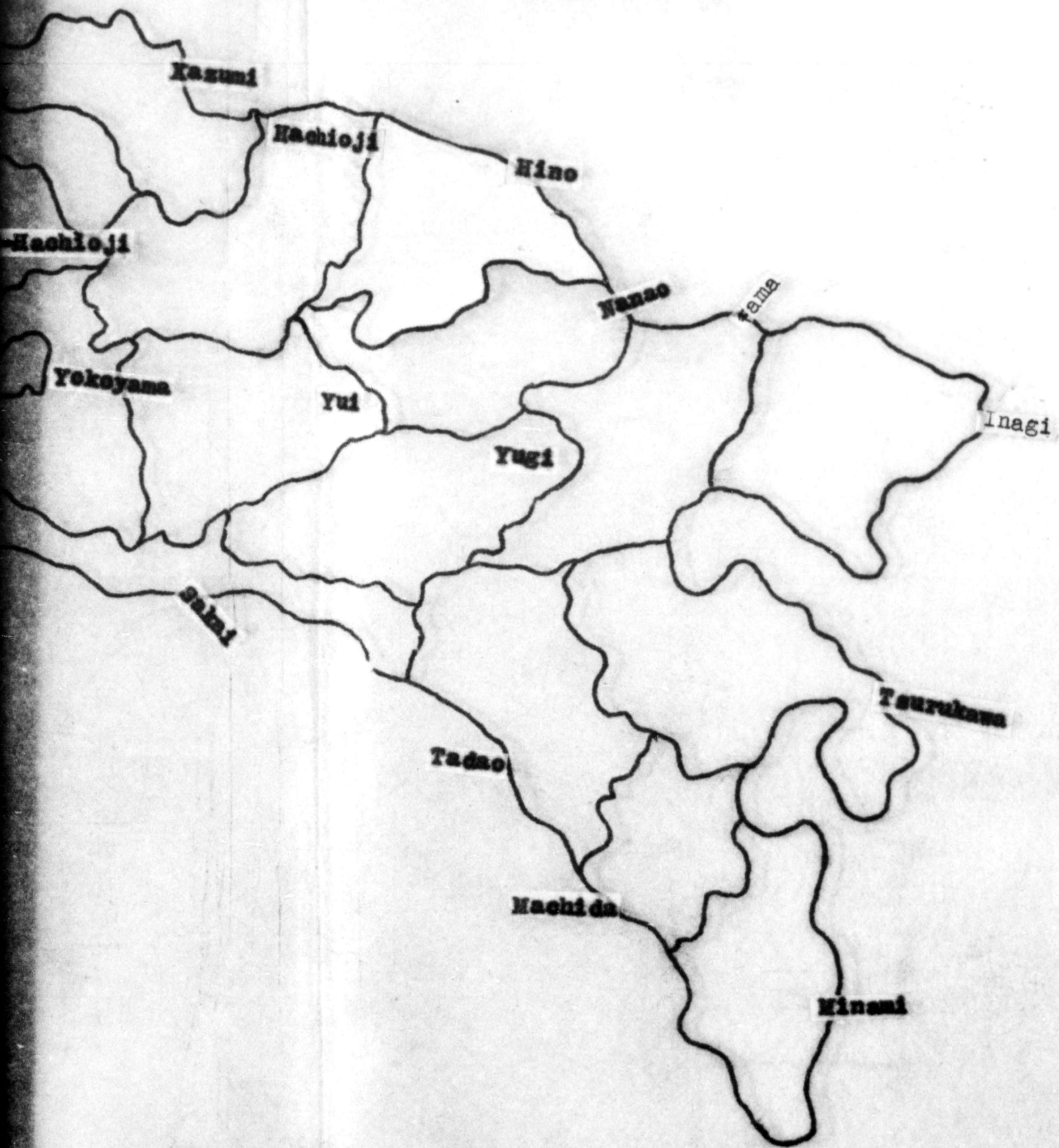
Cattle	
more than 500 heads	-- Yellow
" 300 "	-- Blue
" 300 "	-- Red
Pack-cow---Colour-- (Gam-boge)	





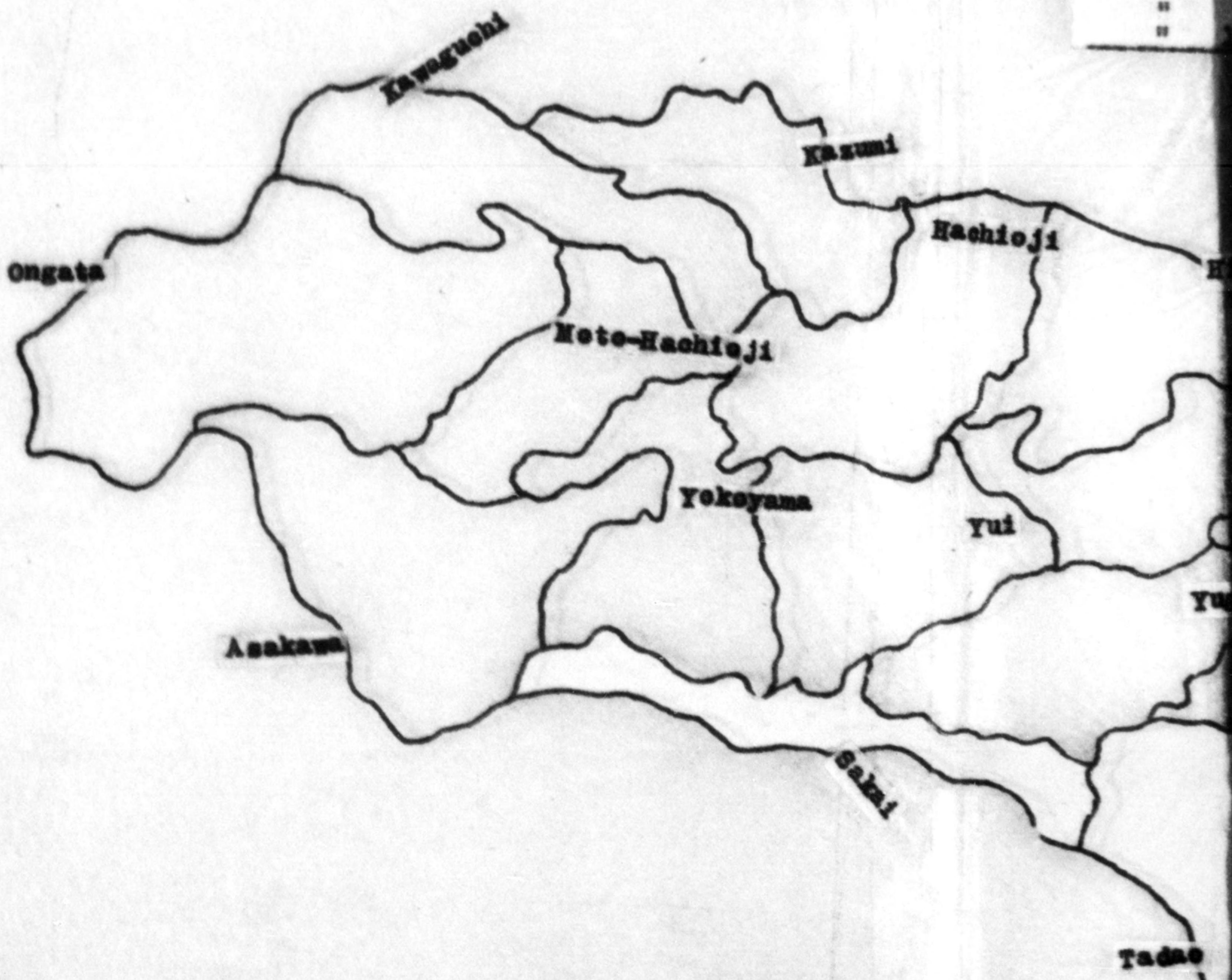
(Minamitama-gun)

HORSE			
more than 100 heads	--	Yellow	
" 200 "	--	Blue	
" 300 "	--	Red	



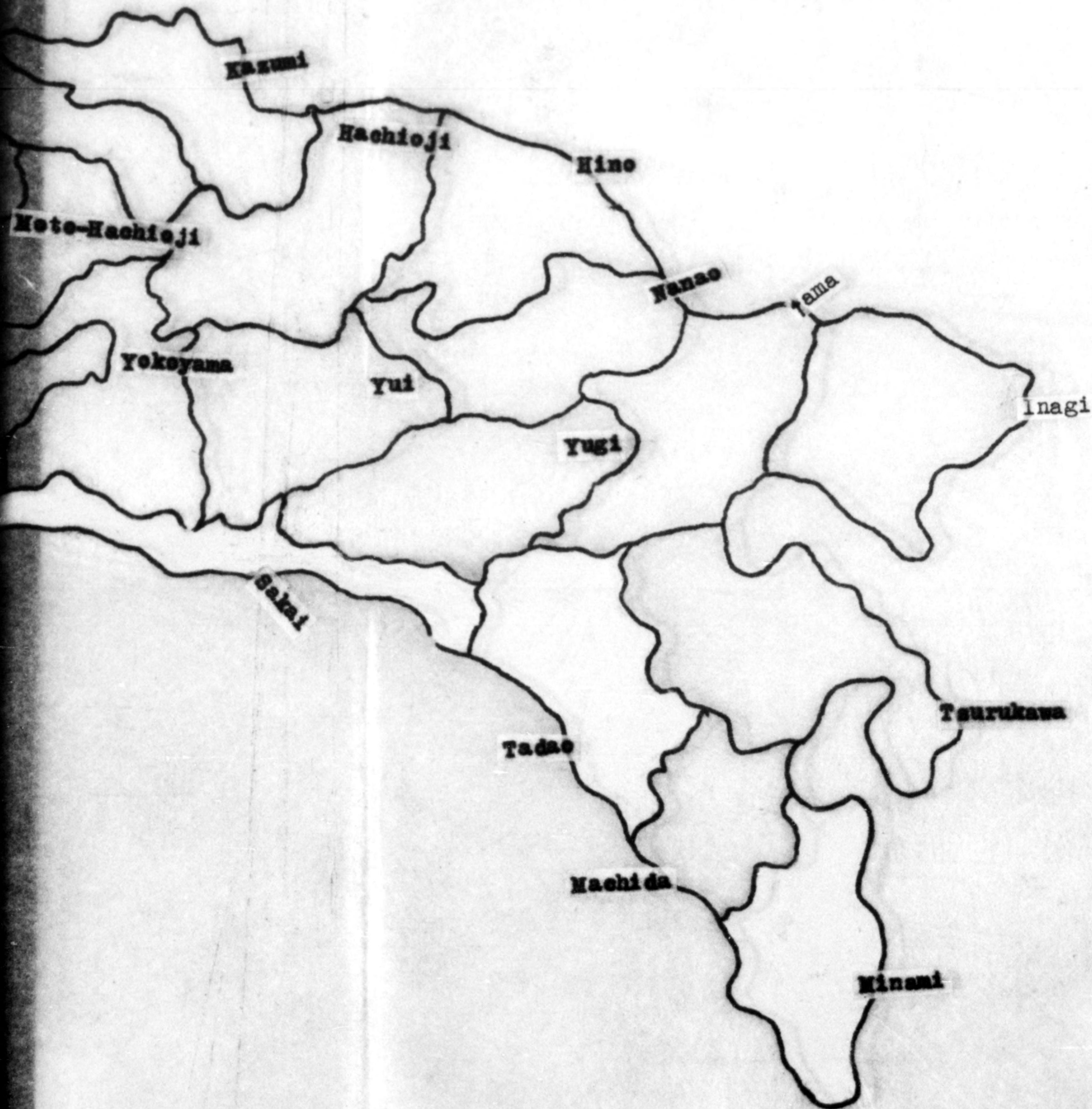
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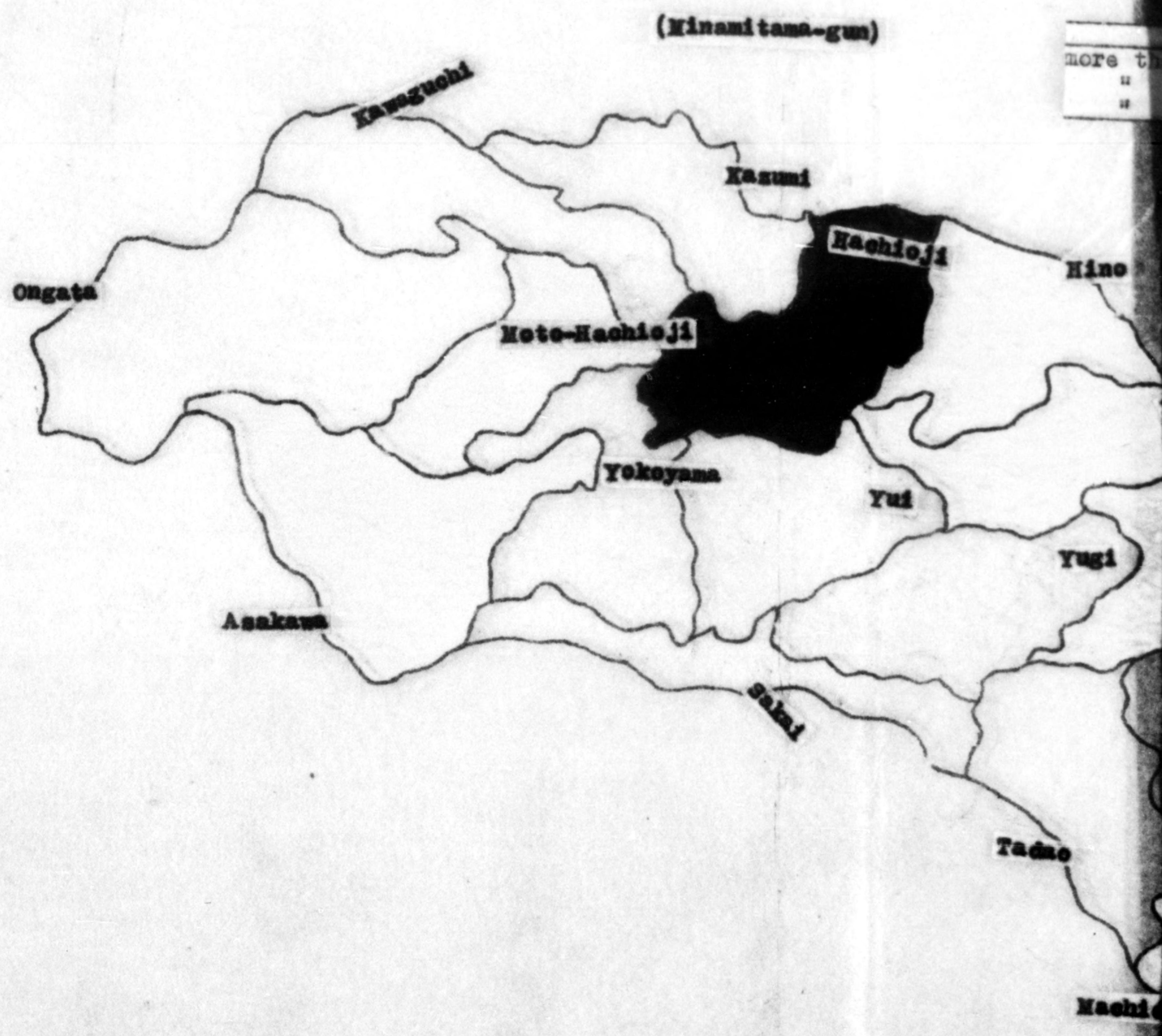
more than
"
"



(Ninamitama-gun)

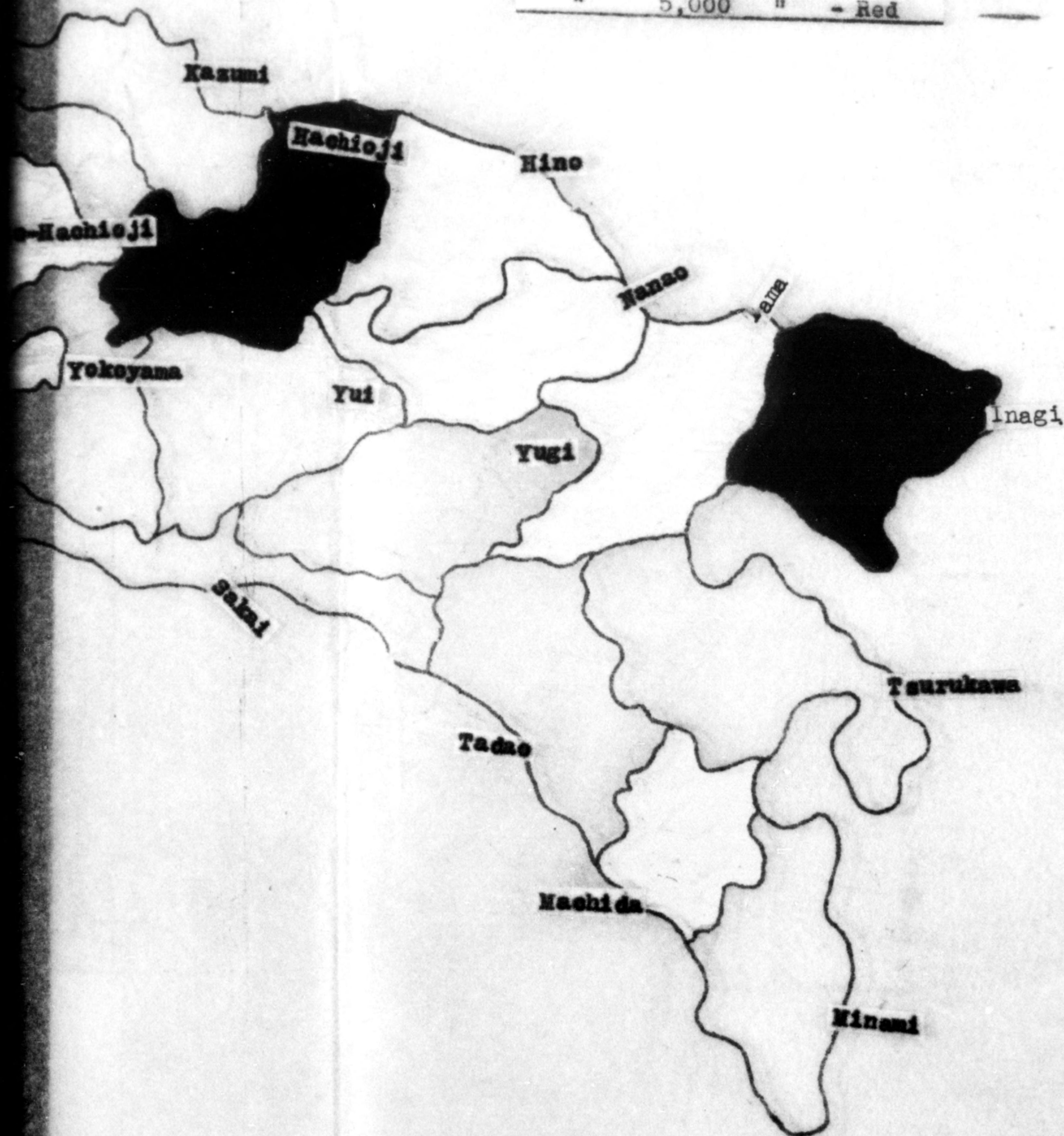
Pig	
more than 300 heads	-- Yellow
" 500 "	-- Blue
" 1,000 "	-- Red

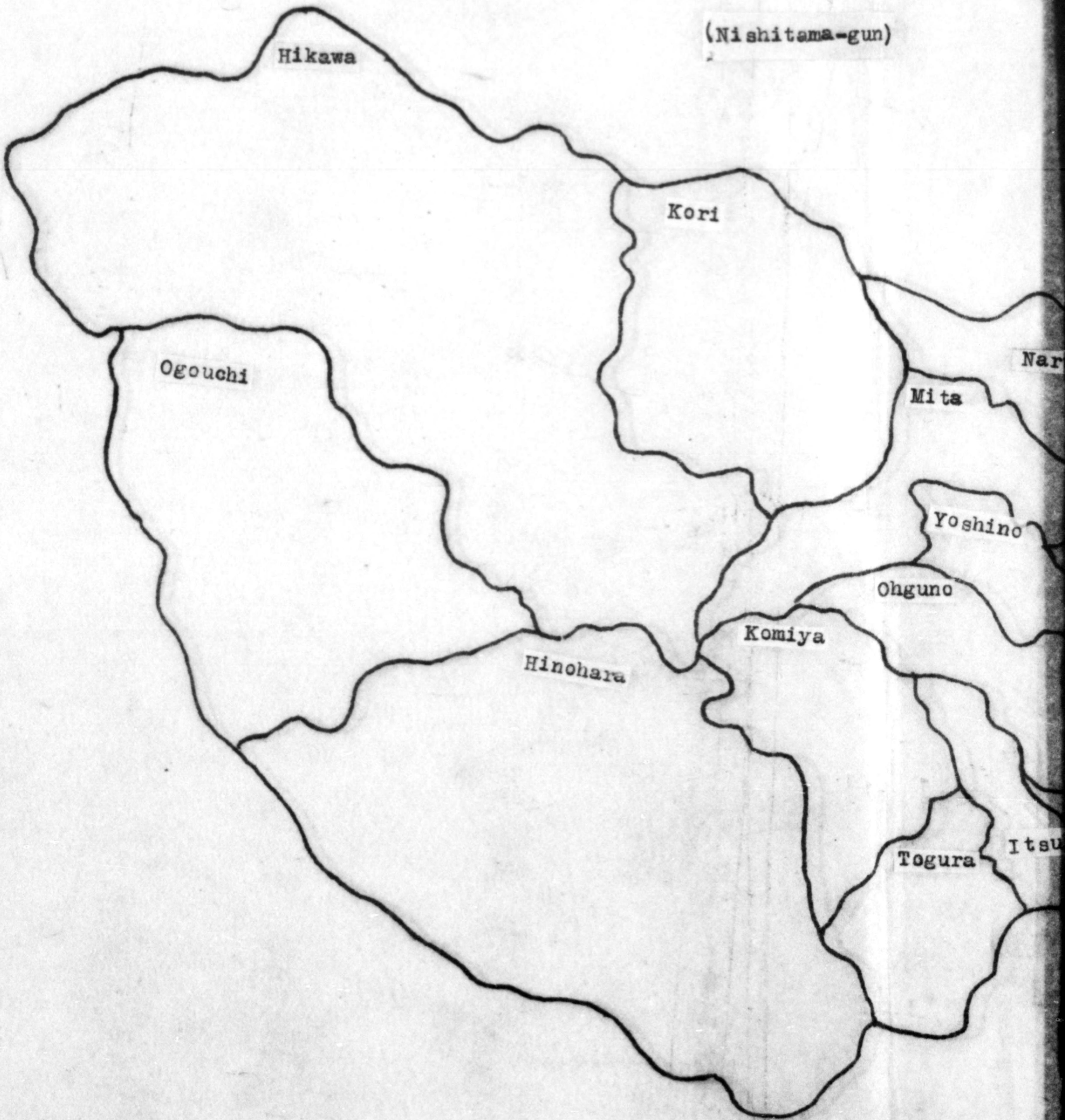




(Minamitama-gun)

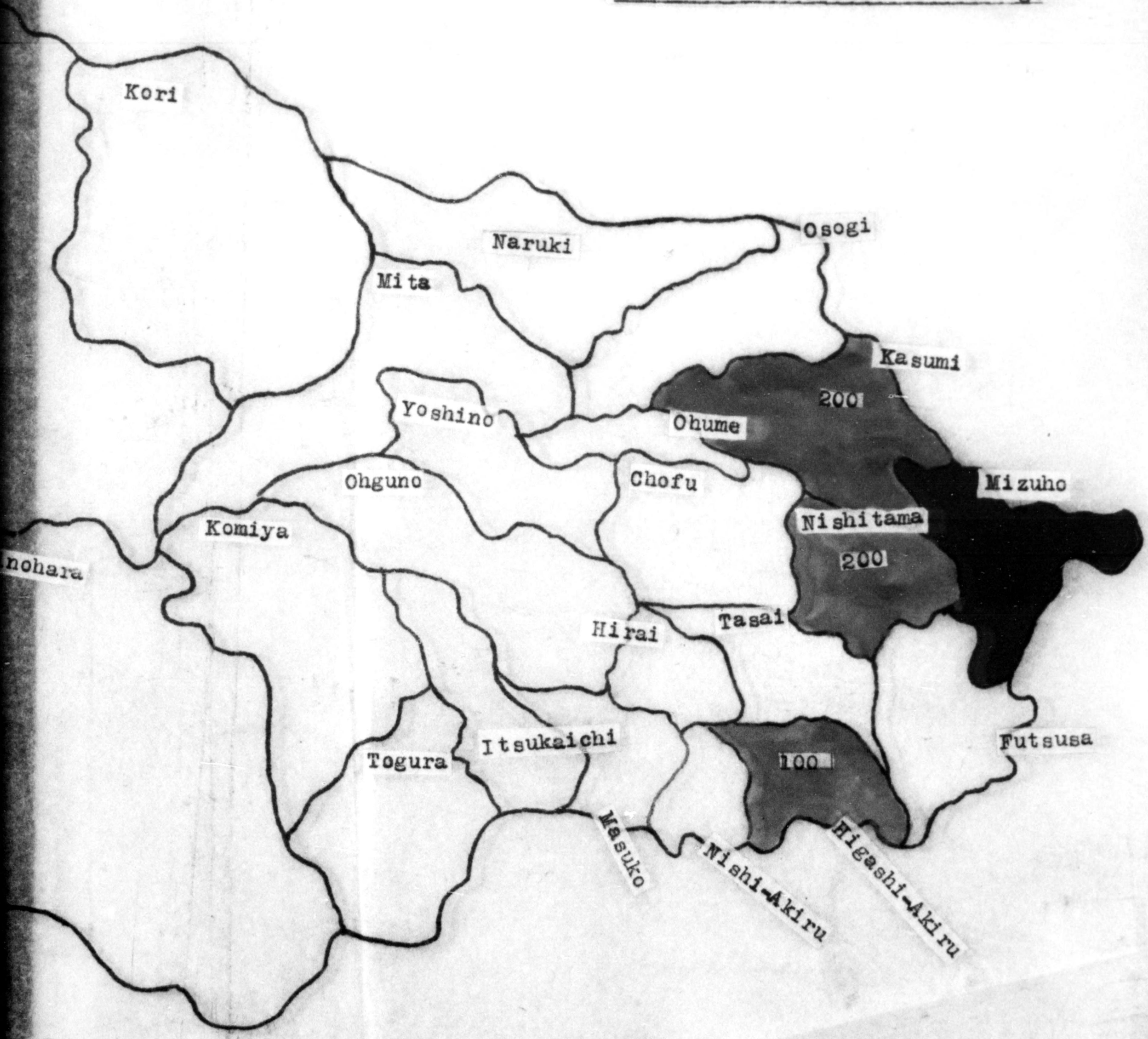
Fowl	
more than 1,000 heads	- Yellow
" 2,000 "	- Blue
" 5,000 "	- Red



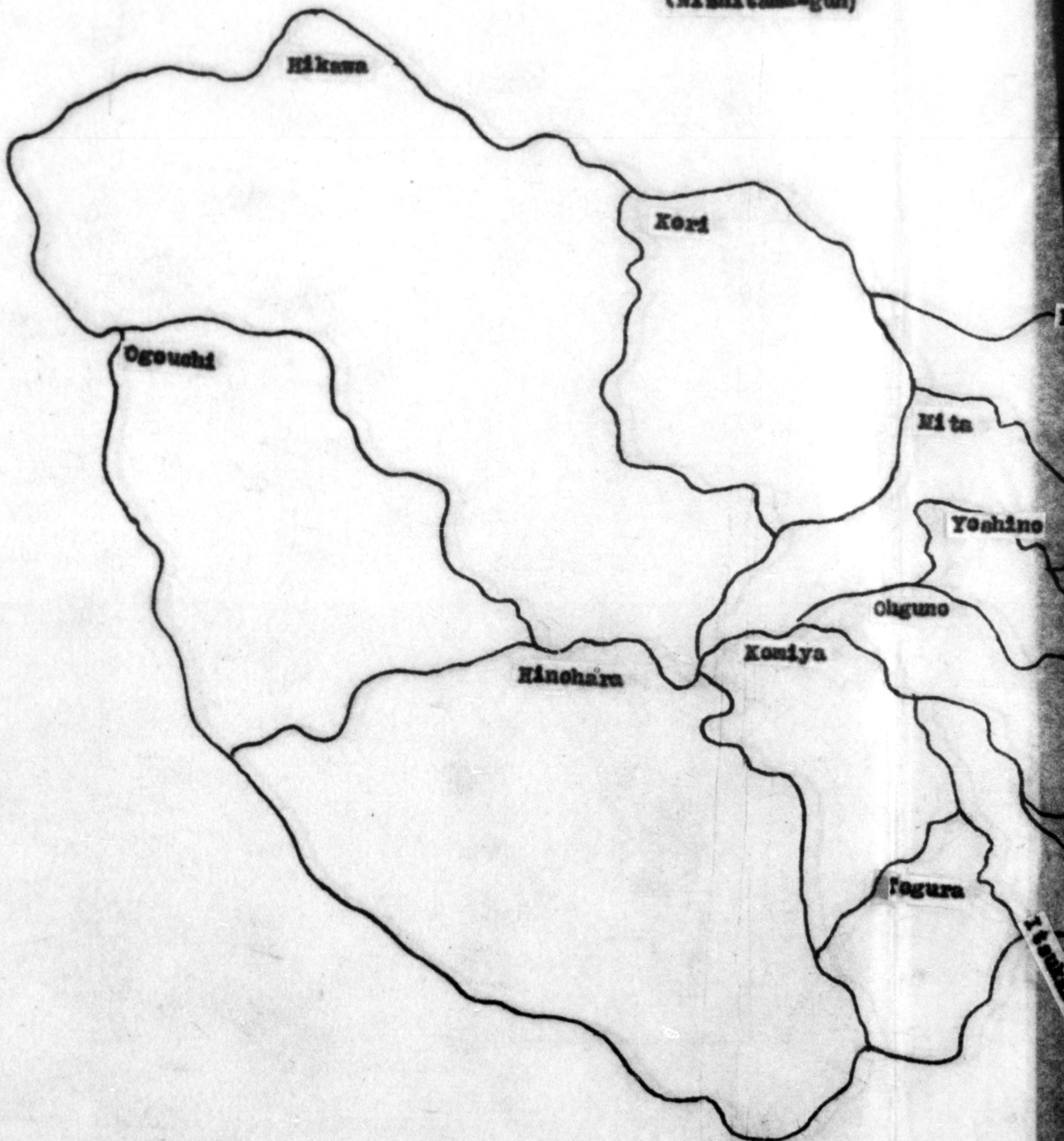


(Nishitama-gun)

Cattle	
more than 500 heads	-- Yellow
" 300 "	-- Blue
" 300 "	-- Red
Pack-cow.....	Colour --- Gam-boge

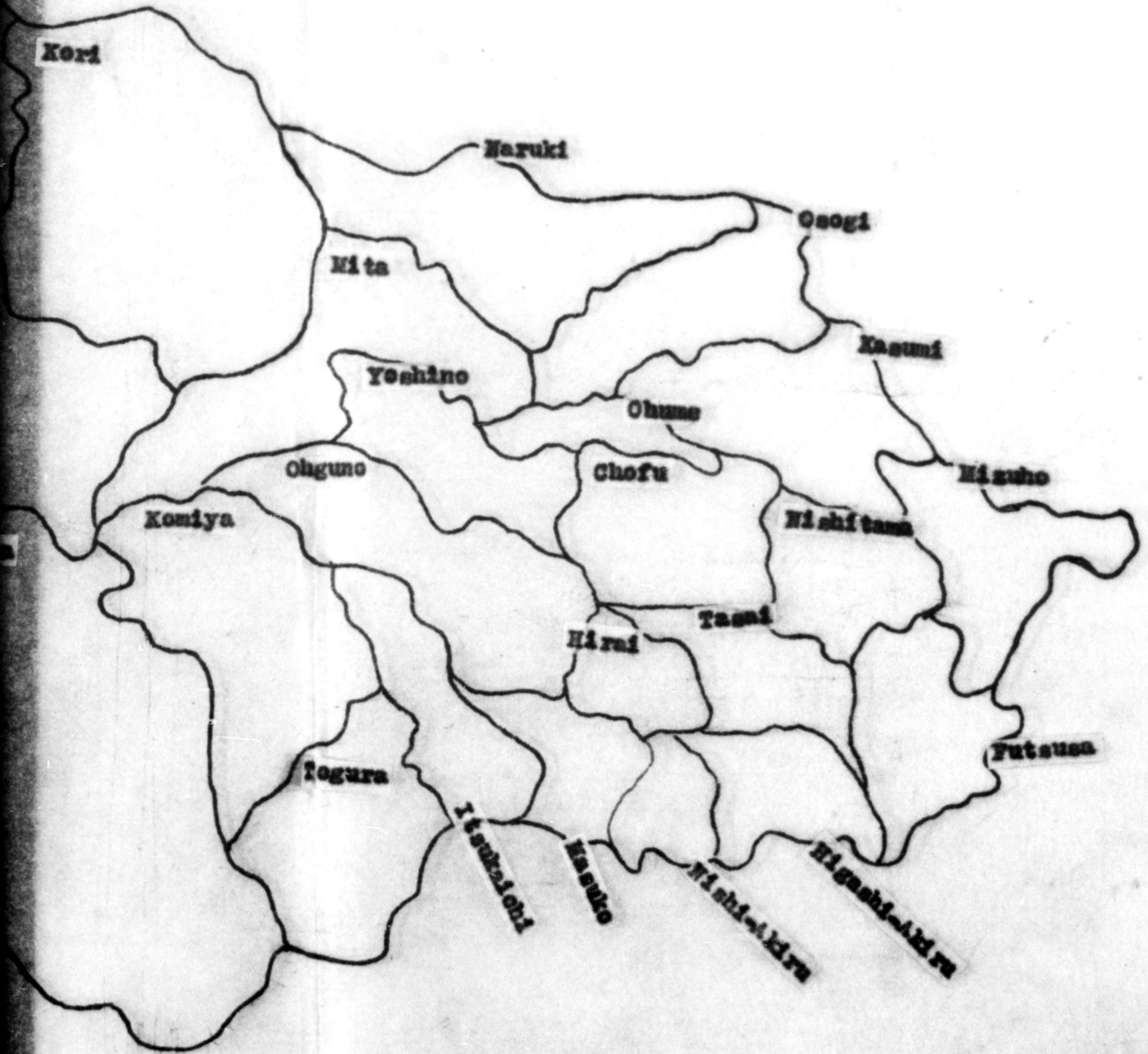


(Nishitama-gun)

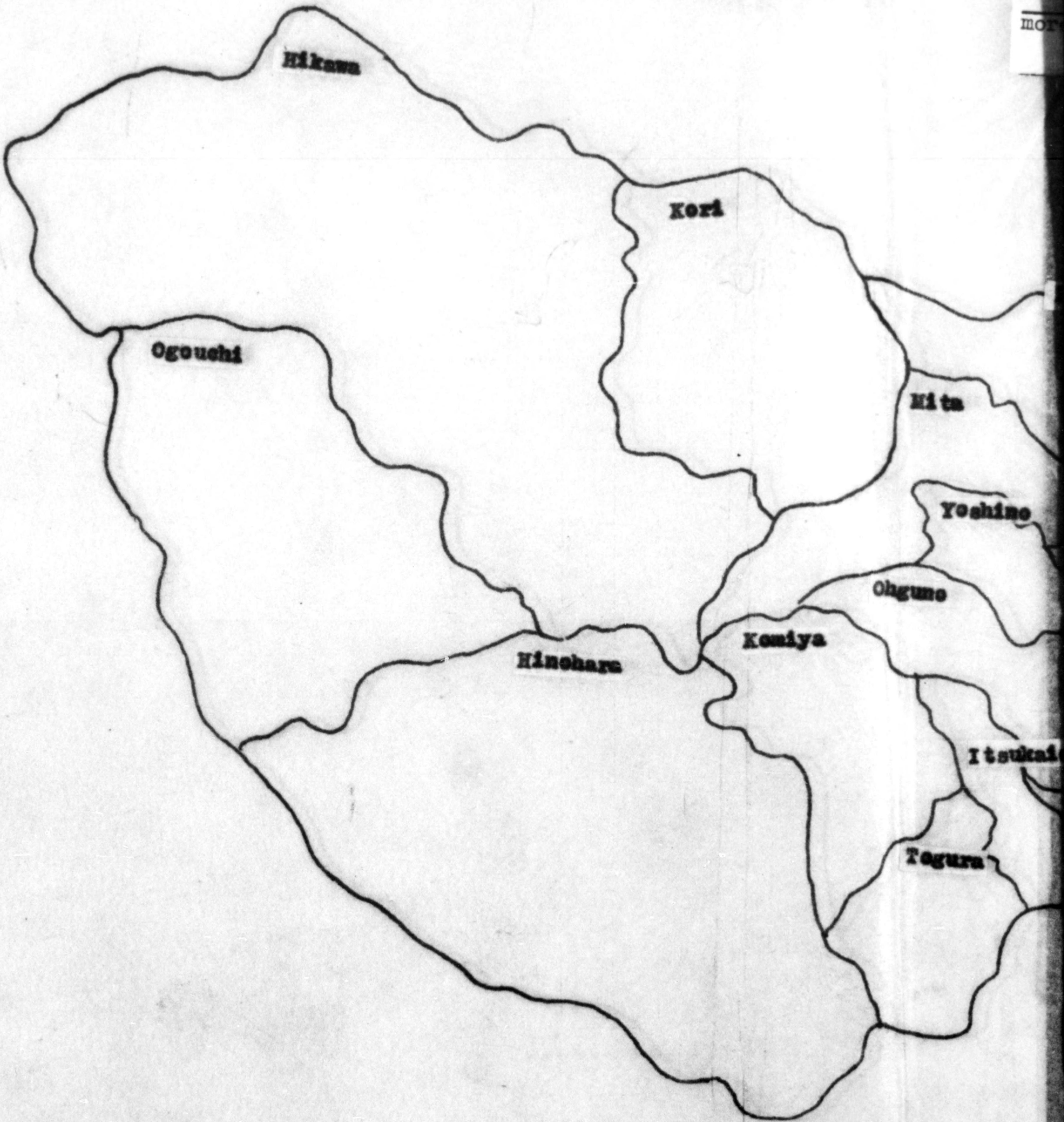


(Nishitama-gun)

horse			
more than 100 heads	--	yellow	==
" 200 "	--	Blue	==
" 300 "	--	Red	==



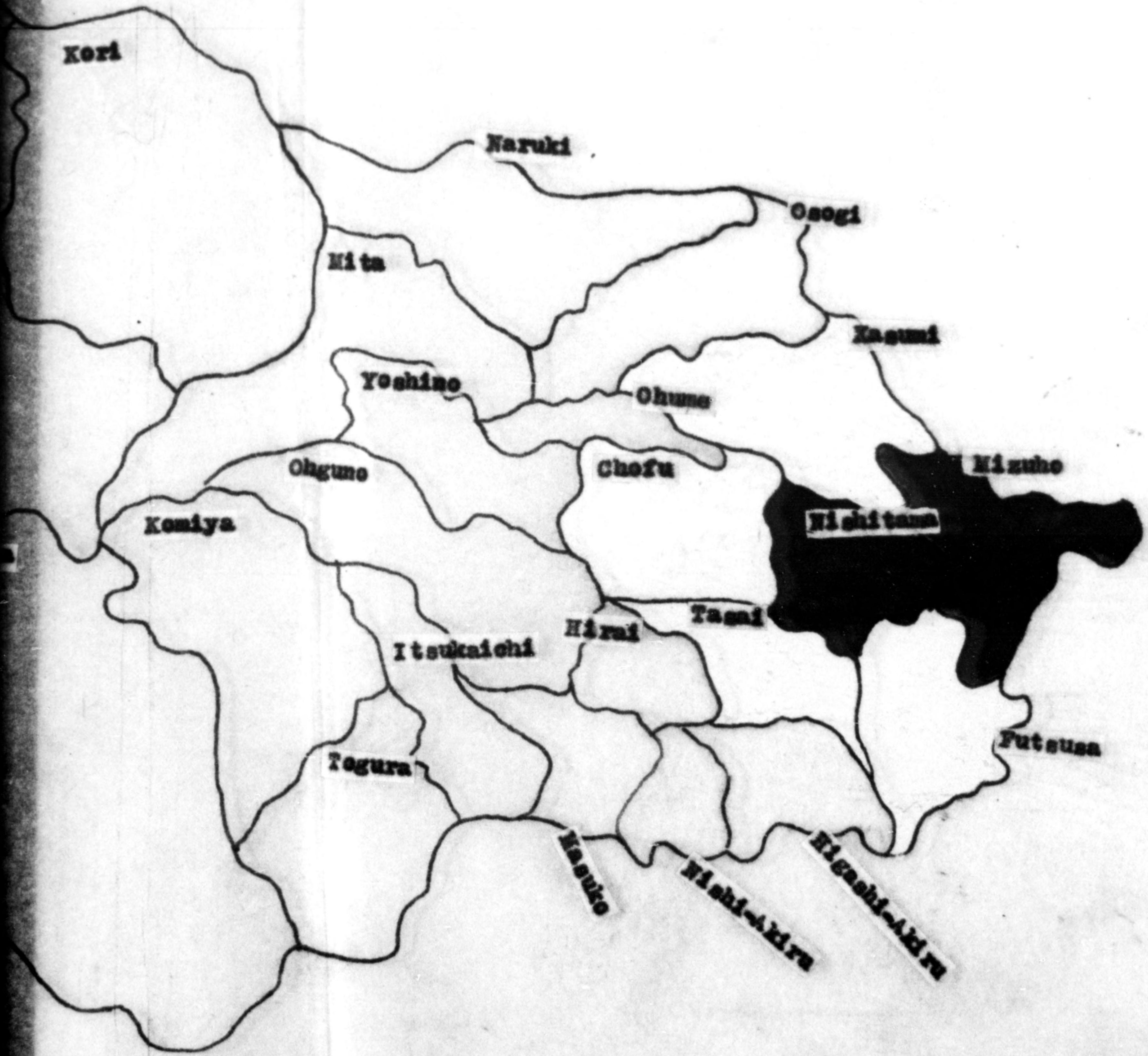
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MOR

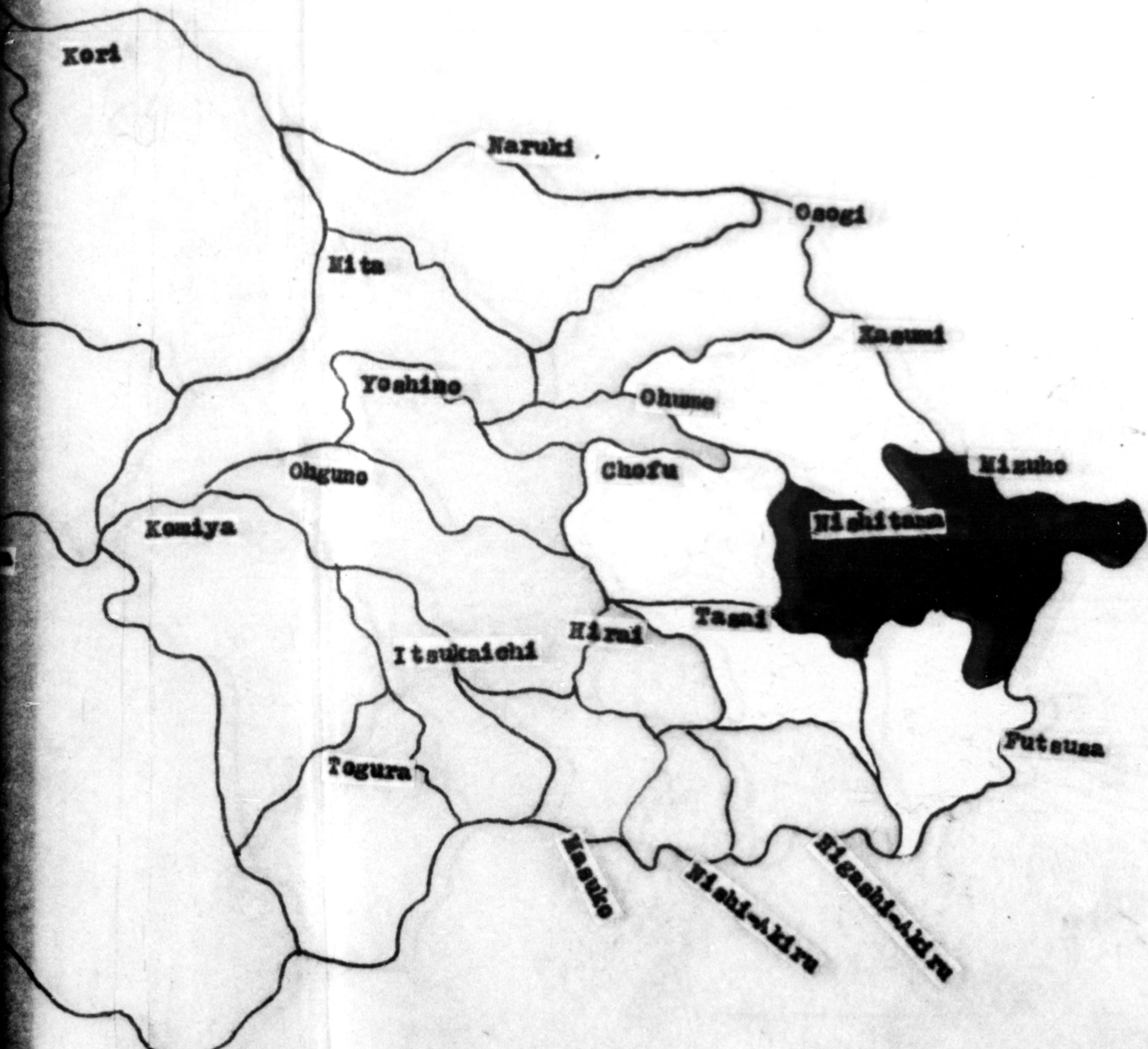
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Pig	
more than 300 heads	-- yellow
" 500 "	-- blue
" 1,000 "	-- red

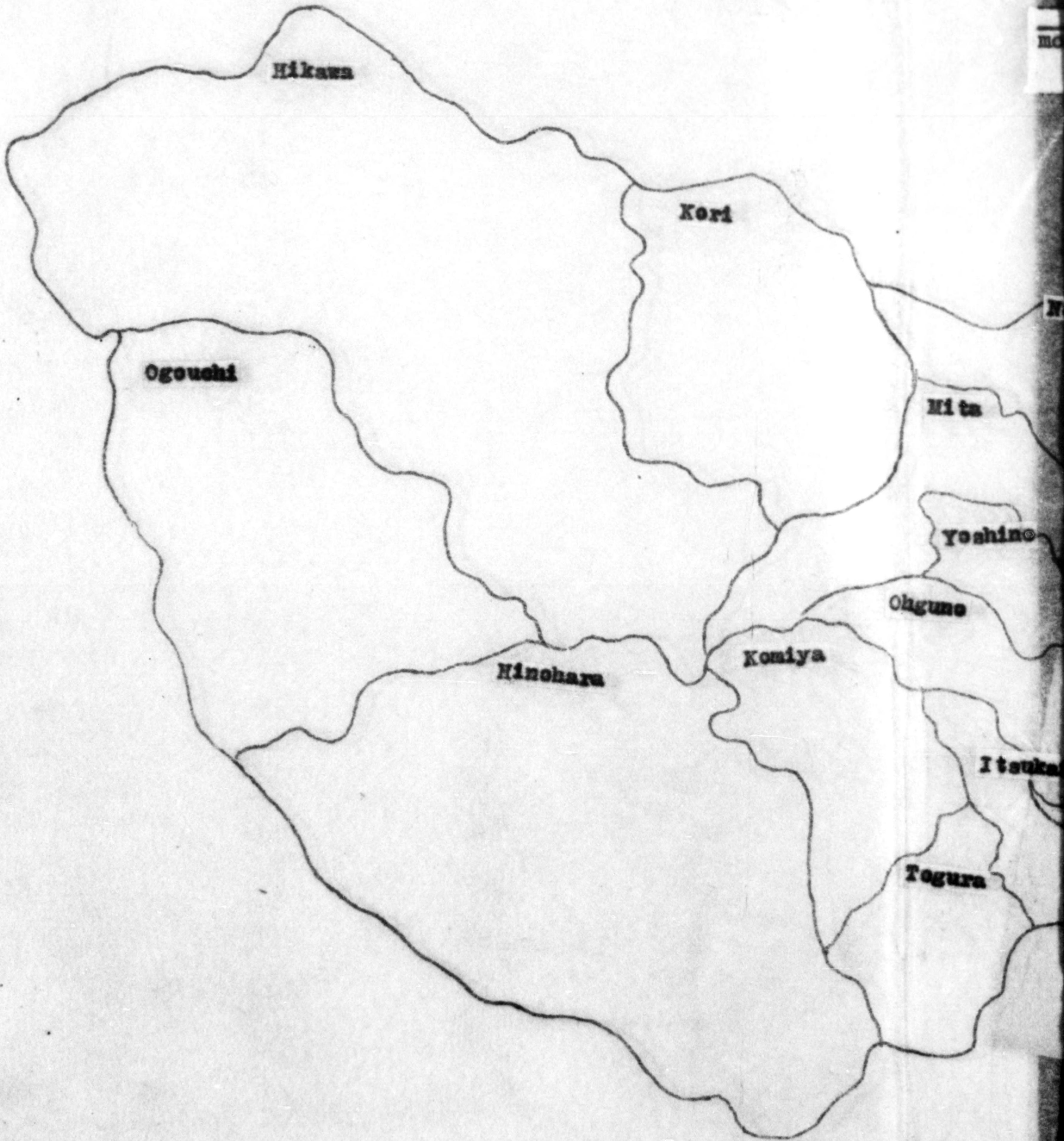


(Nishitama-gun)

Pig	
more than 300 heads	-- yellow
" 500 "	-- blue
" 1,000 "	-- red

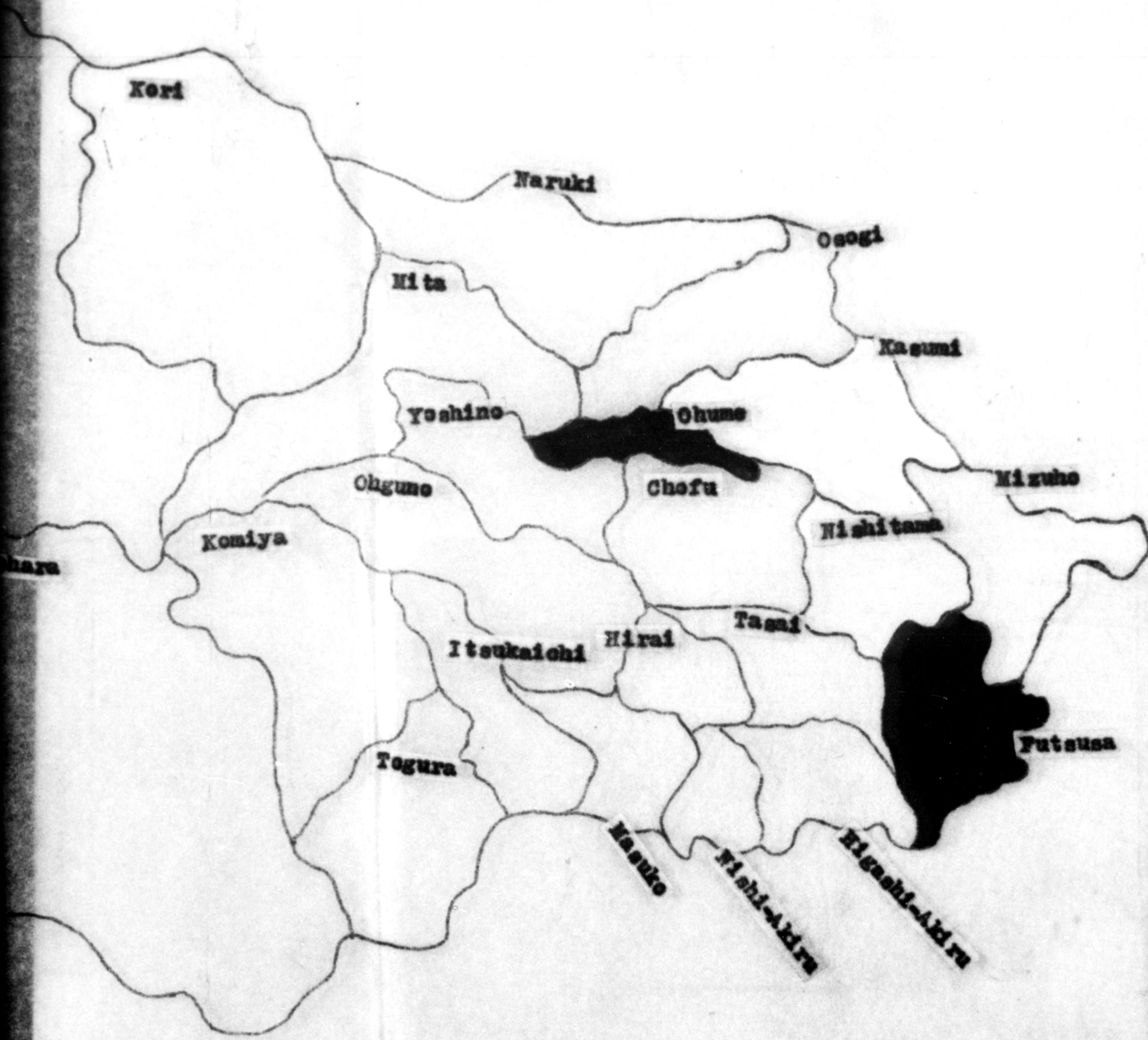


(Nishitama-gun)



(Nishitama-gun)

Fowl			
more than 1,000 heads	-	Yellow	—
" 2,000 "	-	Blue	==
" 5,000 "	-	Red	===



*ultor
our file*

File copy

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

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

1. 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.

2. 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.

3. c. Tuberculosis.

<u>Prefecture</u>	<u>New Cases This Pd</u>	<u>Total Cases Remaining</u>	<u>Hospitalization In Hosp: Awaiting Adm</u>	<u># PHN Home Visits</u>
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4. 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>
-------------	-----------------------------------	--------------------------	----------------------	------------------------

5. 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>
----------------	-------------	-------------------------------------

6. f. Health centers.

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

(2) Number of health centers now in operation.

	No. by Class		Number Serving
Prefecture	A	G NS	More than 100,000

(3) General remarks about the health center program.

7. g. Hospitals.

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

8. h. Medical Care.

9. i. Maternal and Child Health.

10. j. Public health employee trainings:

(1) No. attending school full time _____.

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

11. 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.

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

Prefecture	Period	%	\$/capita	% Pref Budget	% Source Pref	% Source Nat'l	Cities
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13. 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.).

12. 14. n. Sanitary Engineering.

- ~~12.14.5~~ Environmental sanitation.
- ~~12.14.5~~ Insect and rodent control.
- ~~12.14.5~~ Water supplies.
- ~~12.14.5~~ Waste disposal.
- ~~12.14.5~~ Other.

15. o. Nursing affairs.

(1) Nursing schools.

a Schools receiving new classification during month.

Class _____ Location _____

<u>b</u> <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.

16. p. Public Health information and education programs.

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

12.14.5

(2) Education.

a School health programs.

b Adult health and welfare education.

g Health programs for special groups: PTA, Clubs, Organizations, etc.

17. q. Items most needed to further the public health program.

(1) From Japanese sources.

(2) From GHQ, SCAP

18. r. "Major problems encountered, with solution."

19. s. Other.

Copy for Dr. Edelman:

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

OPERATIONAL DIRECTIVE)

10 March 1950

NUMBER

1)

MONTHLY ACTIVITIES REPORT

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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.

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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 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>Prof.</u>	<u>Did Prof P.H.D. Rep. 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</u>	<u>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.

Prefecture	No. by Class			Number Serving More than 100,000
	A	C	NS	

(3) General remarks about the health center program.

g. Hospitals.

Prefecture	No. of Hospitals	Minimum Standards		No. Beds	No. Beds Empty
		# Meeting	# Fail to		
	(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).

Prefecture	Period	%	\$/capita	% Pref			% Source	
				Budget	Prof	Nat'l	Cities	

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.

o. Nursing affairs.

- (1) Nursing schools.

a Schools receiving new classification during month.

Class _____ Location _____

b Prefecture	Schools		Current Enrollment	
	A	B	A	B

- (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.

Edelman

GENERAL HEADQUARTERS
 SUPREME COMMANDER FOR THE ALLIED POWERS
 Civil Affairs Section
 APC 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. Reports and additional copies of annexes, as indicated below, will be dispatched so as to reach this headquarters by the 15th of the following month:

Complete Reports (including all annexes)	18
Annex A Legal and Government Activities	2
Annex B-1 Public Health Activities	2
Annex B-2 Public Welfare Activities	4
Annex D Economics Summary	34
Annex E-1 Civil Education Activities	2
Annex E-2 Civil Information Activities	12

b. In addition, each Civil Affairs Region will mail one complete report to each of the other Civil Affairs Regions.

3. 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

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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.

4. Annex A, Legal and Government Activities, will include important matters relating to:

a. Japanese government administration, including, but not restricted to:

- (1) Local Japanese government administration, activities of governors, mayors, and local assemblies.
- (2) Activities of local branches of national government and their relations to local governmental agencies.
- (3) Matters pertaining to Japanese courts and the administration of justice.

b. Activities of national, regional, or local political parties in prefectures, cities, towns and villages.

c. Activities of local governmental groups, branches of national political administration headquarters, local youth, or other groups, in connection with sponsoring political education.

d. Instances of noncompliance by judges, procurators, and police with code of criminal procedure and other laws.

e. Instances of violations of the injunctions contained in the purge directives.

f. Instances of noncompliance by the Japanese Government with the requirements of directives of the Supreme Commander for the Allied Powers.

g. Other important political, government, or legal matters and comments.

h. Elections. The following information concerning elections within the Civil Affairs Region will be submitted to include:

- (1) Filing and progress of any court action which contests the election or the right of the elected person to hold office.

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- (2) Filing and progress of any court action concerning serious violation of election laws and court actions involving election violations where the elected candidate or an elected public official is directly involved.
- (3) Additional important information relative to any elections within the regional area to include an evaluation of important political trends as indicated by the election results.

5. Annex B-1, Public Health Activities, will contain appropriate numbered paragraphs with specific titles as shown below; both paragraph number and title will be omitted if there is nothing significant to report. Disease incidence data under "period" will conform to Japanese reporting practices. *Use the following outline as a guide.*

1. General Administration.

a- (1) Resume of Civil Affairs field trips.

Activity	No. Conf. or visits	Prefs.	Did Pref P.H.D. Repr. Accompany?	Purpose
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b- (2) General administration of public health activities, plans, programs and progress measurement.

2. Preventive Medicine.

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

Disease	Date Season Program Begun	No. Imm. This Pd	Cumulative Number	Est. Balance yet to do
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b- (2) Significant local or general outbreak of disease.

Disease	No. Cases	Principal Areas	Incidence Increasing / Decreasing
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c- (3) General remarks about control measures, incidence, reporting, and problems.

3. Tuberculosis.

Prefecture	New Cases This Pd	Total Cases Remaining	Hospitalization In Hosp: Await Adm	# PHN Home Visits
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4. Venereal Disease for Region.

G.C.	New Cases Early SYPH	Other	# Contacts Traced	Lab Adequate?	Drugs Adequate?
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5 e. Specific disease (seasonal) prevention campaign.

a- (x) Started this month.

Disease	Area of Application	Campaign appraised as adequate (yes/no)
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b- (2) Scheduled to begin next month.

Disease	Area	Are Plans Adequate? (yes/no)
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6 f. Health centers.

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

b- (2) Number of health centers now in operation.

Prefecture	No. by Class			Number Serving More than 100,000
	A	C	NS	

c- (3) General remarks about the health center program.

7 g. Hospitals.

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

8 h. Medical Care.

9 i. Maternal and Child Health.

10 j. Public health employee training:

a- (x) No. attending school full time _____

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

11 k. Personnel.

State general adequacy of number of professional people engaged in:

a- (2) Prefectural public health department.

b- (2) Health centers.

c- (3) Prefectural laboratory.

d- (4) National Hospitals.

e- (5) Other.

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

Prefecture	Period	¥	¥/capita	% Pref		% Source	
				Budget	Pref	Nat'l	Cities

13 A. Veterinary Affairs.

a-(7) Food

Prefecture	Tonnage Inspected	Tonnage Rejected
------------	-------------------	------------------

b-(2) Food inspection and facilities for distribution. (Animal protein foods, seafood, canneries, etc.)

c-(7) Rabies control.

d-(4) Animal disease control (animal health centers).

e-(2) Summary of reportable animal diseases.

f-(6) Other (Veterinary Med Ass'n activities, etc.).

14 H. Sanitary Engineering.

a-(2) Environmental sanitation.

b-(2) Insect and rodent control.

c-(2) Water supplies.

d-(4) Waste disposal.

e-(6) Other.

15 q. Nursing affairs.

a-(1) Nursing schools.

(1) Schools receiving new classification during month.

Class _____ Location _____

Prefecture	Schools		Current Enrollment	
	A	B	A	B

b-(7) "In-service" training.

c-(3) Health center nursing.

d-(4) Hospital nursing.

e-(5) Other.

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16. **P** Public Health information and education programs.

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

b- (E) Education.

(1) **g** School health programs.

(2) **h** Adult health and welfare education.

(3) **A** Health programs for special groups: PTA, Clubs, Organizations, etc.

17. **g** Items most needed to further the public health program.

a- (Y) From Japanese sources.

b- (Z) From GHQ, SCAP.

18. **X** "Major problems encountered, with solution."

19. **Other.**

6. Annex B-2, Public Welfare Activities, will contain a discussion of activities during the month in terms of observed trends and developments, and will include the more significant content of the technical assistance which was given. The order of items given below will be followed. Content for any item need not include, nor be limited to, the subtopics suggested, except that paragraph 6a(1) is mandatory.

a. Public Assistance.

(1) Discuss trends in public assistance grants in the last calendar month for which final data have been compiled. When significant changes occur in the number of assistance recipients or costs, comment on the factors influencing the changes.

(2) Comment on adequacy of assistance allowances, eligibility decisions in cases of employable persons, living situations of depressed groups such as the unemployed and casual laborers. Include available information on the treatment of particular national, social or racial groups. Comment on the effects of action by pressure groups on assistance policies.

b. Child Welfare. Comment on child welfare activities observed, including the referral system and care provided for homeless children, development of the foster home program, functioning of Child Welfare Councils.

Operational Directive No. 1, Civil Affairs Section, 10 March 1950 Cont'd

c. Private Agencies. Comment on the results of private agency activities and matters on which guidance has been afforded. Comment on the effectiveness of the agencies in the community.

d. Institutional Programs. Evaluate the supervision exercised by Japanese government agencies over welfare institutions. Indicate general conclusions regarding the effectiveness of institutional programs reviewed.

e. Administrative Organization. Discuss, generally, this phase of administrative review findings. Comment on developments in connection with demonstration projects.

f. Social Insurance. Comment on general aspects of activity regarding the social insurance program, such as operation of the Medical Fee Payment Fund, Japanese information programs, utilization of fair-hearing procedures, consolidation of inspection services.

g. Disaster Relief. Comment on organization of Regional Disaster Relief Planning Boards and planning for emergency feeding and housing.

h. Other Important Welfare Matters. Comment briefly on any significant developments and activities not included in preceding paragraphs.

7. a. Annex D, Economics Summary, will contain information listed under the following subject headings, as appropriate, to include only subjects on which specific surveillance action, as required by appropriate directives, has been taken.

b. Negative reports will not be made. Reports will concisely summarize the subjects to include:

- (1) Field trips, including prefecture(s), action taken, and time spent.
- (2) Gist and highlights of important conferences.
- (3) Observations and conclusions, with particular emphasis on trends and problems which indicate unsatisfactory progress in accomplishing occupation objectives or specific noncompliance with directives of the Supreme Commander for the Allied Powers.

Agriculture

Fertilizer Requirements
 Agricultural Reform
 Land Reform
 Cooperatives
 Extension Reorganization
 Staple Food Crop Collection

Operational Directive No. 1, Civil Affairs Section, 10 March 1950 Cont'd

- Fisheries
- Supplies
- Cooperatives
- Forestry Conservation Program
- Mining and Geology
 - Mine Safety Program
 - Mine Rehabilitation
 - Production of Precious Metals
- (2) Price and Distribution
- (3) Economics Investigation Board
 - Restaurant Control
- (7) Incentive Goods and Fertilizer Distribution
 - Staple Food Rationing
 - Perishable Foods
- Industry
 - Production
 - Reparations
 - Restricted Industry
 - Explosives
 - Fertilizer
 - Petroleum Storage
 - Shipbuilding
 - Construction
 - Building
 - Roads
 - Public Works
 - Electric Power
 - Control Associations
- Labor
 - Labor Relations
 - Labor Education
 - Labor Standards
 - Workmen's Compensation Insurance
 - Women and Minors Bureau
 - Employment

8. Annex E-1, Civil Education Activities, will contain pertinent factual information, on a region-wide basis, concerning work accomplished and the degree of success or failure in the activities listed below:

Operational Directive No. 1, Civil Affairs Section, 10 March 1950 Cont'd

a. School Education.

- (1) Boards of Education, superintendents, and secretaries.
- (2) School reorganization, especially with reference to such matters in secondary schools as consolidations, districting, and scheduling.
- (3) In-service teacher training.
- (4) Teacher training institutions and other institutions of higher learning.
- (5) Private schools.
- (6) Adult education.

b. Social Education.

- (1) Youth affairs (Seinen Dan), scouts, clubs, student organizations, and other youth organizations.
- (2) Parent-Teacher Associations.
- (3) Women's affairs.
- (4) Teachers' unions.
- (5) Other adult groups.

c. Other important civil education matters.

9. Annex E-2, Civil Information Activities, will contain in narrative form pertinent factual information concerning work accomplished and degree of success or failure in civil information activities. The headings listed below will be used as a guide in reporting, but information will not be limited to these headings. It is not contemplated that each report will include comments under all headings listed; the number of headings actually used will depend upon the information available. Trends, new techniques or those used successfully, problems solved, deterrents to accomplishing specific projects, are of real interest, whereas isolated, unexplained statistical data are undesirable. Headings are:

- a. Major programs (comment on each one).
- b. Operations of prefectural information sections (other than program activities).
- c. Successful techniques.
- d. Visual program.

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- e. Organizations utilized as media.
- f. Media development.
- g. Antitotalitarian activities.

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FOR THE CHIEF, CIVIL AFFAIRS SECTION:

J. A. O'Brien
J. A. O'BRIEN

CWO, USA
Adm Off

NY 27

Explanation
Demonstration
Application
Examination

Training

1. Purpose - 1 line
2. Facts bearing on
3. Discussion
4. Conclusion
5. Recommendation
6. Memo for records

Staff Paper

Time Table

1. aids early prep

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Community Fund

Office Mgt for Health Workers

Pub Health is People - Ginsburg

This Operational Directive supersedes Eighth Army Operational Directive No. 43, same subject, dated 13 September 1949, and any other operational instructions at variance hereto.

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HEADQUARTERS
KANTO CIVIL AFFAIRS REGION
APO 500

Jan

VJ/ts

Report for June 1950

Public Health Activities
Dr. Vitold Jankowski

1. General Administration:

a. Resume of Civil Affairs Field Trips:

<u>Activity</u>	<u>No. of Conf. or Visits</u>	<u>Prefec- ture</u>	<u>Did Pref. PHD Repr. Accompany</u>	<u>Purpose</u>
Public Health Administration and Health Programs	27	Tokyo-To Kanagawa Shizuoka Tochigi	Yes	Conference of all health department chiefs at Numazu, Shizuoka; review of health department programs particularly dysentery control; inspection of health centers, hospitals and other installations.
Nursing Affairs	35	Tokyo-To Kanagawa Saitama Nagano Yamanashi Gurma Ibaraki Chiba	Yes	Advice and assistance to health departments concerning organization and administration of nursing affairs; surveillance of hospitals and health centers with special emphasis on c.d.
Veterinary Affairs	34	Tokyo-To Kanagawa Saitama Tochigi Yamanashi	Yes	Surveillance of food sanitation (particularly food inspection service); rabies control et al.

ANNEX B-1

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Hq KaCAR, Annex B-1, Monthly Civil Affairs Activities Report
 Period 1 June to 30 June 1950

<u>Activity</u>	<u>No. of Conf. or Visits</u>	<u>Prefec- tures</u>	<u>Did Pref. PHD Repr. Accompany</u>	<u>Purpose</u>
Sanitary Engineering	19	Tokyo-To Kanagawa Saitama Chiba	Yes	Surveillance of insect control, water plant operation, sanitary activities et al.
Health Center Surveys	14	Nagano Shizuoka Yamanashi	Yes	Gathering of data concerning operation and administration of health centers.
V.D. Contact Tracing Liaison and Coordination	8	Tokyo-To Kanagawa	Yes (where applicable)	To effect establishment of good liaison and coordination between Japanese and Occupation agencies and thereby expedite good contact tracing.
Control Measures in Flooded Areas	5	Nagano Chiba Tokyo-To	Yes	Surveillance of health and sanitation measures in flooded areas.
Attendance at Veterinary and Sanitary Engineering Conference	3 days by Veterinarian and Sanitary Engineer.	Tokyo-To	DNA	Orientation on policy of G.H.Q., SCAP.
Election Surveillance	5 days by 2 Public Health Officers, one Public Health Nurse, Veterinarian and Sanitary Engineer.	Tokyo-To Kanagawa Yamanashi	Yes	Surveillance of House of Councillors' Election.

b. General Administration of Health Activities:

(1) Medical Social Service: As a follow-up to previous outstanding effort by the Welfare Section of Kanto Civil Affairs Region, a joint conference of welfare and health agencies of Tokyo-To was held at the Sugunami Health Center. The top prefectural welfare and health officials attended, as well as Civil Affairs Public Welfare and Public Health personnel. This meeting offered an excellent opportunity to discuss and clarify the entire subject.

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Hq KaCAR, Annex B-1, Monthly Civil Affairs Activities Report
 Period 1 June to 30 June 1950

(a) As a result of this meeting agreement was definitely reached that medical social service at the prefectural level should be in the Health Bureau and not the Welfare Bureau. Furthermore, the first assignment of the medical social worker would be the preparation of a manual of policy and procedures, clarification of duties and responsibilities of the medical social worker in the health center, etc.

(b) Tokyo-To is already pushing plans for the establishment of medical social service on the prefectural level.

(2) Ward Authority over Sanitation and Health:

(a) An interesting and significant development, with a previous background, concerns the renewed attempt by the ward governments of Tokyo-To to take over control of health and sanitation activities now under the jurisdiction of the Tokyo-To Health Department. The intention of the ward governments is not only to assume control of sanitary activities but also that of health centers. The prime motive for control of the latter is the licensing authority and the revenue potential this represents.

1. Obviously such a transfer would increase the expense of trash and waste disposal, and needlessly complicate health administration. The difficulties of dealing with 23 separate governmental units would create a ridiculous situation. Nevertheless, the matter has assumed undue importance because of political considerations, one of which is the support of ward mayors in the forthcoming governor's election.

2. Preventive Medicine:

a. Status of Immunization:

<u>Disease</u>	<u>Date Season Program Began</u>	<u>No. Imm. This Pd.</u>	<u>Cumulative Number</u>	<u>Est. Balance Yet to Do.</u>
Smallpox	Same as last report	227,695	13,230,469	3,151,970
Typhoid	"	991,474	10,113,304	4,947,581
Para-typhoid	"	103,718	406,240	0
Diphtheria	"	146,316	2,156,681	6,537,771

b. Significant Outbreak of Disease:

<u>Disease</u>	<u>No. Cases</u>	<u>Principal Areas</u>	<u>Incidence</u>	
			<u>Increasing</u>	<u>Decreasing</u>
Dysentery	847	Tokyo-To	Increasing	
	243	Kanagawa	"	
	294	Saitama	"	
	324	Chiba	"	
	155	Ibaraki	"	

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Period 1 June to 30 June 1950

Disease	No. Cases	Principal Areas	Incidence	
			Increasing	Decreasing
Dysentery	93	Tochigi	Increasing	
(cont.)	453	Gumma	"	
	42	Nagano	"	
	51	Yamanashi	"	
	214	Shizuoka	"	
Total	2,716			
Rabies (Canine)	33	Tokyo-To	Decreasing	(36) *
	23	Kanagawa	"	(32) *
	10	Saitama	"	(19) *
	12	Chiba	Increasing	(11) *
	9	Ibaraki	"	(4) *
	20	Tochigi	"	(8) *
	13	Gumma	"	(20) *
	2	Shizuoka	"	(0) *
Total	122			(130) *
Rabies (Human)	1	Tokyo-To	Increasing	
	1	Kanagawa	"	
	2	Chiba	"	
	2	Gumma	"	
	1	Saitama	Unchanged	
	0	Tochigi	Decreasing	
Total	7			
Poliomyelitis	48	Tokyo-To	Increasing	
	10	Kanagawa	"	
	11	Saitama	"	
	2	Chiba		
	2	Ibaraki		
	1	Tochigi		
	13	Gumma	Increasing	
	8	Nagano	"	
	7	Yamanashi	"	
	5	Shizuoka		
Total	107			

* Figures in brackets are for May 1950.

c. Comment on Control Measures etc:

(1) Dysentery: Bacillary dysentery continued its steady rise with no indication that the peak had been reached. Mass outbreaks in almost every prefecture of Kanto Region continued to account for a small percentage of cases, e.g. in Saitama Prefecture 50 out of a total of 294 reported cases were in group outbreaks of 8 or more cases. However, most of the cases were scattered and sporadic.

(a) Figures in the tabulation of paragraph b. include

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Hq KaCAR, Annex B-1, Monthly Civil Affairs Activities Report
Period 1 June to 30 June 1950

cases of ekiri. The overall percentage of deaths for bacillary dysentery continues to be low, being 4%; that for ekiri is much higher, being 37.3%. The predominant group of causative organisms is that of the Futagi group including Komagome type B, Kawase, Nakamura and Showa types; e.g. in Tokyo-To for the period April '49 to March '50, the Futagi group accounted for 77.53%, Ohara group 16.43%, Ohno group 1.21% and 4.83% unknown. It should be further added that Komagome type B is the most frequent offender. Out of a total of 126 cases occurring in Ito City, Shizuoka Prefecture, 103 cases were reported as Komagome B3.

(b) The situation in Ito City demonstrates several factors which help explain the continued incidence of dysentery in this and other areas. Cases from Ito had been reported as far back as February '50, as follows: February: 1, March: 3, April: 21, May: 58, June: 36. This as well as other information brought out that epidemiological investigation was poor. Nevertheless, part of this was due to poor case reporting on the part of physicians. The tendency is to report cases as enteritis and colitis rather than dysentery. Furthermore, not only here but elsewhere, it has been repeatedly reported that deliberate misdiagnosis is frequently encountered. Such an allegation is difficult to substantiate. Nevertheless, it can readily be seen that in the case of a resort area like Ito City, the report of dysentery could be a deterrent to the tourist trade. On the basis of these opinions, but more from the standpoint of total dysentery control program, increased attention to improve cooperation with the medical associations was suggested.

(c) A good opportunity to review the above as well as the total dysentery control program was offered by the monthly regional conference of prefectural health department chiefs held at Numazu, Shizuoka. For obvious reasons dysentery was the chief topic of discussion at this conference. In an interesting session, practically all aspects of dysentery control were discussed. In addition to the prefectural planning and application of Ei-Hatsu 93, some outstanding examples of good epidemiological work were cited. Considerable time and emphasis was also devoted to the Food Sanitation Law and its ramifications. The matter of budgets and planning of the total control program has already brought forth some good results. Tokyo-To has passed a dysentery control budget of ¥17,000,000. However, in other prefectures, e.g. Gumma, which, incidentally, has the highest dysentery rate in Kanto Region, no additional funds have even been requested.

(d) One aspect of dysentery prevention and control which did not receive sufficient consideration, was the matter of self-treatment and the dispensing of sulfa drugs for treatment of dysentery without a doctor's prescription (a practice directly contrary to the Pharmaceutical Affairs Law).

(e) Closely associated with this is the ever-increasing number of reports concerning the resistance of Komagome B3 organism to sulfonamide medication. Whether this represents an individual humoral reaction or resistance of a particular type or strain has not been clearly established. Nevertheless, the implications of this entire matter are extremely important. In addition to ineffective self-treatment, is the factor of increasing cost of

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ANNEX b-1

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Hq KaCAR, Annex B-1 Monthly Civil Affairs Activities Report
Period 1 June to 30 June 1950.

hospitalization. The use of new therapeutic agents is already under consideration. However, here again, cost (e.g. aureomycin) constitutes an important obstacle at the present time.

(f) Although Food Sanitation Week presented an excellent opportunity to emphasize the importance of food sanitation in disease prevention and control, full advantage of this opportunity was not taken in all prefectures. From available information, in only a few instances was the help of the Japan Food Association enlisted.

(2) Poliomyelitis: Poliomyelitis incidence increased sharply in June '50, particularly in Tokyo-To. Considerable concern was expressed by Tokyo health authorities concerning this disturbing trend. Control measures are primarily those pertaining to the case and fly control.

(3) Japanese B. Encephalitis: Up to and including June '50, 10 suspect cases of Japanese B. Encephalitis were reported. Six (6) of these were reported in June. All but 3 of the 10 cases have been ruled out. The latter 3 cases have been reported too recently to be confirmed or ruled out.

(4) Health and sanitary measures in flooded areas (particularly in Nagano Prefecture) came under surveillance during this month. In all cases health and sanitary measures were effectively and promptly carried out, and outbreak of disease was thwarted.

3. Tuberculosis:

Prefecture	New cases		Total cases Remaining	Hospitalization		No. PHN Home Visits
	This Period	(Deaths)		in Hosp.	Await Adm.	
Tokyo	6,016	(1,053)	67,551	11,667	3,398	19,527
Kanagawa	1,452	(284)	19,465	4,296	1,364	1,334
Saitama	1,321	(297)	14,285	1,242	309	1,106
Chiba	1,032	(382)	10,494	3,582	2,019	1,433
Ibaraki	676	(246)	7,932	1,387	501	3,285
Tochigi	485	(160)	5,735	1,422	403	2,192
Gunma	782	(179)	8,505	1,003	214	1,595
Nagano	1,224	(187)	5,035	1,757	519	1,612
Yamanashi	268	(43)	2,165	333	108	438
Shizuoka	993	(198)	11,902	2,118	327	1,649
Total	14,249	(3,059)	153,409	28,807	9,162	34,171

4. Venereal Disease:

Prefecture	G.C.	New Cases		No. Contacts Traced	
		Early Syphilis	Other	G.C.	Syphilis
Tokyo	369	321	15	5	26
Kanagawa	1,476	1,588	97	225	113
Saitama	340	270	12	14	55
Chiba	241	173	17	44	53

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ANNEX B-1

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Hq KaCAR, Annex B-1, Monthly Civil Affairs Activities Report
Period 1 June to 30 June 1950

Prefecture	G.C.	New Cases		No. Contacts Traced	
		Early Syphilis	Other	G.C.	Syphilis
Ibaraki	122	692	2	12	49
Tochigi	271	411	0	27	68
Gumma	166	222	7	46	32
Nagano	171	403	3	78	76
Yamanashi	62	75	9	16	9
Shizuoka	533	790	26	41	146
Total	3,751	4,945	193	508	627

5. Special Disease (Seasonal) Prevention Campaign:

a. Started this Month: Programs started last month were continued.

<u>Disease</u>	<u>Area of Application</u>	<u>Campaign Appraised as Adequate</u>
Dysentery	All 10 Prefectures	No
Rabies (Canine)	" " "	"
Tuberculosis	" " "	"
Typhoid Paratyphoid	" " "	"
Japanese B Encephalitis	" " "	"
Poliomyelitis	Tokyo-To	"
Equine Encephalomyelitis	All 10 Prefectures	"

b. Scheduled to Begin Next Month:

(1) Programs already under way will be continued. Particular emphasis is to be placed on the control of dysentery. Poliomyelitis prevention and control is to be extended to other prefectures.

(2) In no prefecture are plans for any program adequate. However, the plans concerning dysentery control in Tokyo-To approach some semblance of adequacy except for lack of sufficient personnel for food sanitation inspection, and lack of sufficient action on the food stall problem. Dysentery preventive measures are poor. Gumma Prefectural Plans for prevention and control of dysentery are extremely inadequate.

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Hq KaCAR, Annex B-1, Monthly Civil Affairs Activities Report
Period 1 June to 30 June 1950.

6. Health Centers:

a. Opened this Month:

Number 1 Case C Location: Kanazawa, Yokohama,
Kanagawa Prefecture

b. Number of Health Centers Now in Operation:

Prefecture	No. by Class			Number Serving More Than 100,000
	A	C	S	
Tokyo-To	1	19	21	27
Kanagawa	1	10	2	9
Saitama	1	10	2	13
Chiba	1	12	2	13
Ibaraki	1	10	4	13
Tochigi	1	7	3	8
Gumma	1	7	4	9
Nagano	1	9	7	8
Yamanashi	1	1	6	6
Shizuoka	1	12	2	11

c. Health Center Programs, etc: Although only a beginning has been made in the health center survey, some significant information has been obtained. It should be borne in mind, that during June, this survey was only conducted in 3 prefectures, viz, Nagano, Shizuoka and Yamanashi. In several of the health centers the actual program is at a standstill. In the minds of many health center directors the most important thing was a new building even though the space of the existing building was not being fully used. This pre-occupation with new buildings too frequently overshadows such essentials as adequate staff, adequate equipment, good health center administration and operation. Obviously, a reorientation of viewpoint is necessary.

7. Hospitals:

Prefecture	No. of Hospitals	Minimum Standards		No. Beds	No. Beds Empty	
		#Meeting	#Fail To			
Tokyo-To	(1) General	240	126	14	23,311	3,744
	(2) C.D.	9	9	0	1,396	579
	(3) T.B.	127	24	6	11,471	0 (-196)
	(4) Others	19	11	8	4,933	158
Kanagawa	(1) General	111	85	26	9,868	2,365
	(2) C.D.	2	2	0	394	363
	(3) T.B.	53	51	2	4,465	169
	(4) Others	6	5	1	385	202
Saitama	(1) General	103	77	26	4,214	1,384

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Prefecture	No. of Hospitals	Minimum Standards		No. Beds	No. Beds Empty
		#Meeting	#Fail To		
Saitama (cont.)	(2) C.D. 6	5	1	276	243
	(3) T.B. 13	13	0	1,423	136
	(4) Others 4	4	0	439	0 (-29)
	(1) General 40	27	12	1,469	714
Chiba	(2) C.D. 2	2	0	75	75
	(3) T.B. 52	44	6	4,432	650
	(4) Others 3	2	1	311	2
	(1) General 56	38	18	2,593	1,125
Ibaraki	(2) C.D. 0	0	0	0	0
	(3) T.B. 8	8	0	1,776	389
	(4) Others 3	7	0	314	177
	(1) General 40	23	8	1,469	0 (-1,276)
Tochigi	(2) C.D. 0	0	0	0	0
	(3) T.B. 4	2	2	1,231	0 (-141)
	(4) Others 4	1	3	271	64
	(1) General 29	24	15	2,384	646
Gunma	(2) C.D. 0	0	0	0	0
	(3) T.B. 18	15	3	878	0 (-125)
	(4) Others 3	1	2	1,309	0 (-46)
	(1) General 65	39	21	3,292	1,622
Nagano	(2) C.D. 29	2	0	766	753
	(3) T.B. 27	25	0	2,059	302
	(4) Others 4	7	0	238	0 (-5)
	(1) General 23	12	11	1,027	523
Yamanashi	(2) C.D. 0	0	0	0	0
	(3) T.B. 9	9	0	283	0 (-50)
	(4) Others 2	2	0	117	0 (-5)
	(1) General 56	44	11	5,085	1,429
Shizuoka	(2) C.D. 3	3	0	234	270
	(3) T.B. 20	17	2	2,278	160
	(4) Others 9	3	3	688	22

8. Maternal and Child Health:

Prefecture	Prenatal Consult.	Diagnosed		Postnatal Consult.	Child Consult.	Total Consult.
		T.B.	V.D.			
Tokyo-To	4,102	247	276	552	16,684	21,338
Kanagawa	2,293	25	70	113	5,038	7,147
Saitama	1,096	329	24	243	1,075	2,419
Chiba	531	56	73	239	1,305	2,639
Ibaraki	764	4	21	572	6,711	6,311
Tochigi	1,071	6	21	0	747	1,818
Gunma	344	74	65	466	3,415	4,364
Nagano	280	13	3	74	1,719	2,073

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Prefecture	Prenatal Consult.	Diagnosed		Postnatal Consult.	Child Consult.	Total Consult.
		T.B.	V.D.			
Yamanashi	334	26	212	17	207	433
Shizuoka	909	27	137	17	1,895	2,347
Total	11,724	307	952	2,293	39,346	52,890

9. Public Health Employee Training:

a. Number Attending School Full Time, N.I.P.H.:

Prefecture	Doctors	PHN	Nutr.	Pharm.	Sanitary Inspector	Labo- ratory	Others	Total
Kanagawa	-	1	1	0	1	1	2	6
Saitama	1	1	1	1	1	1	2	7
Chiba	2	1	-	-	-	1	-	4
Ibaraki	1	1	1	1	1	1	0	6
Tochigi	2	1	1	1	2	1	4	12
Gumma	1	1	1	1	1	1	-	6
Nagano	1	1	1	-	1	1	2	7
Yamanashi	1	1	1	-	1	1	1	6
Shizuoka	1	1	1	1	1	1	-	6

10. Personnel:

Prefecture	Prefectural P.H. Dept.				Health Centers			
	Doctors		Nurses		Doctors		Nurses	
	TO	Actual	TO	Actual	TO	Actual	TO	Actual
Tokyo	243*	212*	54	53	186	158(3)	303	296(18)
Kanagawa	3	4	12	12	106	56	133	133
Saitama	12	4	13	15	54	39	94	68
Chiba	10	9	8	7	42	42	101	104
Ibaraki	10	5	8	5	33	32	30	66
Tochigi	7	4	9	8	43	25	78	62
Gumma	8	6	4	29	49	27	30	66
Nagano	-	21	-	70	43	52	112	101
Yamanashi	3	3	5	83	13	11	53	27
Shizuoka	-	3	-	92	35	32	77	70

*Includes doctors in municipal hospitals, and clinics; does not include doctors in health centers.

11. Veterinary Affairs:

a. Food Inspections:

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(1) Food inspection as carried out by health centers is somewhat improved. However, lack of transportation and an inadequate number of inspectors imposes severe limitations on the inspection service. Plant facilities within the proximity of health centers receive adequate coverage, while those in outlying areas of a health center district are usually neglected. A great many canning plants (fish, fruit etc.) maintain their own inspection service through the association or export brokerage agencies, especially in those plants that are exporting. Nevertheless, the attention is given primarily to grading rather than quality and sanitation of product. Furthermore, the collection of samples of canned foods for official examination is too infrequent to be a true indication of the adequacy of processing techniques. At present there is no definite relationship existing between canning plant operators and prefectural inspectors in regard to inspection of export items.

Food Inspection in Canning Plants*

May 1950

Number of Establishments	17,975
Number of Establishments Inspected	3,300

*There were no cases of food condemnations, license suspension or trial in court for violations of the Food Sanitation Law.

(2) Central markets, fish processing plants and small fish shops, reflect little change in the level of sanitary operation. Local transportation facilities are generally not acceptable, whereas, inter and intra prefectural delivery vehicles are improving in cleanliness, as well as product preservation. Environmental sanitation in markets and shops is not conducive to good operation, with little being accomplished as to post-operational cleaning.

(3) Numerous complaints from purchasers of indigenous sea foods, were received during this period. The majority of these complaints concerned the sale of frozen products which were found inedible when prepared. Investigation of facilities at several of the indigenous food sources revealed that in some cases sea foods were permitted to thaw and were then refrozen after possible contamination. In addition many products are held in storage for long periods prior to sale.

(4) Joint conferences were held with the Tokyo-To officials, indigenous food source managers and the Tokyo Sea Food Association. Inspection findings were reviewed and all persons engaged in the sale or processing of sea foods were requested to utilize the influence of the association in order to bring about quick correction of existing conditions which constitute major health hazards.

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Sea Food InspectionsMay 1950

Amount of Sea Food Examined (Kg) 11,971,005

Amount of Sea Food Condemned (Kg) 31,823

Cause for condemnation: Inadequate sanitation of
convoys; market, boat
and shop spoilage.

Disposition: Fertilizer

Sanitary Inspection of Sea Food Processing Plants May 1950

Amount of Sea Food Products, examined (Kg) 3,829,362

Amount of Sea Food Products, condemned (Kg) 95

Cause for Condemnation: Poor plant sanitation with
product contamination; in-storage
spoilage due to poor rotation
of product.

Disposition: Fertilizer.

(5) The handling and inspection of whale meat continues to present a problem in sanitation, because of the present method of butchering and distribution. Since this product is classed as sea food it is handled in the same manner as other sea foods. Inasmuch as the whale is a mammal and its size prohibits sanitary handling in the central markets, it is recommended that the whale and its products be removed from its present category, and be correctly classified. All whale meat would then be subject to inspection procedures that apply to slaughter house carcasses. The inspection service could be accomplished by assigning a veterinary inspector at the whaling station during periods of the whale run.

(6) Milk farm and processing plant sanitation is generally unchanged. In several unannounced inspections processors were observed to be taking short cuts, which constitute health hazards. The most important of these was improper time and temperature control in the pasturization process.

(a) During the rainy season improperly drained milk farms constituted a major problem resulting from the accumulation of water and animal waste in and around housing barns.

(7) Slaughter house facilities are little changed over the preceding month. However there is evidence that slaughter house inspectors are making better disposition of diseased animals. Tuberculin reactors referred to the slaughter houses are condemned if lesions are of a generalized

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nature or sufficient to warrant condemnation. However, considering the known incidence of certain diseases and the large number of animals being slaughtered the total number of condemnations is small.

(a) Several casing and gut processing plants were inspected during this period, and were found to be operating very satisfactorily. Most of these plants are processing casings for export and these are being salt-cured and barrel shipped to the consignee.

(8) Meat and Meat Processing:

May 1950

	<u>Cattle</u>	<u>Calves</u>	<u>Horses</u>	<u>Swine</u>	<u>Sheep</u>	<u>Goat</u>
No. Slaughtered	5,467	570	1,078	61,591	119	31
Body weight (Kg)	1,929,128	33,005	325,547	6,284,436	4,843	1,004
Dressed weight (Kg)	974,555	19,612	180,827	4,201,697	2,347	525
Condemned:						
Completely	10	-	3	13	-	-
Partial	152	4	40	179	0	-

1. During June, a meeting was held with the representatives of the meat processors association to discuss the establishment of adequate legislation for the control of this phase of food processing. All members are cognizant of the necessity for adequate legislation, and at present are directing their attention to that end.

2. In view of the increased need for continuous inspection service in the meat processing plants it is believed that a paid inspection service would improve sanitation and production efficiency. A paid inspection service provided by prefectural governments would facilitate the employment of a greater number of veterinarians in the public health service, and alleviate the present work load so that personnel currently assigned would have better opportunity for this and other activity coverage.

Sanitary Inspection of Meat Processing Plants

May 1950

Amount of Meat Products Examined (Kg)	60,109
Amount of Meat Products Condemned (Kg)	0

b. Rabies Control:

(1) The general rabies control program is being accelerated, particularly vaccinations and stray dog collections. The chief problem still is animals that remain uncontrolled, and are potential reservoirs of infection. The utilization of the private veterinary practitioner has greatly increased the coverage. In those prefectures where all or a major part of the vaccination program is handled by the practitioner the number of animals vaccinated is far in excess of the general average.

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(2) Police participation in the program is having a desirable effect; e.g. in the Tochigi Prefecture 440 owners of stray dogs were prosecuted for violations of the epidemic prevention ordinance. Similar court action has been taken in other prefectures.

(3) During the period from 1 January 1950 to 24 June 1950, the rabies control program has been characterized by progressive increases in activity. Tabulation of results for this period is:

<u>Prefecture</u>	<u>Canine Rabies Cases</u>	<u>No. Dogs Vaccinated</u>	<u>Human Exposures</u>	<u>Human Deaths</u>
Tokyo-To	133	31,423	280	3
Kanagawa	100	30,734	143	5
Chiba	50	38,850	71	5
Saitama	66	95,393	214	5
Ibaraki	17	28,560	46	0
Gumma	83	43,382	211	9
Tochigi	44	28,595	87	3
Shizuoka	4	35,205	10	0
Total	517	332,142	1,062	30

(4) The Tokyo-To Public Health Section sponsored a "Rabies Week" program from 6 - 13 June 1950. Public address systems, campaign buses, posters, radio and a poster contest for students were used as information media. The last day of the program was given over to the awarding of prizes for the best posters, and an address to some 1,000 people in Hibiya Hall by the Governor of Tokyo-To, a representative of Public Health and Welfare SCAP and Kanto Civil Affairs Region.

(5) A model rabies control law was drawn up and submitted to all prefectures of Kanto Region for study and possible promulgation.

c. Animal Disease Control and Incidence of Significant Diseases:

(1) There was little change in the animal disease control program. Vaccination and testing measures were continued. The following is the report for Kanto Region for May:

Testing Program:

<u>Disease</u>	<u>No. Tested</u>	<u>May 1950</u>	
		<u>Suspect R.</u>	<u>Positive R.</u>
Tuberculosis	6,081	83	19
Brucellosis*	3,129	4	10
Equine Infectious Anemia	1,054		28
Pullorum Disease	595		253

* 102 of the animals tested for brucellosis were goats.

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(2) Disease Incidence:

<u>Disease</u>	<u>No. of Cases</u>
Swine Plague	1
Swine Cholera	14
Swine Para-typhoid	5
Swine Erysipelas	7
Rabies*	5
Equine Encephalomyelitis	1
Anthrax	1
Equine Infectious Anemia	28

* Goats: 2; horse: 1; cow: 1; sheep: 1.

d. The regional veterinary and sanitary engineering conference was held in Tokyo on 26, 27 & 28 June '50. The purpose of the conference was to acquaint all personnel with the most recent policies established by GHQ, SCAP and their application at the operational level. The principal topics of discussion were: rabies control, food sanitation and the grading system, relationship between regional veterinarians and commanders of army installations (particularly concerning quartermaster purchase of indigenous food stuffs for troop consumption). The Public Health and Welfare Veterinary Division of GHQ, SCAP advanced a food sanitation code which would standardize the grading system for all regions, and would apply to all foods which are processed. The National Institute of Public Health was visited and the course of study for sanitary engineers and veterinarians was reviewed. Where indicated, suggestions for revision, were made.

12. Sanitary Engineering:

a. Environmental Sanitation and Insect Control:

(1) Generally speaking the number of sanitary inspectors in health centers and health sections is too small to do an adequate job of inspection. Furthermore, the services of many personnel are being improperly and inadequately utilized. As an example, the inspectors of the prefectural health department rarely go into the field to observe activities and to instruct health center inspectors.

(2) The recent establishment of six sanitary teams in Hachioji, three in Tachikawa and two in Musashino represented satisfactory solution of a potentially dangerous problem.

b. Water Supplies: The additional construction work at Kanamachi filter plant in Tokyo is progressing satisfactorily. One chemical mixing basin and sedimentation tank will be put into operation in the near future. Following this a new clear water basin will be completed. The other facilities which are under construction are a mixing basin, sedimentation tank, clear water basin and pumping facilities. Outside of the water plant itself siphons crossing the Shin Arakawa and Arakawa Rivers are also being constructed. These

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are needed to take the additional water into the eastern section of Tokyo. Construction work seems to be of good quality; and while not being completed as rapidly as originally planned, is, nevertheless, progressing satisfactorily.

c. Waste Disposal: A group meeting of the Public Health Bureau, Construction Bureau, Police Bureau and other sections of Tokyo-To to explain the summer control program was held. The object was to improve inter-departmental liaison and cooperation. As a result of this meeting, instructions have been sent to various ward offices instructing the ward engineering and branch scavenger sections to expedite ditch cleaning and garbage and trash removal upon health center request.

d. Other: The use of unemployed persons in simple public works projects has aided in several important sanitation programs. Tokyo-To employs approximately 2000 persons daily in the street cleaning program. The Construction Bureau has employed 3,000 for cleaning up of bomb debris. This program allows the cleaning of vacant lots and stock piling of material for final removal and disposal. Shizuoka City has increased its scavenger section personnel by 50 men who come under this type of unemployment relief work. Generally speaking, the laborers are employed on a day by day basis, and are not as efficient as permanent employees. What actual use of these persons is made is decided locally, but the number is allocated on a prefectural level.

(1) There is little reason why bureaus of other prefectures could not emulate Tokyo's example. Moreover, another obviously desirable feature rests on the fact that such projects do not represent expenditure of existing health and sanitation budget.

13. Nursing Affairs:

a. Nursing Schools:

(1) Establishment of "B" Schools:

(a) According to information received from the Kanto-Shinetsu Regional Office, Ministry of Welfare, the three following hospitals will be given financial assistance to establish "B" schools of nursing:

Konodai National Hospital, Chiba
Chiba National Hospital, Chiba
Sagamihara National Hospital, Kanagawa

(b) Comment: In Kanto Region, the Ministry of Welfare has 36 sanitariums and 30 hospitals under its jurisdiction. While five hospitals were given similar assistance last year to establish "A" schools, no national hospital in Nagano, Gumma or Yamanashi has received any extra help.

b. "In-Service" Training Courses: Since it is not practical nor even possible for all graduate nurses to attend national or prefectural refresher courses, individual hospitals are being encouraged to concentrate upon "in-service" programs for their own nurses. Previous refresher courses have

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furnished a nucleus of nurses who can plan and carry out these programs. Although the value of these programs depends upon the ability of the teachers, it is felt such programs will provide some training at less expense and with less loss of time.

c. Health Center Nursing:

(1) Employment of Nurse Personnel: The Saitama Health Department reported the employment of 28 PHNs to supplement health center staffs where shortages are most acute. In Yamanashi, the Nirasaki and Ogasawara Health Centers are so severely understaffed that the operation of public health nursing service is impossible.

d. Hospital Nursing:

(1) Three shift system: The Okaya Hospital, Nagano has instituted the three-shift system of duty hours for all graduate nurses. Available information indicates that this has been favorably received, particularly by the nurses themselves.

(2) In Tokyo, the Tokyo University Hospital has done likewise for nurses on portions of six wards. However, the real efficacy of this system remains to be seen, since the majority of patients are still cared for by members of the patients' families.

(3) Communicable Disease Nursing: KaCAR is attempting to arrange training courses in contagious disease nursing with observation periods and actual working experience on properly-run C.D. wards. Many difficulties have been encountered, e.g. lack of trained instructors, and hospital wards improperly arranged and equipped for the teaching of safe isolation nursing techniques. Few of the medical staff in the hospitals visited seem sincerely interested in improving present conditions. The Tokyo-to Health Department has voiced its interest and desire for civil affairs' assistance. One of Tokyo-To's five C.D. Hospitals may be selected for training purposes.

(4) Some of the above-mentioned problems may be solved in part by the co-operation of American hospitals in Japan, viz. 361st Station and the Tokyo General Hospital. At the present time, plans are underway for Japanese nurses to observe and work for a two-week's period on the CD ward of the 361st Station Hospital. Fifty Japanese nurses from Tokyo-To hospitals are visiting the Tokyo General Hospital in groups of ten for observation in the Pediatric CD Ward.

e. Health Departments:

(1) The prefectural nursing affairs division in the Ibaraki Health Department is assisting hospitals to establish effective training programs and is scheduling a meeting of all hospital chief nurses every two months.

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(2) All but one of the prefectural health departments sent the chief nurse of the nursing affairs division to attend the five-day course in Tokyo, sponsored by the Ministry of Welfare. Nagano prefecture sent a lay person to represent the nurses at this technical training course.

f. Nursing Association:

(1) The Gunma Association submitted plans to build and operate a sixty-bed hospital in Seta Gun. Prior to initiation of any such project, approval by the National Association and its Board of Directors must be obtained. This information was reported to GHQ, SCAP by phone.

(2) The Ibaraki Association has built its own headquarters building which will be opened formally in July. Civil Affairs will continue to advise branch associations to refrain from undertaking similar projects.

14. Public Health Information and Education Programs.

	School Children	Workers	General Public	Pamphlets	Posters	Films	Leaflets	Others
Tokyo	46	4	229	57	1326	14	213	13116
Kanagawa	26	5	13	2486	13373	4336	34765	577
Saitama	9468*	890*	12646*	1578	4101	1489	4871	2205
Chiba	3230*	50*	57615*	6388	18142	9300	3950	9300
Ibaraki	3654*	0	9399*	5401	789	9075	8331	772
Tochigi	5740*	640*	2417*	10349	2918	1075	8457	900
Gunma	12	16	43					
	2410*	298*	13056*	9270	16341	1300		210
	9	5	144					
Nagano	24	7	85	22991	3935	37	5628	3981
Yamanashi	10	3	9	3	3	5	14	8
Shizuoka	35013*	504*	11826*	6170	1052	26	69212	9035

*Audience attendance: The figure below this is number of times.

15. Items Most Needed to Further the Public Health Program:

a. Aureomycin, chloromycetin and other new therapeutic agents for treatment of dysentery. (From Japanese sources and/or GHQ, SCAP).

b. Latest information on poliomyelitis prevention and control. (From GHQ, SCAP).

c. Authorization for prefectural food inspectors to inspect food destined for export. (From Japanese sources).

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d. Clarification of Article 31 and 32 of Nursing Law No. 203,
concerning use of attendants or aides in the practice of nursing. (From
Japanese and/or GHQ, SCAP).

16. Other:

a. The temporary departure of Dr. W. G. A. Edelman represents a
serious loss to the Public Health Section of Kanto Civil Affairs Region, and
will mean curtailment of civil affairs public health activities.

b. Venereal Disease: The efforts of civil affairs in expediting good
contact tracing according to GHQ-FEC Circular No. 26, dated 18 May 1950, were
still somewhat hampered. Among the items which directly contributed to this,
during June, were the following:

- (1) Numerous organizations were not using new forms.
- (2) Where new forms were used, many organizations still forwarded
them when information was insufficient to have contact traced by Japanese
agencies, and patient was unable to identify contact.
- (3) In most cases 3 copies of the contact report were sent to
this office, rather than as described in Circular 26.
- (4) Appointments made by Civil Affairs were frequently not kept.
Considering the difficulty in telephone and mail communication, this
represented considerable effort on the part of our personnel and the Japanese.
- (5) Some organizations claimed that Circular 26 was not available
at their particular organization.
- (6) Contact reports were frequently unnumbered.
- (7) There were many instances of laxness on the part of Japanese
agencies also.

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