DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

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GHQ/SCAP Records(RG 331)
Description of contents

THE NATIONAL ARCHIVES OF THE UNITED STATES

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(3) Date : Sept. 1945, Oct. 1945

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MILITARY GOVERNMENT SECTION
PUBLIC HEALTH AND WELFARE DIVISION

5 October 1945

690-1

SUBJECT: Historical Record

TO : Brig. Gen. W. E. Crist, USA,
Chief Military Government Officer

1. In compliance with Par 2, Memorandum your headquarters, subject: Reports, dated 30 Sep 45, transmit herewith Historical Record of the Public Health and Welfare Division.

CRAWFORD F. SAMS,
Col., M.C.,
Chief, Public Health
and Welfare Division.

1

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MILITARY GOVERNMENT SECTION
PUBLIC HEALTH AND WELFARE DIVISION

HISTORICAL RECORD 5 October 1945

Section I

ORGANIZATION

1. The Division was first organized as the Division of Public Health, Military Government, and a table of organization tentatively adopted 10 August 1945. Established as Division Public Health, Military Government Section, GHQ, AFPAC, 20 August 1945.

See Annex 1.

2. A reorganization of Military Government Section on 26 August grouped Public Health, Public Welfare, Displaced Persons, Arts and Monuments, Education, and Religion in the same Division. The division was called Social Services. The name was changed to Public Services on 29 August 1945.

See Annex 2.

3. On 10 September Displaced Persons, Arts and Monuments, Education and Religion were taken out of the Division. The Division was renamed Public Health and Welfare.

4. G. O. No. 7, GHQ, SCAP, 2 October 1945 established on the Special Staff of the Supreme Commander the Public Health and Welfare Section.

Section II

PERSONNEL

1. The following personnel joined the Division of Public Health in Washington, D.C. and were assigned as indicated:

Col. Crawford F. Sams, 618261	Medical Corps, Chief Health Officer
Col. Joseph U. Weaver, 018941	Medical Corps, Deputy Chief Health Officer
Col. Oness H. Dixon, Jr., 09810	Veterinary Corps, Chief, Veterinary Affairs Section
Lt.Col. Dale B. Ridgely, 017797	Dental Corps, Chief, Dental Affairs Section
Lt.Col. Bernard N. Riordan 0218426	Medical Administrative Corps, Chief, Medical Supply Section

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2. The following personnel joined the Division of Public Services (Social Service) in Manila on the dates indicated and were assigned to the indicated sections:

Lt.Col. Edmond L. Faust, 0206452, M.C., Administration of Hospitals, 23 August 1945.
Lt.Col. William B. Fulton, 0504813, M.C., Administration of Hospitals, 4 September 1945.
Lt.Col. James H. Gordon, 0317795, M.C., Preventive Medicine, 6 September 1945.
**Lt.Col. Henry Weirsema, 0119336, F.A., Public Welfare, 19 August 1945.
Lt.Col. Wilson G. Williams, 0213651, M.C., Preventive Medicine, 7 August 1945.
Lt.Comdr. Arthur D. Bouterse, 147088, USNR, Public Welfare, 19 August 1945.
Major Alfred R. Cannon, 0510283, MAC, Medical Supply Section, 8 September 1945.
Major Marvin B. Corlette, 0307258, M.C., Preventive Medicine, 6 September 1945.
Major Wilson D. Evans, 0476167, MAC, Medical Supply, 6 September 1945.
*Major Edward H. Farr, 01855191, CMP, Education, 24 Aug 1945.
Major Sylvan E. Moolten, 0501547, M.C., Preventive Medicine, 6 September 1945.
Captain Grace E. Alt, N724122, ANC, Nursing Affairs, 4 September 1945.
**Captain William R. Bentley, 01542491, MAC, Public Health, 6 September 1945.
Lt. John P. Boruff, 252095, USNR, Public Welfare, 24 Aug 1945.
*Lt. W. K. Bunce, 276139, USNR, Education, 24 Aug 1945.
Captain Warren R. Bradlee, 0519797, SnC, Preventive Medicine, 8 September 1945.
Captain John O. Teeter, 01536311, MAC, Public Health, 6 September 1945.
Lt. William W. Wells, 195885, USNR, Public Welfare, 23 Aug 45.
Captain George K. Wyman, 0324156, F.A., Public Welfare, 23 August 1945.
***1st Lt. Thomas F. Gallagher, 01542622, MAC, Medical Supply, 6 September 1945.
1st Lt. Lester E. Hewitt, 01798576, CMP, Public Welfare, 25 August 1945.
*1st Lt. Walter Popham, 01002825, AUS, Arts and Monuments, 24 August 1945.
Lt.(jg) Walter L. Rothwell, 393684, USNR, Displaced Persons, 24 August 1945.
*1st Lt. Justin Williams, 0289646, AC, Education, 23 Aug 1945.
*2nd Lt. J. B. Gibson, 0931427, MI, Education, 23 August 1945.
*2nd Lt. William Parker, 0931397, MI, Education, 23 Aug 1945.

No officer was ever assigned to Section on Religion.

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* Transferred when Arts and Monuments, Education and Religion were taken out of the Division of Public Services and name changed to the Division of Public Health and Welfare, 10 September 1945.

** Transferred to Economics and Scientific Section, 1 Oct 1945.

*** Transferred to Mil. Govt., Korea 4 October 1945.

3. Fifteen Enlisted Men assigned to Division, 10 Sep 1945.

4. Budget estimate for civilian personnel submitted 5 Sep 45.

5. The following officers were transfered to the Public Health and Welfare Section, GHQ, SCAP, 3 Oct 1945.

Col. Crawford F. Sams,	Medical Corps
Col. Joseph U. Weaver,	Medical Corps
Col. Oness H. Dixon,	Veterinary Corps
Lt.Col. William B. Fulton,	Medical Corps
Lt.Col. James M. Gordon,	Medical Corps
Lt.Col. Dale B. Ridgely,	Dental Corps
Lt.Col. Bernard N. Riordan,	Medical Administrative Corps
Lt.Col. Wilson C. Williams,	Medical Corps
Major Wilson D. Evans,	Medical Administrative Corps
Major Sylvan E. Moolten,	Medical Corps
Captain Warren Bradlee,	Sanitary Corps
Captain John O. Tester,	Medical Administrative Corps
Captain George K. Wyman,	Field Artillery

Section III

DIRECTIVES, ANNEXES, AND INSTRUCTIONS

1. Duties of members of Division of Public Health approved.

See Annex 3.

2. By concurrence of the Chief Surgeon, information to be supplied by Japanese Imperial Government in Directive #2 will be transmitted to Military Government (Public Health and Welfare Division) for its information.

See Annex 4.

3. Matters pertaining to Directive #3, to Japanese Imperial Government, which concern Public Health and Welfare submitted for inclusion.

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4. Annex 4 - Public Health, to Standing Operating Procedure Instructions No. 6, Military Government Procedure submitted for approval.

See Annex 5.

5. Memorandum for the Imperial Japanese Government 21 September 1945, AG 710, (21 Sep 45) MG, Subject: Public Health Measures approved.

See Annex 6.

6. Memorandum for the Imperial Japanese Government, 22 September 1945, AG 720 (22 Sep 45) MG, Subject: Information of Japanese Public Health was concurred in by the Chief Military Government Officer, G-1, G-3 and the Chief Surgeon, was forwarded for approval.

See Annex 7.

7. In view of contemplated reorganization of Military Government and SCAP a draft of a G.O. designed to make Public Health and Welfare a Section of SCAP has the concurrence of the Chief Military Government Officer, G-3, G-4 and Chief Surgeon. This was approved by the Chief of Staff, and published as G.O. No. 7, GHQ, SCAP, dated 2 October 1945.

See Annex 10.

Section IV

LIAISON ACTIVITIES

1. While in Washington the Public Health Division of Military Government, Civil Affairs established liaison with the office of the Surgeon General, Civil Affairs Holding and Staging Area, and agencies of the War Department General and Special Staff for purposes of planning, organization, estimating supply requirements, and obtaining suitable personnel.*

2. While in Manila the Public Health and Welfare Division established liaison with the Surgeon AFPAC, the Surgeon AFWESPAC, the Surgeons of the 6th and 8th Armies, General and Special Staff Sections GHQ, AFPAC for purposes of planning, organization, and estimating supply requirements.*

*Records of these activities unavailable as they are enroute from the rear echelon.

3. Soon after the entry of the occupation forces into Japan, the Central Liaison Office with the Japanese Imperial Government was established. Through this agency contact was made with the Japanese Ministry of Public Health and Social Affairs. (See Annex 8)

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As a result of these conferences further liaison was then established with various sub-sections of the Ministry of Public Health and Social Affairs and corresponding representatives of the Division of Public Health and Welfare, Military Government. As a result of the preliminary conferences, directives were issued to the Japanese Government (see Annex 6 and 7) and information was obtained to form part of the basis of Annex 4 - Public Health, to Standing Operating Procedure Instructions No. 6, Military Government Procedure.

a. Further proposed actions include plans for enforcement of Japanese laws for control of prostitution and venereal disease (in collaboration with the Chief Surgeon).

b. Liaison with the Chief Surgeon AFPAC (Advance Echelon) has resulted in:

(1) Initiation of venereal disease control (see paragraph 1a supra).

(2) Port quarantine procedures proposed. Lt.Col. Knies, quarantine officer, Office of Chief Surgeon, in conjunction with the Preventive Medicine Section, this Division, is setting up the program.

(3) By mutual agreement the veterinary officer of this Division is inspecting meat for GHQ messes for Chief Health Officer.

c. Liaison with the United States Typhus Commission, an anti-typhus program for Japan and Korea, was established and requisition for supplies prepared.

d. Contacts have been made with the representatives of the three Red Cross organizations here:

(1) The American Red Cross has been recently established and no action other than the original contact with the representative, Mr. Christensen, has been made.

(2) The Japanese Red Cross representative, Prince Shimadzu, presented himself, and verbally outlined their organization and function. A brochure describing the activities was left by the Prince.

(3) The International Red Cross representative Dr. Junod collaborated in relief for Hiroshima (see Miscellaneous Section). He obtained permission to get unused supplies parachuted into POW camps to be distributed to other civilians.

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Section V

MISCELLANEOUS

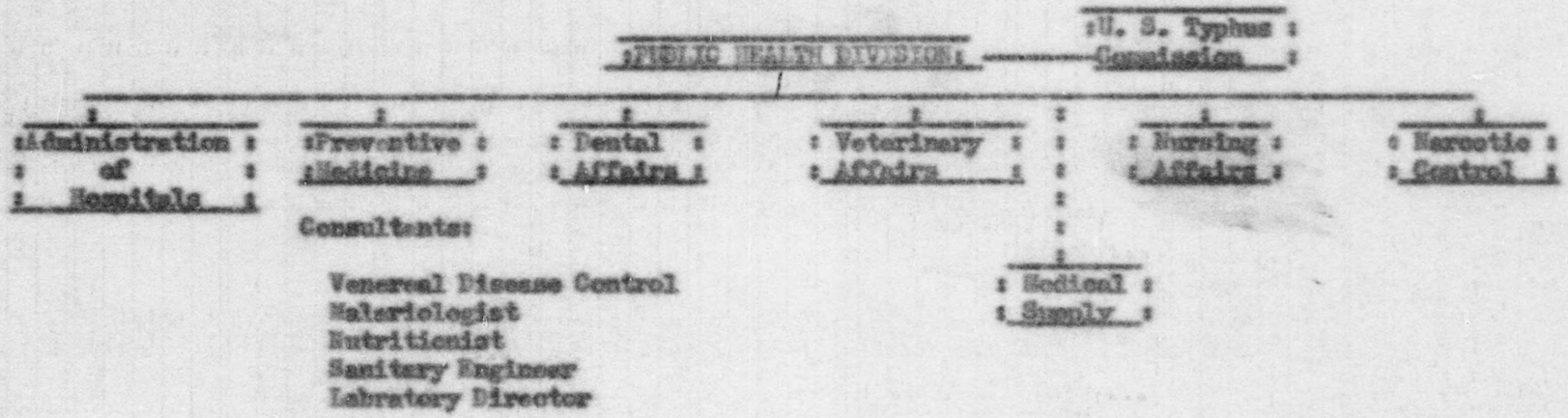
The International Red Cross and the Japanese Government made appeals for relief of the population of Hiroshima. The Supreme Commander sent a scientific mission to Hiroshima to investigate the affects of the atomic bomb on that city.

Twelve tons of medical supplies were dispatched to Hiroshima by air to be distributed by the International Red Cross.

See Annex 9

CRAWFORD F. SAMS,
Colonel, Medical Corps,
Chief Public Health & Welfare Section.

MILITARY GOVERNMENT SECTION



ANNEX 1

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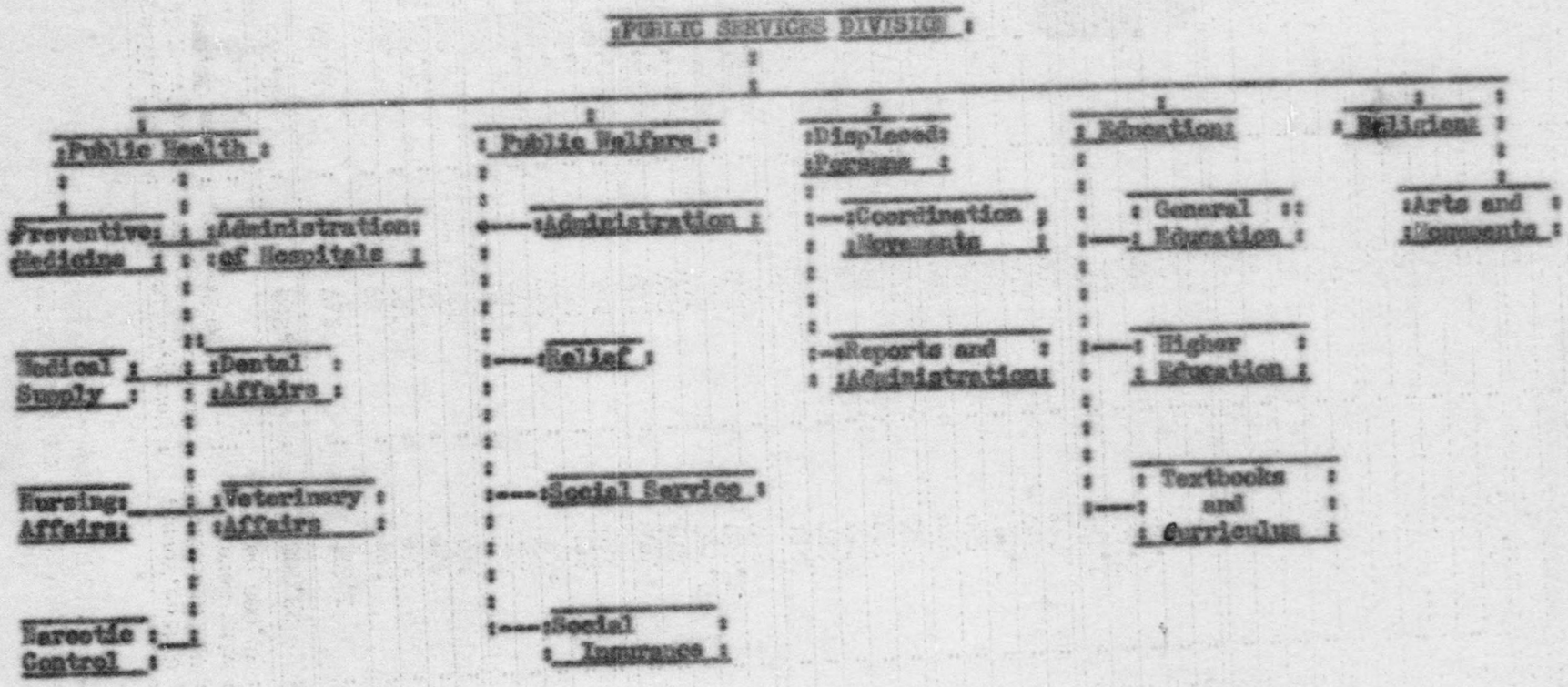
MILITARY GOVERNMENT SECTION



ANNEX 2

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28 July 1945

MEMORANDUM FOR THE CHIEF MILITARY GOVERNMENT OFFICER, AFPAC:

SUBJECT: Organisation and Function of the Public Health Branch, Military Government, AFPAC.

It is recommended that the attached directive to the Chief Health Officer, Military Government, AFPAC, outlining the organization and function of the Public Health Branch, Military Government, AFPAC Headquarters, be approved.

CRAWFORD F. SAMS
Colonel, GSC

Incl

Annex 3

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CHIEF HEALTH OFFICER, MILITARY GOVERNMENT, AFPAC --- will:

a. Advise the Chief Military Government on all matters pertaining to public health and medical service activities of the Military Government.

b. In accordance with basic policies of the Chief Military Government Officer, recommend policies and procedures to insure coordination of Military Government Public Health operations within the area for which AFPAC is responsible.

c. In accordance with basic plans and directives of the Chief Military Government Officer, prepare the medical plans in broad outline for incorporation in the overall plans for Military Government operations.

d. Coordinate activities within the area for which Military Government is responsible for preventing or controlling those diseases of the civilian and animal population which may interfere with military operations.

e. Obtain, evaluate, and disseminate information concerning prevailing diseases, existing or threatened epidemics, and potentially available indigenous resources of medical personnel, installations, equipment, and supplies for Public Health operations within the area for which AFPAC is responsible.

f. Coordinate public health and medical service operations of Military Government with medical services of the military forces by close liaison with the Chief Surgeon, AFPAC, in order to insure the maximum utilization of all available resources and to relieve the military forces from attention to, or involvement in , Military Government Public Health operations.

g. Provide for the timely availability, distribution, and utilization of medical personnel, equipment, and supplies essential for the prevention and control of diseases and for the provision of medical service for the civilian population.

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DEPUTY CHIEF HEALTH OFFICER--will:

a. Coordinate for the Chief Health Officer activities of the Chiefs of Sections.

b. Acts for and in the name of the Chief Health Officer in his absence.

c. Advise and recommend to the Chief Health Officer assignment, attachment or relief and detachment of Military Government public Health personnel to and from military government staffs and operating units other than the Public Health Branch, Military Government, AFPAC.

d. Insure the preparation and distribution of directives, communications, and information required to implement Public Health activities to achieve the approved missions of the Chief Health Officer.

e. Supervise all administrative activities of the Office of the Chief Health Officer, AFPAC.

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CHIEF, PREVENTIVE MEDICINE SECTION -- will:

a. Advise the Chief Health Officer on matters of policy relating to Preventive Medicine, prepare policy directives and initiate plans required for the prevention or control of disease or epidemics among civilians which are potentially hazardous to military operations.

b. Review and coordinate detailed plans and operations of lower echelons for communicable disease control.

c. Advise the Chief of Supply Section concerning biological and other supply requirements for current and future communicable disease prevention and treatment programs.

d. Obtain, evaluate, and prepare in usable form data pertaining to diseases in civilian population for which Military Government is responsible.

e. Maintain statistical records, graph, and charts on communicable diseases.

f. Advise the Chief Health Officer on matters pertaining to venereal disease control, prepare policy directives, initiate plans, and coordinate plans for the control of venereal disease in the civilian population.

g. Advise the Chief Health Officer on all matters pertaining to malaria control. Prepare policy directives, initiate plans, and coordinate plans of lower echelons for malaria control in the civilian population.

h. Advise the Chief Health Officer on all matters pertaining to laboratory activities, and preparation of biologics in indigenous laboratories which may be uncovered.

i. Advise the Chief Health Officer on all matters pertaining to nutrition of the Civilian Population.

j. Advise the Chief Health Officer on all matters pertaining to sanitation and sanitary engineering in the civilian population. Prepare policy directives, initiate plans, and coordinate plans of lower echelons pertaining to sanitary engineering for the control or prevention of disease among civilians. Maintain liaison with the Rehabilitation Section of Economics Branch, Military Government, and the Chief Engineer, AFPAC, on sanitary engineering problems.

k. Maintain liaison with the Chief, Preventive Medicine of the Office of the Chief Surgeon, AFPAC, to insure maximum coordination on preventive medicine activities between Military Government and the military forces.

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CHIEF, HOSPITAL ADMINISTRATION--will,

a. Advise the Chief Health Officer on all matters pertaining to hospital, clinic, and dispensary administration.

b. Obtain and evaluate information as to civilian hospitals, clinics, and dispensaries, medical personnel, equipment, and supplies which may be uncovered.

c. Initiate policy directives, initiate plans, review and coordinate plans of lower echelons for maximum utilization of civilian hospitals, clinics, and dispensaries, and of medical personnel to provide medical service for the civilian population.

d. Advise the Chief, Medical Supply Section as to equipment and supply requirement for the reopening and for the utilization of civilian hospitals, dispensaries, and clinics.

e. Prepare for the Chief Health Officer, directives and instructions pertaining to policies and procedures for the operation of hospitals, dispensaries, and clinics for civilians utilizing civilian personnel, installations, equipment, and supplies to the maximum.

f. Exercise technical supervision in the name of the Chief Health Officer over all civilian hospitals, dispensaries, and clinics.

g. Maintain liaison with the Hospitalization and Evacuation Officer, Office of the Chief Surgeon, AFPAC.

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CHIEF, MEDICAL SUPPLY SERVICE--will:

a. Advise the Chief Health Officer on all matters pertaining to the status of medical and sanitary supplies for the Military Government Public Health operations.

b. Under the direction of the Chief Health Officer, exercise technical supervision over Medical Department supply activities to insure proper procurement, storage, issue, stock control, and accountability of all medical and sanitary supplies required for the Military Government Public Health operations.

c. Initiate policy directives, initiate plans, review and coordinate plans of lower echelons pertaining to medical and sanitary supply for Military Government.

d. Initiate directives and procedures to implement supply plans and policies established by higher authority.

e. Maintain liaison with the Chief Supply Officer, Military Government, and with the Medical Supply Officer, Office of the Chief Surgeon, AFPAC.

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CHIEF, VETERINARY AFFAIRS--will:

a. Advise the Chief Health Officer on all matters pertaining to animal health and animal diseases which are hazardous to human health or which may reduce the livestock population resulting in impairment of local sources of meat, or of draft animals and on all matters pertaining to meat and other products of animal origin used for human consumption.

b. Obtain, evaluate, and prepare in usable form information as to animal disease and for sources of meat and other products of animal origin used for human consumption.

c. Initiate policy directives, initiate plans and coordinate plans of lower echelon for:

(1) The prevention or control of animal diseases and for the inspection of meat and other products of animal origin used for human consumption.

(2) The maximum utilization of personnel, installations, supplies, and equipment of which may be uncovered for the care and treatment or disposal of diseased animals which may be a hazard to human health.

(3) The inspection of meat and other products of animal origin utilized for human consumption by the civilian population.

d. Advise the Chief, Medical Supply Section as to requirements of equipment and supplies for current and future animal communicable disease prevention and treatment programs.

e. Maintain liaison with the Chief Veterinary Officer, Office of the Chief Surgeon, AFPAC, and the Agriculture Section of Economics Branch, Military Government.

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CHIEF, DENTAL AFFAIRS--will:

a. Advise the Chief Health Officer on all matters pertaining to dental health of the civilian population.

b. Obtain, evaluate, and prepare in usable form information as to personnel, clinics, dental laboratories, dental equipment and supplies which may be uncovered.

c. Initiate policy directives, initiate plans and coordinate plans of lower echelons pertaining to re-establishment of civilian dental service on an emergency treatment basis initially; later, on a limited prophylactic and operative standard utilizing civilian dental personnel, clinics, equipment and supplies to the maximum.

d. Advise the Chief, Supply Section as to requirements for dental equipment and supplies.

e. Maintain liaison with the Chief Dental Officer, Office of the Chief Surgeon, AFPAC.

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CHIEF, NURSING AFFAIRS--will:

a. Advise the Chief Health Officer on matters relating to Military Government Public Health nursing.

b. Obtain, evaluate, and disseminate information as to indigenous nursing personnel.

c. Initiate policy directives, initiate plans, and coordinate plans of lower echelons to insure adequate provision for public health nursing and nurses for civilian hospitals utilizing civilian nurses only.

d. Maintain liaison with the Director of Nurses, Office of the Chief Surgeon, AFPAC.

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CHIEF, NARCOTIC CONTROL--will

a. Advise the Chief Health Officer on the medical aspects of narcotic control as it affects the health of the civilian population and as it constitutes a potential hazard to occupying military forces in the form of the possibility of addiction among military personnel.

b. Obtain and evaluate information as to the prevalence of narcotic addiction and location of narcotic stocks in civilian hands.

c. In coordination with Narcotic Control Officer, Public Safety Branch, initiate policy directives, initiate plans, and coordinate plans of lower echelons for narcotic control in the civil population to insure that:

(1) All stocks of narcotics in civilian hands are placed under control of Military Government.

(2) Distribution of narcotics for civilian needs is only on prescription of qualified medical practitioners or those civilian wholesale firms, pharmacies, dispensaries, and hospitals approved for that purpose.

d. Maintain liaison with the Narcotic Control Subsection of Public Safety Branch of Military Government.

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Annex B to Staff Memorandum No. 2,
GHQ, AFPAC, 6 September 1945.

Mil Govt Sect — Chief Surgeon — 6 Sep 45

1. Reference: Conference and agreements made this date between representatives of G-3 (Colonel Larson), Military Government (Colonel Sams) and Chief Surgeon (Colonel Webster).

2. As a result of the above conference it is the understanding of this section that the contents of par. 4, Part V, Directive No. 2 to the Japanese Imperial Government and the Japanese Imperial General Headquarters were prepared prior to the arrival of the Military Government Section. It is also understood and agreed that so far as the action listed in paragraphs 4 a to d inclusive, Annex B, to the Staff Memorandum No 2, 6 September 1945, for which, under column (5), the Chief Surgeon has been assigned as the SCAP agency responsible; the Military Government Section will take necessary action which may be required following receipt of the information called for from the Imperial Government.

3. It is requested that the Military Government Section be furnished copies of the information called for under the following headings listed in Annex B, Staff Memorandum No. 2, when received from the Imperial Government:

a. "4 a. Furnish the Chief Surgeon, SCAP, description of public health measures in force.

b. "4 b. Furnish to Chief Surgeon, SCAP, data on current epidemics.

c. "4 c. Furnish to Chief Surgeon, SCAP, status of medical supplies.

d. "4 d. Furnish to Chief Surgeon, SCAP, list of hospitals and other medical institutions."

W. E. C.

Copy: G-3

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MEMORANDUM: To G-3 GHQ AFPAC

SUBJECT : Amendment to ANNEX B Staff Memorandum No 2, GHQ, AFPAC, 6 September 1945.

It is recommended that the following change be made to ANNEX B to Staff MEMORANDUM No. 2, GHQ AFPAC 6 Sep 1945 as being primary interest to the PUBLIC HEALTH BRANCH, PUBLIC SERVICE DIVISION of MILITARY GOVERNMENT SECTION GHQ? AFPAC:

(1)	(2)	(3)	(4)	(5)	(6)
4a	Japanese Agency	Action	When	SCAP Agency Responsible	Agencies Primarily Concerned
4a	Imperial Government	Furnish to Chief Surgeon SCAP description of public health measures in force	Without delay	Mil Govt	Mil Govt Chief Surg G-4 G-1
4b	Imperial Government	Furnish to Chief Surgeon SCAP data on current epidemics		Mil Govt	Mil Govt Chief Surg G-4 G-1
4c	Imperial Government	Furnish to Chief Surgeon SCAP status of medical supplies		Mil Govt	Mil Govt Chief Surg G-4 & G-1
4d	Imperial Government	Furnish to Chief Surgeon SCAP list of hospitals and other medical institutions		Mil Govt	Mil Govt Chief Surg G-4 & G-1

ANNEX 4

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GENERAL HEADQUARTERS
UNITED STATES ARMY FORCES, PACIFIC

APO 500
20 September 1945

ANNEX 4 - PUBLIC HEALTH
To
STANDING OPERATING PROCEDURE INSTRUCTIONS NO. 6

MILITARY GOVERNMENT PROCEDURE
(SOPI NO. to be published at a later date)

1. General Considerations

a. Object: This outline is published for the information and guidance of personnel concerned with (Military Government) functions related to the prevention of disease and distress among the civil population. The primary purpose is to insure that the health of our forces is not endangered by disease among civilians in the occupation areas.

b. Method of Operation. All health programs will be predicated upon the assumption that Japanese medical personnel, equipment and supplies are adequate to establish and maintain civilian health standards necessary to meet the minimum requirements of the occupying forces. Occupational personnel will be employed in a supervisory capacity only. Except in emergencies U. S. Army equipment and supplies will be used only when specifically authorized by the Supreme Commander for the Allied Powers.

c. Basic Policy. The basic policy which is to make the Japanese public health personnel self sufficient by the effective use of their own equipment and supplies, will be adhered to by all concerned.

d. Miscellaneous. Civilian health and medical care activities will include, among other measures, the following for civilian health protection purposes:

(1) Immediate survey by agencies of the Japanese Ministry of Health and Welfare to determine disease prevalence, available local personnel and equipment, hospital facilities, medical, veterinary and sanitary supplies and adequacy of laws and regulations of the indigenous Japanese authority to meet current problems. Initial and periodic reports will be prepared as required by the Supreme Commander for the Allied Powers. Initial reports will be made within five (5) days after entry into the area by medical officers of Government units on the status within their areas.

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(2) Immediate inauguration by Japanese agencies, of such measures as communicable disease reporting, examination, detention of hospitalization of cases or suspects of communicable disease, immunization, disinfestation, control of any disease likely to interfere with the success of the occupation mission or seiously affect civilian health.

(3) All public water supply, sewerage system and other human waste disposal means will be restored by the Japanese, to maximum civilian capacity with the least practicable delay through the use of civilian resources. Resources of occupation forces will be used only for restoration of emergency service.

(4) Civilain hospitals, sanitoria, leprosaria and clinics will be reopened for civilian use as rapidly as conditions permit or require. Such installations will be used by the armed forces only when absolutely necessary. Where civilian hospital space is inadequate, a survey of schools and other buildings will be made to locate buildings that are suitable for emergency hospital services and will be so utilized.

(5) All civilian (wholesale) and Japanese military medical, dental, veterinary, sanitation supplies will be distributed through indigenous Japanese agencies in accordance with occupational control plans on recommendation to the Supreme Commander for the Allied Powers for their conservation and distribution. Separate instructions have been issued for the registration and control of the distribution of narcotic drugs. Government medical supplies echeloned in with tactical forces will be used only when Japanese civilian supplies are not available or procurable and upon orders of the Supreme Commander for the Allied Powers.

(6) Japanese maritime quarentine laws will be reestablished and enforced at all ports. Necessary supervision of ports remaining under Japanese control will be the responsibility of Government health authorities. Occupation port authorities will fully support Japanese agencies in execution of quarantine laws at ports directly under their control.

(7) Civilian laboratory facilities for public health and clinical diagnosis, manufacturing of sera and vaccines will remain in operation.

(8) Steps will be taken to expedite the reporting and analysis of vital statistics data in accordance with policies established by the Supreme Commander for the Allied Powers.

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(9) Special emphasis will be placed on adequate measures for the control of venereal disease, utilizing existing Japanese agencies.

(10) Close cooperation will be maintained with other medical personnel of occupation forces in problems of mutual interest.

2. Procedure "A" Initial on General Operating Procedure.

a. General. The initial general procedure of operation will be carried out with a minimum of interference with existing Japanese health agencies in securing the necessary compliance by these agencies with the instructions of the Supreme Commander to the Japanese Imperial Government.

b. Operational Technique.

(1) Movement into areas. Prior to establishment of occupational control on an area basis, tactical commanders will provide only such minimum health services for the civilian population as are necessary effectively to control health conditions considered hazardous to the occupation forces. Government personnel assigned to tactical units be utilized to the maximum extent to accomplish this purpose.

(2) Occupational Phase. In conjuction with the deployment of occupational troops on an area basis, Government units will, so far as practicable, be adjusted to function within areas corresponding to those occupied by Allied troops. Instructions to local civil officials will be transmitted from the Supreme Commander through the Ministry of Public Health and Welfare and existing subsidiary Japanese agencies. To insure compliance with these instructions, parallel directives will be issued to Government personnel through normal channels. There will be a minimum of interference with existing Japanese health agencies in securing the necessary compliance with the instructions of the Supreme Commander.

c. Other Considerations.

(1) Program Requirements. A satisfactory public health service will include (1) adequate organization of all available civilian health and medical care resources at the National, prefectural and local levels, (2) proper control (without interference with functioning of the agency) of Japanese civilian staffs by military Occupational government personnel, and (3) application of sound technical policies enforced by direction of the Supreme Commander for the Allied Powers of measures for health protection and medical care services.

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(2) Personnel Requirements. Military Occupational Government units and/or tactical personnel and equipment will be provided as required in a control capacity (without interference with functioning of the Japanese agency) for the organization and direction of indigenous Japanese civilian services necessary for protection of the occupation forces. Direct civilian service will be provided from military resources only when it becomes apparent that civilian resources are inadequate or ineffective for the necessary handling of civilian public health and medical care problems necessary to accomplish the occupation mission and then only upon approval of the Supreme Commander for the Allied Powers.

(3) Rules and Regulations. When adequate to meet established needs the public health rules, regulations and laws of the Japanese governing authority will be used.

3. Procedure "B" Special Operating Procedure.

a. General. The Special Procedure of Operations will be used only when ordered by SCAP. This plan outlines the organization, duties and responsibilities of the Public Health and Welfare Division, Military Government under the assuption that Militar Government will function in an operating capacity.

b. Operational Techniques.

(1) OBJECTIVES

a Protection of the health of occupational forces by institution of such measures as may be indicated to control epidemics of disease in civilian communities.

b To provide medical treatment, hospitilization and medical supplies for the relief of suffering and the prevention of disease and unrest among the civilian population.

c Establishment and enforcement of such sanitary measures as may be indicated.

d Medical and hospital service and supplies will not be provided beyond the normal Japanese Level, except when necessary to protect the health of occupational forces.

(2) ORGANIZATION

a Public health operations will be organized, at GHQ, Group and Company levels and at such other echelons as may be necessary.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

b The Chief Health Officer, Military Government is responsible to the Chief Military Government for all matters pertaining to public health.

c Medical Department personnel of military government groups, companies or other military government units are responsible to the commanding officers, thereof for all matters pertaining to civilian public health within the limits of the command.

(3) CHANNELS OF COMMAND

Normal military government channels of command will be observed except on purely technical subjects. Communication through technical channels (medical) is authorized on subjects of a technical nature which do not pertain to command policies or procedures.

(4) FUNCTIONS

a THE CHIEF HEALTH OFFICER, MILITARY GOVERNMENT - will

(1) Advise the Chief, Military Government on all matters pertaining to public health and medical service activities of Military Government.

(2) In accordance with prescribed policies, assume control over all matters pertaining to the health and sanitation of the civilian population, including the operation of hospitals, dispensaries, sanitoria and clinics, for civilians, utilizing civilian personnel, installations, equipment and supplies to the maximum.

(3) Prepare medical plans for incorporation in the overall plans for Military Government.

(4) Coordinate activities within the area for which Military Government is responsible, for preventing or controlling those diseases of the civilian and animal population which may interfere with military operations.

(5) Obtain, evaluate and disseminate information concerning prevailing diseases and existing or threatened epidemics.

(6) Coordinate public health and medical service operations of Military Government with medical agencies of the military forces.

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(7) Provide for the timely availability, distribution and utilization of medical personnel, equipment and supplies required for operation of medical service for the civilian population.

(8) Establish standards for inspection of meat and other products of animal origin, utilized for human consumption by the civilian population and exercise necessary control over inspection procedures.

(9) In coordination with the Narcotic Control Officer exercise supervision over the medical aspects of narcotic control as it affects the health of the civilian population and as it constitutes a potential hazard to occupying military forces in the form of the possibili y of addiction among military personnel.

b MEDICAL DEPARTMENT PERSONNEL ASSIGNED TO MILITARY GOVERNMENT GROUPS, COMPANIES AND OTHER UNITS - will

(1) Advise commanding officers on all matters pertaining to civilian public health and medical service activities within the area of command.

(2) Under the technical direction of the Chief Health Officer supervise the activities and installations mentioned in a, (2), above.

(3) Initiate directives for the prevention and control of communicable diseases among civilians and animals, which may affect the health of occupational forces. Copies will be furnished to the Military Government Section, GHQ.

(4) Conduct sanitary inspections to insure compliance with existing procedures and policies.

(5) Maintain liaison with medical agencies of the military forces on matters which may have a bearing on the health of occupational forces.

(6) Maintain records of prevailing diseases and existing or threatened epidemics.

(7) Submit reports of communicable diseases and other health conditions as directed by the Chief Health Officer.

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(8) Assume responsibility for the estimation of requirements for medical and sanitary supplies and the requisitioning and issue thereof.

(9) Maintain prescribed records pertaining to the issue of medical and sanitary supplies to civilian agencies.

(10) Supervise the medical aspects of narcotic control, in coordination with the Narcotic Control Officer.

c. Other Consideration. Supplemental instructions covering specific aspects of preventative medicine, hospital and medical care, dental, veterinary, sanitary engineering and medical supply service will be issued later.

By command of General MacARTHUR:

R. K. SUTHERLAND,
Lieutenant General, U. S. Army,
Chief of Staff.

OFFICIAL:

B. M. FITCH,
Brigadier General, U. S. Army
Adjutant General.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

OFFICE OF THE SUPREME COMMANDER
FOR THE ALLIED POWERS

AG 710 (21 Sep 45)MG

APO 500
21 September 1945

MEMORANDUM FOR : THE IMPERIAL JAPANESE GOVERNMENT

THROUGH : Central Liaison Office, Tokyo

SUBJECT : Public Health Measures

The Supreme Commander for the Allied Powers directs that the Imperial Japanese Government take the following action:

1. An immediate survey by agencies of the Japanese Ministry of Health and Welfare to determine:

a. Disease prevalence in each prefecture.

b. Medical, dental, veterinary and public health personnel available in each prefecture.

c. Hospital facilities, medical, veterinary and sanitary supplies present in each area with a comment in each instance as to its adequacy.

d. The adequacy of laws and regulation of the indigenous Japanese Public Health and Welfare authorities to meet current requirements.

2. Immediately inaugurate such measures as:

a. Weekly reports of communicable disease by prefecture.

b. Examination, detention or hospitalization of cases or suspected cases of communicable disease.

c. Immunization, disinfestation and control of any disease which would be likely to seriously affect civilian health.

3. Restore all public water supply, sewerage systems and other human waste disposal means to the maximum civilian capacity with the least practicable delay through the use of civilian resources and labor.

4. Reopen or continue in operation civilian hospitals, sanatoria, lepresaria and clinics for use of the indigenous population as rapidly as conditions permit or require. Where civilian hospital space is inadequate, a survey of schools or other buildings will be made to locate facilities which are suitable to be used as emergency hospitals and those buildings so designated.

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BASIC: Ltr, SCAP, File AG 710 (22 Sep 45)NG Dated 21 Sep 45.
Subj: Public Health Measures.

5. All civilian (wholesale) and Japanese Military and Naval medical, dental, veterinary, sanitation supplies and military foodstuffs will be distributed through indigenous Japanese agencies in accordance with Military Occupation control plans on recommendation to the Supreme Commander for the Allied Powers for their conservation and distribution.

6. Inaugurate port quarantine control in cooperation with United States Naval Forces. Port quarantine will be established by Japanese civilian control.

7. Reopen or continue in operation civilian laboratory facilities for public health work, for clinical diagnosis, and for the manufacture of sera and vaccines.

8. Expedite the reporting and analysis of vital statistics data in accordance with policies established by the Supreme Commander for the Allied Powers.

9. Place special emphasis on adequate measures for the control of all venereal diseases occuring in indigenous Japanese personnel. This will be accomplished by using existing Japanese agencies.

FOR THE SUPREME COMMANDER:

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

OFFICE OF THE SUPREME COMMANDER
FOR THE ALLIED POWERS

AG 720 (22 Sep 45)MG

APO 500
22 September 1945

MEMORANDUM FOR : THE IMPERIAL JAPANESE GOVERNMENT

THROUGH : Central Liaison Office, Tokyo

SUBJECT : Information of Japanese Public Health

1. The Supreme Commander for the Allied Powers directs that the Imperial Japanese Government shall within fifteen days report all measures which have been inaugurated for:

a. Controlling any disease which might seriously affect the health of the personnel of the Occupation Forces or the civil population.

b. Furnishing medical and hospital care for nationals of the United Nations and displaced persons.

2. The Imperial Japanese Government shall preserve all vital statistical records and prepare such additional records as may be prescribed and submit such reports of communicable disease, medical, dental, veterinary and sanitary supplies, personnel and hospital bed status as may be requested by the Allied Representative.

3. The Imperial Japanese Government, insofar as present records permit, shall submit to the Allied Representative within 15 days after receipt of this directive:

a. Lists by prefectures and cities of the number of Japanese persons requiring (1) medical care or hospitalization and (2) direct relief, emergency food supplies, or emergency shelter and (3) the quantities of supplies and facilities currently available therefor.

b. Reports containing:

(1) A summary statement with statistical tables showing the number of individuals in the four main islands of Japan who are receiving food, clothing, fuel, or other emergency relief; a description of the welfare organization being used to administer relief; specification of the areas of greatest need; and estimates of the relief funds and supplies required each month to meet the total

ANNEX 7

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

BASIC: Ltr, SCAP 720 (ss Sep 45)MG, Subj: "Information of Japanese Public Health"

need; and a general statement summarizing the entire relief program.

(2) A copy of all relief, welfare and social insurance laws currently in force.

FOR THE SUPREME COMMANDER:

ANNEX 7

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

GENERAL HEADQUARTERS
UNITED STATES ARMY FORCES, PACIFIC
Military Government Section

APO 500,
11 September 1945

MEMORANDUM FOR THE RECORD:

SUBJECT : Conference with Members of Public Health and Social Welfare Bureau.

1. The following men, representing their respective Sections, met with Colonel Sams to give information concerning questions on public health and social welfare in Japan, as a result of the conference with the Vice Minister, 10 September 1945.

a. Mr. Katsupe Kuge, of the section in charge of doctors, dentists, and hospitals of Japan.

b. Mr. Yukihara Mike, health centers.

c. Dr. Mitsuo Segi, maternal and child welfare.

d. Mr. Kaohio Tehikawa, Pharmacy and drugs, including manufacturing and distribution.

2. Information on the following was requested of the Japanese representatives:

a. Number of hospitals available for use in each prefecture, with number of beds and number of patients in each at present.

b. Number of out-patients per hospital.

c. Number of different types of hospitals, such as public, private, sanitoria and lapresaria.

d. Number of doctors, dentists, nurses, veterinarians by prefectures; also, number expected to return to civilian practice from Army and Navy Service.

e. Availability of supplies, such as medicine and equipment, including civilian, Army and Navy.

f. Number of people requiring direct relief.

3. The Japanese representatives required time to assemble the requested information since the Japanese Government has ceased to record vital statistics since 1942 because of the exigencies of war. They promised to deliver the necessary information by 1 October 1945 unless delayed unduly

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Memo for the record: "Conference with Members of Public Health and Social Welfare Bureau", dtd 11 Sep 45.

by disrupted communication lines. Information on relief will be presented by another representative, directly concerned with relief work, from the Public Health and Social Welfare Bureau, on 12 September 1945, at 0930 hours.

4. The Japanese representatives requested that arrangements be made to facilitate answering of emergency night cases by doctors who are stopped at present for identification by U. S. Troops at night.

5. Mr. Kondo, in charge of tuberculosis care, stated that there is a great shortage of sanitoria and requested the use of Japanese Army barracks that may be spared.

6. Dr. Segi stated that although practically all of Japan's milk supply was inadequate; he requested supplementing of supply if possible.

7. To the above question, Colonel Sams stated they would be taken under consideration.

/s/ Crawford F. Sams
/t/ CRAWFORD F. SAMS,
Colonel, M.C.,
Chief, Public Services
Division

Annex 8

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

UNITED STATES ARMY FORCES, PACIFIC
Military Government Section

APO 500
5 September 1945

MEMORANDUM FOR THE RECORD

1. Brigadier General T. F. Farrell discussed with the Chief, Public Service Division, Military Government Section, (Colonel Sams) means of carrying out his investigation on atomic bomb in Hiroshima, 5 September 1945

2. Lt. Col Koede and Lt Col Kirega, Medical Bureau, Imperial Japanese Army, discussed with Chief Public Service Division, Military Government Section (Colonel Sams), effects of atomic bomb on Japanese population and alleged effects of radio activity as a cause of continuing deaths in Hiroshima 5 September 1945.

3. Dr. Marcelle Junod (Swiss) Chief Delegate of International Red Cross to Japan presented a telegraphed appeal from his delegate in Hiroshima for a scientific Medical Commission and for Medical supplies, 5 September 1945.

4. Lt. Gen. Sutherland informally directed that a letter be prepared to the Japanese Government as in Tab A.

5. Dr. Junod's representative suggested personnel and supplies be flown by sea plane to Oromichi. Conference with Lt. Davies, USN, Office of Naval Liaison Office, AFPAC brought out the fact the Kure Airfield was open, see Tab C, and recommended land rather than seaplane be used.

6. Informal concurrence, G-4, Col. Van Horne and Col. Pennypacker obtained, 5 September 1945.

7. Informal concurrence, G-3 obtained.

8. Brigadier General T. F. Farrell concurs in proposed plan.

9. Dr. Junod, Chief Delegate, International Red Cross has informally concurred in the proposed plan.

CRAWFORD F. SAMS
Colonel, Medical Corps.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

MEMORANDUM TO: Chief, Military Government Section.

SUBJECT : Relief of Hiroshima

1. The chief Delegate International Red Cross, Dr. Marcelle Junod has presented an appeal in the form of a telegram from his delegate, Mr. Bilfinger in Hiroshima for assistance as follows:

a. The sending of a scientific Medical Commission to the area to infestigate the continuing deaths occurring in an estimated 100,000 Japanese in the are of Hiroshima.

b. Medical Supplies and equipment to include dressings, surgical pads, ointments for burns, sulfanamids, and blood plasma which are lacking in the area.

2. Brigadier General T. F. Farrell will have available qualified personnel in Yokohoma within a day or two to provide the scientific Medical Commission requested. General Farrells part was sent from the United States for the purpose of making such an investigation and has been seeking a means for early entry into the area. This appeal from the International Red Cross provides an opportunity for early entry of his personnel into the area.

3. There is available at present in Yokohoma under control of the 1st Cavalry Division three CAD Medical Maintenance Units. One such unit will provide the medical supplies of the type requested, for 10,000 people for 30 days. Dead weight on one unit is estimated as 12 tons.

4. Access to the area can be made by seaplane landing opposite Red Cross Headquarters near Onomichi as shown in attached sketches I and II.

5. It is recommended that:

a. Approval be obtained from the Supreme Commander to meet the appeal of the International Red Cross for relief in Hiroshima.

b. Brigadier General T.F. Farrell be authorized to proceed with approximately 15 members of his party by seaplane to the Hiroshima area to investigate the causes of death and other related matters pertaining to the use of the Atomic bomb in Hiroshima.

c. Instructions be issued through channels to dispatch at the same time one CAD Medical Maintenance Unit of approximately 12 deadweight tons by seaplane to the International Red Cross Delegate in the Hiroshima area.

d. The necessary arrangements be made with the U S Navy for transportation by seaplane to Onomichi of personnel and equipment in b. and c. above.

e. Clearance be obtained from the Japanese Imperial Government for the measures recommended above.

CRAWFORD F. SAMS
Chief Public Services Div.
Mil Govt Sec. GHQ. AFPAC.

ANNEX 9

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Relief for Hiroshima

Mil Govt Sec G/S 6 September 1945

1. The Chief Delegate International Red Cross, Dr. Marcell Junod has presented an appeal in the form of a telegram from his delegate, Mr. Bilfinger in Hiroshima, for assistance as follows:

a. The sending of a scientific Medical Commission to the area to investigate the continuing deaths occurring in an estimated 100,000 Japanese in the area of Hiroshima.

b. Medical Supplies and equipment to include dressings, surgical pads, ointments for burns, sulfanamides, and blood plasma which are lacking in the area.

2. Brigadier General T. F. Farrell will have qualified personnel available in Yokohama within a day or two to provide the scientific Medical Commission requested in 1 above. General Farrell's party was sent from the United States for the purpose of making such an investigation and has been seeking a means of early entry into the area. This appeal from the International Red Cross provides an opportunity for early entry of his personnel into the Hiroshima area.

3. There is available at present in Yokohama under control of the 1st Cavalry Division three CAD Medical Maintenance Units. One such unit will provide the medical supplies of the type requested, for 10,000 people for 30 days. Dead weight of one unit is estimated at 12 tons. One such unit will be sufficient to meet the requirements of the appeal as stated in 1 b. above.

4. Access to the area for both personnel and supplies is practicable by air to Kure airfield. See Tab 6, Radio from Japanese Government to The Supreme Commander for the Allied Powers reference utilisation of Kure airfield.

5. It is recommended that:

a. The attached letter (Tab A) to the Japanese Government be signed and dispatched.

b. The attached letter (Tab B) to the Commanding General, Eighth Army be approved for signature and dispatch by the Adjutant General.

3 Incls: Tab A,
Tab B,
Tab C,

W. E. C.

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6 September 1945

MEMORANDUM FOR: THE JAPANESE IMPERIAL GOVERNMENT

THROUGH : Central Liaison Office, No. 1

FROM : The Supreme Commander for the Allied Powers

1. The Supreme Commander for the Allied Powers has directed that Brigadier General T. F. Farrell and a party of approximately fifteen (15) scientists proceed by plane to the Hiroshima area to investigate the effects of the atomic bomb in Hiroshima.

2. Approximately twelve (12) tons of medical supplies are being dispatched to the International Red Cross delegate, Mr. Bilfinger, at Hiroshima for use in the relief of Japanese persons injured in that area.

3. It is directed that the persons of General's Farrells party be given all possible safeguards and assistance in carrying out their mission.

4. It is directed that the medical supplies sent into the area be distributed under the direction of the International Red Cross.

FOR THE SUPREME COMMANDER:

ANNEX 9

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Public Health and Welfare Special
Staff Section

[redacted]

Mil Govt Sec O/S

THRU: G-3
G-4
Chief Surgeon

1. It is understood that a proposal is being considered to remove the functions of the Public Health and Welfare Division from Military Government Section.

2. The functions of Public Health and Welfare are grouped under one Ministry (The Ministry of Health and Social Affairs) in the Japanese Imperial Government.

3. The Public Health and Welfare Division Military Government has been organized as an integrated unit with carefully selected personnel qualified in the essential specialties required to perform the functions as outlined in the attached directive. Such an organization can with the greatest efficiency control the activities of the Ministry of Health and Social Affairs (Welfare) which are quite distinct from those normally performed by a Military Medical Staff.

4. It is recommended that the attached general order be approved and published to establish a Public Health and Welfare Special Staff Section of SCAP.

Incl: Proposed General Order - - - - - - - - - - W.E.G. - 2 - -

Annex 10

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

RESTRICTED

GENERAL HEADQUARTERS
UNITED STATES ARMY FORCES, PACIFIC

APO 500
25 September 1945

GENERAL ORDER)
NO)

PUBLIC HEALTH AND WELFARE SECTION

1. The Public Health and Welfare Section is established as a Special Staff Section to advise the Supreme Commander for the Allied Powers on policies relating to Public Health and Welfare problems in Japan and Korea.

2. The functions of the Section are to:

a. Make recommendations to:

(1) Prevent disease and unrest in the civilian population in accordance with objectives of the Allied Powers.

(2) Expedite the establishment or reestablishment of normal civil health control procedures, in order to prevent the spread of any disease likely to interfere with the success of the occupation mission, such as:

(a) Communicable disease reporting
(b) Examination, detention or hospitalization of cases or suspects of communicable disease
(c) Immunization
(d) Disinfestation and pest eradication
(e) Venereal Disease control

(3) Expedite the reestablishment to meet minimum civilian needs of the following public health and welfare activities:

(a) Sanitary services
(b) Clinics, health centers and dispensaries
(c) Hospitals, sanatoria, leprosoria
(d) Clinical and biologic laboratories
(e) Public Health and Hospital Nursing activities
(f) Veterinary activities for the control of animal diseases dangerous to humans, or which would endanger the animal population used for food or for draft purposes. Reestablish inspection systems for foods of animal origin.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

(g) Dental affairs
(h) Maritime quarantine enforcement agencies
(i) Public Welfare agencies for general relief, civilian feeding and the maintenance of minimal nutritional standards
(j) Vital statistics
(k) Social and child welfare services and institutions
(l) Social Insurance programs

(4) Make recommendations relative to health, sanitation and quarantine in connection with repatriation of displaced persons.

b. Make recommendations relative to, and to direct the conduct of such surveys of public health and welfare activities as are essential:

(1) To keep the Supreme Commander for the Allied Powers factually informed on public health and welfare conditions in Japan and Korea.

(2) To insure a factual and dependable basis for progressive formulation and modification of policies and plans pertaining to public health and welfare requirements and activities.

c. Direct the initiation, coordination and development of such plans, and programs as are required to meet the public health and welfare objectives of the Supreme Commander in preventing serious disease and distress in the civil population.

d. Coordinate such reports on the public health and welfare situation and activities in Japan and Korea as are required.

e. Conduct all liaison with and coordinate the activities of all non-military missions commissions or agencies concerned with Public Health and Welfare problems in Japan and Korea.

3. Liaison will be maintained with:

a. The Japanese Ministry of Health and Social Affairs (Welfare).

b. International Red Cross

c. American Red Cross

d. Japanese Red Cross

e. Chief Surgeon

f. Coordinate with the Economic and Scientific Section all matters pertaining to the production and distribution of Japanese and Korean medical, dental, veterinary and sanitary supplies and equipment.

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4.
is designated as Chief Public Health and Welfare Section.

By command of General MacARTHUR:

R. K. SUTHERLAND,
Lieutenant General, U. S. Army,
Chief of Staff.

OFFICIAL:

B. M. FITCH,
Brigadier General, U. S. Army,
Adjutant General.