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740.00119 CONTROL(JAPAN)/5-147 -- 3147

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Form DS-302
(7-2-46)

DIVISION OF
COMMUNICATIONS AND RECORDS
TELEGRAPH BRANCH

ACTION COPY

DEPARTMENT OF STATE

INCOMING TELEGRAM

PLAIN

Office of
FAR EASTERN AFFAIRS
MAY - 2 1947
8:45 am
DIRECTOR
Department of State

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Control 353

Rec'd May 2, 1947
4:10 a.m.

FROM: Wellington

TO : Secretary of State

NO : 103, Second

740.00119 Control (Japan) /5-247
XR 119 Control (P)

According official announcement last night New Zealand occupation force Japan to be reduced from 4200 to 2400 men. RNZAF Japan squadron to be maintained present strength 300 men.

WARREN

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/5-247

DIVISION OF
NORTHEAST ASIAN AFFAIRS
MAY 2 1947
DEPARTMENT OF STATE

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PLAIN

PERMANENT RECORD COPY: THIS COPY MUST BE RETURNED TO DC/R CENTRAL FILES WITH NOTATION OF ACTION TAKEN.

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Control 852

DIVISION OF
NORTHEAST ASIAN AFFAIRS

Rec'd May 3, 1947
2:48 P.M.

9:15 A M
MAY 5 - 1947

Office of
FAR EASTERN AFFAIRS
MAY - 4 1947
10:00 am
Department of State

File

Action taken in answer to memorandum of early May 1947

FROM: Tokyo DEPARTMENT OF STATE

TO: Secretary of State

NO: 114, May 3

FROM SCAP TO WDSCA (PASS TO SECSTATE) CITE C 52346

Following radio received from COMGEN USAFIK:

"It is anticipated that Joint Commission will reconvene 20 May or shortly thereafter, the earliest possible advance information is essential in order to complete final preparations as well as reorganization of American delegation. It is also suggested that in event of early meeting that any portions of special Inter-departmental committee report on Korea submitted to Secretary of State and War on 27 March 1947, which have been approved and which may furnish additional guidance to the commission, be transmitted promptly."

ATCHESON

BB:ACM

740.00119 CONTROL (JAPAN) 5/3 47

SECRET FILE

FILED
JUL 16 1947

SECRET

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RESTRICTED

THE STATE-WAR-NAVY COORDINATING COMMITTEE

WASHINGTON, D. C.

SWN-5366
7 May 1947

740.00119 CONTROL (JAPAN)/5-747

MEMORANDUM FOR THE SECRETARY OF STATE:
(Attention: Mr. J. E. Penfield, FE)

Subject: Directive Transmitted to SCAP by the Joint Chiefs of Staff

Enclosed are three copies of Directive, Serial No. 76, transmitted to SCAP by the Joint Chiefs of Staff. Copy No. 1 is for transmittal to the Far Eastern Commission and Copies No. 2 and 3 are for the files of the State Department.

For the State-War-Navy Coordinating Committee:

H. W. Moseley
H. W. MOSELEY,
Secretary

Enclosures:
Copies Nos. 1, 2 and 3,
Serial No. 75

DIVISION OF JAPANESE AND KOREAN AFFAIRS
DEPARTMENT OF STATE
JUN 2 6/6/47 1947

DIVISION OF
NORTHEAST ASIAN AFFAIRS
MAY 9 - 1947
DEPARTMENT OF STATE

Memo to Sec Gen FEC 5/12/47

740.00119 Control (Japan)/5-747

JUN 13 1947

RESTRICTED

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

2

RESTRICTED COPY NO._____

Serial No. 76 2 May 1947

DIRECTIVE TO THE SUPREME COMMANDER FOR THE ALLIED POWERS

DIRECTIVE REGARDING DESTRUCTION OR REMOVAL OF UNITED NATIONS PROPERTY IN JAPAN

The following directive, serial number 76, prepared by the State Department to implement the policy adopted by the Far Eastern Commission on April 24, 1947, under the provisions of paragraph II, A, 1, of its terms of reference has been received from the State, War and Navy Departments for transmission to you for your guidance in accordance with paragraph III, 1, of those terms of reference:

"1. This policy decision deals with the treatment of the property in Japan of nationals of members of the United Nations when such property forms part of an industry, the capacity of which is subject to reduction either by the destruction or by the removal of plants under the terms of relevant policies of the Far Eastern Commission.

"2. Such property shall be regarded as United Nations property for the purpose of this policy decision and shall be so termed.

"a. If owned by nationals of members of the United Nations, or

"b. If it has been treated as enemy property by the Japanese Government, or

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

"c. If owned by a corporation, the stock of which is substantially owned directly or indirectly by nationals of members of the United Nations, or

"d. If owned by a corporation in which a minority of the stock is owned by nationals of members of the United Nations but nationals of members of the United Nations nevertheless have controlling rights.

"3. United Nations property which is subject to destruction, in accordance with policies of the Far Eastern Commission, on the disarmament of Japan and the reduction of Japanese industrial war potential, should be destroyed irrespective of the nationality of the owner.

"4. When such United Nations property is destroyed, the United Nations owners should be entitled to full compensation for the value of their interest in the plant at the time of destruction.

"5. United Nations property within the categories of industrial plants and facilities which are subject to removal in accordance with policies of the Far Eastern Commission should not be selected for removal so long as the Japanese-owned industrial facilities within the same categories are available for removal.

"6. When such United Nations property is selected for removal, the owner's government should be given a reasonable opportunity to remove the property or any part of it from Japan, expenses being borne by the Japanese Government to the same extent as in the removal and delivery of other reparations goods. If such industrial facilities are removed by the owner's government the value of such property which is removed should be applied against the reparations account of that government. Any such property which the owner's government fails to remove within a reasonable time should be made available to other governments from the reparations pool.

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"7. When such United Nations property is made available for reparations, the United Nations owners should be entitled to full compensation for the value of their interest in the plant at the time of removal.

"8. When a United Nations owner is entitled to compensation under paragraphs 4 or 7 above, such compensation should be paid to the owner by the Japanese Government in yen, and should not be charged to the reparations share of the Government of which the United Nations owner is a national. Such compensation should be distinct from and additional to any other claims for compensation which the owner may have with respect to this property.

"9. The Japanese Government should remain responsible for safeguarding and maintaining United Nations property until it is disposed of in accordance with the foregoing paragraphs."

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] # 760050

pe|R

May 13, 1947

In reply refer to
NA 740.00119 Control (Japan)
/5-747

RESTRICTED

MEMORANDUM FOR THE SECRETARY GENERAL
FAR EASTERN COMMISSION

In accordance with a memorandum of May 7, 1947, from the State-War-Navy Coordinating Committee, there is enclosed a certified copy of Directive, Serial No. 76, to the Supreme Commander for the Allied Powers regarding Destruction or Removal of United Nations Property in Japan, to be filed with the Far Eastern Commission under the provisions of paragraph III, 4, of its Terms of Reference.

EHT

Cat
Dist.

J. H. Hilldring
Assistant Secretary

Enclosure:
Copy No. 1 (certified)
of Directive to SCAP,
Serial No. 76.

MAY 13 1947 P.M.

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SPECIAL ASSISTANT TO THE SECRETARY
JUN 4 - 1947
Mr. McDermott

UNITED STATES POLITICAL ADVISER
FOR JAPAN
DIVISION OF
NORTHEAST ASIAN AFFAIRS

MAY 23 1947
DEPARTMENT OF STATE

Tokyo, May 7, 1947.

UNCLASSIFIED

No. 1027

SUBJECT: Thirty-first Meeting of the Allied Council for Japan, April 30, 1947.

The United States Political Adviser has the honor to refer to this Mission's despatch No. 999, dated April 25, 1947, and to previous correspondence in regard to meetings of the Allied Council for Japan, and to forward as an enclo-
1/ 2/ sure five copies each of the Agenda and Corrected Verbatim Minutes of the Thirty-first Meeting of the Allied Council, held on April 30, 1947.

The first subject on the Agenda, "Stabilization of Wage-Price Relationships," which was proposed by the Supreme Commander and held over at the request of the Soviet Member, was again retained on the Agenda at the latter's request.

The second subject on the Agenda, "Financial Institutions and Banks in Japan," was proposed by the Soviet Member and held over from the Thirtieth Meeting. The Member for China asked numerous questions about banks and banking institutions, particularly those which conducted financial operations in China or dealt with problems in connection with the conduct of the war in Manchuria and China. The Soviet Member stated that he desired to study the material supplied thoroughly and would place the subject on the Agenda again at some future date.

The final subject, "The State of Public Health in Japan," was proposed by the Soviet Member and held over from the Thirtieth Meeting. At the Thirtieth Meeting, the Soviet Member in introducing the subject alleged that conditions of public health in Japan were very unsatisfactory, with the view, it was conjectured, to recommending the communization and socialization of Japanese public health services. At the Thirty-first Meeting, Colonel C. F. Sams, Chief of the Public Health and Welfare Section of SCAP Headquarters, appeared before the Council and made a comprehensive statement in regard to the outstanding accomplishment of that Section in what is believed to have been one of the most humanitarian public health programs undertaken. Some 150,000,000 smallpox vaccinations were given the Japanese during the first year of the Occupation. Eighteen million children were inoculated against diphtheria, thirteen million persons were inoculated against typhoid and the incidence of these dread diseases was reduced to levels comparable with those in modern western countries. Typhus--a customary post-war scourge--was rendered almost non-existent; cholera was practically eliminated. Tuberculosis, considered by the Japanese a shameful disease to be concealed, and venereal diseases were made reportable with the result that the venereal rate was lowered beyond that existing in some

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Tokyo's No. 1027
May 7, 1947.

modern western countries and it was expected that the tuberculosis rate would be reduced 50% within five years--a record which in most modern countries had been achieved only after thirty years. Production of serums and medical supplies was developed sufficiently to meet all needs. Hospital and treatment facilities were made available for every citizen, without cost to those who could not afford to pay. The principal remaining lack in Japanese medical services was a dearth of qualified Japanese physicians. Colonel Sams' remarks, which appear on page 7 et seq. of the Minutes highlighted and summarized the basic report submitted, which appears immediately after page 6 of the Minutes.

Enclosures:
1. Five copies of Agenda, Thirty-first Meeting
2. Five copies of Minutes, Thirty-first Meeting

} 1 copy of each retained in NA.

Original and Hectograph to Department
500
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Copies to: American Embassy, London
American Embassy, Nanking
American Embassy, Moscow
American Embassy, Canberra
American Embassy, New Delhi
American Legation, Wellington

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Enclosure No. 1 to
Tokyo's No. 1027
May 7, 1947

31-430

AGENDA

for the

THIRTY-FIRST MEETING

ALLIED COUNCIL FOR JAPAN

To be held in the Meiji Building, Tokyo,
Wednesday, 30 April 1947, at 1000 Hours

I APPROVAL OF THE CORRECTED VERBATIM MINUTES OF THE THIRTIETH MEETING (1 Session, Numbered 30-416).

II PROCEDURAL MATTERS

None held over or submitted as subjects for this Agenda.

III OFFICIAL MATTERS

1. Stabilization of Wage-Price Relationships. (Inclosure #1).

2. Financial Institutions and Banks of Japan. (Inclosure #2).

3. The State of Public Health in Japan. (Inclosure #3).

By Direction of the Chairman:

GLENN ABBEY
Secretary-General

3 Incls:
1 - Agenda Item 29-402-1 (Second Revision 25 April 1947).
2 - Agenda Item 29-402-2 (Second Revision 25 April 1947).
3 - Agenda Item 29-402-3 (Second Revision 25 April 1947).

25 April 1947

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] 760050

ALLIED COUNCIL FOR JAPAN

Proposed Discussion Agenda

I AGENDA ITEM NO. 29-402-1 (Second Revision 25 April 1947).

II PROPOSED BY: THE SUPREME COMMANDER FOR THE ALLIED POWERS.

III SUBJECT FOR DISCUSSION: Stabilization of Wage-Price Relationships.

IV DATE PROPOSED FOR DISCUSSION: Wednesday, 30 April 1947. (Held over from Thirtieth Meeting by direction of the Chairman).

V SCOPE OF INFORMATION DESIRED: Comments and Recommendations of the Members of the Council.

VI SPECIFIC INFORMATION DESIRED ON PROGRESS TO DATE: None requested.

VII REFERENCES:

1. Inclosure #2, Agenda 29-402.
2. Corrected Verbatim Minutes 29-402.
3. Corrected Verbatim Minutes 30-416.

Inclosure #1

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] 760050

ALLIED COUNCIL FOR JAPAN

Proposed Discussion Agenda

I AGENDA ITEM NO. 29-402-2 (Second Revision 25 April 1947).

II PROPOSED BY: LIEUTENANT GENERAL KUZMA N. DEREVYANKO, Member for the Union of Soviet Socialist Republics.

III SUBJECT FOR DISCUSSION: Financial Institutions and Banks of Japan.

IV DATE PROPOSED FOR DISCUSSION: Wednesday, 30 April 1947. (Held over from the Thirtieth Meeting at the request of the British Commonwealth Member).

V SCOPE OF INFORMATION DESIRED: None.

VI SPECIFIC INFORMATION DESIRED ON PROGRESS TO DATE: None.

VII REFERENCES:

1. Inclosure #3, Agenda 30-416.
2. Corrected Verbatim Minutes 30-416.

Inclosure #2

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

ALLIED COUNCIL FOR JAPAN

Proposed Discussion Agenda

I AGENDA ITEM NO. 29-402-3 (Second Revision 25 April 1947).

II PROPOSED BY: LIEUTENANT GENERAL KUZMA N. DEREVYANKO, Member for the Union of Soviet Socialist Republics.

III SUBJECT FOR DISCUSSION: The State of Public Health in Japan.

IV DATE PROPOSED FOR DISCUSSION: Wednesday, 30 April 1947. (Held over from the Thirtieth Meeting by direction of the Chairman).

V SCOPE OF INFORMATION DESIRED:

1. In what degree has the political purge affected the organizations and institutions connected with public health beginning with the Ministry of Health and ending with separate institutions?

2. Why is the Ministry of Health carrying on the policy aiming at preserving medical officers personnel in former military and navy hospitals, not admitting there those who were not formerly in active service? Has the purge affected medical personnel of these hospitals?

3. What is the number of state, public and private clinics in each prefecture (with a number of beds from 10 and higher)?

4. What is the number of clinics for infectious diseases in each prefecture, the number of beds in the clinics and conditions of treatment of infectious patients in these clinics? In particular is the treatment free of charge or does it require payment?

5. What was the stock of medicines and medical equipment in former army and navy stores by the time of the surrender? What amount of those medicines has already been allocated to clinics and private doctors? The future plan of allocation of the balance of medicines and medical equipment. On what terms will they be allocated?

6. What is the present capacity of Japanese pharmaceutical industry and what are the prospects of its development? In particular what amount of penicillin and insecticide preparations has been produced?

Inclosure #3

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7. What is the number of private and state pharmaceutical enterprises?

8. What institutes and laboratories make biologicals, what is the productive capacity of these institutes and laboratories?

9. What is the number of medical schools (high schools and colleges) of different specialties in Japan and the annual number of specialists graduating from those schools?

10. What is the number and allocation of expenditure items on public health in the state budget for clinics, sanatoriums, scientific-research institutions, etc. In particular what sum of money is provided for in the state budget for the treatment of one patient during one year?

VI SPECIFIC INFORMATION DESIRED ON PROGRESS TO DATE: None.

VII REFERENCES: Corrected Verbatim Minutes 30-416.

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

Enclosure No. 2 to
Tokyo's No. 1027
May 7, 1947

31-430

CORRECTED

VERBATIM MINUTES

of the

THIRTY-FIRST MEETING

ALLIED COUNCIL FOR JAPAN

Meiji Building, Tokyo, Wednesday, 30 April 1947, at 1000 Hours

MEMBERS PRESENT

The Honorable George Atcheson, Jr., Deputy for the Supreme Commander, Chairman, and Member for the United States

The Honorable Yorkson C. T. Shen, representing the Member for China

The Honorable W. Macmahon Ball, Member representing jointly the United Kingdom, Australia, New Zealand and India

Lieutenant General Kuzma N. Derevyanko, Member for the Union of Soviet Socialist Republics

SECRETARY-GENERAL

Mr. Glenn Abbey

Office of the Secretariat
Allied Council for Japan
2 May 1947

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

THE CHAIRMAN: The meeting will please come to order. (Pause).

The minutes of the last meeting were circulated among the Members for correction. If there is no objection (Pause) they will be recorded as approved.

Are there any procedural matters?

MR. BALL: No procedural matters.

THE CHAIRMAN: The first subject under official matters, "Stabilization of Wage-Price Relationships," was proposed by the SUPREME COMMANDER and has been held over from the Thirtieth Meeting. My recollection is that both the Soviet and the Chinese Members desired time to study the recommendations made by the British Commonwealth Member.

LIEUTENANT GENERAL DEREVYANKO: MR. CHAIRMAN, I continue to study the problem of the stabilization of wage-price relationships, and hope that I shall be able to give my opinion on the subject at the next meeting of the Council. However, I have no objections if this subject is discussed at the today's meeting of the Council, in so far as some Member or Members of the Council would like to make new or additional suggestions.

THE CHAIRMAN: MR. SHEN?

MR. SHEN: I have no new suggestions.

MR. BALL: I have said my say, MR. CHAIRMAN.

THE CHAIRMAN: We shall hold the subject over for further discussion at the next meeting.

The second subject--the meeting will please come to order--the second subject under official matters, "Financial Institutions and Banks of Japan." This subject was proposed by the Soviet Member and was held over from the last meeting at the request, I believe, of the British Commonwealth Member at the last meeting. MR. BEPLAT was engaged in making a statement in response to the questions asked and it was suggested that the remainder of his statement be tabled in order to give the Members sufficient time to study it.

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MR. BALL: MR. CHAIRMAN, I didn't so much suggest that this subject should be held over for further discussion today as to suggest that the information given us might better, perhaps, be given us in written form, and we have now had a chance to study the statement, and apart from saying that we studied it with great interest and find it a very clear and objective picture of the banking and financial institutions of Japan, I have no other comment that I wish to make.

MR. SHEN: MR. CHAIRMAN, may I have comments?

THE CHAIRMAN: Surely, MR. SHEN.

MR. SHEN: First, MR. BEPLAT's report is highly comprehensive and should be appreciated by us all. I should like, however, to know about the final disposal of the closed banks in accordance with the SCAP directive number AG 091, dated September 30, 1945, in tabulated form, showing the ultimate beneficiaries, names of approved bidders, assets and liability statements, of each bank after the liquidation.

Second, in connection with Soviet Member's question number one, I should like to make the following inquiry. Among what organizations or individuals or by what means have the assets of the following banks and financial institutions been distributed or sold? These banking institutions are listed and subject to dissolution under the SCAP Directive number AG 091, under the same date. I am going to give their names:

1. All branches and agencies of the Bank of Taiwan, in Japan.
2. Offices of the Central Bank of Manchuria, in Japan
3. Office of the Bank of China, in Japan.
4. North China Development Company.
5. Central China Development Company.
6. South Manchuria Railway Company.
7. Taiwan Development Company.

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8. Manchuria Heavy Industry Development Company.

9. All other banks, development companies and institutions the purpose of which was to finance colonization and development of activities in areas outside Japan, or to finance war production by the mobilization or control of financial resources in colonial or Japanese-occupied territory.

Third, besides the aforesaid inquiry, I would appreciate it very much if any latest information in regard to the liquidation and disposal of the following four specific cases could be made available:

a. The sale of the building of the Osaka Branch, Bank of Taiwan.

b. Information about the financial situation of the former puppet government Federal Reserve Bank, Tokyo Branch.

c. Transfer of a certain amount of the fund of the former puppet government of Manchukuo from Nomura Bank in Osaka, to China.

d. The possibility of reopening the branch office of Bank of China in Japan.

Lastly, since the aforesaid closed banks and cases were connected with the financial and economic aggrandisement of the former imperialist Japan in occupied China, the Chinese Government wishes to reserve its right to make future representations through proper channels in all liquidation matters concerned.

That is all.

MR. BEPLAT: That information will be provided to the Chinese Member. You must realize, though, that the information you have asked for will be very voluminous and it will take a great deal of time because of the fact that many of these closed institutions were so involved in all of their transactions. It

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will take a great deal of time to check over their books and find the information which you desire. In this connection I would like to point out that we have had close liaison with the Chinese Mission in Tokyo, with respect to the closing of the branch of the Bank of China in Osaka, and we have furnished all that information to the Chinese authorities, but we will be glad to furnish them with all the rest of this information that they have requested.

MR. SHEN: May I ask what policy is being governed for the reopening of foreign banks in Japan?

THE CHAIRMAN: I might say a word, MR. SHEN. I think we would be very glad to discuss that question, if you want to place it on the agenda, but it seems to me that it is a little bit far afield from the subject before us to make any reference to the Bank of China in connection with Financial Institutions and Banks of Japan.

MR. SHEN: Yes. I just made an inquiry, and only for information.

THE CHAIRMAN: I shall be very glad to furnish you that information. Procedures are in accordance with the policies laid down, I believe, by the Far Eastern Commission. MR. BEPLAT, the collection and collation of this information will take some time, wouldn't it?

MR. BEPLAT: It would take several months, but--it would take several months if we give it all in detail such as the Chinese Member has requested. We will be able to furnish it all to them, however. At the present time we are working on the liquidation of these concerns. The men are working on these liquidation problems. It will mean that they will have to go back and produce all the information that has been requested.

LIEUTENANT GENERAL DEREVYANKO: MR. CHAIRMAN, I would like to express my gratitude to the representative of GHQ, SCAP, for his

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

detailed and comprehensive information. I would like to study this information thoroughly and in future to place the subject on the agenda of the Allied Council again, unless it is not considered desirable, for some reasons, to hold over the subject for further discussion to the next meeting of the Council.

THE CHAIRMAN: The Soviet Member would like to have the subject placed on the agenda again on the next meeting, or carried over?

LIEUTENANT GENERAL DEREVYANKO: It is hard to say at present, sir. I shall make a statement to that effect at a later date. This question will be settled at a later date.

THE CHAIRMAN: Then, I take it for the time being it is the wishes of the Members that we have concluded the discussion temporarily, and that it will be brought up again later?

LIEUTENANT GENERAL DEREVYANKO: Yes, sir.

THE CHAIRMAN: That is agreeable to you, MR. SHEN?

MR. SHEN: Yes, agreeable.

THE CHAIRMAN: Thank you very much, MR. BEPLAT.

The third subject under official matters, "The State of Public Health in Japan," proposed by the Soviet Member and held over from the last meeting. Officers of the Public Health and Welfare Section are prepared to furnish the Council with information on the new matters raised at the last meeting by the Soviet Member. I understand that they have a number of charts which they will wish to exhibit, and that it will take a few minutes to set up the standards for those charts. During these few minutes--during the time the charts are being set up, I suggest we recess, say, for ten minutes.

(The meeting recessed at 1023 and reconvened at 1026 hours).

THE CHAIRMAN: The meeting will please come to order.

At the last meeting on the agenda discussion form the Soviet

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Member under "Scope of Information Desired" set forth a number of questions. Information in written form in reply to those questions had been prepared by the Public Health and Welfare Section and in the time intervening since the last meeting, I believe, a memorandum embodying them has been circulated among the Members.

I would now like to introduce COLONEL SAMS, Chief of the Public Health and Welfare Section, GHQ, who has kindly come here to provide us with information in regard to the new matters which were raised during the discussion of this subject in the course of the last meeting. COLONEL SAMS.

COLONEL SAMS: MR. AMBASSADOR, I am not going to read this paper, (referring to memorandum now a part of these minutes) nor will I read the long columns of figures. I can, I think, cover the highlights and show the principal points graphically much quicker and more simply by using these charts.

THE CHAIRMAN: In addition to COLONEL SAMS' remarks, we might ask the Secretary-General to insert this new memorandum into the minutes.

* * * * *

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

30 April 1947

1. In replying to the observations on the "State of Public Health in Japan," made by the Soviet Member of the Allied Council, it is believed that it would be most desirable to present the facts under the following broad subjects:

Section I. . . . . .Preventive Medicine

Section II . . . . . .Medical Service

Section III . . . .Medical Supply

Section IV . . . . . .Health Insurance

Section V . . . . . .Public Assistance in the Field of Public Health and Medical Service.

2. The facts will be presented on each subject in the following order:

a. Conditions in Japan prior to the beginning of the occupation.

b. Actions taken by SCAP.

c. The present situation as a result of these actions.

Comparison will be made between the situation in Japan and that in other countries insofar as information is available from other countries.

SECTION I

PREVENTIVE MEDICINE

1. General

a. Preventive medicine includes the control of the acute, contagious diseases, venereal diseases, and tuberculosis referred to in the observations. Before the war, the standards of sanitation and public health practices in Japan, in most respects, were far below those of modern nations. Such standards as had been maintained prior to the second World War had deteriorated to such an extent that general sanitation and all disease prevention and control programs were in a chaotic state. Public water and sewage systems which existed only in the leading cities had been severely damaged as a result of bombings, and those that had not been damaged had been allowed to deteriorate as a result of the diversion of labor and materials to the support of the war effort.

b. During the war, vaccination programs against such diseases as smallpox had either been completely discontinued or had not been enforced so the nation was ripe for epidemics of preventable diseases. Environmental sanitation which before the war was bad, was at this time much worse as a result of deterioration during the war and was virtually non-existent upon the entrance of the occupation forces. This resulted in conditions which made the wholesale spread of diarrhea, dysentery, typhoid and other enteric diseases probable.

2. Venereal Disease (See Inclosures Nos. 1, 2 and 3)

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a. Conditions in Japan prior to the beginning of the occupation.

(1) Preliminary studies by Public Health and Welfare Section, SCAP, and further observations during the past one and one-half years have revealed the following facts:

(a) Venereal diseases have been considered as diseases of prostitutes, primarily, and for this reason venereal diseases had never been a cause for concern either by the Japanese physicians or the general population.

(b) Japanese physicians with very few exceptions are unfamiliar with epidemiologic and clinical manifestations of venereal diseases.

(c) Control methods were almost entirely devoted to the periodic examination of prostitutes and such examinations as were made were perfunctory and practically worthless. Such procedures are known to be medically useless as a means of controlling venereal disease.

(d) No provisions existed for public care of infected persons in the general population.

(e) Qualified venereologists did not exist.

(f) Contact tracing was not done and treatment of patients was seldom, if ever, adequate.

(g) Venereal diseases were not reportable and consequently no statistics were available as to the extent of venereal diseases or as to the incidence of the diseases.

(h) Licensed prostitution was legal, flourished both in brothels and on the streets so that the opportunity for spread of venereal diseases was practically unlimited.

(i) Segregation of prostitutes into prostitute districts which was said to be strict before the war had broken down during the war years.

(j) In view of the fact that venereal diseases in the general population had never been recognized and never reported, no accurate estimate could be made as to the prevalence of venereal diseases at the time of entrance of the occupation forces into Japan. In many countries of the world, venereal disease statistics are difficult to obtain accurately. In Japan this is especially true, since doctors were never accustomed to reporting these diseases.

b. Actions taken by SCAP.

(1) SCAPIN 153 dated 16 October 1945 directed the Imperial Japanese Government to:

(a) Designate syphilis, gonorrhea and chancroid as infectious diseases.

(b) Report all syphilis, gonorrhea and chancroid on a basis similar to the one in effect for reporting other notifyable diseases.

(c) Rigid enforcement of laws for the prevention of infectious diseases and all laws, ordinances, regulations and instructions issued thereunder and which relate, directly or indirectly, to the prevention and treatment of venereal diseases.

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(d) Bring under examination, treatment and provision of these laws, ordinances, regulations and instructions, all individuals whose occupation or activities subject them to serious hazard of venereal disease transmission.

(e) Provision of hospitals, clinics and laboratory facilities, personnel, equipment and drugs necessary to insure required examinations, isolation, hospitalization and treatment.

(f) The establishment of minimum technical and administrative standards and procedures for the guidance of operating agencies in connection with all phases of this program.

(2) SCAPIN 642 dated 21 January 1946 directed the Imperial Japanese Government to:

(a) Abrogate and annul all laws, ordinances and other enactments which directly or indirectly authorize or permit the existence of licensed prostitution in Japan and to nullify all contracts and agreements which have for their object the binding or committing, directly or indirectly, of any woman into the practice of prostitution.

(3) SCAPIN 153 has resulted in the reporting of venereal diseases for the first time in Japan. Reporting was inaugurated the latter part of 1945. In 1946 there were reported 128,845 cases of gonorrhea, 74,609 cases of syphilis and 30,974 cases of chancroid. There have been reported during the first three (3) months of 1947, 45,042 cases of gonorrhea, 29,935 cases of syphilis and 10,482 cases of chancroid. (See Inclosures Nos. 1, 2 and 3).

(4) The number of cases reported for all of these diseases has gradually increased each week since reporting was inaugurated in 1945, but this does not necessarily mean that the incidence of these diseases has increased during this period. It is a well-known fact that when reporting of a new disease is inaugurated, reporting is poor and incomplete and more and more cases are reported as physicians become familiar with the disease in question and the machinery for reporting is improved.

(5) Information available at the present time does not indicate if the incidence of these diseases is increasing or decreasing. Continuous efforts have been made by SCAP, working through the Japanese Government, to improve professional techniques and hospital facilities for venereal disease patients and to educate both the medical profession and the general population in the medical aspects of these diseases and their control. Treatment facilities have been established in many national, prefectural and municipal hospitals, health centers and other strategic locations for the general population. Treatment schedules have been furnished; clinical and epidemiologic procedures have been demonstrated. Effective drugs such as the sulfonamides, mapharsen and bismuth subsalicylate have been supplied on an import basis where the supplies from Japanese sources were inadequate in amounts of quality. Efforts have been made to supply adequate food for hospitals treating venereal disease patients in order to insure retaining these patients in the hospitals as long as necessary. Prefectural venereal disease control officers have been designated in each prefecture. Military Government Health Officers have directed special emphasis upon venereal disease control in the general population.

(6) Information has been disseminated over the radio, through the newspapers, posters and by personal contact in educating the Japanese physicians and the general population. Medical students and interns, and public health nurses are given lectures and additional training as a part of their medical training.

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c. The present situation as a result of these actions.

(1) While the venereal disease control program leaves much to be desired, definite progress has been and is being made. Reports to date show 424 diagnostic and treatment clinics are now in operation. Satisfactory diagnostic and treatment programs have been inaugurated and in most cases are progressing satisfactorily. Venereal disease control is a combined operation which requires the cooperation of police, courts, welfare and detention agencies and medical services. As all of these public agencies learn to improve their service to the people, venereal disease control in Japan will continue to improve. Knowing that venereal diseases are extremely prevalent in Japan and that they present a new problem to the Japanese people, it is considered that satisfactory progress has been made in the last eighteen months.

3. Tuberculosis (See Inclosure No. 4)

a. Conditions in Japan prior to the beginning of the occupation.

(1) The tuberculosis rate in most modern countries of the world has steadily declined in recent years. The tuberculosis rate in Japan is among the highest in the world and has actually been increasing since 1933. The Japanese people consider tuberculosis a shameful disease which should be concealed whenever possible. In view of the fact that tuberculosis is a disease which is detected with difficulty in its early stages, statistics on the incidence of tuberculosis are not utilized in any country in evaluating the extent of tuberculosis among the people. Mortality figures are the only reliable means of comparison. The incidence of tuberculosis among the Japanese people is not known. An estimate of 2,000,000 cases is very conservative in view of the high death rate for which data is available.

(2) The annual summary of the number of actual deaths from tuberculosis in Japan from 1940 to 1946 as reported by the Welfare Ministry is as follows:

1940	.153,154	
1941	.154,344	
1942	.161,484	
1943	.171,473	
1944	.176,815	(Estimated)
1945	.203,030	"
1946	.198,936	"

b. Actions taken by SCAP

(1) Work upon the control of tuberculosis was begun during the early months of the occupation. Tuberculosis, however, is a chronic disease and is not subject to acute epidemics as is the case with smallpox, typhus fever, diphtheria, etc. Because of the urgent need for control of the acute epidemic diseases, efforts at tuberculosis control were necessarily limited during the first twelve months of the occupation. In October, 1946, a program for tuberculosis control was inaugurated. The objectives of the program outlined at that time can be summarized under five points.

(a) The return of active cases of pulmonary tuberculosis to hospitals and to provide the necessary food supply to enable hospitals to care for these patients.

(b) Education of the medical profession and the public on tuberculosis control measures.

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(c) Inauguration of a school lunch program for supplemental feeding of school children.

(d) Mass examination of school children together with individual contact case finding.

(e) Mass examination of workers in factories and other organizations.

(2) Since that time the food situation has improved in the hospitals and as of 1 March 1947, all but 10 of the 46 prefectures reported increased diets in the national hospitals. In January 1947, the mass examination of school children together with individual contact case finding had been increased and augmented, both through the schools, the Anti-Tuberculosis Association and the health centers. X-ray studies of all suspected cases has already been instituted following a survey of available apparatus and films in December 1946.

(3) In 1944 the Japanese vaccinated with BCG 5,025,794 individuals who had negative reactions to the tuberculin tests. In 1945, 3,098,444 individuals were vaccinated. An estimated 4,696,626 vaccinations have been performed in 1946. The latter group includes individuals between 10 to 19 years of age and the family contacts. The increase in vaccination with BCG throughout 1946 shows an added stimulus in the control of tuberculosis since the entry of the occupation forces.

c. The present situation as a result of these actions.

(1) Tuberculosis differs from many of the acute infectious diseases which occur in epidemic form, in that at present there is no specific remedy to cure the disease as is the case with the other diseases. Its control requires time for education of the general population, vast sums of money and other facilities. In both Europe and the United States and other nations of the world good programs were in effect for many years before a perceptible change in morbidity or mortality rates were obtained. (Inclosure No. 4). Consequently, the same state of affairs must be recognized and expected in Japan, and it must be realized that a long-range program is required. It required 30 years in Germany and France and 19 years in the United States to reduce the death rates fifty percent. Education of the physicians and of the general population is being carried out. As a result of this action, the people of Japan are now acutely aware of the tuberculosis problem. This is in itself, a major triumph. Definite progress is being made. Every effort is being made to improve diagnostic and treatment facilities, to provide food, drugs and properly trained personnel for a long-range, extensive tuberculosis control campaign. It can be expected that within the next five years an appreciable reduction will be made by applying the modern knowledge now available in the control of this disease, under the present program.

4. Typhus Fever in Japan (See Inclosures Nos. 5 and 6)

a. Conditions in Japan prior to the beginning of the occupation.

(1) In the five-year period prior to 1946, typhus was reported in Japan as follows:

1941	87
1942	100
1943	1440
1944	3964
1945	2392

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Typhus was concentrated mostly in Hokkaido which the Japanese claim had been imported into the coal mines of Hokkaido by Korean laborers. In 1945 from 1 January to 1 September, out of 1,822 cases reported, 1,085 were from Hokkaido.

b. Actions taken by SCAP.

(1) The presence of typhus in Hokkaido in October 1945, was confirmed and control measures were put into effect. Due to the uncontrolled movement of Koreans throughout Japan in an effort to return to Korea between August 16th and the arrival of the occupation forces, the disease was spread throughout Japan. Typhus appeared in Osaka in December 1945. The epidemic in the Osaka area reached its peak in March 1946; spread to Kobe, Nagoya, Tokyo and vicinity where the majority of cases occurred. Approximately 32,000 cases were reported between January and July 1946. Typhus vaccines, DDT and other control supplies were not available from indigenous sources. These supplies had to be imported from the United States. An extensive and comprehensive typhus control program was inaugurated beginning in January 1946. This program was at first severely handicapped due to the shortage of control supplies, the lack of public health consciousness and the inadequacy of properly trained public health officials among the Japanese. In spite of all handicaps, the disease was brought under control and its peak was reached in March instead of May, the month in which the Japanese had reported the peak in previous epidemics. (See Inclosures 5 and 6). 48,000,000 Japanese were dusted with DDT and 12,000,000 immunized with typhus vaccine during this period.

c. Present situation as a result of these actions.

(1) The typhus control program which proved successful in the 1946 campaign has been continued, expanded and improved throughout the latter part of 1946 and 1947. This program has been most effectively carried out by the Japanese under SCAP supervision. During the period 1 January 1947 to 22 April 1947 only 709 cases of typhus have been reported in Japan. During the same period in 1946 there were 20,832 cases reported. There have been no major epidemics during the current season. Control measures now in effect will be continued, expanded and improved with the ultimate aim of eradicating the disease from Japan.

5. Smallpox (See Inclosures Nos. 7 and 8)

a. Conditions in Japan prior to the beginning of the occupation.

(1) Although fairly adequate laws were in existence for the control of smallpox, enforcement of these laws had not been carried out during the war years resulting in a large portion of the population not being immune. The smallpox rate had steadily increased since 1940 and by December 1945 was increasing rapidly. (See Inclosures 7 and 8). Specific steps were taken to control local outbreaks, but due to the lack of vaccine and facilities for vaccine production, an epidemic rapidly developed reaching its peak in March 1946 when a total of 6,304 cases were reported for the month.

b. Actions taken by SCAP.

(1) Even before the epidemic, however, steps had been taken to control this disease. Efforts to produce vaccine and immunize the entire population of 78,000,000 were carried out as rapidly as possible. The epidemic was brought under control by this means during the spring and early summer of 1946. Approximately 16,000 cases had occurred among the civil population. Although smallpox was reported from every prefecture in Japan, Hokkaido, Tokyo, Kyoto, Osaka and Hyogo had the majority of cases.

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c. Present situation as a result of these actions.

(1) A small number of cases have continued to occur during the current season, most cases have been sporadic and only in a few instances has there been more than one or two cases in local outbreaks.

6. Diphtheria (See Inclosures Nos. 9 and 10)

a. Conditions in Japan prior to the beginning of the occupation.

(1) Diphtheria has been prevalent in Japan for as long as records are available. (See Inclosures 9 and 10). The rate had constantly increased each year since 1937, which was the first year for which reports were made available. In 1937 there were approximately 28,000 cases, whereas in 1944, 92,000 cases were reported. The Japanese had never used toxoid for immunization so that 70% of the cases and 90% of the deaths were in children 10 years of age and under. At least for the seven years preceeding 1946, there had always been a peak during the month of November.

b. Actions taken by SCAP.

(1) On the basis of the prevalence of diphtheria in Japan, the Japanese were instructed in the method of preparation and were directed during the winter 1945-46 to prepare sufficient toxoid to immunize 18,000,000 children 10 years of age and under. The immunization program was started in September 1946 and during the ensuing three months, approximately 16,000,000 children were immunized. The usual November peak did not occur in 1946, and the diphtheria rate has steadily declined during the current season. The current rate is approximately 40% of the rate for 1945. The status of the control program is considered to be satisfactory. In order to further control diphtheria, additional immunizations are contemplated during 1947, and a maintenance vaccination program will be carried out.

7. Cholera

a. Conditions in Japan prior to the beginning of the occupation.

(1) Reports indicated that there had been little or no cholera in Japan for many years prior to 1946.

b. Actions taken by SCAP.

(1) With the event of the repatriation program, cholera did appear on repatriation ships from China in the spring of 1946. Quarantine control measures were very effective and little cholera actually got in to Japan from these sources.

c. Present situation as a result of these actions.

(1) During the summer of 1946 the principal source of infection was illicit shipping and smuggling from Korea. The total number of cases during 1946 was 1,229; most of which occurred during the summer months. Prompt and effective action by all agencies concerned in applying rigid controls kept an epidemic from developing. Thirty million Japanese were innoculated against cholera.

8. Typhoid Fever (See Inclosures Nos. 11, 12, 13, 14 and 15)

a. Conditions in Japan prior to the beginning of the occupation.

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(1) Typhoid has always been prevalent in Japan. This disease is prevalent throughout the year with its peak in July and August and its low point in January and February each year. Statistics show an annual incidence rate of 114.7 per 100,000 per annum in 1943 while the mortality rate for the same period was 9.8.

b. Actions taken by SCAP.

(1) Special emphasis was placed upon environmental sanitation, insect and rodent control, improvement of water supplies. 23,000,000 Japanese were immunized.

c. Present situation as a result of these actions.

(1) Both typhoid and paratyphoid rates are presently at their lowest point in seven years. Plans are presently under way to immunize approximately 55,000,000 people against typhoid and paratyphoid during the summer months of 1947. The actions taken by the Japanese public health officials under SCAP supervision have already materially reduced the incidence of these diseases and it is expected that further reductions will result from immunizations and continuing sanitary programs. By the end of 1947 the incidence of typhoid fever in Japan which was considered uncontrollable by Japanese will be comparable to the incidence in other modern nations.

9. Dysentery (See Inclosures Nos. 16 and 17)

a. Conditions in Japan prior to the beginning of the occupation.

(1) Dysentery has always been prevalent in Japan. This is a filth disease which cannot be eliminated or even satisfactorily controlled until the standard of living, customs and sanitary practices of the people are improved. Unfortunately, medical science has not yet provided a satisfactory immunizing vaccine or serum. Therefore, for control measures we must rely entirely upon the education of the Japanese people in matters of sanitation and personal hygiene. The incidence of dysentery in Japan has always been high with marked fluctuations throughout the year. The peak is always reached during the summer months of July and August with the low points during January and February. Incidence and mortality rates parallel each other very closely. There has been no material change in incidence or mortality rates during the past seven years.

b. Actions taken by SCAP.

(1) Every effort has been made by SCAP to improve environmental sanitation, water supplies and control of insects. Comprehensive educational campaigns were fostered, training programs for Japanese health personnel were inaugurated and are continually being expanded and improved.

c. Present situation as a result of these actions.

(1) The progress in this field requires time. While these measures have not yet affected the incidence rates, it can be expected that improvement will be forthcoming as environmental sanitation, water supplies and educational programs progress. Sulfonamides for treatment are being made available to the physicians of Japan and this will be of material aid in controlling this disease. Material and sanitary supplies have been provided for the Japanese people. These programs will eventually do much to control dysentery and improve all phases of public health in Japan.

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10. Sanitation

a. Conditions in Japan prior to the beginning of the occupation.

(1) General sanitary conditions in Japan have been described in Section I, par. 1, above.

b. Actions taken by SCAP.

(1) Immediate steps were taken to restore and repair damaged water supplies, clean up and remove debris and to generally improve environmental sanitation. Medical and sanitary supplies were provided as rapidly as possible, 9,168 insect and rodent control and sanitary teams of six men each were established and supervised by the occupation forces. Conferences were held with Japanese public health doctors and officials, instructions were given in insect and rodent control, waste disposal and other sanitary functions. A sanitary program was planned and executed, in close cooperation with preventive medicine officials of the Welfare Ministry. Long range programs such as the construction of housing facilities, sewer systems, water works, public latrines and bath houses are being carefully planned and developing as rapidly as critical building materials and equipment will permit. Ample insecticides, rodenticides, chlorine and other sanitary supplies are on hand to meet any emergency.

c. The present situation as a result of these actions.

(1) In spite of the lack of transportation, materials and equipment, water distribution systems have been improved and leakage reduced. Progress has been made in setting up regular routines of garbage collection. All prefectural health departments have insect and rodent control officials and sanitary teams sufficient to carry out insect and rodent control programs and to materially aid in general sanitary programs necessary to improve the general public health conditions of the nation.

11. Port Quarantine

a. Conditions in Japan prior to the beginning of the occupation.

(1) Quarantine barriers against the importation of quarantinable diseases such as typhus fever, smallpox and cholera, which before the war had been fairly adequate, had ceased to exist during the war.

b. Actions taken by SCAP.

(1) Medical processing of 6,500,000 repatriates has been accomplished smoothly and efficiently with a minimum of communicable diseases passing this barrier. A quarantine service was organized, trained and equipped for the eight repatriation centers.

c. The present situation as a result of these actions.

(1) Nine maritime ports and two air ports are currently being used as ports of entry in addition to the repatriation ports. Quarantine procedures in these ports are functioning most satisfactorily. A new method of cyanide fumigation has been developed and is currently being used to fumigate ships. In addition to the usual quarantine procedures, X-ray equipment has been placed in ports and is currently being used to screen repatriates suspected of having tuberculosis.

12. Laboratories in Japan

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a. Conditions in Japan prior to the beginning of the occupation.

(1) Upon arrival of the occupation forces laboratory activities in Japan, both diagnositc and biological, were very scanty. National standards existed for only two biologicals produced; namely, diphtheria anti-toxin and tetanus anti-serum. These were assayed by the Infectious Diseases Institute for the Welfare Ministry. There was no administrative organization in operation and no regulations controlling laboratories. During the war years whatever standards the individual biological manufacturers and diagnostic laboratories had observed, had deteriorated into a chaotic state. Many of the laboratories and laboratory facilities had been destroyed and the medical profession had not been able to keep up with the modern developments in these fields due to isolation because of the war. Organisms used for preparing various vaccines differed from laboratory to laboratory, as did the final products. Investigations revealed that seed strains used in preparing vaccines were in many cases non-antigenic.

b. Actions taken by SCAP.

(1) A laboratory control program at the national level was inaugurated. A Laboratory Control Section was created in the Welfare Ministry. Official minimum requirements for Japanese-produced epidemic typhus vaccine, typhoid, paratyphoid vaccine, and cholera vaccine have been promulgated and distributed to the manufacturing laboratories. Other standards are being developed and improved as rapidly as possible.

c. The present situation as a result of these actions.

(1) A National Institute of Health, staffed by the foremost scientists in Japan, has been established under the jurisdiction of the Welfare Ministry, where the highly technical assay of biologicals and anti-biotics will be carried out together with experimental research. A system of national and local inspectors of laboratories has been organized to carry out surveillance of local diagnostic and biological laboratories in conformance with official rules and regulations. Instruction courses for inspectors and manufacturers of biologicals have been inaugurated and plans are being made to establish a system of diagnostic laboratory control.

13. Summary of Preventive Medicine.

a. As a result of the very brief description given above of the preventive medicine aspect of public health in Japan, it is well to consider the overall result. It will be noted in Inclosure No. 18 that the total death rate in Japan, which reached a peak of 30.3 per 100,000 in 1945, has now been brought down to 18.0 in January 1947, which is comparable to the lowest rates in Japan before the war.

b. This reduction of 40% in death rate far exceeds that obtained in Italy, France, German, England and Wales, and the United States within the 16-year period for which data on these countries is available. In view of these facts, it can hardly be considered that the state of public health in Japan is unsatisfactory, insofar as the preventive medicine aspects are concerned.

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SECTION II

MEDICAL SERVICE

1. Conditions in Japan prior to the beginning of the occupation.

a. 1,027 hospitals in Japan had been destroyed as a result of the war. During the war years, the maintenance of the remaining hospitals, due to inadequate manpower, had been badly neglected. As a war measure, all heating apparatus was removed from hospitals for scrap metal, and only heating equipment for operating and obstetric rooms was left. The central cooking equipment had been removed, and that which remained in hospitals was not utilized due to shortage of fuel.

b. Civilian hospitals had been deprived of needed drugs, equipment, and X-ray film in order to supply these materials for the Army and Navy. Some hospitals had not had X-ray film for as long as three years. The repair of X-ray and laboratory equipment had been neglected.

c. Many patients, particularly in tuberculosis sanatoria, had left the hospitals and returned to their homes because of inadequate food.

2. Actions taken by SCAP.

a. Immediate action was taken to clean up these hospitals as manpower became available, to replace windows and repair equipment. However, due to shortage of production of heating equipment, it has not yet been possible to replace, in all cases, the central cooking equipment, nor has it been possible to replace the heating equipment which had been removed.

b. Immediate action was taken to distribute stocks of medical supplies and equipment found in Japanese Army and Navy depots to civilian hospitals.

c. 297 former Japanese Army hospitals and 32 former Japanese Navy hospitals were demilitarized and turned over to the Ministry of Welfare to be operated as national hospitals open to all civilian.

d. Action was taken to increase food available to hospital patients to provide a staple food ration of 420 grams for adult males and 350 grams for adult females.

e. In the case of tuberculosis sanatoria, there has been an increase from 100 to 140 grams of staple food per person per day.

3. Present situation as a result of these actions:

a. There are an adequate number of doctors in Japan, the ratio being 1 doctor to 1100 individuals. Japan is fifth among the other nations in the ratio of doctors to population. (See Inclosure 20.) The difficulty in Japan is not in a lack of numbers of doctors but in a lack of quality. Professional education standards in Japan have been, in the past, at a low level as compared to other countries. Action has been taken under the guidance of SCAP to elevate the standards of professional education in Japan in the fields related to medicine. The necessary reforms are now being carried out. The results of the actions obviously cannot be evaluated for some years in the future, when graduates of the new systems will begin to enter the practice of their professions. The standards now being placed in effect compare favorably with those in other modern countries.

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b. The present hospital system in Japan, in numbers of hospitals and bed capacity, is considered quite adequate for Japanese needs. At the present time there are 3,259 hospitals of more than 10 beds in operation. These hospitals are capable of accommodating 260,045 bed patients. Included in this number are general hospitals, tuberculosis sanatoria, leprosoria, mental hospitals, infectious disease hospitals, and hospitals devoted to the treatment of venereal diseases. 876 of these institutions are operated by the government either as national hospitals, prefectural, municipal, or by the Japanese Medical Treatment Corporation, a semi-governmental institution now in the process of dissolution. The Ministry of Education also operates certain hospitals as well as the Ministry of Finance and the Ministry of Communications. The governmental institutions have a bed capacity of 164,499. The private hospitals, while considerably greater in number, have a far smaller bed capacity with accommodations for only 95,546. These hospitals are either owned by individuals or operated by private agencies such as the Japan Red Cross, Mutual Aid Societies and Associations. In the report submitted to the Allied Council under date of 16 April 1947, a breakdown of these hospitals by prefectures was given.

c. Exclusive of the small less-than-10-bed hospitals in Japan, at the present time one hospital bed is available for each 281 of the population of Japan, or 3.5 beds per 1,000 population as compared to 3.41 in other countries. If we compare the number of hospitals now existing in Japan to the number of hospitals existing in 1936, we find 123,458 more beds available now than were available in that year. In 1936 there were 3,340 hospitals of all classes in operation in Japan with a bed capacity of 136,587. Of this number of beds, only 65,809 were occupied in the beginning of the year 1936, whereas at the present time 109,996 beds are occupied according to the last figures furnished by the Ministry of Welfare.

d. The small private hospitals of 10 beds or less, which is the size of the hospitals operated by individual physicians, in accordance with Japanese law, are a great menace to the Japanese people. This system of "small" hospitals resulted from the closed system of hospitals in Japan which prevented the Japanese general practitioner from admitting and treating his cases in the regular hospital system. National hospitals have now been opened to qualified general practitioners.

e. Every effort is being made to close these small institutions as hospitals and to classify them as clinics which will not be permitted to receive patients except those suffering from minor ailments. A time limit will be placed on the period which a patient may remain in one of these clinics. This period will probably not exceed 36 hours. By this method, the private doctor will be able to perform such minor surgery as he may deem advisable or offer accommodations to those medical cases requiring only a few hours treatment, but he will be prevented from performing major surgical procedures in these small institutions which, of necessity, are poorly equipped and not properly staffed.

f. Treatment charges in hospitals have increased greatly during the past two years, but comparing this increase to the increase in the general cost of living over the same period and the increase in the average wage, the increase in hospital charges is not excessive. As an example, statistics for the years 1938 and 1939 indicate that the average daily hospital charge, including food, was ¥5.67, whereas the average daily hospital charge, including food, for the year of 1946 was ¥45.

g. Based on these figures, the daily average hospital costs have increased 7.94 times. Official retail prices of the cost of living have increased 28 times, and the average factory worker wages have increased 16 times.

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h. There has been a shortage of coal and electrical power in all hospitals, but this shortage has not seriously affected the operation of institutions. In no case is it known that emergency surgical procedures have been suspended because of shortages of electrical power or coal. In most institutions elective operations, however, were carried out on specified days during the week in order to conserve power and fuel.

i. It has always been the custom for Japanese to bring their own bedding, particularly mattresses, to hospitals when admitted as patients. When production in Japan is reestablished to the point where an adequate supply of bedding and hospital clothing can be provided according to Occidental standards, which is agreed as preferable in the practice of medicine, it will require a long period of education of the Japanese medical profession and public to change the long-established custom of the people. Improvement in this situation, in the future, will be dependent entirely upon the Japanese.

j. The cooking of food on the hospital wards is not a new custom in Japan, nor wholly due to necessity. It is true that central kitchens are not in full operation because of lack of fuel and removal of equipment, but it is also true that in those hospitals where central kitchen facilities are still available, they are being rapidly put back into operation. But even in those institutions where such a procedure has been instituted, cooking still continues on the wards. This habit is of long standing. Japanese hospitals have never specialized in diet or preparation of attractive food. Patients have always cooked more or less for themselves in hospitals to supply such articles of diet as their individual taste demanded. It has been remarked by members of the Japanese medical profession that one of the striking impressions on Japanese doctors obtained upon going abroad was to witness the care exercised in the preparation and serving of food to hospital patients in other countries.

k. As a result of action taken, sufficient staple food is furnished in hospitals and institutions for patients to be fed entirely within them. Japanese Army and Navy food stocks held in reserve for emergency under control of SCAP have been released to hospitals. The governors of prefectures have the authority to provide extra food for hospitals and institutions.

l. It has been stated in the observations that 3,000,000 Japanese are suffering from hereditary diseases, but it is not understood just what is meant by hereditary disease. If mental diseases are thought of as hereditary diseases, there are 8,232 persons as of 31 December 1946 in mental disease hospitals.

m. Hospitals have never been fully utilized in Japan to the limit of their bed capacity, or in any other country except in epidemic periods. There has been no material change in this trend from 1936 to the present date. In 1936, 48.2 per cent of the beds available in hospitals were occupied. As of February 1947, 42.29 per cent of the hospital beds were occupied. During the period of occupation in Japan this percentage has been practically stationary. In other modern countries, normal hospital bed occupancy is from 40 to 70 per cent.

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SECTION III

MEDICAL SUPPLY

1. Conditions in Japan prior to the beginning of the occupation:

a. Prior to the arrival of the occupation forces in Japan, activities pertaining to the manufacture and distribution of all types of medical supplies and equipment were practically at a standstill. According to best estimates available, approximately 50% of the factories engaged in manufacture of medical supplies and equipment had been destroyed or were converted to other types of production. The remaining 50% were able to produce only 20% of pre-war requirements due to lack of critical raw materials and deterioration of equipment. The Japanese Government had not made a distribution of medical supplies since June 1945. The quantities distributed had diminished gradually as the war progressed and were entirely inadequate during the latter stages.

b. In many instances equipment had been removed from hospitals prior to the occupation and stored in numerous locations throughout Japan. There was widespread criticism on the part of the Japanese physicians and hospitals to governmental policies pertaining to the medical supply of the civilian population. It is estimated that two-thirds of all medical supplies produced were taken by the Japanese Army and Navy. Although the government had set up rigid controls over production and distribution, these controls were designed primarily to serve the purposes of the military, and Army and Navy agencies were allowed to fill their demands without regard to civilian needs. This practice served to create chaos and encouraged hoarding and marketing through unauthorized channels.

2. Actions taken by SCAP.

a. One of the first tasks of the occupation forces was to survey the entire subject of medical supply production and distribution. As a result of this survey, a comprehensive plan was developed with a view toward providing the necessary medical supplies and equipment required to maintain an adequate level of medical care and treatment. The Japanese Ministry of Health and Welfare recognized the need for improvement, and with the assistance and guidance of SCAP, took action to assign priorities for the allocation of raw materials and rehabilitation of manufacturing installations.

b. Sizable stocks of medical supplies and equipment were available in Japanese Army and Navy installations, and immediate steps were taken to inventory and distribute these supplies for use of the civilian population. The yen value of former stocks of Japanese Army and Navy equipment returned to the Japanese Government for distribution is estimated at ¥127,000,000. Of this amount approximately 75% has been distributed. The remaining 25% was originally held as an emergency reserve but has now been released for distribution. These supplies have been released through the normal Japanese system of controlled distribution. The Ministry of Health and Welfare allocated to prefectures based on total population, taking into consideration the number of hospital beds, physicians, dentists, and veterinarians and other using agencies. At the prefectural level allocations were made by the prefectural health authorities based on recommendations of committees composed of individuals representing hospitals and the various professional associations. In order to expedite distribution, public sales also have been held. At these sales doctors, dentists, veterinarians, and hospitals were authorized to purchase on a ration basis.

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c. The need for DDT was recognized in carrying out extensive disease control programs. Since the Japanese were not able to produce DDT in sufficient quantity, importations from the United States were necessary. Steps were taken to mix DDT dust and spray in Japan, using U.S. stocks of concentrate and indigenous stocks of talc and other materials available in Japan. Petroleum products required for mixing the spray are furnished on an import basis

d. During 1946 over six million pounds of DDT dust were used in Japan for disease control purposes together with approximately 400,000 gallons of residual effect spray. At present rate of consumption, the use of DDT spray will be increased by 50% during 1947.

e. A comprehensive program for the production of DDT concentrate has been instituted and sufficient production capacity has been provided to care for the needs of the nation. Future production is dependent entirely upon availability of raw materials. In the meantime importation of concentrate is being continued to meet minimum requirements.

f. Adequate stocks of DDT are now available for disease control purposes throughout Japan with distribution being handled entirely by the Japanese Government. Regional wholesalers are located at strategic points throughout the four main islands and prefectural health officials are able to purchase required quantities by application to the Welfare Ministry.

g. The medical processing of repatriates, both outgoing and incoming, presented an immediate problem starting early in 1946. It was necessary to provide vaccine, DDT, drugs, surgical dressings, surgical instruments and appliances and hospital equipment. This project was handled in a creditable manner. Shipments of supplies were made to Chinese ports, the Netherland East Indies and Manchuria in addition to Japanese ports. The successful accomplishment of the supply phase of this program contributed materially to the reduction of disease incidence.

h. During the early part of 1946 a large-scale insect and rodent control program was instituted in Japan. This program required the production of pyrethrum emulsion, phenothiazine, other types of miscellaneous insecticides and the necessary equipment required for spraying and disinfestation. Approximately 814,000 gallons of pyrethrum emulsion alone was produced which, when diluted to required strength, provided 18,000,000 gallons of spray. The production of phenothiazine totalled 20,000 kgs. Approximately 320,000 kgs. of miscellaneous emulsions were produced and distributed. During the early phases of the program it was necessary to supply U. S.-produced dusting and spraying equipment. However, the Japanese produced 40,000 dusters and over 15,000 sprayers. It has now been possible to eliminate importations entirely and the Japanese are engaged in a program covering the manufacture of 100,000 dusters and 120,000 sprayers. The 1947 production program of pyrethrum emulsion and other types of "pyrethrum base" insecticides is approximately 20% greater than the 1946 quota and will provide adequate materials to cover the needs of the nation.

i. Production of rat poison exceeded 100 tons during 1946 and is gradually being increased as the rat extermination program progresses. Large quantities of rat traps also have been produced and distributed. Production is now sufficient for the requirements of the extensive rodent control program that is being carried on.

j. At the beginning of the occupation the production of vaccines and biologicals had practically ceased and no national immunization programs were being carried out. During September

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and October 1945 a survey was made of vaccine requirements and steps taken to initiate necessary production. Smallpox vaccine production alone during 1946 totalled 100,000,000 doses. Particular steps were taken to provide diphtheria toxoid which had never been available. The repatriation program necessitated particular emphasis on cholera vaccine, since many of the repatriation ports in other countries were considered to be "cholera ports". The production of typhus vaccine was instituted since that type of vaccine had never been available in Japan in large quantities. Importation of typhus vaccine has been necessary pending development of indigenous production facilities which are now reaching a satisfactory level. Steps are being taken to increase typhoid vaccine production to provide for a nationwide immunization program during 1947. All types of standard vaccines are at present available in Japan in adequate amounts and at nominal cost.

k. The production of medicines has been hampered somewhat by lack of raw materials, fuel and electric power. Emphasis has been placed on the production of essential items required to maintain a desired level of medical care and treatment. The production of such items as anesthetics, antipyretics, disinfectants and other essential categories has shown a gradual increase. Steps have been taken to standardize the quality of important pharmaceuticals. Sulfathiazole, which was practically non-existent at the time of the occupation, is now in quantity production and increasing monthly. A total of approximately two and one-half tons has been produced in the past two months. The production of drugs required for modern methods of venereal disease treatment has been instituted and pharmaceutical plants are now prepared to produce such items as mapharsen and bismuth subsalicylate. Vitamin production may be considered to be generally adequate. The Japanese Ministry of Health and Welfare, with the assistance and guidance of SCAP, has prepared a comprehensive national medical supply production program and steps are being taken to allocate and provide the necessary raw materials, fuel and power required for substantial production. The overall production of all types of medical supplies and equipment has increased from a total of ten million yen in January 1946 to approximately 239,000,000 yen in March of 1947, an increase of over 2,000%.

l. During the early stages of the occupation X-ray film and the necessary chemicals for development were non-existent. Aggressive action has been taken to increase the production of X-ray film and a monthly quota of 15,000 sq. meters was established about eight months ago. This production quota has been met and has proven adequate to meet demands. Chemicals required for developing and processing the film also are available. At the present time any hospital in Japan may purchase sufficient X-ray film to meet requirements through normal commercial channels and at prices regulated by governmental control. A separate quota was set up to provide materials for the anti-tuberculosis program. This program provides for chest examination of approximately 10,000,000 individuals and will require the production of over 300,000,000 feet of 35 mm film to be used for screening purposes in the mass X-ray examinations scheduled. A total production of 100 new photoroentographic machines is planned to supplement existing equipment. The production schedule of both X-ray film and machines is being met and no difficulties are expected in that connection.

m. At the time of the occupation, penicillin production in Japan was entirely in the experimental stage and only a few agencies were engaged in experimental projects. With the assistance of SCAP the basic framework for large-scale penicillin production has been accomplished. Assay and experimental laboratories are nearing completion under governmental control and all

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interested manufacturers have been furnished complete information concerning the technique of penicillin production. Approximately 25 plants are now engaged in the surface or bottle method of production. One firm has completed a deep tank process pilot plant and others are in the process of completion. The Japanese Government has taken aggressive action in assigning priority for raw materials, fuel and power. Actual production is increasing monthly and decided progress may be expected within the next year.

n. At the cessation of hostilities only small stocks of surgical dressings and absorbent cotton were available. It was necessary for hospitals to re-wash and sterilize soiled bandages and use improvised materials, such as paper dressings. With the development of the cotton import program for Japan, immediate steps were taken to make available raw materials required for the manufacture of surgical dressings and absorbent cotton. From the amount allocated to the Japanese Government for domestic use, approximately ten million pounds were made available for absorbent cotton and surgical dressings for the year ending September 1947. Considerable stocks are now in the process of manufacture and an initial distribution already has been made. Decision has been made to release approximately 20,000,000 lbs. raw cotton for this purpose during each of the next two years, which will provide adequate quantities of surgical dressings and absorbent cotton for domestic use.

o. In order to insure efficient utilization of supplies and equipment available and to provide equitable distribution among using agencies, these items considered to be in short supply are distributed under governmental control. An overall program is prepared by the Ministry of Health and Welfare based on available production and taking into consideration the number of doctors, dentists, veterinarians, hospitals, and clinics. At the prefectural level distribution is under the supervision of health authorities and the plan is coordinated with representatives of the various using agencies. A reserve is maintained in each prefecture from which emergency requirements are filled. The present distribution system is being revised to conform to the standard system recently set up by the Economic Stabilization Board. Under the revised program, using agencies will be furnished ration books which will provide a more equitable method of distribution and eliminate some of the delays in the present system.

p. A cost study of a selected group of medicines indicates that the price has increased 22½ times as compared to a cost of living increase of 28 times. Prices on medicines were frozen six months ago. Any request for increase in the cost of medicines must be supported by a cost analysis showing in detail the cost of wages, raw materials, and other items entering into the cost of the finished product.

3. Present situation as a result of these actions.

a. It has been found in many instances that hospitals and physicians are reluctant to use available stocks in the fear that replenishment will not be possible. A publicity program has been necessary to inform hospitals that an adequate supply of X-ray film is available upon request through normal commercial channels. Such items as surgical instruments, hypodermic syringes and needles, sterilizers, microscopes, X-ray equipment and a large assortment of medicines are now available for sale in the open market at fixed prices. All types of vaccine are available in sufficient quantities and at reasonable prices. The same situation applies to items required for large-scale sanitation programs, such as, DDT, pyrethrum emulsion, rat poison and the accessory equipment required for carrying out these programs. As in the case of X-ray film the main problem at the present time is one of education concerning the items available and the channels through which they

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may be secured. All prefectural health authorities, hospitals and professional associations have been advised to communicate with the Ministry of Health and Welfare concerning supply problems which cannot be solved locally. The Ministry has been organized to assume its supply responsibilities and is taking action to provide supplies and equipment for an adequate level of medical care and treatment. Supply representatives of Public Health and Welfare Section, SCAP, maintain constant liaison with supply officials of the Ministry and make repeated trips to prefectures throughout Japan for the purpose of advising and assisting all interested agencies concerning the production and distribution of medical and sanitary supplies and equipment.

b. The record indicates that very substantial improvement has been made since the occupation. With the framework that has been established there is every reason to believe that continued improvement may be expected in the future.

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SECTION IV

HEALTH INSURANCE

1. Conditions in Japan prior to the beginning of the occupation.

a. The broader development of social insurance legislation occurred largely during the period of preparation and prosecution of the war and, in many ways, was influenced by wartime objectives. The principles that the insured worker acquires eligibility to benefits and services as firm as any contractural right and that he acquires the right to participate in the formulation of policies for and in the management of social insurance programs were not, in fact, recognized. The paternalistic and authoritarian character of the Japanese regime had definitely influenced their social insurance program.

b. The legal framework of Japanese social insurance is of relatively recent date. Compulsory health insurance for industrial workers and miners, although introduced in 1922, was in its initial form very limited in scope and social value. Social and National Health Insurance against industrial accident, as established in 1931 was even more restricted in its coverage and in the level of its benefits.

c. From information obtained from the Social Insurance Bureau, Ministry of Health and Welfare, it was apparent that contributions paid into social insurance funds before the end of hostilities far exceeded benefit grants under any of the programs. The Ministry reported in January 1946, that on 31 December 1945 there were more than 10,000 local insurance agencies and organizations administering the social insurance programs and more than 41,000,000 individuals were insured.

d. Field studies indicated that insufficient transportation facilities and low fees for doctors, in the face of inflationary prices, were the chief underlying causes of the deficiencies in their operations. The premium costs, even though based on the family earnings, had not increased in proportion to the cost of living. Neither had the rate of fee-for-service by physicians been increased in the same proportion. While the fee-for-service for insured persons is less than the average charge to the uninsured, the medical care which can be rendered for the lower cost is considered adequate for maintenance of normal health.

e. National Health Insurance is a voluntary insurance insofar as communities are concerned; however, by a majority vote the community organizes an association. It is then that all people in the community are obligated to participate in its functions. The urgent need confronting the Insurance Bureau of the Ministry of Welfare is maintaining the present status for a limited time until necessary measures are taken to assure a higher degree of coordination in their activities and more adequate governmental supervision.

2. Actions taken by SCAP.

a. Investigations and surveys of the health insurance program have brought forth such important factors as keeping the program alive during the inflation, adjusting finances to assure survival of the program, instituting measures to raise the standards of service, extending medical service to those groups not now covered and arranging for broader participation by the insured and the employer in the management of the program. Efforts have been made to raise standards, improve methods, and emphasize hospital and sanatorium use as a part of an extensive preventive medicine program.

b. The low patient census in health insurance hospitals and sanatoriums resulted in an immediate survey. As a result, a

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revision in the hospital and sanatorium procedures has been directed in an effort to increase efficiency in the use of equipment, facilities, and professional personnel. Each institution surveyed was found to be well-staffed and sufficiently financed to render adequate service to a larger number of people. With these facts known, heads of governmental insurance departments initiated a program to bring about a cooperative plan among all government insurance agencies for making efficient use of insurance hospitals, sanatoriums, and professional personnel.

3. The Present Situation as a Result of These Actions.

a . Constant supervision has been exercised in the functions of the Health and National Health Insurances and Workers' Accident Compensation Insurance for employees in case of accident and illness resulting from occupational and non-occupational causes. The program has been extended to many small organization not previously covered. Concerted efforts have brought about the inclusion of such provisions as the furnishing of artificial aids rehabilitation programs, longer periods of benefit payments on the installment plan, direct payments to the employee by the insurance office rather than through the employer under the old procedure, and providing a more liberal appeal system.

b. Budget adjustments and requirements are under current supervision, with a view toward reallocating the use of the Social Insurance Reserve Fund. Government subsidy being essential in the over-all requirement, constant demands are being made for increased allotments for improving health facilities for the benefit of the low income and unemployed people.

c. The national hospital system is being coordinated with the more than one thousand insurance hospitals now functioning as a part of the national health program.

d. Administrative procedures are being reformed by extending the scope, authority, and public representation on the committee established by the Japanese Cabinet for investigation and advising on the social insurance program and the administrative supervision of operations from the national as well as from the prefectural level. This will mean a more adequate staff of qualified personnel to serve as a field force so the whole process of supervision will include statistical reporting and standardization of procedures to assure complete and effective control.

e. To overcome the present appeal system weakness, the insured will be encouraged by a simplified and non-partisan method to make more use of the appeal privileges, which should increase individual interest in the program. Information and education projects have been inaugurated to inform the insured regarding his rights and privileges.

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SECTION V

PUBLIC ASSISTANCE IN THE FIELD OF PUBLIC HEALTH AND MEDICAL SERVICE

1. Conditions in Japan prior to the beginning of the occupation.

a. Laws chiefly concerned with public assistance in the field of health and welfare at the beginning of the occupation were the Poor Relief Law, Military Aid Law, Protection of Mothers and Children's Law, War Sufferers Relief and Medical Protection Law. These laws were administered by the Welfare Ministry through local government welfare agencies upon certification largely by Homen-iin (volunteer Welfare Commissioners appointed by Prefectural Governors). Relief was also being administered by scores of voluntary organizations receiving financial support largely from government subsidies and/or large industrial corporations. This program of relief administration was without central organization or direction and as a result, the actual relief and health needs of the people were in evidence on every hand.

2. Actions taken by SCAP.

a. As a result of months of direction, consultation, and assistance on the part of SCAP, the Daily Life Security Law was passed and became effective 1 October 1946.

3. The present situation as a result of these actions.

a. The Daily Life Security Law provides for medical care to the needy and for certain other persons whose income is sufficient to provide only ordinary living cost (2,701,670 persons received aid in March 1947). The cost of this care for March 1947 is estimated to be approximately 5 million yen. (This figure is based on costs of the October-December 1946 quarter. Medical costs are reported only on a quarterly basis to the Ministry).

b. The medical care program includes:

(1) Diagnosis
(2) Supply and medicine or medical material
(3) Treatment or surgery
(4) Nursing care
(5) Pre-natal, delivery, and post-natal care
(6) Prosthetic appliances (false arms, legs, etc.)
(7) Dental care

c. Evidence of the Welfare Ministry's interest in this program is the fact that physicians' fees have been doubled over the fees operative in the first quarter of operation with the promise that reconsideration will be given at the end of the present quarter.

d. It is also pointed out that almost every qualified physician in the country is now operating under the program, and that all medical facilities such as hospitals and clinics are also available. Traveling doctors with small staffs are made available to the many small villages and remote areas where regular physicians are not available.

e. Funds are made available for medical insurance fees to any family that desires to continue that insurance.

f. Additional provisions of the Daily Life Security Law

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(1) Provides necessary assistance to all categories of needy persons equally without discrimination or preferential treatment.

(2) Provides for "transients" who have no legal place of residence.

(3) Places welfare institutions (orphans' homes, homes for aged, etc.) under licensing provision by local governor, and calls for periodic reports from these institutions regarding operations, progress, and regulations.

(4) Provides burial expenses.

(5) Provides for loans and grants to start businesses.

(6) Provides for occupational training, guidance, and employment opportunities.

(7) Prevents recipients of assistance in institutions from being forced to perform unreasonable or injurious work.

(8) Provides for sympathetic treatment and that there be no stigma attached to receiving assistance.

(9) Calls for no discrimination because of religion, nationality, social standing, etc.

(10) Provides for instruction and training of welfare committeemen and other welfare officials.

(11) Provides that the law and its purposes be given wide publicity.

g. As a result of this Act, a nationwide welfare organization has been established, comprising approximately 150,000 workers to carry out its provisions. There is, therefore, no need for any Japanese to be deprived of food, clothing, shelter, or medical care because of lack of ability to pay. Again, one of the major difficulties is to inform the Japanese people of their rights and benefits under the law, in order that they may take full advantage of them.

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SYPHILIS BY MONTHS: JAPAN, 1946-1947

(Rates per 100,000 population per annum)

	1946		1947	
	Cases	Rate	Cases	Rate
Jan	3,387	60.4	6,891	122.9
Feb	3,835	68.4	9,634	171.8
Mar *	4,518	64.4	13,410	191.3
Apr	4,888	87.2		
May	5,674	101.2		
Jun *	6,547	93.4		
Jul	6,104	108.8		
Aug *	8,054	114.9		
Sep	7,431	132.5		
Oct	7,365	131.3		
Nov *	8,866	126.5		
Dec	7,940	141.6		
Year	74,609	102.4		

* Months having 5 weeks. All other months have 4 weeks.

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GONORRHEA BY MONTHS: JAPAN, 1946-1947

(Rates per 100,000 population per annum)

	1946		1947	
	Cases	Rate	Cases	Rate
Jan	5,075	90.5	11,756	209.6
Feb	6,533	116.5	14,306	255.1
Mar *	9,709	138.5	18,980	270.7
Apr	7,901	140.9		
May	9,921	176.9		
Jun *	12,525	178.7		
Jul	10,986	195.9		
Aug *	14,188	202.4		
Sep	12,411	221.3		
Oct	11,819	210.7		
Nov *	15,575	222.2		
Dec	12,202	217.6		
Year	128,845	176.8		

* Months having 5 weeks. All other months have 4 weeks.

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CHANCROID BY MONTHS: JAPAN, 1946-1947

(Rates per 100,000 population per annum)

	1946		1947	
	Cases	Rate	Cases	Rate
Jan	1,204	21.5	2,860	51.0
Feb	1,487	26.5	3,382	60.3
Mar *	2,159	30.8	4,240	60.5
Apr	1,953	34.8		
May	2,385	42.5		
Jun *	2,639	37.6		
Jul	2,270	40.5		
Aug *	3,412	48.7		
Sep	3,103	55.3		
Oct	3,175	56.6		
Nov *	4,092	58.4		
Dec	3,095	55.2		
Year	30,974	42.5		

* Months having 5 weeks. All other months have 4 weeks.

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TUBERCULOSIS, 1900-1946

CRUDE DEATH RATES (NUMBER OF DEATHS PER 100,000 POPULATION)

YEAR	JAPAN (1)	UNITED STATES (2)	ENGLAND WALES (3-4-5)	GERMANY (3-4-5)	ITALY (3-4-5)
1900	160	194.4			
1901	169	189.9			
1902	179	174.2			
1903	182	177.2			
1904	185	188.1			
1905	201	179.9			
1906	198	175.8			
1907	197	174.2			
1908	200	162.1			
1909	228	156.3			
1910	224	153.8			
1911	215	155.1			
1912	219	145.4	138	156	149
1913	210	143.5	135	142	149
1914	212	141.7	136	139	145
1915	213	140.1	154	148	158
1916	221	138.4	156	162	166
1917	222	143.5	166	206	175
1918	253	149.8	173	230	209
1919	236	125.6	126	211	173
1920	224	113.1	113	154	160
1921	213	97.6	113	136	142
1922	217	95.3	112	142	143
1923	201	91.7	106	151	146
1924	193	87.9	106	120	156
1925	194	84.8	104	107	153
1926	187	85.5	96.1	97.7	147
1927	195	79.6	97.2	93.3	136
1928	192	78.3	92.8	87.5	128
1929	197	75.3	95.9	86.8	124
1930	186	71.1	89.8	78.8	112
1931	186	67.8	89.6	78.7	108
1932	180	62.5	83.7	75.0	104
1933	188	59.6	82.4	73.1	99.2
1934	193	56.7	76.3	71.9	92.5
1935	191	55.1	71.8	72.8	88.8
1936	207	55.9	69.2	71	88.1
1937	203	53.8	70	69	86
1938	206	49.1	62	-	80
1939	212	47.1	62	66	76
1940	210	45.9	68	73	75
1941	209	44.5	69	76	81
1942	215	43.1	62		102
1943	225	42.6	62		
1944	245.6	41.3			
1945	282.0(6)	40.1			
1946	272.1				

Sources:
(1) Japan Anti-Tuberculosis Association (ink written report on chart).

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(2) Vital Statistics Rates in the U.S. 1900-1940 (U. S. DEPT. OF COMMERCE Bureau of the Census 1940).
U. S. Summary of Vital Statistics 1944 Vol. 24, #1 May 10, 1946. (DEPT. OF COMMERCE Bureau of the Census).
(3) International Vital Statistics, Vol. 9, #36, 2 May 1940. (DEPT. OF COMMERCE Bureau of the Census)
(4) Japanese Report on File, Source Unknown
(5) Letter TB File Preventive Medicine Dr. Hilleboe, 24-1-46.
(6) Estimates-Report from Welfare Ministry, TB File Statistical Div.

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CASE RATE OF EPIDEMIC TYPHUS BY MONTHS: 1941-1947

	1941	1942	1943	1944	1945	1946	1947
Jan	.02	.07	.0	12.5	.4	4.8	4.3
Feb	.3	.0	.03	9.5	1.9	36.3	2.8
Mar	.2	.03	.5	5.9	2.5	148.8	1.5
Apr	.02	.8	1.2	6.8	5.3	151.3	
May	.2	.3	3.9	13.0	8.7	94.5	
June	.4	.1	4.2	8.4	4.1	48.7	
July	.1	.0	1.2	7.1	3.2	9.0	
Aug	.0	.2	1.0	1.5	1.2	3.0	
Sep	.0	.02	.2	.5	1.8	1.2	
Oct	.0	.0	1.4	.3	1.8	0.6	
Nov	.1	.03	2.7	.2	4.2	2.1	
Dec	.0	.05	7.1	.3	2.2	4.2	
Year	.1	.1	1.9	5.5	3.2	42.7	

Rate per 100,000 population per annum

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DEATH RATE OF EPIDEMIC TYPHUS BY MONTHS: 1941-1947

	1941	1942	1943	1944	1945	1946	1947
Jan	0.0	0.02	0.0	0.8	0.08	0.6	0.2
Feb	0.0	0.04	0.02	1.0	0.2	2.8	0.3
Mar	0.02	0.0	0.02	1.2	0.2	10.6	0.07
Apr	0.02	0.1	0.08	1.1	0.6	12.9	
May	0.02	0.03	0.2	1.9	1.0	10.5	
June	0.07	0.07	0.6	2.0	0.9	5.6	
July	0.0	0.02	0.1	0.8	0.3	2.1	
Aug	0.0	0.0	0.03	0.8	0.4	0.5	
Sep	0.0	0.02	0.05	0.3	0.1	0.2	
Oct	0.0	0.0	0.2	0.1	0.1	0.2	
Nov	0.0	0.0	0.3	0.03	0.05	0.3	
Dec	0.0	0.03	0.4	0.02	0.3	0.3	
Year	0.01	0.03	0.2	0.8	0.4	4.0	

Rate per 100,000 population per annum

21 April 1947

Incl. No. - 6

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] 760050

CASE RATE OF SMALLPOX BY MONTHS: 1941-1947

	1941	1942	1943	1944	1945	1946	1947
Jan	1.4	.8	.7	.1	1.2	16.1	1.2
Feb	1.0	1.9	1.0	1.1	.4	64.7	0.9
Mar	1.3	2.1	.9	1.3	2.4	89.9	1.0
Apr	1.1	.3	1.8	.2	2.2	68.6	
May	2.8	.7	3.6	1.3	3.9	31.1	
June	2.2	.5	1.3	.7	4.0	15.1	
July	.5	.05	.1	.05	2.3	2.0	
Aug	.2	.0	.03	.02	1.7	0.6	
Sep	.02	.0	.02	.03	.7	0.2	
Oct	.0	.0	.05	.05	.4	0.1	
Nov	.02	.02	.1	.1	1.0	0.9	
Dec	.2	.03	.8	.4	4.8	1.4	
Year	.9	.5	.8	.4	2.1	24.4	

Rate per 100,000 population per annum

21 April 1947

Incl. No. - 7

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

DEATH RATE OF SMALLPOX BY MONTHS: 1941 - 1947

	1941	1942	1943	1944	1945	1946	1947
Jan	0.1	0.02	0.03	0.02	0.1	1.9	0.09
Feb	0.3	0.4	0.2	0.05	0.09	6.7	0.1
Mar	0.2	0.3	0.1	0.2	0.07	10.7	0.1
Apr	0.2	0.1	0.4	0.05	0.4	12.4	
May	0.3	0.05	0.2	0.2	0.9	8.6	
Jun	0.3	0.1	0.1	0.1	0.7	3.4	
Jul	0.08	0.0	0.0	0.02	0.3	0.8	
Aug	0.01	0.0	0.0	0.02	0.4	0.1	
Sep	0.02	0.0	0.02	0.0	0.3	0.1	
Oct	0.0	0.0	0.02	0.02	0.1	0.09	
Nov	0.02	0.0	0.03	0.0	0.5	0.2	
Dec	0.03	0.0	0.03	0.0	1.5	1.7	
Year	0.1	0.08	0.1	0.06	0.4	3.9	

Rate per 100,000 population per annum

21 Apr 1947

Incl. No. - 8

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

CASE RATE OF DIPHTHERIA BY MONTH: 1941 - 1947

	1941	1942	1943	1944	1945	1946	1947
Jan	66.6	67.2	80.2	122.1	171.5	98.8	50.1
Feb	60.5	65.0	83.4	116.4	166.2	104.4	47.5
Mar	56.5	56.5	90.7	124.0	148.8	71.7	52.1
Apr	50.2	50.4	79.3	120.6	135.2	64.9	
May	46.3	41.0	71.6	99.2	130.1	59.2	
Jun	36.7	34.8	51.4	83.9	109.9	60.7	
Jul	33.4	29.9	47.9	72.7	101.4	41.2	
Aug	34.5	34.6	48.0	82.6	72.6	37.8	
Sep	49.7	55.1	62.8	140.2	84.9	54.5	
Oct	72.9	89.1	109.9	151.3	127.6	74.9	
Nov	79.4	99.6	146.6	227.0	180.1	78.6	
Dec	83.5	103.5	164.8	217.5	134.5	67.7	
Year	56.1	61.6	86.2	129.6	131.5	67.5	

Rate per 100,000 population per annum

21 April 1947

Incl. No. - 9

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

DEATH RATE OF DIPHTHERIA BY MONTHS: 1941 - 1947

	1941	1942	1943	1944	1945	1946	1947
Jan	7.6	7.6	8.9	11.3	13.8	12.2	4.7
Feb	9.1	9.1	10.7	11.4	16.7	9.8	5.5
Mar	7.3	7.9	10.6	10.3	14.5	7.0	4.9
Apr	7.5	6.3	9.4	7.9	12.3	5.2	
May	4.9	3.8	7.8	5.3	10.7	3.7	
Jun	4.0	3.1	6.2	4.8	8.3	3.3	
Jul	3.1	2.6	4.1	3.9	5.5	2.5	
Aug	2.5	2.1	2.3	4.2	4.3	2.0	
Sep	4.2	3.4	3.0	4.5	5.7	2.8	
Oct	4.9	5.6	5.9	8.1	9.2	4.7	
Nov	8.1	8.4	8.8	11.5	14.8	5.4	
Dec	11.7	14.4	12.7	17.4	15.1	6.4	
Year	6.2	6.2	7.5	8.4	10.9	5.3	

Rate per 100,000 population per annum

21 Apr 1974

Incl. No. - 10

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

CASE RATE OF TYPHOID FEVER BY MONTHS: 1941 - 1947

	1941	1942	1943	1944	1945	1946	1947
Jan	35.6	30.9	28.6	38.5	30.2	43.9	19.6
Feb	31.4	25.1	30.6	38.2	20.2	56.1	14.8
Mar	36.0	27.0	34.8	39.0	21.2	64.8	11.7
Apr	37.3	31.7	37.5	44.6	29.0	57.3	
May	53.4	44.0	57.3	75.1	43.5	56.3	
Jun	68.6	53.2	73.4	82.2	54.4	74.3	
Jul	78.9	71.7	93.4	115.5	63.1	71.3	
Aug	89.1	84.8	135.2	153.0	132.0	89.2	
Sep	81.3	81.2	140.0	120.6	168.7	78.8	
Oct	61.7	58.8	100.8	115.2	152.9	51.8	
Nov	51.1	39.7	74.7	87.1	133.0	45.4	
Dec	63.6	40.3	57.6	55.6	83.5	34.2	
Year	56.1	49.2	114.7	80.2	78.7	60.9	

Rate per 100,000 population per annum

21 April 1947

Incl. No. - 11

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] 760050

CASE RATE OF TYPHOID FEVER BY MONTHS: 1941 - 1947

	1941	1942	1943	1944	1945	1946	1947
Jan	35.6	30.9	28.6	38.5	30.2	43.9	19.6
Feb	31.4	25.1	30.6	38.2	20.2	56.1	14.8
Mar	36.0	27.0	34.8	39.0	21.2	64.8	11.7
Apr	37.3	31.7	37.5	44.6	29.0	57.3	
May	53.4	44.0	57.3	75.1	43.5	56.3	
Jun	68.6	53.2	73.4	82.2	54.4	74.3	
Jul	78.9	71.7	93.4	115.5	63.1	71.3	
Aug	89.1	84.8	135.2	153.0	132.0	89.2	
Sep	81.3	81.2	140.0	120.6	168.7	78.8	
Oct	61.7	58.8	100.8	115.2	152.9	51.8	
Nov	51.1	39.7	74.7	87.1	133.0	45.4	
Dec	63.6	40.3	57.6	55.6	83.5	34.2	
Year	56.1	49.2	114.7	80.2	78.7	60.9	

Rate per 100,000 population per annum

21 April 1947

Incl. No. - 11

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] 760050

DEATH RATE OF TYPHOID FEVER BY MONTHS: 1941 - 1947

	1941	1942	1943	1944	1945	1946	1947
Jan	4.6	3.6	3.6	4.8	3.6	8.1	2.0
Feb	6.3	5.5	4.7	6.3	4.1	7.7	2.5
Mar	6.5	4.9	4.9	6.1	4.4	8.2	1.5
Apr	6.2	5.3	6.1	6.2	4.7	6.8	
May	7.8	5.7	7.9	8.2	5.1	7.2	
Jun	9.0	6.4	9.8	10.3	6.8	6.3	
Jul	11.1	9.4	11.8	13.4	8.6	7.3	
Aug	11.8	11.7	14.9	18.2	15.1	8.9	
Sep	12.5	11.5	18.2	17.6	22.3	9.3	
Oct	10.6	10.2	14.2	13.2	23.7	7.1	
Nov	8.8	7.7	11.2	11.6	18.7	6.4	
Dec	9.2	9.8	9.9	10.9	15.8	5.2	
Year	8.7	7.7	9.8	10.6	11.1	7.4	

Rate per 100,000 population per annum

21 Apr 1947

Incl. No. - 12

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

CASE RATE OF PARATYPHOID FEVER BY MONTHS: 1941 - 1947

	1941	1942	1943	1944	1945	1946	1947
Jan	3.5	3.4	3.6	11.2	5.5	4.5	4.0
Feb	3.9	2.3	3.9	8.9	3.0	6.8	3.3
Mar	3.0	3.0	4.5	7.1	2.2	8.5	3.3
Apr	4.5	4.4	5.4	9.4	5.8	9.4	
May	6.8	6.4	11.0	20.8	11.2	11.1	
June	8.2	9.0	16.8	23.5	15.1	14.6	
July	11.8	15.0	26.2	34.9	13.6	19.3	
Aug	15.7	16.2	36.1	46.3	24.2	20.5	
Sep	17.2	24.3	37.6	39.9	26.4	21.1	
Oct	15.2	9.5	29.5	29.2	27.5	13.4	
Nov	7.2	4.7	16.6	13.5	21.0	10.1	
Dec	6.3	5.3	13.6	11.7	11.0	9.3	
Year	8.6	8.7	17.0	21.3	14.1	12.5	

Rate per 100,000 population per annum

21 April 1947

Incl. No. - 13

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

DEATH RATE OF PARATYPHOID FEVER BY MONTHS: 1941 - 1947

	1941	1942	1943	1944	1945	1946	1947
Jan	0.2	0.08	0.2	0.2	0.1	0.3	0.2
Feb	0.2	0.1	0.2	0.5	0.4	0.3	0.3
Mar	0.2	0.2	0.4	0.4	0.2	0.5	0.2
Apr	0.4	0.2	0.3	0.4	0.4	0.5	
May	0.4	0.3	0.4	0.7	0.3	0.7	
Jun	0.3	0.4	0.6	0.7	0.5	0.7	
Jul	0.4	0.5	0.8	1.0	0.7	0.8	
Aug	0.6	0.7	1.1	1.5	0.8	0.9	
Sep	0.7	0.6	1.4	1.2	1.4	1.2	
Oct	0.7	0.5	1.2	1.0	1.3	0.7	
Nov	0.5	0.5	0.9	0.9	1.5	0.7	
Dec	0.4	0.5	0.8	0.7	1.1	0.6	
Year	0.4	0.4	0.7	0.8	0.7	0.7	

Rate per 100,000 population per annum

21 Apr 1947

Inc. No. - 14

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] 760050

DEATH RATE (Per 100,000 Population) FOR TYPHOID AND PARATYPHOID FEVERS, SELECTED COUNTRIES, 1920 - 1946

Year	Japan	United States	England & Wales	Germany	France	Italy
1920	23.0	7.6	1.4	4.5	6.3	26.5
1921	22.3	8.8	1.6	4.1	6.6	27.4
1922	23.0	7.4	1.2	2.8	-	22.8
1923	23.4	6.7	1.2	3.1	-	22.4
1924	24.9	6.6	1.3	3.0	-	19.7
1925	17.5	7.8	1.0	2.7	4.5	19.1
1926	16.8	6.4	0.9	2.4	5.4	22.0
1927	13.5	5.3	0.9	1.7	4.8	21.8
1928	14.8	4.9	1.1	1.7	5.4	19.7
1929	13.2	4.2	1.0	1.6	4.8	17.1
1930	13.5	4.8	0.8	1.2	3.9	15.6
1931	13.0	4.5	0.6	1.0	4.0	15.0
1932	11.1	3.7	0.6	1.2	3.8	15.1
1933	11.9	3.6	0.6	0.9	3.3	11.2
1934	12.4	3.4	0.4	1.0	3.1	11.5
1935	10.8	2.8	0.4	0.9	-	12.2
1936	10.-	2.5	0.6	-	-	9.0
1937	10.4	2.1	-	-	-	-
1938	11.2	1.9	-	-	-	-
1939	10.0	1.5	-	-	-	-
1940	10.2	1.1	-	-	-	-
1941	8.9	0.8	-	-	-	-
1942	7.8	0.6	-	-	-	-
1943	10.0	0.5	-	-	-	-
1944	11.3	0.4	-	-	-	-
1945	11.8	0.4	-	-	-	-
1946	8.0	-	-	-	-	-

Source:

Japan:
1920-1935: International Vital Statistics Summary, Vital Statistics Special Reports, Vol 9, No. 36: 1940. United States Bureau of the Census, Page 416 (Taken from publications of Cabinet Bureau of Statistics).
1936-1940: Annual Reports, Cabinet Bureau of Statistics.
1941-1946: Annual Tabulations, Welfare Ministry.

United States:
1920-1940: Vital Statistics Rates in the United States. 1900-1940. United States Bureau of the Census.
1941-1945: Vital Statistics Special Reports, United States Summary of Vital Statistics, 1945.

England:
1920-1936: International Vital Statistics Summary, Vital Statistics Special Reports, Volume 9, No. 36, United States Bureau of the Census, 1940. Page 416.

Germany:
1920-1935: Ibid

France:
1920-1934: Ibid

Italy:
1920-1936: Ibid

Incl. No. 15

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

CASE RATE OF DYSENTERY BY MONTHS: 1941 - 1947

	1941	1942	1943	1944	1945	1946	1947
Jan	19.8	16.3	9.3	4.9	4.8	3.3	4.1
Feb	18.9	16.6	11.5	6.3	3.9	2.9	4.1
Mar	29.9	28.2	15.3	8.3	6.8	4.1	5.0
Apr	35.5	32.1	16.5	12.6	10.1	7.4	
May	65.0	57.0	34.1	20.0	16.6	18.4	
June	102.8	84.6	61.2	52.9	47.2	42.4	
July	201.4	192.0	173.7	169.9	205.9	208.5	
Aug	221.6	191.7	229.7	252.0	414.5	416.5	
Sep	142.5	174.8	155.1	157.4	402.2	378.8	
Oct	74.5	88.2	77.2	137.9	229.9	260.7	
Nov	38.3	25.1	31.4	65.1	114.8	73.4	
Dec	22.6	15.2	3.7	21.3	22.5	13.9	
Year	81.4	77.1	68.1	75.5	124.2	120.4	

Rate per 100,000 population per annum

21 April 1947

Incl. No. - 16

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

DEATH RATE OF DYSENTERY BY MONTHS: 1941 - 1947

	1941	1942	1943	1944	1945	1946	1947
Jan	2.9	2.8	1.8	0.6	0.8	2.4	1.2
Feb	5.4	4.0	2.1	1.3	0.8	0.8	0.8
Mar	5.4	4.8	2.4	1.2	1.0	1.3	1.0
Apr	8.7	6.5	3.6	1.8	1.6	1.4	
May	14.0	12.0	5.9	3.6	3.1	2.6	
Jun	24.0	17.0	13.1	8.7	7.0	5.6	
Jul	46.2	37.5	33.8	28.9	35.3	26.8	
Aug	53.5	37.9	45.6	48.7	79.8	58.2	
Sep	38.0	37.4	31.4	38.3	101.1	54.2	
Oct	23.6	22.3	18.4	23.7	58.8	38.8	
Nov	12.3	14.0	7.0	12.4	32.1	16.0	
Dec	12.1	8.5	4.6	7.2	13.7	7.0	
Year	20.6	17.2	14.3	14.6	27.9	18.1	

Rate per 100,000 population per annum

21 Apr 1947

Incl. No. - 17

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

COMPARATIVE DEATH RATES FOR SELECTED COUNTRIES

Year	Japan	United States (Registration States)	England & Wales	Germany	France	Italy
1900	20.3	17.2	-	-	-	-
1901	20.4	16.4	-	-	-	-
1902	20.9	15.5	-	-	-	-
1903	20.0	15.6	-	-	-	-
1904	20.3	16.4	-	-	-	-
1905	21.1	15.9	-	-	-	-
1906	19.8	15.7	-	-	-	-
1907	20.9	15.9	-	-	-	-
1908	20.9	14.7	-	-	-	-
1909	21.9	14.2	-	-	-	-
1910	21.1	14.7	-	-	-	-
1911	20.3	13.9	14.6	17.3	19.6	-
1912	19.9	13.6	13.3	15.6	17.5	-
1913	19.4	13.8	13.8	15.0	17.7	-
1914	20.5	13.3	14.0	19.1	19.6	-
1915	20.1	13.2	15.7	21.4	21.0	-
1916	21.5	13.8	14.3	19.2	19.8	-
1917	21.4	14.0	14.2	20.6	20.2	-
1918	26.8	18.1	17.3	24.8	24.6	-
1919	22.8	12.9	14.0	15.6	19.3	-
1920	25.4	13.0	12.4	15.1	17.2	18.7
1921	22.7	11.5	12.1	14.2	17.7	16.8
1922	22.3	11.7	12.8	14.4	17.5	18.1
1923	22.8	12.1	11.6	13.9	16.7	17.0
1924	21.2	11.6	12.2	12.2	16.9	17.1
1925	20.3	11.7	12.2	11.9	17.4	17.1
1926	19.2	12.1	11.6	11.7	17.5	17.2
1927	19.8	11.3	12.3	12.0	16.5	16.1
1928	19.9	12.0	11.7	11.6	16.4	16.1
1929	20.0	11.9	13.4	12.6	18.0	16.5
1930	18.2	11.3	11.4	11.0	15.6	14.1
1931	19.0	11.1	12.3	11.2	16.4	14.8
1932	17.7	10.9	12.0	10.8	15.9	14.7
1933	17.8	10.7	12.3	11.2	15.8	13.7
1934	18.1	11.1	11.8	10.9	15.1	13.3
1935	16.8	10.9	11.7	11.8	15.7	13.9
1936	17.5	11.6	12.1	11.7	-	13.7
1937	17.0	11.3	-	-	-	-
1938	17.4	10.6	-	-	-	-
1939	17.4	10.6	-	-	-	-
1940	16.2	10.7	-	-	-	-
1941	15.5	10.5	-	-	-	-
1942	15.5	10.4	-	-	-	-
1943	16.0	10.9	-	-	-	-
1944	17.7	10.6	-	-	-	-
1945	30.3	10.6	-	-	-	-
1946	21.4	-	-	-	-	-
Jan.47	18.0	-	-	-	-	-

Incl. No. - 18

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

DEATHS PER 100 CASES FOR SELECTED COMMUNICABLE DISEASES

1941 - 1946

YEAR	TYPHOID FEVER	PARATYPHOID FEVER	DYSENTERY	EPIDEMIC TYPHUS	SMALLPOX	DIPHTHERIA
1941	15.0	4.7	25.1	8.0	14.8	11.0
1942	15.5	4.4	22.1	21.0	14.5	9.9
1943	13.6	4.1	20.9	9.1	12.4	8.7
1944	13.2	3.6	19.3	15.4	13.4	6.5
1945	14.1	5.2	22.5	11.4	21.6	8.3
1946	12.1	5.2	15.0	9.3	15.9	7.9

Incl. No. - 19

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

NUMBER OF DOCTORS IN RELATION TO POPULATION

Doctors	Number
Unites States	767
Austria	837
Canada	1,045
Great Britain	1,069
Japan	1,106
Germany	1,307
Denmark	1,346
Holland	1,417
Belgium	1,460
France	1,596
Sweden	2,660
Poland	3,100
Yugoslavia.	3,450

Incl. No. - 20

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

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COLONEL SAMS: I won't say anything that is not in the memorandum, but I won't cover all the material in it. In going over the observations of the Soviet Member of the Allied Council in an attempt to prepare the information desired, I believe it is most desirable to group the information into five principal headings. These headings are: first is the Control of Communicable Disease or Preventive Medicine; second is Medical Service which includes medical care and hospitalization; third is the Supply of Equipment and Drugs; fourth is Health Insurance; and fifth is Public Assistance in the Field of Medical Care and Public Health. These of course do not cover all the activities in Public Health and Welfare, but do furnish information concerning the specific questions raised by the Soviet Member.

In discussing these subjects, I shall first outline conditions in Japan before the beginning of the Occupation. Second, I shall discuss the actions taken by SCAP, and third the present situation in order that you may judge for yourselves as to whether or not satisfactory progress has been made.

In beginning with preventive medicine, we will begin with venereal disease. Before the Occupation the Japanese had never recognized the importance of venereal disease as a public health problem pertaining to the entire population. No venereal diseases were reported, no one knows how much venereal disease there was in Japan before the Occupation. The only emphasis placed on venereal disease was in periodic examinations of prostitutes who were licensed. There were no treatment facilities available to the public for venereal disease. Doctors in Japan did not know how to diagnose or treat venereal disease. Prostitution which had been licensed and highly restricted to certain areas in Japan before the war was rampant in that those restrictions had broken down completely during the war.

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The action taken by SCAP: First, we required the Japanese Government to classify venereal diseases as contagious diseases and so report them. Procedures had to be established for reporting these diseases and Japanese doctors educated as to how to diagnose them. Facilities were established for the diagnosis and treatment in Japan of venereal diseases and drugs imported from the United States for treating them. Such drugs as mepharsen, bismuth and penicillin were not available in Japan. The next thing SCAP did was to abolish the institution of licensed prostitution, and abrogate all contracts under which girls were forced into involuntary prostitution. As a result of these actions, for the first time in the history of Japan, reports on venereal diseases were made. Every week, the number of cases reported has increased. (Referring to chart) This line represents gonorrhea. This line shows the same thing for syphilis, and this line for chancroid. Those are the three principal venereal diseases. That does not mean that venereal disease is increasing in Japan. We do not know whether it is or not. It simply means that our reporting system is more efficient and that every case reported is being treated. It means that every week in Japan there are an increasing number of Japanese coming under treatment which will prevent the further spread of this disease.

So far there are four hundred and twenty-four diagnostic and treatment centers which have been established throughout Japan to diagnose and treat venereal diseases. That has been done within the last eighteen months. When these curves reach a point at least three times higher than they are, then we will be satisfied that most of the venereal disease cases in Japan are being reported and are under treatment.

Now, let's talk about tuberculosis. Tuberculosis is not a disease that you can diagnose in its early stages so that we do not use the incidence of the disease as a comparative basis;

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we use mortality figures. (Pointing to chart) This top line here represents the deaths from tuberculosis in Japan. They have been increasing since 1933. These other lines show the countries with the lowest incidence of tuberculosis at present, Italy, England and Wales, Germany and the United States. It has taken approximately thirty years for these nations to reduce their rates fifty per cent.

I have only just this morning received some information which I did not have when this chart was prepared. It indicates that in Russia the rate in 1917 was equal to that in Japan--two hundred and twenty per thousand, and that in thirty years they have only been able to reduce it twenty-five per cent to one hundred and sixty per thousand. In 1942, according to the last information we have, it was down to one hundred and sixty per hundred thousand in 1942. Among the countries in which we have high prevalency of tuberculosis and which rank with Japan, those having rates above one hundred and fifty are Russia, Poland, Yugoslavia, Chile, Peru and some ten or twelve other minor countries.

We have begun a program here of tuberculosis control--the kind of program that has reduced the rate in these other countries fifty per cent during the last sixteen or twenty years; that program requires educating Japanese doctors and the Japanese public because tuberculosis in Japan is considered a shameful disease to be concealed. We have had to teach them that for their own protection it should be brought out in the open. We have started mass examinations of children. We are doing X-rays, sputum examinations and tuberculin tests on some eighteen million children this year. We are extending that program next year to various groups of laborers in industry. We hope to find out how much tuberculosis we have here. The estimate of two million cases is in my opinion very conservative. It might well be

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three or four million cases. We are vaccinating--already we have vaccinated nine million people with BCG--that is a vaccine as a preventive for tuberculosis--and this year we will have completed fifteen million people. We have increased the food ration in tuberculosis sanatoriums in an effort to induce the patients who left the hospitals during the war because of lack of food to come back into those hospitals. We hope within the next five years to make an impression by this program and reduce the rate somewhere in the neighborhood of fifty per cent. Tuberculosis control, as I mentioned, has taken other countries thirty years. We have made a beginning and I think our program is satisfactory. We are applying in Japan the best available modern knowledge--knowledge gained by other countries over many years, and we can expect more rapid results here than we have in other countries.

Let me talk about typhus--typhus which killed ten million people after World War I in Poland, Russia and middle Europe. Typhus, as you know, is borne by lice and is always prevalent when people become lousy, when they are in concentration camps or in areas in unsanitary living conditions which accompany war. The Japanese introduced typhus themselves into their homeland by bringing in forced labor from Korea--Koreans who brought typhus with them. Typhus had increased from eighty-seven cases in Hokkaido in 1941 to four thousand cases approximately in 1944. The peak of this disease, I want to point out, (referring to chart) each year has been in May. Unfortunately, between the time the Japanese decided to quit and the time the Occupation Forces got in here, there was a period of two weeks in which they had turned the Koreans loose and they had started for home from Hokkaido drifting through all of Honshu. They carried their lice and their typhus with them and spread it throughout Japan. The Japanese did not know how to control typhus and had no means for controlling it. They had no DDT for killing lice. They had no

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vaccine for immunizing people. We had an outbreak beginning in Osaka in December of 1945. That outbreak reached its peak in March, spreading to Kyoto and Tokyo. By dusting forty-eight million Japanese with DDT imported from America, by immunizing twelve million Japanese with typhus vaccine prepared in America, we were able to break that epidemic here in March and it began to go down in April instead of continuing to its May peak which might otherwise have gone much higher.

We are now approaching the month of May of this year and typhus is under control. There has been no outbreak this year of more than a few cases in any one place. There were thirty-five thousand cases last year and might well have been three million had we been unable to control it.

The next communicable disease mentioned in the observations is smallpox. The Japanese had immunized people from time to time. They have had smallpox as you can see every winter. Their immunization program had been abandoned during the war and so, as could be expected, we had an outbreak last year of smallpox among these people. We produced vaccine here and immunized seventy-eight million people. I might say we actually immunized seventy-eight million, but we vaccinated about one hundred and thirty million people. When we found that this outbreak was not subsiding, I started through Japan and examined the cases in hospitals myself and I found many of the cases had just been vaccinated. We then began to look into the vaccination technique of the Japanese doctors and there we found the answer to the problem. They did not know how to vaccinate. They were putting phenol and alcohol on the arms, then putting the virus on, and of course that killed the virus so we had not immunized about sixty million people, and had to start all over again.

Smallpox is under control now. It is lower than it has ever been before in the history of Japan and we won't have any more epidemics.

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Diphtheria is another disease mentioned. (Referring to chart) Diphtheria as you can see has gone up in November every year. To go back to 1937, the Japanese had twenty-eight thousand cases of diphtheria; by 1944 the cases increased to ninety-two thousand. The Japanese did not know how to make diphtheria toxoid a vaccine which will prevent diphtheria, so we showed them how. We started out to produce diphtheria toxoid here and began last September; because it takes time to make these millions of doses and distribute them to immunize eighteen million children, and by November we had successfully immunized sixteen million. You can see the rate here. (Referring to chart) Last November was only forty per cent as high as it had been the preceding year. We have the other two million children to immunize now, and about next November there won't be even that peak.

Now the question of typhoid fever was raised. The Japanese made a mistake about twenty years ago when other countries started to use immunization to prevent typhoid fever. They made some poor vaccine, did some experimental immunization, and decided it would not protect anybody and discontinued it. (Referring to chart) You can see here every year--higher, higher, higher--typhoid rates. We began the immunization program of the Japanese here, using good strains of typhoid bacillus. We have so far not completed our program. We only have thirteen million immunized, but have reduced typhoid at the peak season last summer and it is today lower than it has ever been in the history of Japan at this time of the year.

For a corresponding period of this year, contrasted with last year, we have reduced the incidence of typhoid fever eighty per cent, and the death rate seventy-five per cent, in one year. The typhoid rate in Japan is still higher than in other modern countries. When we finish immunizing fifty-five million more people, it won't be.

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Paratyphoid fever is transmitted, of course, exactly the same as typhoid, and you can see (Referring to chart) the same thing is true of paratyphoid, so I won't go into details on that disease.

Here is a chart on dysentery. (Referring to chart) It is a disease of filth that has gone up every summer, down every winter. The death rate is very high. It killed many, many infants here in Japan. Here is where SCAP would like some advice from the Allied Council. How to control it? (Laughter). Now, so far as we know there is no specific vaccine which you can use for immunization. There are many vaccines which have been tried, but have never borne the test of actual practice. Perhaps some Member of the Allied Council knows of a vaccine which we can use. If so, we would like to use it. The only way I know to control dysentery is to elevate the standards of sanitary conditions in Japan. In an effort to do that, we have organized some fifty-four thousand Japanese into sanitary squads, for fly control--

SOVIET INTERPRETER: Fifty-four thousand?

COLONEL SAMS: Fifty-four thousand. (Continuing) --for fly control, mosquito control and rodent control. This country hasn't been cleaned up by magic. The streets are clean, the drains are clean, compared to what they were when we came in. Garbage is being disposed of compared to what it was before. In conjunction with the effort to control insect breeding, which is a major factor in this disease, if we can educate the Japanese people not to eat raw vegetables that have been fertilized with human fertilizer--if we can convince them that they must use water that has been boiled or chlorinated, we will make some impression here on dysentery. We are working on it but to change the customs of hundreds of years is difficult and takes time.

Now, one more communicable disease I am going to mention briefly, and that is cholera. Cholera was imported here on

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repatriation ships. We have processed here six million and a half Japanese. There wasn't any quarantine service left in Japan at the beginning of the Occupation.

SOVIET INTERPRETER: Would you mind repeating that sentence?

COLONEL SAMS: (Repeating) I said we have processed six million and a half Japanese through medical quarantine. Repatriates. (Continuing) There was no quarantine service existing in Japan at the time of the Occupation. It had completely disintegrated during the war. It was necessary to reorganize, train and equip this quarantine service, and it has functioned efficiently. We have kept out cholera. Some cholera was brought into Japan by Koreans, who didn't like to stay in Korea and came back illegally, on fishing boats, in one way or another. Whenever those cases were spotted, we immunized the entire communities and prevented an outbreak of cholera here, which those of you who are familiar with cholera know can create a panic. There is no cholera at present in Japan. Thirty-three million people have been immunized against cholera during the process of controlling the disease.

Now, let me summarize. As far as preventive medicine aspects are concerned, I have given conditions as we found them, what has been done, and the present situation. The total death rate in Japan, which reached a peak in 1945 of thirty point five per hundred thousand--that is a very high death rate--has been reduced in eighteen months to eighteen per hundred thousand in January 1947. That is a forty per cent reduction in eighteen months. As far as I can find, from data available from other countries, it has taken the average modern country sixteen years to make a corresponding reduction. I believe the Japanese have made excellent progress. There has been more progress made here in the field of public health in eighteen months than has ever been made anywhere in any other country in the history of medicine.

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Let me talk about the second subject, medical service, briefly. The question was raised as to hospitals and the adequacy of hospitals and their staffs in Japan. There were one thousand and twenty-seven hospitals destroyed by air raids in Japan when we came in. The remaining hospitals had been badly neglected during the war for lack of manpower and lack of materials. The hospitals were dirty, windows were broken, and there was little equipment. Some of the hospitals I visited had not had X-ray film for as long as three years during the war. They had been stripped of their heating equipment, they had been stripped of their central cooking equipment, so that the metal could be used for scrap iron by the Imperial Japanese Government. Many of the patients, as I mentioned before under tuberculosis, had left the hospitals because there was no food for them.

Now, here is what has been done by SCAP. We began to rehabilitate those hospitals. They were cleaned up. One hundred twenty-seven million yen worth of medical supplies and equipment that had been stockpiled by the Japanese Army and Navy were distributed to civilian hospitals. Two hundred ninety-seven former Japanese Army hospitals and thirty-two Navy hospitals were demilitarized and turned over to the Welfare Ministry to operate as civilian hospitals, open to all civilians. Food rations to hospitals have been increased, and at present in tuberculosis sanatoriums the patients are getting from one hundred to one hundred and forty more grams of food per day than the rations call for. We cannot restore all the central heating equipment or the central cooking equipment until it is produced in Japan. There is heating equipment available in the operating rooms, even though it is crude equipment, and no emergency operation that we have been able to find has been postponed because of lack of heating equipment in hospitals. It is true that elective operations, those that are not emergency, in

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other words that can be done at any time, are done on certain days of the week because of the shortage of fuel, so as to economize on the heat used in the operating rooms.

Now, I will make a few comparisons about the doctors and hospitals in Japan. There is one doctor in Japan for every eleven hundred people. There are only five countries in the world who have more doctors per thousand population. So there is no shortage of doctors in numbers; it is a shortage in quality. That involves basic education of the Japanese doctors, and for the last year and a half we have been working on that, and beginning this April the new systems of medical education, nursing education, pharmacy, and so forth, have gone into effect so that we will have, in the future, standards of training of Japanese professional people which will compare favorably with those in other modern countries. The standards of the medical qualifications of Japanese professional people have been very, very low. Benefit of these major reforms, of course, will not be felt for the next four or five years, because it takes time to educate these people and get them graduated into their professions.

As to the number of hospital beds, it was mentioned that there were an inadequate number. Exclusive of these little ten-bed hospitals, which are not really hospitals at all, but are clinics, there are three and a half hospital beds in Japan per thousand population, and the average in other countries is 3.41, so we have more hospital beds in Japan in proportion to population than in any other country in the world. It would not do any good to build more hospitals. We don't need more hospitals; we need better treatment in the hospitals that we have. It takes a long time to re-educate a whole nation of doctors.

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Now, the question of bed occupancy. In 1937 there were forty-eight per cent of the hospital beds in Japan occupied. You will see here (referring to chart) that you have forty-two per cent, approximately, occupied now. There is very little difference a matter of six per cent. I might add that the average in various countries throughout the world varies from forty per cent to seventy per cent occupancy of beds.

You don't want your hospital beds all occupied in a non-epidemic period, because when an epidemic comes you have got no place to put the patients. Instead of saying that this is bad, we say it is good, very good. To have only forty-two per cent of the beds occupied is very good, in comparison to other countries.

Now, cost of medical care in Japan has gone, as stated in the observation, from five yen to forty-five yen per day, on an average. In other words, that is an increase of 7.91 times--call it eight times--since 1933. The cost of living has gone up twenty-eight times. Wages have gone up sixteen times. It can hardly be said that the cost of medical care is excessive when you consider that relationship.

SOVIET INTERPRETER: Would you mind repeating that sentence?

COLONEL SAMS: (Repeating) I said it can hardly be said that the cost of medical care is excessive when you consider the relation between that cost and the general cost of living and wages. (Continuing) In other words, we can increase the present cost of medical care here at least twice more and still not be as high as wages have increased.

Concerning the third question, medical supply--as I mentioned, the civilian hospitals have been starved for supplies because the Japanese Army and Navy had taken about two-thirds of the production in prewar and war years.

Fifty per cent of the productive capacity for drugs and pharmaceuticals and medical supplies had been destroyed by the

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air raids. So, SCAP immediately began a survey to determine what Japanese requirements were, to utilize Japanese Army and Navy stocks to the utmost, and to rehabilitate the production of supplies in Japan. I am not going into a long list of items produced, except to say that we are now making in Japan this year--this last year--such products as six million pounds of DDT alone. We made millions of doses of vaccines. We made four hundred thousand gallons of residual spray, a hundred thousand dusters, fifteen thousand sprayers, all produced in Japan, and I can sum it up by saying that the production of medical supplies in Japan, which was roughly ten million yen in 1946, has increased two thousand times in one year. There is sufficient X-ray film, for instance, in Japan now to meet all our requirements. There are sufficient drugs, including types that the Japanese didn't have here before. Penicillin is also being manufactured here. Concerning the matter of bandages and dressings--we found here that they were actually rewashing bandages and using them over. We have now produced enough bandages and dressings, out of some ten million pounds of cotton, to meet our requirements, and there is an adequate supply of dressings available in Japan at this time.

Our big job here in Japan now is to educate the Japanese doctors that they can actually get drugs, dressings, and medical supplies, because they can't believe it. We have held public sales and publicized these sales, because the doctors are still afraid to use what they have because they are afraid there are no more. There are plenty of medical supplies for all requirements, all types, in Japan at this moment.

Cost of medical supplies was mentioned in the observations. The cost of medical supplies has gone up twenty-two and a half times, because that cost ties in with the cost of raw material and labor. Compare that to the general cost of living increase of twenty-eight times, in the corresponding period, and I think

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you can state that the costs of drugs and medical supplies is not excessive. You can also state that the economic rehabilitation of the pharmaceutical and medical supply industry in Japan is well along and almost completed.

Two other points were brought up in the observations--one is health insurance. Health insurance in Japan covers about forty-one million people, and we found that when we came in here they had collected tremendous reserves, in prewar and wartime years and paid practically no benefits. Premiums were tied in with the family income. You always have the basic problem when you have inflation--you have collected the premiums at one rate, at one value of the yen; you are now trying to provide benefits at a different yen value of one to twenty-eight--what the yen was worth at the time of the collection of the premium as compared to its present value. A tremendous administrative overhead is being paid out by some ten thousand health insurance associations which are now being consolidated to reduce cost and expenses. SCAP has also arranged for an interchange of use of facilities between these various insurance groups, to economize and provide a maximum of benefits. The principal task at the present time is to keep this health insurance from collapsing financially, by using government subsidy, and also to increase the fee payments to the medical profession, so that they can have at least a comparable income to that of labor.

In the case of public assistance, the question was raised that many Japanese could not afford even the low-cost medical care that is available to them. There were practically no governmental public assistance organizations functioning in Japan before the beginning of the Occupation. After months of negotiation we got through the Diet here last year a bill called the Daily Life Security Act. That actually went into operation the

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first of October 1946, and in March this year 2,701,670 Japanese people were provided benefits under that bill.

An organization has been established comprising approximately one hundred and fifty thousand case workers to administer the bill. This bill essentially provides that any indigenous Japanese will be provided food, clothing, shelter and medical care if he cannot afford to pay for it. That bill explains why you do not have thousands of Japanese here in refugee camps. That is why you no longer see in the streets of Tokyo and other large cities thousands of people sleeping in stations and in the streets compared to the situation as it was when we came in. You can state that there is no need for any Japanese to do without medical care at this time because he can't afford to pay for it.

All of the data I have discussed is in the memorandum. The figures on which these charts are based are there and you will have the opportunity to study them at your leisure. There are many more facts in the memorandum that I have not touched on.

The question fundamentally: Is the status of public health in Japan satisfactory? In my estimation so long as one individual dies from disease which could have been prevented no public health system is one hundred per cent satisfactory because my standards require perfection, but I don't know any country in the world where these standards have been reached, or even approximated. However, compared to other modern countries you can safely say that the public health situation in Japan is such that there has been more progress made here, as I mentioned before, not only in the field of preventive medicine but other fields, more progress has been made during the Occupation than has ever been made anywhere else in such a short time. And yet, if you compare the present status and the progress made, compared to the status before the Occupation, I would say the present status is very satisfactory. However, that decision

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and judgment will be yours, based on the information presented.

THE CHAIRMAN: Thank you, COLONEL SAMS, for a most impressive statement. I think that you and your colleagues are to be congratulated in the highest terms for an outstanding success in what, so far as I know, is one of the most comprehensive, humanitarian health programs that has ever been undertaken.

Since this subject was placed on the Agenda by the Soviet Member, does he have any comment to make?

LIEUTENANT GENERAL DEREVYANKO: I would like to join, MR. CHAIRMAN, in expressing my appreciation of the comprehensive report made by the representative of GHQ, SCAP. I believe that we will have to study this very thorough and extensive information before formulating our opinion on the subject.

THE CHAIRMAN: Does that mean that the Soviet Member wishes to hold the subject over on the Agenda?

LIEUTENANT GENERAL DEREVYANKO: Yes, sir. I think it is expedient to hold over the subject for further discussion.

THE CHAIRMAN: I imagine that is agreeable to all the Members.

There being no further business before the meeting, we will accordingly adjourn.

(The meeting adjourned at 1136 hours.)

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STD

DEPARTMENT OF STATE

Telephone
Memorandum of Conversation

DATE: May 8, 1947

MAY 19 1947

SUBJECT: Regulations to be applied to Japanese nationals in the United States not in an internee or a deportee category, who will be permitted to return to Japan at their own expense.

PARTICIPANTS:
Mr. Weymueller, American President Lines

Miss Wolberg, SPD

COPIES TO:

740.00119 CONTROL(JAPAN)/5-847

CS/A

1—1493

Mr. Weymueller called and again inquired whether any information was yet available regarding baggage and financial regulations to be applied to the above-mentioned Japanese nationals. Miss Wolberg informed him a decision had been reached with respect to the baggage regulations to be applied and that information is also available regarding the vaccinations and immunizations required. She said that information on both the aforementioned subjects is now available in the form of mimeographed sheets, but that a decision had not yet been reached with respect to the matter of financial regulations. Miss Wolberg said she was sure that a decision would be reached on the latter question in the very near future.

Mr. Weymueller requested that 25 copies of each of the two above-mentioned information sheets be sent to him and that he be informed as soon as a decision is reached with respect to the financial regulations. Miss Wolberg said this would be done.

DCR NE Unit

SPD:MEWolberg:mar 5-15-47

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MAY 19 1947

In reply refer to
SPD 740.00119 CONTROL
(JAPAN)/6-2046

My dear Mr. Weymueller:

I refer to a recent telephone conversation between you and an officer of the Department of State concerning certain regulations which will be applied to those Japanese nationals in the United States, not in an internee or a deportee category, who will be permitted to return to Japan at their own expense. In this connection reference is also made to the Department's letter of July 19, 1946.

As stated to you, a decision has been reached with respect to the baggage regulations to be applied to the above-mentioned Japanese nationals and information is available regarding the vaccinations and immunizations required. In accordance with your request there are enclosed 25 copies of each of the following:

1. "Information Sheet Concerning Baggage and Effects".
2. "Information Sheet Concerning Vaccination and Immunization".

It is expected that information will be available in the near future regarding the financial regulations to which the Japanese nationals under reference will be subject. As soon as the latter information is available, it will be forwarded to you.

Sincerely yours,

REH

Richard E. Hibbard
Assistant Chief
Special Projects Division

Enclosures:

As stated above.

Mr. Glenn F. Weymueller,
716 Transportation Building,
Seventeenth and H Streets, N.W.,
Washington, D.C.

SPD:MEWolberg:mar 5-15-47

740.00119 CONTROL(JAPAN)
/5-847

CS/A

740.00119 Control (Japan)
5-847

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Form DS-302
(7-2-46)

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MAY - 9 1947
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Department of State

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Rec'd May 9, 1947
10:20 p.m.

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DIVISION OF
NORTHEAST ASIAN AFFAIRS
MAY 9 - 1947
DEPARTMENT OF STATE

INTERNATIONAL RESOURCES DIVISION
FAO Notified
file
MAY 14 1947
DEPARTMENT OF STATE

FROM: Tokyo

TO: Secretary of State

NO: 123, May 9.

FROM SCAP TO WDSCA (PASS TO SECSTATE) CITE C 52511.

Money for Morinaga's travel expenses received today from National City Bank, Tokyo. Further delay Morinaga's departure occasioned by insistence local British Consul upon referring visa question to Foreign Office despite assurances given fortnight ago by acting conselor, United Kingdom Liaison Mission, Tokyo, that no difficulties are perceived and that he understood British consular officials would be prepared grant visa without delay. Above for Department's information only.

ATCHESON

NH:ME

XR
740.00119
control (P)

(Referred to
JR: Mr. Linville -
LA: RAD)

740.00119 CONTROL (JAPAN) /5-847 LRC

FILED
MAY 16 1947

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DSL-2
(6-4-45)

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

SPEEDLETTER

In reply refer to
SPD

This form of communication is used in the interest of speed and economy. If a reply is necessary, address the Department of State, attention of the Division mentioned below.

Date: May 28, 1947.

SPEEDLETTER

TO: Mr. Glenn F. Weymueller,
716 Transportation Building,
17th and H Streets, N.W.,
Washington, D. C.

GPO 16—44742-1

Reference is made to your telephone conversation on this date with an officer of the Department of State concerning certain regulations which will be applied to those Japanese nationals in the United States, not in an internee or a deportee category, who will be permitted to return to Japan at their own expense. In this connection reference is also made to the Department's letter of May 19, 1947. 740.00119 Control (Japan) / 5-947

In accordance with your request, there is enclosed a copy of "Information Sheet Concerning Financial Regulations" setting forth information regarding financial regulations to be applied to the Japanese nationals under reference.

REH

Richard E. Hibbard
Assistant Chief
Special Projects Division

DCR Unit
Anal. 15
Rev.
Cat.
Dist.

Enclosure:

Information Sheet Concerning
Financial Regulations.

MEW

SPD:MEWolberg:rjt 5/28/47

740.00119 Control (Japan) / 5-2847

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] # 760050

INFORMATION SHEET CONCERNING FINANCIAL REGULATIONS

Upon your arrival in Japan you will of course be subject to the regulations of the Supreme Commander for the Allied Powers and will not be permitted to control funds or property outside Japan.

Individual Japanese may take with them a sum not exceeding one hundred United States dollars when they leave the United States. This sum is intended to meet any expense incident to the voyage and the balance remaining at the end of the trip will have to be declared upon arrival in Japan and delivered to the appropriate authorities to be exchanged for the equivalent amount in yen in accordance with existing control regulations.

If you deem it desirable you may forward to the Department of State a certified check payable to the Treasurer of the United States representing other funds and the proceeds of the sale of property which you may own outside Japan, receiving therefor a certificate expressed in dollars in the same amount. This certificate would be honored, subsequent to your debarkation, by the Japanese Government by payment of yen at the current foreign exchange rate or, in the absence of such a rate, at the current military conversion rate on the date of presentation in Japan within the limits set by current regulations in Japan.

Before your departure for Japan you will be required to file a statement with the Office of Alien Property, Department of Justice, Washington, D. C. listing all funds and property which you elect to leave behind you. This report must contain a complete description of such funds and property as well as their value, together with their exact location and the name and address of the person in whose possession or custody they are left. If, however, you liquidate all of your property and plan to dispose of your liquid assets under the procedure set forth in the preceding paragraph, you will be required to file a statement with the Office of Alien Property, Department of Justice stating that you have so disposed of the proceeds thereof and are leaving no property in the United States.

The aforementioned procedures are exceptional and apply to persons in the United States currently being declared eligible by the Department of State for voluntary return to Japan. No procedure has yet been established for the general remittance of funds from sources within the United States to Japanese nationals in Japan.

Funds

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : A-H - JK Secretariat

FROM : JK - Mr. Whitman RJW

DATE: May 9, 1947

SUBJECT: Cotton.

(2)

We propose the following reply to SCAP's C 51956 of April 19, assigned to this division for reply.

DRAFT TELEGRAM TO SCAP

Your C 51956 April 19, your C 52370 May 3; Our WCL 43731 May 2. Three-man Egyptian Mission competent to conduct negotiations re sale of raw cotton and purchase Japanese products including textiles ready to proceed Japan. Request for permission these men enter Japan forwarded our ~~our~~ WCL 43731 May 2.

You are authorized to negotiate details procurement program involving any required quantity Egyptian cotton but we request before making ~~[illegible]~~ binding commitment to purchase specified quantity Egyptian cotton (or cotton from any other non-US source) you forward here full details proposed procurement program including data on terms of payment, staple lengths and delivery schedules.

Recommend you do not insist ~~[illegible]~~ as condition of doing this business Egypt make commitment to deliver quantity cotton Egypt might consider unduly large. Also recommend ~~you offer to let~~ Egypt be permitted to charge, ~~if [illegible]~~ reasonable interest on Japan's net indebtedness for cotton such interest charges to begin some reasonable period of time following date of procurement. With such provision prices to Japan should be no higher than to other importers of Egyptian cotton.

740.00119 Control (Japan)/5-9-47

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

Negotiations with Brazil limited to conference Torrens held here March 26 and Brazil has not responded to his invitation they offer some cotton for shipment Japan.

If Japan is to secure any cotton from non-US sources it will be necessary for you to assume initiative in opening and conducting such negotiations. Considerable Congressional and public pressure can be anticipated for U.S. producers to receive "fair share" Japanese market. Largely up to you to determine whether cotton is available on favorable terms from other sources against payment other than in U.S. dollars.

JKRaige:bcb
5/9/47

IB

NA A-H

EMMERSON/SJK

Cleared by phone 5/10/47 per DMB.

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] # 760050

Return to A-H records - Rm 4202

WAR DEPARTMENT
CLASSIFIED MESSAGE CENTER
INCOMING CLASSIFIED MESSAGE

RESTRICTED TOT

PARAPHRASE NOT REQUIRED. HANDLE AS RESTRICTED CORRESPONDENCE PER PARAS 511 and 60a (4) AR 380-5

From: SCAP, Tokyo, Japan

To: War Department for WARCOS pass to State Department

Nr: C 52370 3 May 1947

Economic conditions in Japan make it desirable that negotiations be initiated whereby raw cotton may be purchased from Egypt and Japanese textiles may be sold to Egypt.

In order to implement such a program invitation is hereby extended by SCAP to the Egyptian Government to send to Japan a trade mission not exceeding three members who possess the following general qualifications: capable of discussing the raw cotton supply situation in Egypt such as the quantity of grades and staples available for sale to Japan; prices, terms of sale, and conduct of trade; and Egypts requirements from Japan. Negotiations would be conducted on a government to government basis.

The mission would be logistically supported by SCAP on a revenue basis and would be under the operational control of SCAP upon arrival.

Should the Egyptian Government be amendable to sending such a mission it is requested that details concerning each individual of the mission as outlined in paragraph 7B of SCAP Circular 8 be submitted to SCAP for final clearance for entry.

End

Note: This message has been relayed to State Department.

ACTION: CAD
INFO: ASW, ID, P&O
CM-IN 596 (4 May 47) DTG 031203Z svc

THIS DOCUMENT CONTAINS INFORMATION AF-
FECTING THE NATIONAL DEFENSE OF THE UNITED STATES
WITHIN THE MEANING OF THE ESPIONAGE ACT, 50 U. S. C.
31 AND 32. ITS TRANSMISSION OR THE REVELATION OF ITS CONTENTS
IN ANY MANNER TO AN UNAUTHORIZED PERSON IS PROHIB-
ITED BY LAW.

RESTRICTED

COPY NO. 43

THE MAKING OF AN EXACT COPY OF THIS MESSAGE IS FORBIDDEN

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] # 760050

WAR DEPARTMENT
STAFF MESSAGE CENTER

OUTGOING CLASSIFIED MESSAGE

CONFIDENTIAL

PARAPHRASE NOT REQUIRED. HANDLE AS CONFIDENTIAL
CORRESPONDENCE PER PARAS 511 and 60a (4), AR 380-5

Civil Affairs Division
311.23 CAD Lt Col Klette
72252

29 May 1947

CINCFE Tokyo Japan

Nr: WAR 99104

From WDSCA ES. Reurads April C 51956 May C 52370 ourad May WCL 43731 WARX 96948.

Three man Egyptian Mission competent to conduct negotiations re sale of raw cotton and purchase Japanese products including textiles ready to proceed Japan. Request for permission these men enter Japan fwd ourad WCL 43731.

It is suitable to proceed with discussions in accordance with ourad WARX 96948.

Negotiations with Brazil limited to conference Torrens held here 26 March and Brazil has not responded to his invitation they offer some cotton for shpmt Japan. Nothing further.

End

NOTE: C 51956 is CM IN 3345 (19 Apr 47)
C 52370 is CM IN 596 (4 May 47)

ORIGINATOR: CAD

DISTRIBUTION: ASW, CAD (State), P&O

CM OUT 99104 (May 47) DTG: 291727Z ws

THIS DOCUMENT CONTAINS INFORMATION AFFECTING THE NATIONAL DEFENSE OF THE UNITED STATES WITHIN THE MEANING OF THE ESPIONAGE ACT, 50 U. S. C. 31 AND 32. ITS TRANSMISSION OR THE REVELATION OF ITS CONTENTS IN ANY MANNER TO AN UNAUTHORIZED PERSON IS PROHIBITED BY LAW.

CONFIDENTIAL

COPY NO. 18

THE MAKING OF AN EXACT COPY OF THIS MESSAGE IS FORBIDDEN

A-H 423/1673

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] # 760050

STANDARD FORM NO. 64

Office Memorandum · UNITED STATES GOVERNMENT

DATE: May 27, 1947

TO : General Hilldring

FROM : Mr. Moreland

SUBJECT: Status of Negotiations for Egyptian and Brazilian Cotton for Japan.

By C 51956, 19 April, SCAP requested information as to the status of negotiations with Egypt and Brazil in regard to the purchase of raw cotton for Japan.

The attached cable gives the information requested.

War Department concurrence has been obtained through Lt. Col. Klette (Ext. 72254) and I recommend that you approve the attached for dispatch.

Phoned to Klette 5/28/47 9:30 AM

Attachment:

Draft cable.

AH 1592

740.00119 Control (Japan)/5-28-47

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

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AH 1592

740.00119 Control (Japan)/5-2747

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] # 760050

May 20, 1947

Executive Officer, CAD

Mr. Moreland, A-H

Status of Negotiations for Egyptian and Brazilian Cotton for Japan.

By C 51956, 19 April SCAP requested information as to the status of negotiations with Egypt and Brazil in regard to the purchase of raw cotton for Japan.

The attached cable gives the information requested.

Will you kindly secure War Department concurrence and notify me on State 3776.

This cable is in response to C 51956 (CM IN 3345, 19 April).

A-H 4/23/1673

Attachment:

Draft cable

JK:RMPaige:bcb 5/9/47
AH:ABMoreland:dmd 5/20/47

AH 1592

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

May 20, 1947

Routine

CONFIDENTIAL

Action

SCAP

State (General Hilldring)

D/PO: Mr. Petersen: CAD: CAD-State

Your C 51956 April 19, your C 52370 May 3: Our WCL 43731 May 2.

Three-man Egyptian Mission competent to conduct negotiations re sale of raw cotton and purchase Japanese products including textiles ready to proceed Japan. Request for permission these men enter Japan forwarded our WCL 43731 May 2.

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(C 51956 is CM IN 3345 of 19 April)
(C 52370 is CM IN 596 of 4 May)

AH 1592

JK:RMPaige:bcb 5/9/47
AH:ABMoreland: dmd 5/20/47

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

2 copies

201 Petersen, Howard C
A-H
386.3 Pelec
334 Japan 236/43

SECRET

MAY 29 1947

55D370

Dear Pete:

I have delayed replying to your letter of May 12 inquiring about the status of five steps to be taken in connection with the settlement of the Japanese reparations problem because several of the matters were in a state of considerable uncertainty.

As of today the situation is as follows:

1. The State Department cannot fix a time limit on FEC action on "Reparations Removals from Japan" (SWNCC 236/43) until all U.S. amendments have been put into General McCoy's hands. As you know, the War Department has proposed certain amendments which were discussed at the SWNCC meeting of May 20. When a decision has been reached on these proposals an instruction will be given to General McCoy to seek action on the original paper, as amended by the instruction, within twenty-one days. At the conclusion of that period the question of issuance of an interim directive will be decided by the Secretary of State in the light of the situation at that time.

2. A reply to General Moore's letter of April 18 on certain interpretations and amendments of SWNCC 236/43 was discussed at the SWNCC meeting on May 20, and sent him on May 22.

3. The State Department proposes to take action on a directive supplanting SWNCC 236/44 when action is taken on SWNCC 236/43, either by the FEC or by the issuance of an interim directive. All the provisions of SWNCC 236/44 will be before the FEC when General McCoy has received his final instructions for processing and amending SWNCC 236/43.

4. The State Department proposes to consider the provisions of SWNCC 302/6 in connection with the drafting of the disarmament provisions of the Japanese peace treaty.

/5.

This Document must be Returned to the ESAR Central Files

740.00119 (Control Japan) 5-1247

No. 8
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The Honorable Howard C. Petersen
The Assistant Secretary of War
The War Department
Washington, D. C.

SECRET

AH 1424

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

5. The recommendation contained in your paragraph 5 is noted and appreciated. The State Department has informally agreed that the U.S. Delegation on the FEC should for the present concentrate on securing agreement on the provisions of SWNCC 236/43, but be prepared at an early date to present as a unit proposals for amendment which, in the light of the discussion, will facilitate FEC approval of the document without effecting the ability of the Japanese to maintain, from the standpoint of industrial capacity, the prescribed level of living. These recommendations must, of course, include changes that may be required to maintain not only an adequate capacity level but one which is in balance as between related industries. A single level cannot be changed without giving consideration to the effects in terms of both requirements and supply factors on many others.

There can be no disagreement between us as to the urgency of an early settlement of the Japanese reparations question, and a settlement which, by being really final and not open to challenge, can form a sound basis for planning the future economic development of Japan.

Sincerely,

J. H. HILLDRING

J. H. Hilldring
Assistant Secretary

A true copy of the signed orig. inal. M. M.

ESP:EMMartin:pg 5/26/47

HOB
NA

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] # 760050

Mr. Martin - ESP

May 13, 1947

To : ESP : Mr. Martin
From : J-K Secretariat : Mr. Emmerson

The attached letter addressed to Gen. Hilldring by the Assistant Secretary of War has been forwarded to me by A-H for reference to you.

SECRET

DEPARTMENT OF STATE

ASSISTANT SECRETARY

May 12, 1947

TO: JK Mr. Edwin M. Martin.

FROM: AH Mr. Frank.

In accordance with our conversation this date, enclosed letter from the Assistant Secretary of War dated May 12 is transmitted to you for preparation of a reply for General Hilldring's signature.

DIVISION OF
NORTHEAST ASIAN AFFAIRS
MAY 13 1947
DEPARTMENT OF STATE

SECRET

ah 1424

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

SECRET

WAR DEPARTMENT
OFFICE OF THE ASSISTANT SECRETARY
WASHINGTON, D. C.

MAY 1 2 1947

MAY 29 1947
File
Lick. 5/29/47
by JH.N.

The Honorable John H. Hilldring
The Assistant Secretary of State
The Department of State
Washington, D. C.

Dear John:

As you are undoubtedly aware, there are several outstanding questions on the subject of Japanese Reparations which could and should be settled in the immediate future. The answers to these questions appear to be mainly within the realm of the State Department. This letter is a request for information as to the status of the problems enumerated below:

1. On 9 April, the State Department sent to the Far Eastern Commission a paper entitled "Reparations Removals from Japan" (SWNCC 236/43). It was our agreement that this paper was to be acted upon by the Far Eastern Commission within a period of 21 days, or the United States was to take unilateral action and issue the provisions of the paper to General MacArthur as a directive. You stated, however, that your agreement to this effect was subject to General Marshall's approval. Has General Marshall's approval been given to carrying out such a plan? Has McCoy been so informed? If so, on what date will we be able to proceed unilaterally and issue a U.S. directive to General MacArthur in the absence of agreement by the Far Eastern Commission?

2. On 14 April, a conference was held in the Pentagon between the Strike group, representatives of the State, War and Navy Departments and of SCAP to interpret the definitions and limitations contained in SWNCC 236/43. The results of this meeting were contained in a letter which was sent to you on 18 April for your approval prior to the time it was sent to SCAP. When may we expect a reply to this letter?

DC/R
Anal 52
Rec
Cat

3. At the SWNCC meeting on 29 April, it was agreed that SWNCC 236/44 would be withdrawn from current consideration by SWNCC, but that it would be used as a directive to General MacArthur after all provisions therein had been approved by FEC, or the U.S. had decided to take unilateral action on those provisions not approved by FEC. It was further agreed to delete the reference pertaining to

740.00119 Control Japan/5-12-47
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SECRET

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DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND [redacted] # 760050

percentage shares of reparations for the eleven nations comprising FEC. When will unilateral action be taken by the U.S. Government in the absence of FEC agreement? Will such action be simultaneous with action taken on SWNCC 236/43? Could you also give me an estimate as to when all provisions contained in SWNCC 236/44 will be finally submitted to the Far Eastern Commission?

4. On Thursday, May 1, the Committee of Three agreed that SWNCC 302/6 would not be submitted to the Far Eastern Commission at this time, but they did not consider or approve the substance of the paper in its entirety. It is believed by the War Department that this paper should be considered by SWNCC and that formal approval of the paper by SWNCC is desirable. In light of the current consideration of the control of economic war potential in Japan by the Far Eastern Commission, it is requested that the War Department be informed as to how the State Department proposes to use the provisions contained in SWNCC 302/6, i.e., whether they will be issued to SCAP as a unilateral directive, whether they will later be submitted to FEC after its action on FEC 084/9, or whether they will be retained for ultimate introduction into, and consideration by, a Japanese Peace Conference.

5. There are indications in the Far Eastern Commission that certain nations are willing to raise the levels established by the U.S. Government in SWNCC 236/43 for the retention in Japan of certain levels of industry. The War Department position has consistently been that the levels established for the ultimate retention of industrial capacities in Japan are minimum levels and therefore the War Department has no objection to any action taken by the Far Eastern Commission which would raise the levels of industries which are allowed to remain in Japan under the terms of SWNCC 236/43. Accordingly, it is recommended that the U.S. member of the Far Eastern Commission be advised that the United States Government has no objection to the raising of any levels of industrial capacity for Japan above those which are contained in SWNCC 236/~~44~~.43

Due to the lack of progress on this subject during the past year and the pressing need in Japan for a final reparations program, both of which are well known to you, it is earnestly hoped that early action will be taken on the above points and that the U.S. Government will be able to furnish General MacArthur with instructions which will permit him to carry out the reparations program for Japan at an early date.

Sincerely yours,

Howard Petersen

Howard C. Petersen
The Assistant Secretary of War