DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

PROPERTY ISSUE SLIP

TO	SUPPLY OFFICER Medical Officer Fukuoka Mil Govt Team APO 929	TYPE OF ISSUE			PAGE OF PAGES
		INITIAL	REPLACEMENT	MEMO RECEIPT	VOUCHER NO.
FOR	ORGANIZATION OR UNIT Medical Officer Kyushu Mil Govt Region APO 929			X	ISSUE SLIP NO.

ITEM NO.	STOCK NO.	NOMENCLATURE	UNIT	AUTHORIZED ALLOWANCE	ON HAND	DUE IN	QUANTITY REQUESTED	ACTION
	1-606-785	Penicillin, Calcium in oil & wax 10 cc	btl				5	5
		////////////Last Item////////////////////////						
		"Memorandum Recipt"						

Issuance of quantity shown in "Quantity Requested" column is authorized. Items marked "due out" will be ordered and when received organization will be notified.

FOR STATION SUPPLY OFFICER:

18 March 194 8
(Date)

HAROLD W. HARROWER, 1ST LT MC

FOR THE COMMANDING OFFICER:

_____ 194___
(Date)

Organization Supply Officer.

QUANTITIES SHOWN IN "ACTION" COLUMN HAVE BEEN RECEIVED:

_____ 194___
(Date)

(Authorized Representative)

WD AGO FORM 15 APR 1944 446

1299—PHILRYCOM—5/47—10,000M

This form supersedes W. D., A. G. O. Form No. 446, 6 August 1943, which may be used until existing stocks are exhausted.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

PROPERTY ISSUE SLIP

TO	SUPPLY OFFICER Medical Officer Kumamoto Mil Govt Team APO 24	TYPE OF ISSUE			PAGE OF PAGES
FOR	ORGANIZATION OR UNIT Kyushu Mil Govt Region APO 929	INITIAL	REPLACEMENT	MEMO RECEIPT X	VOUCHER NO. ISSUE SLIP NO.

ITEM NO.	STOCK NO.	NOMENCLATURE	UNIT	AUTHORIZED ALLOWANCE	ON HAND	DUE IN	QUANTITY REQUESTED	ACTION
	1-606-785	Penicillin, Calcium in oil & wax 10 cc	btl				4	4
		////////////Last Item////////////////////////						
		" Memorandum Receipt "						

Issuance of quantity shown in "Quantity Requested" column is authorized. Items marked "due out" will be ordered and when received organization will be notified.

FOR STATION SUPPLY OFFICER:

18 March 194 8
(Date)

HAROLD W. HARROWER, 1ST LT MC

FOR THE COMMANDING OFFICER:

_____ 194__
(Date)

Organization Supply Officer.

QUANTITIES SHOWN IN "ACTION" COLUMN HAVE BEEN RECEIVED:

_____ 194__
(Date)

(Authorized Representative)

WD AGO FORM 15 APR 1944 446

1200—PHILRYCOM—3/47—19,000M

This form supersedes W. D., A. G. O. Form No. 446, 6 August 1943, which may be used until existing stocks are exhausted.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

PROPERTY ISSUE SLIP

TO	SUPPLY OFFICER Medical Officer Oita Mil Govt Team APO 24-3	TYPE OF ISSUE			PAGE OF PAGES
		INITIAL	REPLACEMENT	MEMO RECEIPT	VOUCHER NO.
FOR	ORGANIZATION OR UNIT Medical Officer Kyushu Mil Govt Region APO 929			X	ISSUE SLIP NO.

ITEM NO.	STOCK No.	NOMENCLATURE	UNIT	AUTHORIZED ALLOWANCE	ON HAND	DUE IN	QUANTITY REQUESTED	ACTION
	1-607-785	Penicillin, Calcium in oil & wax. 10 cc	ea				4	4
		////////////////Last Item////////////////////////////						
		" Memorandum Receipt "						

Issuance of quantity shown in "Quantity Requested" column is authorized. Items marked "due out" will be ordered and when received organization will be notified.

FOR STATION SUPPLY OFFICER:

18 March 194__ 8
(Date)

HAROLD W. HARROWER, 1ST LT MC

FOR THE COMMANDING OFFICER:

_____ 194__ _____
(Date) *Organization Supply Officer.*

QUANTITIES SHOWN IN "ACTION" COLUMN HAVE BEEN RECEIVED:

_____ 194__ _____
(Date) (Authorized Representative)

WD AGO FORM 15 APR 1944 446

1299—PHILRYCOM—5/47—10,000M

This form supersedes W. D., A. G. O. Form No. 446, 6 August 1943, which may be used until existing stocks are exhausted.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

PROPERTY ISSUE SLIP

TO	SUPPLY OFFICER Medical Officer Nagasaki Mil Govt Team APO 24-1	TYPE OF ISSUE			PAGE OF PAGES		
		INITIAL	REPLACEMENT	MEMO RECEIPT	VOUCHER NO.		
FOR	ORGANIZATION OR UNIT Medical Officer Kyushu Mil Govt Region APO 929			X	ISSUE SLIP NO.		

ITEM NO.	STOCK NO.	NOMENCLATURE	UNIT	AUTHORIZED ALLOWANCE	ON HAND	DUE IN	QUANTITY REQUESTED	ACTION
	1-606-785	Penicillin, Calcium in oil & wax. 10 cc	btl				4	4
		////////////Last Item //////////						
		" Memorandum Receipt "						

Issuance of quantity shown in "Quantity Requested" column is authorized. Items marked "due out" will be ordered and when received organization will be notified.

FOR STATION SUPPLY OFFICER:

18 March 1948
(Date)

HAROLD W. HARROWER, 1ST LT MC

FOR THE COMMANDING OFFICER:

_____ 194__
(Date)

Organization Supply Officer.

QUANTITIES SHOWN IN "ACTION" COLUMN HAVE BEEN RECEIVED:

_____ 194__
(Date)

(Authorized Representative)

WD AGO FORM 15 APR 1944 446

1290—PHILRYCOM—5/47—10,000M

This form supersedes W. D., A. G. O. Form No. 446, 6 August 1943, which may be used until existing stocks are exhausted.

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KYUSHU MILITARY GOVERNMENT REGION
HEADQUARTERS AND HEADQUARTERS DETACHMENT
Fukuoka, Kyushu, Japan

APO 929
12 March 1948

700

SUBJECT: Use of Check Sheets in Public Health Activities

TO : Commanding Officer, Fukuoka Mil Govt Team, APO 929
Attn: PH Officer
Commanding Officer, Kumamoto Mil Govt Team, APO 24
Unit 1 Attn: PH Officer
Commanding Officer, Nagasaki Mil Govt Team, APO 24
Unit 2 Attn: PH Officer
Commanding Officer, Miyazaki Mil Govt Team, APO 24
Unit 3, Attn: PH Officer
Commanding Officer, Kagoshima Mil Govt Team, APO 970
Attn: PH Officer
Commanding Officer, Saga Mil Govt Team, APO 929
Attn: PH Officer
Commanding Officer, Oita Mil Govt Team, APO 24 Unit 2
Attn: PH Officer

FILE

1. Whenever the MG PH Officer or his representative inspects a Japanese institution, dairy farm, reservoir or other public health facility a record of the inspection should be made and kept on file.

2. Such records should contain fundamental information about location, personnel, equipment, extent and capacity of function, sanitation, etc. An evaluation of adequacy should be made and on the basis of this specific recommendations for improvement made. The accomplishment of recommendations or the lack of accomplishment and the reasons should be noted on further visits.

3. Check Sheets are the best way to do this. By their use:

a. Basic information is ready at hand
b. A comparison of similar institutions or facilities is made
c. New MG Public Health personnel have a background of information at hand.
d. An objective gauge of progress is afforded.

4. Enclosed are Check Sheets designed by higher headquarters. Whether these or other Check Sheets, prepared at teams,

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BASIC: Ltr, Kyushu Mil Govt Region, APO 929, dtd 12 Mar 48, subj: "Use of Check Sheets in Public Health Activities".

are used is not important so long as essential information is available.

5. This headquarters would like to have copies of any Check Sheets prepared and used at teams.

6. Urge Japanese to use inspection Check Sheets too. Facilities inspected by Japanese personnel should have a record of each inspection posted. Especially useful for Japanese use are those Check Sheets based on the score card system. Evaluation of various items is on a numerical basis and the MG Public Health officer can easily understand the score card ratings if he is familiar with them.

7. TB-PH-Vet. 2 (22 Nov 1946) gives "The Dairy Score Card". The Japanese have translations of this TB and are using the score card in many places. Several other Scoring Check Sheets are enclosed.

8. The use of these score cards by Japanese inspectors is valuable because it gives the PH Officer an apportunity to learn the frequency andthe adequacy of their inspections.

BY ORDER OF COLONEL HILTON:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

10 Incls:
1. Hospital Inspection
2. Health Center Check Sheet
3. Dairy Farm Inspection
4. Milk Plant Inspection
5. Slaughter House Inspection
6. Check List for Veterinary Affairs
7. Reservoir Inspection
8. Inspection of Eating and Drinking Establishments
9. Inspection of Slaughter Houses
10. Inspection of Butcher Shops

See PH File

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Incl 1

HEADQUARTERS
KINKI MIL GOVT REGION
APO 301 (Kyoto, Honshu, Japan)

Check List for Hospital Inspection

Date of Inspection_____

Name of Hospital:_____
Type: National, prefectural, municipal, private, insurance, other
Owner of building and grounds:_____
What agency administers the hospital:_____
Name of director:_____
Total number of beds:_____
Type of services offered: Internal medicine, Surgery, Contagious Disease, Pediatrics, Urology, Gynecology, Obstetrics, ENT Ophthalomoligy, Psychiatry, Tuberculosis, Others_____
(Circle applicable services)
Number of doctors on staff:_____
Number of nurses on staff:_____
Number of interns and residents:_____
Number of technicians employed: Laboratory_____ X-ray_____ Others_____
Number of unskilled employees:_____
Is the hospital approved for training interns and nurses by the national government_____
Is the hospital affiliated with a medical college or a nursing school_____
Is the hospital licensed by any agencies_____ What ones_____
Does the prefectural or national government regularly inspect the hospital_____
What is the average number of beds occupied per month_____
What is the average number of outpatients treated per month_____
Is the hospital open to all doctors or may only staff members treat patients hospitalized there_____
Is there any preferential treatment shown to certain classes of patients_____
Are adequate bathing facilities provided for the patients_____
Are patients separated by age, sex, and disease_____
Does the hospital supply food to the patients_____
Is there a central kitchen_____ Is it used_____
Are patients cooking in their rooms_____ If so, why_____
Are families living with patients_____ Why_____
Are families allowed on the contagious wards_____
Are there beds and beddings supplied_____
Are laundry facilities adequate_____
What is the adequacy of diet? Calories per patient per day_____
Gms protein per patient per day_____
How often do patients get fish and how much_____
How often do they get vegetables and how much_____
Are meat, eggs, or milk ever supplied_____
Are there provisions for special diets_____
Is there a dietician or nutritionist on the staff_____

Medical care:
Are adequate records and charts kept on the patients_____
Does the medical practice appear adequate_____
Are adequate X-ray facilities available:_____ Fluoroscope_____
Regular machine_____ 35 MM_____ Deep therapy machine_____
Are adequate laboratory facilities available
Diagnostic_____
Pathologic_____
Bacteriologic_____
Are operating rooms and operating room technique satisfactory_____
_____ How many operations per week_____

Sanitation:
Are buildings and rooms generally clean_____
Is insect and rodent control practiced adequately_____
Do they have DDT_____ How do they get it_____
What is the source of the water supply_____ Chlorinated_____
filtered_____ other treatment_____

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Latrines: Type_____ Clean_____ Covered_____ Screened_____
Are infectious wastes and excreta disposed of in a sanitary manner_____
What happens to sewage_____
What happens to garbage_____
Is the kitchen and preparation of food sanitary_____
Are isolation facilities adequate_____
Is isolation technique satisfactory_____
Medical Supply:
Drugs_____
X-ray film_____
Equipment_____
Is the coal supply sufficient_____
Are any classes, conferences, clinics conducted for educational purposes_____
Are there any research projects under way_____
Does the Welfare department provide any social service_____
Are there any special arrangements for reporting communicable disease_____ For reporting births and deaths_____
Does hospital have a narcotic license_____
Are narcotics properly stored_____
Are records properly kept_____
What is the total cost of operation of the hospital per year_____
How is this operating cost met_____
What is cost per patient per day_____
Is present budget sufficient to meet need_____
Remarks:_____

Recommendations:_____

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HEALTH CENTER CHECK SHEET

Incl 2

Inspection Date_____

1. Name of Health Center_____
2. Head of Health Center_____
3. Population Served_____
4. Hours Open_____
5. Building:
   Brick_____ Wood_____ Composite_____
   Centrally located_____ Isolated_____
   Exam. Room_____ Waiting Room_____
   Treatment Room_____ Meeting Room_____
   Store Room_____ Laboratory_____
   Heating_____ Lavatory_____
   Evaluation_____
6. Sanitation of Building:
   Ventilation_____ Screening_____
   Cleanliness_____
   Lavatories_____
   Insect Control:
   Spraying_____ How Often_____
   With what_____ When last used_____
   Rodent Control:
   Traps_____ Anti_____
   How often_____ When last used_____
   Evaluation_____
7. Personnel - Number employed
   Indicate whether full or part time.
   Physicians_____ Nurses_____
   Public Health Nurses_____ Dentist_____
   Pharmacist_____ Veterinarian_____
   Lab. technician_____ X-Ray technician_____
   Clerks_____ Other_____
   Evaluation_____
8. Scope:
   Number of patients during past month_____
   Charge for examination_____
   Charge for treatment_____
   Syphilis_____
   Gonorrhea_____
   Chancroid_____
   How many pts. under Daily Security Law_____
9. Insect and Rodent Control:
   Full time teams_____ Personnel each_____
   Volunteer Teams_____ Personnel each_____
   Sprayers_____ Dusters_____ Trucks_____
   Traps_____
   Activities:
   Schools_____ RR Stations_____ Restaurants_____
   Theatres_____ Baths_____ Zonal Typhus Control_____
   Latest project_____

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10. Nursing Section:
    Personnel_____
    Activities
      Education_____ Home_____ School_____
        Public_____ Prenatal_____
        Postnatal_____ T.B._____ V.D._____
      Nursing
        Clinic_____
        Home_____
        Institutions_____
      Evaluation_____
11. Laboratory Section:
    Personnel_____
    Equipment:
      Microscope_____ Dark Field_____
      Smear_____ Culture_____
      Blood Count_____ Incubator_____
      Refrigerator_____
    Tests
      Blood_____ Urine_____
      Stool_____ Agglutinations_____
      Other_____
    Facilities available to doctors?_____ Charge_____
    Evaluation_____
12. Dental Section
    Personnel_____
    Examinations_____
    Treatment_____
13. Veterinary Section
    Personnel_____
    Slaughter Houses_____
    Meat Inspection_____
    Markets_____
    Dairies_____
    Milk Plants_____
    T.B. Testing_____
    Rabies Vac._____
    Animal Diseases_____
    Evaluation_____
14. Communicable Disease Section_____
    Personnel_____
    Records_____
    Reporting_____
    Isolation_____
    Quarantine_____
    Contact Tracing_____
    Immunization
      Smallpox_____ Typhoid P-T_____
      Typhus_____ Cholera_____
      Diptheria_____ Other_____
      Program_____
      Evaluation_____

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15. Veneral Disease Control:
Personnel
Equipment
No. of patients treated in past month
Syphilis
Gonorrhea
Chancroid
Treatment
Syphilis
Gonorrhea
Chancroid
Cost of Treatment
Records
Reporting
Blood tests done in past month No.
Smears done in past month No.
Cultures done in past month No.
Education
Contact tracing
Program
Evaluation

16. Tuberculosis Section:
Personnel
Equipment
T.B. testing program
No. tests done in past month
No. of BCG innoculations in past month
No. of X-Rays in past month
No. of DX made in past month
No. hospitalized
No. of active cases in area
Contact tracing
Follow up
X-Ray
35 MM
Paper
Film
Sputum tests done past month
Pneumothorax
Education
Evaluation

17. Maternal and Child Health
Education
Home
Clinic
Institution
Nursing
Home
Clinic
Institution
Blood Tests
Optional Advisory Compulsory
Treatment
Midwife Instruction
General
Evaluation

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18. Nutrition:
Instruction
Diet
Home
INstitution
Clinic

Preparation of Foods

19. Supplies

	On Hand	Received past month	Used past month
DDT			
Powder			
Residual 5%			
Other			
Pyrethum			
Cresol or Mikesol			
Antu			
Penicillin			
Sulfa-			
Thriazole			
Other			
Arsenicals			
Mapharsen			
Aysphernamine			
Other			
Bismuth			
Tuberculin			
BCG			
Vaccines			
TTV			
Tynhus			
Cholera			
Plague			
Smallpox			
Tetanus			
Pertussis			
Diphth. Alum Toxoid			
Other			
Antitoxins			
TAT			
Diphtheria			
Other			
X-Ray Film			
35 MM			
Paper			
Acetate			
Nitrate			

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20. Miscellaneous:

21. Remarks:

22. Recommendations:

Inspector

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Incl 3

DAIRY FARM INSPECTION CHECK SHEET

Date _____

DAIRY FARM _____ PREFECTURE _____

LOCATION _____

INSPECTION (By what Japanese governmental agency inspected regularly & name of inspector)

NUMBER OFCATTLE _____ DAILY PRODUCTION _____

HEALTH OF CATTLE:

TB test (date completed & results)

Bangs Disease (Any history of this disease on Farm - sometimes causes abortions)

Conditions: (General appearance as to cleanliness, grooming, state of flesh, etc.)

DAIRY BARN:

Construction: (Cement floors, gutters, floor plan as to rooms)

Sanitation: (General cleanliness)

Drainage & waste disposal: (Is waste material permitted to accumulate?)

MILK HOUSE:

Construction: (Cement floor, floor plan as to rooms)

Location: (This with regard to dairy barn - how separated from the dairy barn?)

Screening:

UTENSILS: (all equipment such as pails, cans, etc.)

Condition: (Rusty, seams, damaged.)

Cleaning & sterilizing methods:

Storage:

WATER SUPPLY:

Source:

Location of well with regard to toilets:

Are samples taken by any inspector at any time to be sent to a laboratory for bacterial analysis?

Hot water supply:

TOILET FACILITIES:

General Sanitation:

Location with regard to milk house:

Hand washing facilities:

EMPLOYEES:

Health examinations:

General appearance as to neatness & cleanliness:

PLANTS TO WHICH MILK IS SENT FOR PASTEURIZING IF NOT PASTEURIZED ON THE PREMISES:

_____

Inspector

(Over for remarks)

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Incl 4

MILK PLANT INSPECTION CHECK SHEET

Date_____

PLANT_____ PREFECTURE_____

LOCATION_____

INSPECTION: (By what Japanese governmental agency inspected regularly & name of inspector)

MILK SUPPLY: (From what sources does the plant receive it's milk?)

SANITATION:
- Constructive:
- Light & Ventilation:
- Screening:

WATER SUPPLY:
- Source:
- Location of well, when applicable, to sources of contamination:
- Are samples taken by any inspector at any time to be sent to a laboratory for bacterial analysis?
- Hot water supply:

TOILET FACILITIES:
- General Sanitation:
- Location with regard to Milk plant: (Separated from Milk House by at least one room)

EMPLOYEES:
- Health examinations:
- General appearance as to neatness & cleanliness

EQUIPMENT: (This includes all containers, pasteurizers, bottling equipment, coolers, storage racks, bottle washing equipment)
- Condition:
- Cleaning & Sterilizing methods:
- Storage:

BOTTLING:
- Method employed:
- Capping (type bottle cap used - storage of corks or caps)
- Bottle washing: (Cleanliness of bottle, storage of bottles, method of washing)

PASTEURIZING:
- Type pasteurizer used:
- Temperatures achieved & time held:
- Thermometers: (Recording & indicating)

WASTE DISPOSAL:
- How are waste products disposed of?
- Are they allowed to accumulate

SCORE CARD SYSTEM:
- Is plant's score card posted in a prominent place:
- How often is plant scored?

_____
Inspector

(Over for remarks)

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Incl 5

SLAUGHTER HOUSE INSPECTION CHECK SHEET

Date_____

ESTABLISHMENT_____PREFECTURE_____

LOCATION_____ANIMALS SLAUGHTERED WEEKLY:_____

INSPECTION (By what Japanese governmental agency inspected - name of chief inspector and number of inspectors in the plant)

SANITATION OF PREMISES:

Light & Ventilation:

Construction of building: (Cement floors, walls impervious to moisture, drains, arrangement of rooms)

Screening:

Drainage:

WATER SUPPLY:

Source:

Hot water supply:

TOILET FACILITIES:

General sanitation:

c Location with regard to well & killing floor:

Hand washing facilities:

EQUIPMENT: (Condition & sanitary handling of all equipment used in slaughtering & dressing procedures)

Scabbards & knives (Devices for temporary retention of knives shall be clean and constructed of such a material that may be readily cleaned & sterilized)

WASTE DISPOSAL:

Are waste pits well covered?

Are products such as bones & intestinal contents permitted to accumulate?

INSPECTION:

Do inspectors examine animal before it is slaughtered?

Is inspector on killing floor at time that animals are slaughtered?

Does inspector incise the heart, liver, spleen, & cheek muscles?

Does inspector incise glands in throat, thoracic, & abdominal cavities?

Are lungs, tongue, and intestines examined?

Is a method employed when more than one animal is slaughtered at a time? whereby it can be determined with certainty from which carcass the viscera on the inspection table were taken? (Tagging and labeling methods)

HANDLING OF MEAT:

Are any facilities for chilling meat after slaughter available?

How long are carcasses held in the issue room?

Has meat been stamped as approved?

_____

Inspector

(Over for Remarks)

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Reservoir Inspection

Incl 7

Date _____

Prefecture _____ City _____

Location of Reservoir _____

Location of Water Source _____

Type of Source

Surface _____ Subsurface _____ Mixed _____ Adequacy of source (Amt of water) _____ Contamination of source by

Sewage _____ Dumping _____

Downstream from habitation _____

Other _____ Evaluation _____

Distance between source and reservoir _____ Water transported by

Gravity _____ Pumping System _____

Estimated % leakage _____

Testing of Source Water

By whom _____ How often _____

What tests ____

Bacteriological _____ Chemical _____ Physical _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Reservoir

Type: Open _____ Closed _____

Capacity: Cubic meters _____ or Liters _____

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Daily Output:

Maximum: Cu meters _____ or Liters _____

Average: Cu meters _____ or Liters _____

Area supplied (Population) _____

Agency in charge of reservoir _____

Personnel	Training of Personnel
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Operating full _____ or part time (%) _____

Estimated % Leakage between reservoir and extremities_____

Flocculation _____ By what means _____

Slow sand _____ Fast sand _____

Other _____

How is filtering bed cleaned _____

How often _____

Chlorination

Equipment _____

_____

Hypochlorite _____ Liquid chlorine _____ Both _____

Before _____ or after filtration _____

Amount chlorinating agent used per month

Hypochlorite _____ Liqchlorine _____

Supply Problems _____

_____

_____

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Testing of water

	Reservoir		Tap
	Before Filtration	After Filtration	
Bacteiological	_____Freq___	_____Freq ___	_____Freq___
Type	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Chlorine residuals	_____Freq___	_____Freq___	_____Freq___
in PPM			
Optimal level	_____	_____	_____

Are records of testing _____ and graphs of chlorine residual levels available _____.

Remarks _____

_____

_____

_____

Recommendations _____

_____

_____

_____

Inspector _____

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

(A Suggested Form)

Incl 10

INSPECTION OF BUTCHER SHOPS

Number of inspection _____

Name and address _____

Date of inspection _____

Inspector's name _____

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

INSPECTION OF BUTCHER SHOPS

Item	TOTAL POINTS	SCORED POINTS
1. Premises and Buildings	19	
a. Floors	(4)	( )
b. Walls and ceiling	(3)	( )
c. Doors and windows	(3)	( )
d. Lighting	(2)	( )
e. Ventilation	(2)	( )
f. Drainage	(3)	( )
g. Surroundings	(2)	( )
2. Employees	8	
a. Cleanliness	(5)	( )
b. Disease control	(3)	( )
3. Utensils	18	
a.		
a. Classification board	(2)	( )
b. Cleanliness of equipment and utensils	(8)	( )
c. Balance	(2)	( )
d. Storage and handling of utensils	(4)	( )
e. Chopping board	(2)	( )
4. Product	32	
a. Refrigeration	(4)	( )
b. Wholesomeness of product	(10)	( )
c. Storage	(5)	( )
d. Display-Prevention against contamination	(4)	( )
e. Previously inspected	(5)	( )
f. Dispensing	(4)	( )
5. Miscellaneous	23	
a.		
a. Disposal of wastes	(5)	( )
b. Toilet facilities	(8)	( )
c. Lavatory facilities	(5)	( )
d. Water supply	(3)	( )
e. Small animal, rodent and vermin control	(2)	( )
TOTAL	100	

Drop 10

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

907

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

~~AG 720 - 9~~

MAR 10 1948

700

SUBJECT: Itinerant Dental Service

TO: Commanding General, 24th Infantry Division, APO 24

1. In order to furnish dental service to outlying Military Government teams it is requested that you make available to the following Military Government teams within your area, dental officers, technicians and equipment that may be required to make one (1) visit to each of the teams and complete required dental work:

Saga Military Government Team
Nagasaki Military Government Team
Miyazaki Military Government Team
Kagoshima Military Government Team

2. The visits and necessary work are to be completed by 30 April 1948 and a one time report submitted to this headquarters showing the following:

a. Date of visit

b. Number of patients treated

c. Type of patient treated "military, dependents, and civilians"

d. Types and number of treatment given

e. General classification of team

3. Direct correspondence with Commanding Officer of the Military Government Region in order to set up these visits is authorized.

BY COMMAND OF MAJOR GENERAL SWING:

WILLIAM A. FRANKS
Capt, AGD
Ass't Adjutant General

cc: Mil Govt Officer, Hq I Corps
CO, Kyushu Mil Govt Reg

Kyushu Mil Govt Reg.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Civil Information and Education Section

NOTE: The Public Health Train will enter MG areas at future dates of which MG Units will receive advance notice. The following is a "fill-in" story to be released to local press before arrival of the train. The phrases in parentheses indicate the actual information to be filled in according to local conditions.

PUBLIC HEALTH TRAIN DUE IN (PLACE) ON (DATE)

The Public Health Train now touring Japan is scheduled to arrive here on (date and time). (name and title of local Japanese official concerned---Regional Welfare officer, Mayor, etc.) announced today. It will be open to the public, free, on (dates) during the hours of (state hours).

The train consists of three cars containing exhibits, laboratory instruments and medical equipment. The purpose of the train is to teach disease prevention and sanitation. The train is sponsored by the Ministries of Welfare and Transportation.

The Public Health Train will be officially welcomed by (names and titles of participating officials). The following ceremony is scheduled:

(Fill in here description of ceremony).

The travelling health exhibit was developed with advice and guidance of Public Health and Welfare Section, SCAP. It is considered one of the best mobile health education projects ever developed anywhere. It includes detailed information on the treatment and prevention of tuberculosis, venereal diseases, and other illnesses which take an annual toll of many Japanese lives.

Lectures, demonstrations and free movies will be featured in the Health Train program.

* * * * *

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總司令部民間情報教育局

註、左記は列車到着の前に掲載される「埋め合はせ」の記事として用ひられるものである。カッコ内の字句は當地の事情に應じて書き入られる實際の情報を指すものである。

公衆衛生列車展覽會到着場所及時間

目下日本を巡回中の公衆衛生列車展覽會は（期日及時間）に當地に到着の豫定なりと（當地關係日本官公吏の名前及官稱ー地區厚生係、市長等）は本日發表した。（期日）（時間）中に無料で一般に公開される。

此の列車は展覽品、實驗所器具及び治療器械を載せた三臺の車からなる。列車の目的は病氣豫防と衛生を教へるものである。厚生及運輸兩省が此の列車展覽會の主催に當つている。公衆衛生列車展覽會は（參加官公吏の名前と官稱）に公式に迎へられる。次の式典が豫定されている。（式典を形容せよ）

此の移動保健展覽會は總司令部の公衆保健福祉局の相談及び指導によつて作られたものである。世界で作られたもつとも優秀な移動保健計畫の一つとして此の展覽會は見做されている。此の展覽會は肺結核、性病及び毎年多くの日本人の生命を奪ふ外の病氣に關する詳細な情報を含んでいる。講演、實驗及び無料で見られる映畫が此の保健列車計畫を色附けている。

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

KYUSHU MILITARY GOVERNMENT REGION
HEADQUARTERS AND HEADQUARTERS DETACHMENT
Fukuoka Kyushu Japan

HWM/sdb

APO 929
27 February 1948

700

SUBJECT: Implementation of the I Corps Military Government Plan for 15 February - 30 June 1948 - Annex B - Public Health

TO : Commanding Officer, Fukuoka Mil Govt Team
Attn: Public Health Officer
Commanding Officer, Nagasaki Mil Govt Team
Attn: Public Health Officer
Commanding Officer, Miyazaki Mil Govt Team
Attn: Public Health Officer
Commanding Officer, Kumamoto Mil Govt Team
Attn: Public Health Officer
Commanding Officer, Kagoshima Mil Govt Team
Attn: Public Health Officer
Commanding Officer, Saga Mil Govt Team
Attn: Public Health Officer
Commanding Officer, Oita Mil Govt Team
Attn: Public Health Officer

FILE

1. Reference Letter, Headquarters I Corps, file AG 310.1-BA, subject: "I Corps Military Government Plan for the Period 15 February - 30 June 1948", Annex B, "Public Health", dated 9 February 1948.

2. The enclosed "Implementation of I Corps Military Government Public Health Plan for 15 February - 30 June 1948", is an elaboration of the original I Corps Plan and is designed to present an operational and procedural approach for accomplishing the aims of the Plan.

3. Study it along with the I Corps Plan and then on the basis of local conditions in each prefecture formulate your own plan of action and set it down in writing.

4. Schedule your activities in advance each month with certain specific steps to be taken to accomplish specific objectives of your plan.

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BASIC: Ltr, Hq Kyushu Mil Govt Region, dtd 27 Feb 48, subj: "Implementation of the I Corps Military Government Plan for 15 February - 30 June 1948 - Annex B - Public Health".

5. Evaluate progress at the end of each month. This evaluation is a good thing to include in the Monthly Activities Report.

6. Try to get across to the Japanese Health Officials an appreciation of your aims and procedures and urge them to plan also. They must fully understand what you are trying to do and the methods to be used. They will not carry out the various surveys, inspections, etc., intelligently, unless they too have the overall picture.

BY ORDER OF COLONEL HILTON:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

1 Incl:
"Implementation of I Corps Military Government Public Health Plan for 15 February to 30 June 1948

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

IMPLEMENTATION OF I CORPS MILITARY GOVERNMENT PUBLIC HEALTH PLAN FOR 15 FEBRUARY - 30 JUNE 1948

1. PUBLIC HEALTH ADMINISTRATION

A. Reorganization of Public Health Department

1. Compare the organization with that outlined in PH&W Bulletin 52 and 53.

2. Determine whether the reorganization is merely a paper change. Help your Public Health Officials to understand the concept of responsible authority. Give them specific guidance in organizing their sections and in cooperating with other sections.

3. Urge the Public Health Section to set up a table of organization with specific prerequisities of training and experience for each job. Such a T/O should be made for the future as well as the present and anticipate the greater availability of trained personnel.

4. Some prefectures are authorized a certain number of public health personnel on the payroll of the National Government Investigate this in your prefecture. How many are authorized, in what capacity, how many do they have, can they obtain more?

5. Many government employees, especially clerks, will soon be declared surplus by the Welfare Ministry. How will this affect personnel of your prefectural Health Department? Perhaps personnel to be declared surplus could be used in other jobs.

6. Does the Health Department in your prefecture hold staff meetings to plan and coordinate the activities of their sections? Suggest the idea to them.

B. Planning and Budget

1. Definitive, well planned programs are the basis of all progress in Public Health. Legislation and enthusiasm are of little avail in the absence of trained personnel, equipment and funds. Japanese Public Health Departments are so constituted that each section has a definite series of laws to enforce and programs to carry out.

2. Last year's activities should be analyzed and itemized as to cost of each program or activity. If the accomplishment of any programs was curtailed by the lack of funds estimate the degree of curtailment and the amount that would have been required to complete the program.

INCL #1

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

3. The above information should be the foundation for planning the 1948 budget. To this foundation must be added a planned estimate for the expansion of old projects and the institution of new ones.

4. Familiarize yourself with the National Subsidies for various public health activities. These subsidies are awarded in many cases on a sliding scale basis by which smaller and poorer prefectures recive a proportionately larger sum than prefectural income alone determines. Most subsidies have to be matched by prefectural funds and are granted on the basis of activity estimates submitted by the Health Department. A Health Department that uses good planning will benefit in receiving adequate subsidies.

5. Urge 5% of the total prefectural budget as a minimum goal for the Health Department budget.

C. Health Centers

1. Assist the Japanese in planning for the expansion of Health Centers and their activities.

2. Budgetary provision for this program must be made now.

3. Survey all the Health Centers in your Prefecture by means of inspection check sheets so that you have a detailed picture of what the situation is.

4. Urge the Health Department to set up a tentative TO/E for the Health Centers.

5. When you visit a Health Center do not merely inspect it but spend most of your time in teaching public health. Doctors, Nurses, technicians all need technical instructions as to their various functions in the Health Centers. They need guidance in their new administrative duties also.

6. Suggest that the Directors of the Health Centers hold a regular monthly meeting in the Prefectural Capitol. This will give them an opportunity to discuss their mutual problems and the means oftheir solution. It will also give you a chance to address them all at once.

7. Concentrate especially on the improvement of one or two Health Centers and use these as models.

2. <u>PREVENTIVE MEDICINE</u>

A. Immunization Programs

1. Find out what age groups are covered by the various

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immunization programs, how many people fall within these age groups, what time periods are set for each program. Plans should be made to cover the whole year.

2. Have the Japanese keep accurate records of the progress of these immunization programs - graphs similar to those for rice and sweet potato turn in is one easy way of doing it. Each Health Center should have such a graph for its District.

B. Public Health Education

1. Exploit the educational and publicity features of the Public Health Train.

2. Coordinate your activities with the CI&E section.

3. Make information more explicit - give location of Health Center, Dusting Station or V.D. Clinic - give the hours during which it is open.

4. Many of the Health Centers have large rooms which can be used for lectures and conferences.

5. Investigate the possibility of using lay committees for health education - Boy Scouts, Women's Groups, etc.

C. School Health

1. How many school nurses are there in your prefecture?

2. Are they under the Education or Public Health section?

3. Urge the giving of a refresher course in school health for School Nurses - this course should be supervised by the Prefectural Public Health Officials.

4. School Nurses must be well informed about the Health Center set up so that they can take full advantage of its services for their pupils.

5. School nurses should be given the status and prestige of faculty members. Discuss this with the Education section.

6. Regular hygiene and sanitation courses should be instituted in the schools.

7. Parent Teachers Associations should be bought into the program.

8. Japanese officials should be urged to conduct sanitary school inspections.

9. Free services of private doctors and dentists should

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be solicited thru their respective organizations.

10. Find out about the school lunch program in your prefecture.

3. VENEREAL DISEASE CONTROL

1. Back the use of standard treatment and examination methods as outlined in TB-Prev. Med-4.

2. Require V.D. clinics to keep good records - a column date - treatment record makes it easy for you to tell at a glance how many treatments have been given and when the last visit was.

3. Ask that clinics keep a record of those patients who lapse treatment and see that as many of these patients as possible are returned to treatment (under OD 72, 19 Dec 1947 this is the Governor's responsibility).

4. Have clinics keep a record of the number of patients who lapse treatment and those lapses who are returned to treatment.

5. A certificate may be issued a patient upon completion of treatment for syphilis.

6. Private doctors must be educated further in reporting and treating cases. Prefectural Officials now determine the distribution of V.D. drugs and the distribution should favor those clinics and private doctors which are doing the best job.

7. Contact tracing must be more actively stressed.

8. All patients must be treated.

4. TUBERCULOSIS CONTROL

1. Concentrate on one or two of the largest and best equipped sanatoria.

2. Investigate the nurse and patient ratio. Often there are enough nurses to take care of the patients adequately but they are not utilized efficiently. Try to get each sanatorium to appoint a head nurse and to assign nurses on a definite schedule to a definite number of patients.

3. If the family has to administer nursing care they should be limited to one adult member at a time.

4. Sanatoria should have regular visiting hours.

5. If a central kitchen is out of the question suggest

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that a cooking shack be constructed away from the wards and have the families prepare food there.

6. Check to see that all the TB hospitals are getting the extra food rations.

7. Each Health Center should be encouraged to have a card index file of all the TB patients in its district. Entries should be made indicating whether hospitalized or receiving house care. Contact tracing and results should also be recorded.

8. Each Health Center should be encouraged to keep charts showing the percentage completion of the tuberculin testing program, the BCG innoculations of negative reactors, the x-raying of positive reators, the isolation and treatment of those with positive x-rays. All these records are available but they will not serve the purpose of public health until put into an easily understood and graphic form and used as a gauge of progress. At present the x-ray and isolation programs are for behind the tuberculin and BCG programs.

9. Tuberculosis should be given first priority in the education program.

10. Consult your Welfare Officer about the possibility of having the Minsei-iin work with the Health Centers and TB Hospitals to obtain financial assistance for the hospitalization of TB patients and for the assistance of families when the patient is a wage earner.

5. SANITARY ENGINEERING

1. The Japanese shouls have a plan now for the expansion of their permanent I and R teams in number. Eventually they should have one 6-men team for each 10,000 of population. Budgetary provision must be made for this expansion. As a minimum there should be a full-time I & R team for each Health Center and for each ward in the large cities.

2. The MG PH O should actually go out and watch some of these teams work. One or two efficient teams should be available to instruct other teams. If necessary the MG PH O should supervise himself the training of one good team. DDT is very expensive and waste should be minimized.

3. Each building or vehicle that is sprayed or baited should have a certificate, certifying as to date and procedure posted in a conspicuous place.

4. Chlorine testing kits are readily available and there is no excuse for infrequent testing. Representative tap water samples of each public water supply be tested at least twice a day. A graph of chlorine residual levels at the resevoir and

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tap should be available at every reservoir.

5. Japanese sanitary inspectors, particularly in the rural areas, should concentrate upon the improvement of private water supply. Good well location, construction and protection from contamination are essential. A source of water should not be declared safe on the basis of an annual bacteriological test Prefectures whould establish minimum standards.

6. NURSING AFFAIRS

1. Staff education and refresher programs should be encouraged in all hospitals with special emphais on hospitals to have Class A & B schools.

a. Chief nurse from each hospital to organize refresher courses. In most instances when nurses work an 8 hour day class should be held after work.

b. If possible each hospital or each group having refresher course should use Manual Of Nursing Procedures obtainable at the following address:

Medical Friend
Office #40 Momozono-cho
Nakano-ku
Tokyo-to
Price 130 Yen

c. Using this manual the procedures of nursing should be demonstrated & practiced until every nurse is familiar with all of the procedures in the book.

d. If possible set up a demonstration unit which simulates a hospital ward where the nurses can practice.

1. Before each demonstration the nurse responsible for the course should assemble all materials necessary for the demonstration.

e. As the licensed nurses acquire the ability to perform nursing procedures they should be intoduced on the hospital ward. In this way the nurses will gradually assume responsibility for nursing duties & families can be eliminated from the hospitals.

2. There may be opposition on the part of the doctors in this program and this should be avaoided as much as possible

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by meeting with the chief of the hospital before the introduction of the nursing practices on the ward and obtain his consent and cooperation. He in turn should interpret the new practice to his staff.

a. If the licensed nurses learn to perform the nursing procedures well there should be no opposition on the part of the doctors.

b. There should be standing orders in each hospital as to the procedures which may be performed routinely by the nurses. Any procedure not covered by the standing orders should be requested by the doctor in writing.

3. Public Health Nurses in Health Centers should follow the same plan since her work is to teach health and the care of the sick in the home.

a. The public health nurses from each prefecture who have had the refresher course in Tokyo should assist with this program as well as the following:

1. Teach the purpose and content of the home visit.
2. Review the aims of tuberculosis control.
3. Assist in the reorganization of the nurses duties in the health center so that more time can be spent making home visits.

b. Each Health Center should have at least one visiting nurses box, the plan of which is given in weekly Bulletin #50.

c. Prefectural Health Departments should prepare, with the assistance of the nurses, a manual of policies and standing orders for nurses in the Health Centers.

4. The overall plan for education of licensed nurses should be the responsibility and aim of the Association.

5. Suggested study to be made by the Prefectural Midwives, Clinical Nurses and Public Health Nurses Association.

a. Name of prefecture
b. Number of licnesed nurses in prefecture.
c. Number of unemployed. Why?
d. Number working in hospitals.
e. Average working hours per week.
f. If over 8 hours per day, why?
g. Average pay per month.
h. Number living in hospital quarters.

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i. Are quarters generally satisfactory?
j. Are bathrooms in quarters generally adequate?
k. Are salaries sufficient to provide adequate living quarters when nurses do not live in hospitals?
l. Is there any opportunity for advancement?
m. Main type of employment for licensed nurses not employed in hospitals.
n. Average working hours per week.
o. If over 8 hours per day, why.
p. Average pay per month.
q. Are living quarters provided?
r. Are they generally satisfactory?
s. Are salaries sufficient to provide adequate living quarters when nurses do not have quarters furnished?

7. VETERNIARY AFFAIRS

1. Have Japanese use inspection score cards for slaughterhouses, dairies, milk plants, butcher shops, etc. Have these score cards on display in each establishment so that you can readily determine how frequent Japanese inspections are andhow thorough.

2. Keep your own check sheets.

3. Urge the use of the intadermal tuberculin test.

4. Check particularly on efficient tagging of carcasses and parts in the slaughterhouses.

8. PHARMACENTICAL AFFAIRS

1. See that the old drug control companies are dissolved.

2. Make an actual check or two on the working of the new ration system. Drop in at a doctor's or dentist's office and find out whether he actually has ration certificates. Check on the supplies in several drug distribution stores.

3. Be sure thatinterested groups are really out of the drug rationing business and not just behind the scenes.

4. Check on sale of controlled drugs at legal prices - especially sulfa and peninicillin.

5. In your visits to hospitals, sanatoria, etc., spot check the narcotic supply and records and enter the results on your check sheets.

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9. MISCELLANEOUS

1. Hold conferences with Doctors', Nurses' and Dentists' Associations. Find out what the status of the reorganization of these professional groups is. Try to get their interest in Public Health; point out the advantages of Public Health to them and try to get their active cooperation.

2. Have the Japanese make specific plans now to prevent the summer epidemic diseases.

3. Do not neglect your routine surveillance duties. A glance over the list of 8th Army O.D. will refresh your mind as to what these are. Try to get something done in each required activity each month.

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319.1 (700)

KYUSHU MILITARY GOVERNMENT REGION
HEADQUARTERS AND HEADQUARTERS DETACHMENT
Fukuoka, Kyushu, Japan

RWH/tmn

APO 929
11 February 1948

SUBJECT: Reporting of Major Epidemic Diseases

TO : Commanding Officer, Fukuoka Mil Govt Team, APO 929
Attn: PH Officer
Commanding Officer, Kumamoto Mil Govt Team, APO 24
Unit 1 Attn: PH Officer
Commanding Officer, Miyazaki Mil Govt Team, APO 24
Unit 2 Attn: PH Officer
Commanding Officer, Nagasaki Mil Govt Team, APO 24
Unit 3 Attn: PH Officer
Commanding Officer, Kagoshima Mil Govt Team, APO 970
Attn: PH Officer
Commanding Officer, Saga Mil Govt Team, APO 929
Attn: PH Officer
Commanding Officer, Oita Mil Govt Team, APO 24 Unit 1
Attn: PH Officer

FILE

1. Operational Directive No. 40, 8th Army, dated 5 May 1947, entitled, "Control of Major Epidemic Diseases", requires immediate reporting of cases and suspect cases of plague, typhus, cholera and small pox by the Japanese and by the MG Teams Public Health Officers.

2. The procedure for this reporting has varied among the various teams - some using telephone and some telegraph. Some teams notify this headquarters only while others report to several different headquarters.

3. The reporting procedure will be standardized as follows:

a. Team Public Health Officers will report each case to this headquarters only.

b. Report will be accomplished by telephone or by TWX, not both.

c. The format of the report will be:
Date (of report by team). Report Control Symbol Med - 16. Date (report received by team). Prefecture.City (or Gun). Disease. Number (of cases). Suspect (or confirmed). Date (report received by Japanese Health Authorities).

d. This headquarters will transmit telegraphic reports

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to those higher headquarters which require it.

e. Suspect cases of typhus should be reported "Typhus", not "Endemic Typhus" or "Epidemic Typhus". Ordinarily the decision as to whether typhus is of the endemic (murine) or epidemic type is a matter for laboratory determination.

4. Japanese doctors should be urged to be more on the alert for these diseases and to report them more promptly. In the past there have been occasions when the report of a case received by MG teams has been accompanied by a report of confirmatory laboratory tests such as agglutination reactions. Obviously the decision to perform laboratory tests indicates suspicion of the disease in question. Such a case should have been immediately reported as a suspect case before the laboratory tests were carried out.

5. It should be continually stressed that all suspect cases of major epidemic diseases should be immediately isolated and the indicated preventive measures carried out. Laboratory tests should not be employed to decide whether to hospitalize the patient or not. Hospitalize first.

6. Each Team Public Health Office should keep a roster of all cases of suspected or confirmed major epidemic disease as reported by the Japanese. A separate roster should be kept for each disease. Beginning with 1 January 1947 each case should be assigned a number when reported. On the roster should be the date on which the case was reported, the City or Gun in which it occured, and a space for entering the results of laboratory tests (separate space for those tests done by the 405th Medical Laboratory and those done by a Japanese laboratory), and the final diagnosis.

BY ORDER OF COLONEL HILTON:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

FILE
100

KYUSHU MILITARY GOVERNMENT REGION
HEADQUARTERS AND HEADQUARTERS DETACHMENT
Fukuoka, Kyushu, Japan

JDT/cmo

APO 929
6 February 1948

SUBJECT: Personnel to Operate Customs Immigration and Quarantine Service

TO : Commanding General, I Corps, APO 301

In compliance with letter, file number AG 200-1A, Headquarters I Corps, dated 30 January 1948, same subject as above completed. Inclosures 1 and 2, covering ports of Nagasaki and Sasebo, Nagasaki Mil Govt Team, and ports of Miiki and Moji - Wakamatsu - Hakata, Fukuoka Mil Govt Team are returned herewith.

FOR THE COMMANDING OFFICER

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

2 Incl. as stated

NAGASAKI MILITARY GOVERNMENT TEAM
Nagasaki, Kyushu, Japan

APO 24 Unit 3
10 February 1948

Customs, Immigration and Quarantine Personnel
(By MOS)

PORT	MOS	2120	3100	861	502	055	TOTAL	REMARKS
SASEBO (NAGASAKI MGT)	AUTH	1	1	1	1	1	5	
	FURNISHED	1	1	1 (673)	1	0	4	(SHORT (1) MAN)
NAGASAKI (NAGASAKI MGT)	AUTH	1		1	1	1	4	
	FURNISHED	1		1 (673)	1	1	4	

(By Grades)

PORT	GRADE	Capt	1st Lt	S Sgt	Sgt	Cpl	TOTAL	
SASEBO (NAGASAKI MGT)	AUTH	0	2	1	1	1	5	
	FURNISHED	1	1	1 (1stSgt)	1	0	4	(SHORT (1) Cpl)
NAGASAKI (NAGASAKI MGT)	AUTH	0	1	1	1	1	4	
	FURNISHED	0	1	1	1 (1stSgt)	1 (Pvt)	4	

FOR THE COMMANDING OFFICER

Vernon C. Hill
VERNON C. HILL
Captain CAC
Adjutant

mcl #2

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

GLA/tn

30 January 1948

AG 200 - BA

200

SUBJECT: Personnel to Operate Customs, Immigration, and Quarantine Services

TO : See Distribution

1. References:

a. Letter, this headquarters, file AG 200.3-B, subject: "Personnel to Operate Customs, Immigration, and Quarantine Services", dated 3 September 1947.

b. Letter, this headquarters, file AG 200.3-B, subject: "Personnel to Operate Customs, Immigration, and Quarantine Services, and Additional Port of Entry for Japan," dated 20 September 1947.

c. Letter, this headquarters, file AG 200.3-BA, subject: "Medical Officers for Port Quarantine Duty," dated 16 October 1947

d. Letter, this headquarters, file Ag 200.3-BA, subject: "Personnel for Operation of Customs, Immigration, and Quarantine Services at Major and Minor Ports," dated 1 November 1947.

2. Attention is invited to inclosures 1 and 2 for information and action by the following military government units:

Aichi Military Government Team
Fukuoka Military Government Team
Hyogo Military Government Team
Kyoto Military Government Team
Nagasaki Military Government Team
Shizuoka Military Government Team

3. The two inclosures reporesent tabulations of authorized personnel on TDY to military government units for the purpose of performing customs, immigration, and quarantine services at ports of entry and repatriation centers in I Corps Z/R. Inclosure #1 shows the number authorized by MOS and Inclosure #2 indicated the number authorized by grades. Note that the number of persons authorized has been entered by this headquarters.

Incl 6

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Ltr, Hq I Corps, subj: "Personnel to Operate Customs, Immigration, and Quarantine Services", dtd 30 Jan 48, cont'd.

The military government teams listed in paragraph 2 will insert figures in the "Furnished" spaces (as of 10 Febraury 1948) of each inclosure and return one copy of each enclosure to this headquarters.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

2 Incls:
As indicated

C. C. CARTER
Colonel, AGD
Adjutant, General

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

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2 CG, 24th Inf Div
2 CG, 25th Inf Div
3 I Corps PM

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

NAGASAKI MILITARY GOVERNMENT TEAM
Nagasaki, Kyushu, Japan

APO 24 Unit 3
23 January 1948

700

SUBJECT: Medical Restriction of Merchant Vessels.

TO : Commanding Officer
Kyushu Mil Govt Region
Hq & Hq Det., APO 929

1. Reference is made to the following:

a. Letter, Nagasaki Military Government Team, dated 19 December 1947, Subject: "Immunization Of American Merchant Marine Seamen".

b. Circular No. 10, General Headquarters, Supreme Commander for the Allied Powers, Subject: "Foreign Quarantine Regulations for Japan".

c. Inclosure No. 1, Letter, Sasebo Port Detachment, Nagasaki Military Government Team, dated 22 January 1948, Subject: "Medical Restriction of Merchant Vessels".

d. Inclosure No. 2, Letter, Port Quarantine Officer, Sasebo Port Detachment, Nagasaki Military Government Team, dated 22 January 1948, Subject: "Medical Restriction of Merchant Vessels".

e. Inclosure No. 3, Letter, 34th Inf. Provost Marshal, dated 22 January 1948, Subject: "Breaking Medical Restriction".

f. Inclosure No. 4, True copy of shore passes issued by Master of the S.S. Bradford City, found in possession of crewmen from vessel.

2. In compliance with telephonic instructions Kyushu Military Government Region, Hq and Hq Det., 22 January, the following report pertaining to medical restriction of two vessels now in Sasebo is submitted:

a. Attention is invited to reference a above, which requests that action be taken by higher headquarters to facilitate proper immunization of seamen entering the ports of Nagasaki and Sasebo. Reference b requires that all persons entering Japan must have in their

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

possession, proper immunization records. Or, in lieu thereof, must be detained until immunizations are completed and until such time as period of incubation of certain diseases are complete. As noted in references a, but few of the ships entering these ports have been meeting the immunization requirements of reference b. Reserve stocks of vaccine maintained at "A" company, 24th Medical Battalion, Sasebo, were depleted due to recent immunization of troops in that area. Simultaneous request for vaccine by two merchant ships exhausted these supplies. Attempts are being made to increase reserve stocks.

b. References c, d, e, and f. (Enclosures 1, 2, 3 and 4), will explains the latest addition to a long list of difficulties encountered by this team in attempting to enforce the proper safeguards to prevent world-wide spread of contagious diseases. The "Bradford City", of British Registry entered the Port of Sasebo on 18 January 1948. It was found that only a small portion of immunized. The "S.S. Joshua Thomas", of American Registry, entered the Sasebo Port on 19 January 1948. It was found that only a small portion of its' crew had been properly immunized. Due to the lack of proper immunization the ships were put under medical restriction. The two ships masters were notified that shore leave would not be permitted until proper immunization had been completed. References e and f (Enclosures 3 and 4), indicates the difficulty encountered in enforcing the restriction.

At present many cases of typhus exist within the port cities of Nagasaki and Sasebo. Because of the lack of immunity of crew members concerned action taken was justified to preclude spread of contagious diseases throughout world ports.

VICTOR E DELMORE
Lt Col CAV
Commanding

4 Encl:
1 - Ltr, Sasebo Port Det. dtd 22 Jan 1948 (5 copies)
2 - Ltr, Sasebo Port Quarantine Officer, dtd 22 Jan 1948 (5 copies)
3 - Ltr, 24 th Inf Provost Marshal, dtd 22 Jan 1948 (5 copies)
4 - True Copy "pass", (5 copies)

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

FILE

BASIC: Ltr Nagasaki Mil Govt Team, APO 24 - 3, dtd 23 Jan 48, subj: "Medical Restriction of Merchant Vessels"

1st Ind HH/ble

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 26 January 1948

TO: Commanding General, I Corps, APO 301
(Attn: Military Government Section)

1. Merchant vessels continue to arrive at Nagasaki and Sasebo with many of their personnel unimmunized or incompletely immunized. The owners and masters of these ships should be reminded of the immunization requirements, the health hazards, and the delay that results when they are not carried out completely.

2. While such violations continue, it is necessary either to refuse ships admission or to undertake the completion of the immunizations at the port. If the latter course is to be followed, better provision must be made to maintain adequate stocks of vaccine at the ports.

S. C. HILTON
Colonel FA
Commanding

4 Incls:
n/c

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

KYUSHU MILITARY GOVERNMENT REGION
HEADQUARTERS AND HEADQUARTERS DETACHMENT
Fukuoka, Kyushu, Japan

LBF/rl/tmn

~~700~~.3

APO 929
21 January 1948

100

SUBJECT: Employment and Training Course for Japanese Nurses At the 118th Station Hospital.

TO : Commanding Officer, Fukuoka Mil Govt Team, APO 929
ATTN: PH Section
Commanding Officer, Nagasaki Mil Govt Team, APO 24
Unit 3 ATTN: PH Section
Commanding Officer, Miyazaki Mil Govt Team, APO 970
Unit 1 ATTN: PH Section
Commanding Officer, Kumamoto Mil Govt Team, APO 24
Unit 1 ATTN: PH Section
Commanding Officer, Kagoshima Mil Govt Team, APO 970
ATTN: PH Section
Commanding Officer, Saga Mil Govt Team, APO 929
ATTN: PH Section
Commanding Officer, Oita Mil Govt Team, APO 24 Unit 2
ATTN: PH Section

FILE

1. Plans have been formulated to employ approximately twenty (20) licensed Japanese nurses for the 118th Station Hospital. Any duly qualified nurse that is accepted will immediately be placed on pay status and undergo a four weeks nursing training course which will commence 1 February 1948. Base pay will be ¥1,380 for a forty hour week with compensation for overtime. Uniforms will be furnished by the 118th Station Hospital.

2. Any licensed Japanese nurse interested in the above program should report to the 118th Station Hospital for interview with Captain Garthe 118th Station Hospital anytime prior to 1 February 1948.

3. Aside from the above program, Captain Garthe has agreed to accept a qualified licensed nurse selected by the team Public Health Officer and referred to Miss Baca to represent each Prefecture for this same training course upon condition that they return to their respective prefectures and institute a nurse training program. It is to be understood that these nurses are to furnish their own uniforms (two white) and their subsistence be financed by their respective prefectures.

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4. All public health officers are urged to assit in the selection of nurses qualified to participate in these programs effective 1 February 1948. Further information may be obtained by calling Miss Baca, Fukuoka Mil Govt Team, Public Health Nurse.

5. Nurses who have had refresher courses in Tokyo are not desired for either of the above programs.

6. Public Health Officers should publicize the program outlined in par 2, in newspapers, urging nurses interested to contact Captain Garthe.

7. Public Health Officers should advise Prefectural Health Officials in the selection of a nurse to participate in the program outlined in par 4.

8. Public Health Officers are requested to report on action taken by phone on to Miss Baca, Public Health Nurse, Fukuoka Mil Govt Team prior to 1 February 1948.

BY ORDER OF COLONEL HILTON:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

FILE

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

1649

HEADQUARTERS
MIYAZAKI MILITARY GOVERNMENT TEAM
APO 24, UNIT 2

BDD/ms

19 January 1948

SUBJECT: Influenza Immunizations

7002

TO : Commanding Officer, Kyushu Military Government Region
Headquarters & Headquarters Detachment, APO 929
(Attn: Public Health Officer)

1. Reference letter, your Hqs, subj: "Influenza Vaccination", dtd 16 December 1947.

2. This is to certify that influenza immunizations for this unit were completed as of 17 January 1948. Delay of completion was due to late arrival of vaccine and absence of one (1) officer and one (1) enlisted man on TDY.

Bill D. Detrick
BILL D. DETRICK
1st Lt, MC
Public Health Officer

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

NAGASAKI MILITARY GOVERNMENT TEAM
Nagasaki, Kyushu, Japan

APO 24 Unit 3
19 December 1947

SUBJECT: Immunization of American Merchant Marine Seamen

THRU : Commanding Officer
Kyushu Mil Govt Region
Hq & Hq Det., APO 929

TO : Commanding General
Eighth US Army
APO 343

FILE

1. American merchant ships are constantly arriving at the port cities of Nagasaki and Sasebo with but 30% to 90% completion of immunizations required by Port Quarantine Regulations. During the past fifteen months but two vessels have had 100% immunizations completed prior to entry.

2. Needless to say, personnel of such ships are running a personal risk by contact with the local Japanese population among whom cases of typhus, smallpox and typhoid fever are prevalent throughout the entire year. In addition, a situation is created where a potential threat of spreading these diseases throughout world ports exists. Proper immunizations carried out by medical officers assigned to this team are not considered to have sufficient time for the individual to develop immunity of such strength that protection of these seamen is reasonable.

3. Vaccines used are obtained from United States Army stocks and over a period of time come to substantial amounts with no provision for expense to be borne by the individual seamen or by the shipping company concerned.

4. It is further pointed out that an additional and unnecessary burden is placed on the personnel and facilities of this team, chiefly transportation in providing a service which should have been completed prior to departure from last United States Port.

6331

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

5. It is recommended that:

a. Steps be taken to require that Port Quarantine officials of United States controlled ports be required to adhere to current regulations regarding immunizations.

b. Or that, failing the above, additional medical personnel be assigned to this team to administer these services.

VICTOR E DELNORE
Lt Col GAV
Commanding

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

BASIC: Ltr, Nagasaki Mil Gov Team, APO 24 Unit 3, dtd 19 Dec 47, subj: "Immunization of American Merchant Marine Seamen".

1st Ind RES/tmn

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 24 December 1947

TO: Commanding General, I Corps, APO 301, MG Section

Forwarded. This headquarters concurrs in recommendation made in paragraph 5 a, basic letter.

FOR THE COMMANDING OFFICER:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

FILE

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

KYUSHU MILITARY GOVERNMENT REGION
HEADQUARTERS AND HEADQUARTERS DETACHMENT
Fukuoka, Kyushu, Japan

RES/tmn

Top
100

APO 929
17 December 1947

SUBJECT: Nursing School Curricula

TO : Commanding Officer, Fukuoka Mil Govt Team
Attn: PH Section
Commanding Officer, Nagasaki Mil Govt Team
Attn: PH Section
Commanding Officer, Miyazaki Mil Govt Team
Attn: PH Section
Commanding Officer, Kumamoto Mil Govt Team
Attn: PH Section
Commanding Officer, Kagoshima Mil Govt Team
Attn: PH Section
Commanding Officer, Saga Mil Govt Team
Attn: PH Section
Commanding Officer, Oita Mil Govt Team
Attn: PH Section

FILE

1. Enclosed herewith is one (1) copy of the curricula for Class A and B Nurses Training School.

2. Inquiry of the Japanese Nurses Training Schools as to their actions and plans regarding these proposed curricula should be made at an early date.

3. Miss Boca, Public Health nurse Fukuoka Mil Govt Team, will receive any questions that Public Health officers may have on Nursing Affairs. She may be contacted directly by letter or by telephone (Fukuoka 36308).

BY ORDER OF COLONEL HILTON:

FILE

1 Incl:
Curricula for Class A and B
Nurses Training Schools

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

The Proposed Plan of the Curriculum of the A Class Nurses' Training School

Subject of Study	Total Hours	1st class	2nd class	3rd class	Remarks
Anatomy & Physiology	90	90			(Person in charge) physician
Pathology, Bacteriology & Disinfection	70	50	20		"
Physics and Chemistry Biochemistry	45				Physics or teacher of physics & chemistry
Hygiene	50	30	10	10	Physician or nurse
Nutrition & Dietetic	120	60	60		Physician or nutritist
Pharmacology & Materia medical	45	30	15		Physician & pharmacist
Science of nursing art	585	190	245	150	Physician & nurse
An outline of Sociology & Medical social	30			30	Social worker
Pedagogy & Psychology	45			45	Visiting instructor
Legal health Regulations	15			15	Health administration
Sanitary statistics	20			20	Physician, nurse or P.H.N.
TOTAL	1115	495	350	270	

Besides, the above subjects the study of foreign languages, music bymnastic and something about culture will be studied.

The Items of the Science of Medical Nursing Arts

Subjects of Study	Total Hours	1st class	2nd class	3rd class	Remarks
History & Ethics of nursing art	20	20			
Management & Supervision	15			15	
Principles of Nursing arts procedures	100	100			Including the handling of general medical instruments & the method of patients transport
Internal medicine & its nursing arts	50	35	15		

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The Items of the Science of Medical Nursing Arts

Surgery & its nursing art	90	30	35	15	Bandaging, including orthopedics
Technics of clinical diagnosis & treatment	35	35			Including examination at laboratory
Physiotherapy	15			15	
Study of Infectious disease & its nursing art	45		30	15	Including tuberculosis Parasitology
Pediatrics & its nursing art	45		45		
Obstetrics & Gynecology & their nursing arts	45		15	30	

The Items of the Science of Medical Nursing Arts (continued)

Subjects of Study	Total Hours	1st class	2nd class	3rd class	Remarks
Dermatology & Urology & their nursing arts	30		15	15	Including venereal disease
Ophthalmology & its nursing art	15		15		
Otolaryngopharyngology & its nursing art	20		20		
Psychiatry & its nursing art	30			30	Including eugenics & mental hygiene
Dentistry & its nursing art	10			10	Oral hygiene
Technics operating-room	15		15		
General study of cases	15	5	5	5	
TOTAL	585	190	215	190	

Note; Nurses should teach nursing subjects.

The Proportion of the Weeks of Clinical Practice

Service in Ward-room		O.P.D.	
Internal medicine	15	Internal medicine	4

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Surgery	15	Surgery	4
Pediatry	15	Pediatry	4
Obstertrics & Gynecology	12	Obsterics & Gynecology	4
Infectious diseases (Including Tuberculosis)	10	Psychiatry - optional	3
Operating-room	10	Physiotherapy	2
Cooking-room	8	Otology RNT	3
Psychiatry - optional	3	Ophthalmology	3
Small Total	88	Dermatology & Genitology	3
Others	8	Dentistry	2
		Small Total	32
	TOTAL	128 Weeks	

The foundation of computation:

One year is 52 weeks. Summer Vacation, Year-end Vacation, Term-end Vacation) 4 weeks

One year contains therefore 48 weeks
Total of 3 years 144 weeks

In the first term of the first class not to have practice. (16 weeks) One week contains 6 days. One day contains 8 hours. (Saturday is a half-holiday) One week therefore 44 hours.

1st class	2nd class	3rd class	TOTAL
2,112 hours	2,112 hours	2,112 hours	6,336 Hours

The Proposed Plan of the Curriculum of the B Class Nurses' Training School

Subjects of Study	Total Hours	1st Class	2nd Class
An Outline of Anatomy & Physiology	40	40	
" of Bacteriology & Disinfection	30	30	
" of Hygiene Personal	50	30	20
" of Dietetics (Including Methods of Cooking)	70	35	35

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" of Materia Medica (simple)	20		20
" of Medical Nursing	480	240	240
" of Medical Social Work	20		20
" of Legal Health Regulations	10		10
" of House Keeping	40	20	20
Care & Development of Well Child			
TOTAL	760	395	365

Note: Besides the above subjects, the study of languages, musics, gymnastics and culture something instructive to human nature will be taught.

The Proportion of the Weeks of Clinical Practice

(Hospital Practice)		(O. P. D.)	
Internal Medicine (Including Tuberculosis)	8	Internal Medicine	2
Pediatry	8	Surgery	2
Surgery	8	Pediatry	
Pediatry	8	Obstetrics & Gynecology	2
Obstetrics & Gynecology	6	Skin-g-u. Disease	2
Operating-room-duty	4	Ophthalmology	2
Cooking-Room	4	Otolaryngopharyngology	2
Psychiatry	2	Psychiatry	2
Small Total	40	Dentistry	2
Others	5	Small Total	17
TOTAL		62 Weeks	

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The Items of the Medical Nursing

Subjects of Study	Total Hours	1st Class	2nd Class	Remarks
History & Ethics of nursing	20	20		Including the handling of general medical instruments & patients' transport
Principle of nursing procedures	100	100		
Diseases of Internal medicine	80	80		Including infectious ones & nursing
Diseases of Surgery & nursing	60	60		Including orthopedics, the method of bandage & first aid
Laborstoric-examinations	10		10	
Diseases of pediatrics & nursing	50	20	30	
Diseases of obstetrics & Gynecology & Nursing & Newborn baby	40		40	
Diseases of skin-g-u. & nursing	20		20	
Diseases of Ophthalmology & nursing	10		10	
Diseases of Otolaryngopheryn - gology & nursing	10		10	
Psychiatry & nursing	20		20	Including mental hygiene
Physio-teraphy	15		15	
Diseases of Dentistry & nursing	10		10	
Preperation of Supplies for O R Circulating nurse	15		15	
TOTAL	460	280	180	

The foundation of computation (the same as A class)

In the first term of the first class students have not practice (16 weeks)

Total Hours	1st Class	2nd Class
4,224	2,112	2,112

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1293

KYUSHU MILITARY GOVERNMENT REGION
HEADQUARTERS AND HEADQUARTERS DETACHMENT
Fukuoka, Kyushu, Japan

RES/tmn

APO 929
16 December 1947

SUBJECT: Influenza Vaccination

TO : Commanding Officer, Fukuoka Mil Govt Team
Commanding Officer, Nagasaki Mil Govt Team
Commanding Officer, Miyazaki Mil Govt Team
Commanding Officer, Kumamoto Mil Govt Team
Commanding Officer, Kagoshima Mil Govt Team
Commanding Officer, Saga Mil Govt Team
Commanding Officer, Oita Mil Govt Team

1. Reference Message Form, AG 720.3-9, Hqs 24th Infantry Division, dated 24 November 1947, and Dept. of Army Circular, Number 4, dated 22 September 1947.

2. All Military Personnel and Dept. of the Army employees will be vaccinated for influenza. Dependents of Military and Civilian personnel may be vaccinated on a voluntary basis.

3. Influenza vaccine is now available at the 118th Station Hospital. All isolated teams will submit their requisitions immediately, to the Medical Supply Officer, 118th Station Hospital. (Influenza vaccine, stock number 1-605-810, 30 cc per bottle)

4. Notification of this headquarters by all Military Government Teams of completion date of this vaccination is requested.

BY ORDER OF COLONEL HILTON:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

FILE

FILE

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

FILE

1293

HEADQUARTERS
118TH STATION HOSPITAL
APO 929 c/o Postmaster
San Francisco, California

12 December 1947

720.3

SUBJECT:- Immunization

TO : Commanding Officer, Kyushu Military Government Team, APO 929

1. Reference Message Form, 8th Army File 720.3, dated 10 November 1947, immunization of your unit with influenza vaccine will be accomplished at the Dispensary, this Hospital, at 1300 hours, 16 December 1947.

2. A roster of those to be immunized is desired. The original and duplicate of WD, AGO Form 8-117, Immunization Register, for all personnel to be immunized must accompany roster.

3. It is desired that all personnel to be vaccinated report promptly on time and date indicated above.

FOR THE COMMANDING OFFICER:

FRED VECHNAK
Lt Col., MSC
Executive Officer

8-11-8
Trans Off Mem

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

HEADQUARTERS
FUKUOKA MILITARY GOVERNMENT TEAM
Fukuoka, Kyushu
APO 929

WJD/rl

700

700

11 December 1947
47/PH/PM/#2

SUBJECT: Diptheria Toxoid

THRU : Commanding Officer, Kyushu Military Government Region, Headquarters and Headquarters Detachment, APO 929

TO : Commanding General, Headquarters I Corps, APO 301
Attn: Public Health Officer

1. The constant rise in diptheria in this prefecture makes it imperative that diptheria toxiod be made available to bring about an overall immunization program.

2. No control over this disease can be made unless diptheria toxiod is made available.

FOR THE COMMANDING OFFICER:

DAVID H. BARLOW
Captain, Inf
Adjutant

FILE

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

BASIC: Ltr, Hqs Fukuoka MG Team, APO 929, dtd 11 Dec 47, subj: "Diptheria Toxoid"

700 1st Ind REF/tmn

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 15 December 1947

TO: Commanding General, I Corps, APO 301
Attn: Public Health Officer

1. Forwarded.

2. Situation as discribed by Fukuoka Military Government Team is essentially that of the region of Kyushu.

FOR THE COMMANDING OFFICER:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

FILE

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

File

729.5

2059

OFFICE OF THE DENTAL SURGEON
118TH STATION HOSPITAL
APO 929 (Fukuoka, Kyushu)

2 December 1947.

SUBJECT : Dental Appointments.

TO : Commanding Officer
Kyushu Military Government Region

1. It is requested that the following named EM of your organization report to the dental clinic at the 118th Station Hospital at 1000 hours on the specified date opposite their name.

Benge, Carmel C.	12 December 1947.
Busch, Wayne T.	12 December 1947.
Smith, Emory H.	13 December 1947.
Brasel, Stanley	13 December 1947.
Hassey, Jasper L.	15 December 1947.
Parke, Ralph B.	15 December 1947.
Kesterson, James H.	16 December 1947.
Turner, Oscar O.	16 December 1947.

George E. Naselli
GEORGE E. NASELLI
Lt. Col. D.C.
Chief of Service.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

HEADQUARTERS
FUKUOKA MILITARY GOVERNMENT TEAM
Fukuoka, Kyushu
APO 929

WJD/kki

700

FILE

700

17 November 1947
47/PH/PM/#1

SUBJECT: Typhoid Immunizations

THRU : Commanding Officer, Kyushu Military Government Region, Headquarters & Headquarters Detachment APO 929

TO : Commanding General, Headquarters I Corps, APO 301
Attn: Public Health Officer

1. The current typhoid immunization program for Japanese Nationals has had to be temporarily discontinued because of the doubtful purity of the vaccine. Approximately 18% of those who have been immunized have had reactions.

2. All vaccine has been withdrawn from public use and assays are now being conducted to determine the fitness of the remaining vaccine for future use.

FOR THE COMMANDING OFFICER:

DAVID H. BARLOW
Captain, Inf
Adjutant

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

BASIC: Ltr, Hqs Fukuoka Mil Govt Team, dtd 17 Nov 47, subj: "Typhoid Immunizations"

700 1st Ind RFS/tmn

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 21 November 1947

TO: Commanding Officer, Fukuoka Mil Govt Team, APO 929
ATTN: Public Health Officer

1. A TWX has been sent forward to I Corps, with the information of the basic letter therein.

2. Request further information concerning lot numbers of vaccine suspected and type of reaction that occurs.

BY ORDER OF COLONEL HILTON:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

BASIC: Ltr FMGT, dtd 17 Nov 47, File No. 700, Subj: "Typhoid Immunization"

700 2nd Ind. WJD/rl

HEADQUARTERS FUKUOKA MILITARY GOVERNMENT TEAM, APO 929, 16 December 1947

TO: Commanding Officer, Kyushu Mil Govt Region, Hq & Hq Det, APO 929
Attn: Public Health Officer

1. Typhoid vaccine lot number 11, produced at the Chemo-Sero Therapeutic Institute, Kumamoto, Kyushu, has been determined by assays performed in Tokyo to have been causing the reactions.

2. Common reactions were: temperature of 102.2 Fahr. duration approximately ten hours, general physical weakness confining patient to one or two days in bed.

3. This vaccine has now been withdrawn from use and disposed of. As of 12 Dec'47 the typhoid immunization program has been resumed.

FOR THE COMMANDING OFFICER:

DAVID H. BARLOW
Captain, Inf
Adjutant

FILE

700 3rd Ind RFS/tmn

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 19 December 1947

TO: Commanding General, I Corps, APO 301, Mil Govt Section
Attn: Public Health Officer

1. Situation described in basic communication has been remedied.

2. Forwarded for your information.

FOR THE COMMANDING OFFICER:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

100

HEADQUARTERS I CORPS
APO 301 (kyoto, Honshu)

CLA/lha

AG 200.3 - BA

SUBJECT: Personnel for Operation of Customs, Immigration, and quarantine Services at Major and Minor Ports.

TO : Commanding Officer, Tokai-Hokuriku Military Government Region, APO 710
Commanding Officer, Kyushu Military Government Region, APO 929
Commanding Officer, Osaka Military Government Team, APO 25
Commanding Officer, Hyogo Military Government Team, APO 317

1. References:

a. Eighth Army Operational Directive No 32, subject: "Control of Entry and Exit of Individuals into and from Japan", dated 10 April 1947.

b. Letter Headquarters Eighth Army, AG 200.3 (MO-X), subject: "Personnel to Operate Customs, Immigration, and Quarantine Services", dated 2 August 1947.

2. Paragraph 3 of reference 1b above specified that divisions would provide personnel on a DS status from sources under their control in proper grades and ranks as designated in Inclosure 1, attached, for operation of customs, immigration, and quarantine services at major and minor ports.

3. Information is desired as to whether the designated personnel have been made available to your headquarters.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

1 Incl:
Personnel for Customs,
Immigration & Quarantine
Service.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

BASIC: Ltr Hqs I Corps, APO 301, subj: "Personnel for Operation of Customs, Immigration, and Quarantine Services at Major and Minor Ports".

1st Ind

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 5 November 1947

To: Commanding Officer, Nagasaki Mil Govt Team
Commanding Officer, Fukuoka Mil Govt Team

Forwarded for compliance with paragraph 3.

BY ORDER OF COLONEL HILTON:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

2nd Ind DHB/bmh

HQ FUKUOKA MILITARY GOVERNMENT TEAM, APO 929, 7 November 1947

TO: CO, Kyushu Mil Govt Region, Hq & Hq Det., APO 929

1. In compliance with para 3, this Hq lacks only one (1) officer to give us authorized strength in personnel for operation of customs, immigration, and port quarantine services for one major and one minor port.

FOR THE COMMANDING OFFICER:

DAVID H. BARLOW
Capt. Inf
Adjutant

FILE FILE FILE

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

BASIC: Ltr Hqs I Corps, APO 301, subj; "Personnel for Operation of Customs, Immigration, and Quarantine Services at Major and Minor Ports",

3rd Ind RES/sdb

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 13 Nov 47

TO : Commanding General, I Corps, APO 301

1. Forwarded in compliance with paragraph 3, basic communication.

2. Subject officer not as yet assigned, is the port quarantine officer authorized for the major port of Moji-Wakamatau.

FOR THE COMMANDING OFFICER

1 Incl:
n/c

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

FILE

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

GLA/af

AG 200.3 - BA

6 November 1947

SUBJECT: Personnel to Operate Customs

TO : Commanding General
Eighth Army
APO 343

1. References:

a. Operational Directive No. 32, Headquarters Eighth Army, subject: "Control of Entry and Exit of Individuals Into and From Japan", dated 10 April 1947.

b. Letter, Headquarters Eighth Army, AG 200.3 (MG-X) subject: "Personnel to Operate Customs, Immigration, and Quarantine Service", dated 2 August 1947.

c. Circular No. 8, GHQ, SCAP, dated 30 August 1946.

2. Instructions contained in reference 1b, above, designates the major ports of Moji, Wakamatsu, and Hakata as a single port operating under the Fukuoka Military Government Team. Accordingly, a single major port team consisting of two (2) officers and six (6) enlisted men has been assigned to handle the operating phases of these three rather widely separated ports of entry.

3. A recent check with the Fukuoka Military Government Team indicated that the personnel provided is inadequate for these three (3) ports, although the expected load can be handled at the adjoining ports of Wakamatsu and Moji.

4. It is recommended, therefore, that Hakata be designated as a separate major port, and that additional port personnel be provided accordingly.

FOR THE COMMANDING GENERAL:

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

BASIC: Ltr, Hq I Corps, APO 301, dtd 6 Nov 47, file AG 200.3-BA
subj: Personnel to Operate Customs.

AG 200.3(MG-L) 1st Ind

Headquarters Eighth Army, APO 343 28 NOV 1947

TO: Commanding General, I Corps, APO 301

1. Attention is invited to the SCAP instructions to the Japanese Government, SCAPIN 1801, 14 October 1947, designating Hakata and Kagoshima as ports of entry, but for Japanese shipping only.

2. The Japanese Government will furnish customs and quarantine services at these ports of entry.

BY COMMAND OF MAJOR GENERAL RYDER:

R SCHAFER
Lt Col, AGD
Asst Adj Gen

FILE

AG 200.3 - BA 2nd Ind GLA/lha

Hq I Corps, APO 301

TO: CO: Kyushu Mil Govt Region, APO 929

Attention is invited to preceding indorsement for your information and future guidance.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

WILDER A. JOHNSON
Capt., A. G. D.
Asst. Adj. Gen.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

200.3 3rd Ind ERM/pam

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 9 December 1947

TO: Commanding Officer, Fukuoka Mil Govt Team, APO 929

Forwarded for your information.

BY ORDER OF COLONEL HILTON:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

FILE
7293

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

AG 701 (MG-X) 3 Nov 1947

SUBJECT: Dispensary Service for Military Government Units

TO : Commanding General, I Corps, APO 301

1. In order to standardize medical care for military government teams, the following policy is announced:

a. The following military government units under your control are authorized to operate dispensaries:

Fukui	Miyazaki
Wakayama	Ishikawa
Kagoshima	Mie
Nagasaki	Shizuoka
Saga	Toyama

b. On approval of this headquarters other military government units not receiving reasonable and practicable dispendary service may be authorized to operate dispensaries.

c. There is attached a list of medical equi ment considered adequate for the operation of such dispensaries. This equipment will be issued on a post, camp and station basis to those military government teams authorized to operate dispensaries.

d. All military government teams will be authorized certain medical equipment for emergency treatment under appropriate Tables of Allowances.

2. This letter consistutes authority for you to authorize the above designated teams to establish dispensaries, and for such teams to draw the medical equipment listed on Inclosure 1 hereto, plus appropriate expendable medical supplies.

3. It is desired that all other military government teams turn in as surplus any medical equipment and supplies not authorized.

BY COMMAND OFMJAOR GENERAL RYDER:

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

2 Incls.
1. List of P.C.&S Equip.
2. T/A

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

LIST OF POST, CAMP AND STATION EQUIPMENT
AUTHORIZED FOR MILITARY GOVERNMENT TEAMS OPERATING DISPENSARIES
MEDICAL PROPERTY

Quantity	Stock No.	Nomenclature
1	7151000	Bag, Laundry, Small
1	3088200	Bag, Physicians, Empty
1	7712000	Basin, operating room
2	7713000	Basin, pus,
1	7715000	Basin, sponge
1	9402000	Basin, staining
2	9907500	Bed, folding
1	7717000	Bedpan
1	3098200	Bistoury, Tracheotomic, pointed curved
6	9909000	Blanket, Od
1	3104100	Blower, Powder with rubber bulb
1	7731000	Bucket
1	7731500	Bucket Kick Frame
1	9915500	Cabinet instrument, dressing, field
1	3077000	Case Diagnostic EENT, Complete
1	9409500	Chest, Laboratory, Field, Complete
1	9756500	Chest, MD Mo.1 Complete
1	9757000	Chest, MD No.2 Complet
1	3201000	Forceps, Bone Cutting, 8 1/4" Liston
2	3220000	Forceps, Dressing, 5 1/2" Straight
1	3221000	Forcepts, Dressing, 10" straight
2	3229000	Forceps, Hemostatic, Mosquito 5" st.
2	3231000	Forceps, Hemostatic, 6 1/4" curved, Rochester -Pean
2	3230000	Forceps, Hemostatic, 6 1/4" st. Parker
1	3267000	Forceps, Sponge, 9 1/2" straight, Forester
2	327000	Forceps, Tissue, Spring 5 1/2" st
6	7160010	Gown Operating
1	3687000	Hammer, Percussion
1	3336500	Handle, Bard - Parker, No.3
1	9931600	Lamp, operating, field
2	9935000	Litter, straight, aluminum
2	7160500	Mattress, cotton
4	7162000	Mattress, cover, cotton
1	3362200	Needle, Spinal Puncture, 22 gauge
1	9941000	Pad, heat, complete
3	9941500	Pad, heat, refill
1	7162800	Pad, operating
3	7163010	Phjama Coat, Summer, medium
3	7165010	Pajama Trousers, medium
6	7169000	Pillow Case
2	7167000	Pillow, feather
1	7375505	Refrigerator, mechanical, 6 ft.
1	7890500	Scale, portable, bathroom type
1	3470500	Scissor, Dissecting, straight
1	3475000	Scissors, Operating, 5 1/2" st. 1 sharp
4	7900000	Sheeting, rubber, 54"
12	7172000	Sheets, 72 x 108"
1	3528000	Specula, Vaginal, Graves

Incl 1

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Quantity	Stock No.	Nomenclature
1	3737000	Sphygmomanometer Aneroid
1	9872200	Splint set, small
1	7917005	Sterilizer, instrument, small
1	3773000	Stethoscope, ford
1	7088000	Stool Revolving Adjustable
1	9958000	Table, operating, folding
1	7929000	Tape measure, fabric
24	7173000	Towel, hand
1	7944000	Urinal Enamelware
1	9441000	Urinalysis Set, small, complete
1	9792500	Venereal Prophylactic Set
1	10900000	American Illustrated Dictionary, 1944
1	B800030*	Anatomy Domestic Animals, 1938
1	10900300	Anatomy Human Body, 1942
1	B800050*	Animal Pathology, 1944
1	10020023	Clinical Diagnosis by Lab. Methods, 1943-10th Ed.
1	B270250*	Clinical Parasitology, 1943, 3rd Ed.
1	B555631*	Control Communicable Disease, 1945.
1	10255590	Dermatology, Manual of. 1942 Ed.
1	10277520	Diagnostic Standards and Classification of Tuberculisis, 1940
1	B740430*	Diseases of the Eye, Manual of. 1941, 17th Ed
1	B740550*	Diseases of the Nose, Throat and Ear, 1942, 8th Ed
1	B271630*	Essentials of Medicine, 1940, 9th Ed.
1	B271630*	Etiology and Diagnosis of Amebiasis, 1944
1	B703391*	Fundamental Anesthesia, 1944
1	B430030*	Materia Medica for Nurses, 1942, 7th Ed.
1	B850130*	Meat Hygiene Text Book, 1944
1	B274350*	Medical Diseases in Tropical and Sub-Tropical Areas Memorandum on. 1942
1	B870090*	Methods Examination of Dairy Products, 1941
1	10570150	Military Preventative Medicine
1	B256800*	Modern Clinical Syphilogy, 1944, 3rd Ed
1	B256830*	Modern Treatment of Syphilis, 1943, 2nd Ed.
1	B436030*	Nursing Care of Communicable Diseases, 1942, 6th Ed
1	B261570*	Nutritional Deficiencies, Diagnosis and Treatment. 1943, 2nd Ed
1	10261530	Nutrition in Health and Disease, 1943, 4th Ed Obstetrics
1	B440070*	Operating Rm Technique, 1943
1	B230240*	Pathology, Text Book, 1940 Pediatrics
1	B475010*	Penicill Antibio Ac, 1945
1	B475130*	Pharmacologic Bas Ther, 1941
1	B275550*	Physical Basis of Medical Practice, 1943, 3rd Ed
1	10290520	Physical Diagnosis, 1942, 13 Ed
1	10476060	Physical Medicine, 1942
1	B443011*	Physiology and Anatomy, 1940, 4th Ed.
1	10230280	Practical Bacteriology, Hematology and Animal Parasitology, 1939, 9th Ed.

* NS-10 (Non-Standard)

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Quantity	Stock No.	Nomenclature
1	B373150*	Practical Clinical Psychiatry
1	B886150*	Practice, Veterinary Medicine
1	B282030*	Stitt's Diagnosis, Prevention and Treatment of Tropical Diseases, 2 Vol, 1942, 6th Ed
1	B480270*	Sulfanilimide Gen Prac, 1942.
1	B718350*	Surgery, A Textbook of, 1942, 3rd Ed.
1	10718455	Sergical Anatomy, Man 1
1	B200070*	The Autopsy, 1943
1	B485150*	Treatment in General Practice, 1942, 4th Ed.
1	B298030*	Virsu Rickettsial Dis, 1940
1	10924500	Webster Collegiate Dictionary, 5th Ed.

Ordnance Property

1	Truck, 3/4 ton, 4 x 4, Ambulance K.D. (SNL G-502)

* NS-10 (Non-Standard)

Incl 1

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

LIST OF TABLE OF ALLOWANCES MEDICAL EQUIPMENT

AUTHORIZED FOR ALL MILITARY GOVERNMENT TEAMS

Quantity	Stock No.	Nomenclature
1	9913500	Brassard, Geneva Convention - per individual in Medical Section
1	9429500	Chlorine Test Set
1	9777300	Kit, 1st Aid Motor Vehicle (12 unit) - 1 per each motor vehicle
1	9711000	Kit, Medical NCO M2 per NCO in Medical Section
1	9711500	Kit, Medical Officers per officer in Medical Section

Incl 2

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

BASIC: Ltr, Hq 8th Army, Off of the CG, APO 343, File AG 701 (MG-X), Subj: "Dispensary Service for Military Government Units." dtd 3 Nov 1947.

AG 701 - S 1st Ind PBR/dc/tn/sm

HEADQUARTERS I CORPS, APO 301 (Kyoto, Honshu), 7 Nov 1947

THRU:

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

1. Attention is invited to basic communication and inclosures 1 and 2.

2. Requisitions of Non-expendable Supplies will be prepared in accordance with existing instructions and submitted to Commanding Officer of the Post, Camp or Station in which your team is located using as authority for submitting requisition "Letter, Headquarters, Eighth Army (attached), dated 3 Nov 1947."

3. Requisitions for Expendable Supplies will be submitted to Medical Supply Point supplying your area.

4. It will be noted that the stock numbers used in inclosure #1 are old numbers and are now obsolete. In submitting requisitions for Medical Supplies the new Army - Navy Catalog of Medical Material will be used, using the Alphabetical Index and Conversion Table therein to find the correct Stock Number.

5. In the event that Despensaries are established as authorized, the following Medical Department Recurring Reports will be prepared and submitted:

TITLE OF REPORT	REPORT CONTROL SYMBOL	FREC	DUE DATE	REQUIRING DIRECTIVE AND/OR REFERENCES
Venereal Disease Statistical Report	N-7	Mo	Last Fri of each mo	Par 24, AR 40-210, 25 Apr 45; 8th Army Cir 184, 1946.
Med Dept, Historical Report	N-8	Ann	31 Jan	Ar 40-1005, 8th Army Cir 183, 1946.
Venereal Disease Contact Report	N-27	As Req	As REq	8th Army Cir 13 1947.
Monthly Sanitary Report	MED-3	Mo	15	AR 40-275, Par 3, 13 Sept 45 & C1 18 Sept 46: WD Cir 24, 46: AR 40-2235, W/C2: 8th Army Cir 296,46

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

BASIC: Ltr, Hq 8th Army , Off of the CG, APO 343, File AG 701 (MG-X) Subj: "Dispensary Service for Military Government Units " dtd 3 Nov 47, 1st Ind Cont'd.

TITLE OF REPORT	REPORT CONOROL SYMBOL	FREC	DUE DATE	REQUIRING DIRECTIVE AND/OR REFERENCES
Statistical Health Report	MED-11	Wk	2400 Fir	AR 40-1030, & C1; FEC Cir 64, 1947
Report Sheet of Sick and Wounded	MED-18	Mo	Last Fri of month	AR 40-1025, C1 & C2; FEC Cir 64, 1947
Report of Med Dept Personnel	MED-34	Mo	End of mo	WD Cir 3, 47; FEC Cir 66, 47: 8th Army Cir 123, 47; RAD CINCFE ZX 36447, 26 Feb 47 & Msg form AG 210.31, 8th Army, 1 Mar 47

BY COMMAND OF MAJOR GENERAL WOODRUFF:

/s/ C.C. Carter
/t/ C.C. CARTER
Col AGD
Adj. Gen.

2 Incls
n/c

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

FILE

BASIC: Ltr Hq 8th Army, Off of the CG, APO 343, File AG 701 (MG-X), subj; "Dispensary Service for Military Government Units," dtd 3 Nov 47.

AG 701 - S 2nd Ind RFS/sdb

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 13 Nov 47

TO : Commanding Officer, Kagoshima Mil Govt Team
Commanding Officer, Nagasaki Mil Govt Team
Commanding Officer, Saga Mil Govt Team
Commanding Officer, Miyazaki Mil Govt Team

1. Forwarded for compliance with basic letter and 1st Indowsement.

2. Requisitions for equipment should be forwarded this office without stock numbers. This office will fill in the new stock numbers and forward to the Medical Supply Point for this Region.

3. Additional reports not at present rendered by your headquarters and now required by 1st Indorsement. This communication will be rendered for the last week in November or for the end of the month as is applicable.

BY ORDER OF COLONEL HILTON

2 Incls:
n/c

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

700

KYUSHU MILITARY GOVERNMENT REGION
HEADQUARTERS AND HEADQUARTERS DETACHMENT
Fukuoka, Kyushu, Japan

28 October 1947

AG 200.3 - BA

SUBJECT: Medical Officers for Port Quarantine Duty

TO : Commanding Officer, Fukuoka Mil Govt Team
Commanding Officer, Nagasaki Mil Govt Team

Following letter, Headquarters Eighth Army, file AG 200.3 (MG-X), subject: "Medical Officers for Port Quarantine Duty", dated 4 October 1947, is quoted for your information:

"1. References:

a. Operational Directive No. 32, this headquarters, 10 April 1947.

b. Letter, this headquarters, 4 August 1947, subject: "Personnel to Operate Customs, Immigration and Quarantine Service" file AG 200.3 (MG-X).

2. So much of reference letter 1b, above, as pertains to the provision of medical officers (MOS 3100) to major maritime ports is rescinded. Authorized personnel to operate customs, immigration and quarantine services at the various ports, less medical officers (MOS 3100), will remain as shown in reference letter.

3. This headquarters will provide one medical officer for duty at each repatriation center and at such designated ports of entry as are deemed necessary. Where repatriation centers are located at designated ports of entry, the medical officer on duty at the repatriation center will perform the duties of port quarantine officer under the provisions of the references in paragraph 1 above.

4. In the case of other ports of entry which have no medical officer assigned, the public health officer assigned to the operating agency (the officer in addition to his other duties.

5. Reference paragraph 3 above, medical officers will be provided initially at the following locations:

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

FILE

Ltr Hq I Corps, AG 200.3 - BA, subj: "Medical Officers for Port Quarantine Duty", dtd 16 October 1947

(cont'd)

Repatriation Centers	Officer to be attached to
Maizuru	Kyoto Military Government Team
Sasebo	Nagasaki Military Government Team
Hakodate	Hokkaido Military Government District

Maritime Ports	
Kobe	Hyogo Military Government Team"

BY ORDER OF COLONEL HILTON:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

RLM/yo

700

~~AG 200.3 - BA~~

16 OCT 1947

SUBJECT: Medical Officers for Port Quarantine Duty

TO: Commanding Officer, Kyushu Military Government Region, APO 929
Commanding Officer, Tokai-Hokuriku Military Government Region, APO 710
Commanding Officer, Kyoto Military Government Team, APO 713
Commanding Officer, Hyogo Military Government Team, APO 317
Commanding Officer, Osaka Military Government Team, APO 25
Commanding Officer, Wakayama Military Government Team, APO 25

Following letter, Headquarters Eighth Army, file AG 200.3 (MG-X), subject: "Medical Officers for Port Quarantine Duty", dated 4 October 1947, is quoted for your information:

"1. References:

a. Operational Directive No. 32, this headquarters, 10 April 1947.

b. Letter, this headquarters, 4 August 1947, subject: "Personnel to Operate Customs, Immigration and Quarantine Service," file AG 200.3 (MG-X).

2. So much of reference letter 1b, above, as pertains to the provision of medical officers (MOS 3100) to major maritime ports is rescinded. Authorized personnel to operate customs, immigration and quarantine services at the various ports, less medical officers (MOS 3100), will remain as shown in reference letter.

3. This headquarters will provide one medical officer for duty at each repatriation center and at such designated ports of entry as are deemed necessary. Where repatriation centers are located at designated ports of entry, the medical officer on duty at the repatriation center will perform the duties of port quarantine officer under the provisions of the references in paragraph 1 above.

4. In the case of other ports of entry which have no medical officer assigned, the public health officer assigned to the operating agency (the Military Government team concerned) will be utilized as port quarantine officer in addition to his other duties.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Ltr, Hq I Corps, AG 200.3 - BA, subj: "Medical Officers for Port Quarantine Duty", dtd (cont'd)

5. Reference paragraph 3 above, medical officers will be provided initially at the following locations:

Repatriation Centers	Officer to be Attached to
Maizuru	Kyoto Military Government Team
Sasebo	Nagasaki Military Government Team
Hakodate	Hokkaido Military Government District
Maritime Ports	
Kobe	Hyogo Military Government Team "

BY COMMAND OF MAJOR GENERAL WOODRUFF:

Wilder A. Johnson
WILDER A. JOHNSON
Capt. A. G. D.
Asst. Adj. Gen.

MAILED OCT 16 1947 HQ I CORPS

63611

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

700

FILE

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 720.4 (14 Oct 47) CTS-N

APO 500
14 October 1947

SUBJECT: Quarantine Installations and Procedures

TO : Commanding General, Eighth Army, APO 343

1. Reference is made to Supreme Commander for the Allied Powers fourth indorsement to basic letter Fukuoka Military Government Team, Fukuoka, Kyushu, 800, dated 29 July 1947, subject: Designation of Fukuoka (Hakata) as a Quarantine Port.

2. The Japanese Government is notified in the attached memorandum that Kagoshima and Hakata are officially designated as ports of entry for Japanese shipping only and is further instructed to provide quarantine services at these ports of entry as required by Commanding General, Eighth Army. These two ports are added to the list of ports as designated in Memorandum for the Japanese Government, AG 567 (1 Oct 47)NH (SCAPIN 1787) but carry the proviso that these are ports of entry for Japanese shipping only and are not ports of entry for Allied shipping.

3. Routine surveillance is desired.

BY COMMAND OF GENERAL MacARTHUR:

1 Incl
Memo to Japanese Govt.

/s/ A. J. Rehe
/t/ A. J. REHE
Major, AGD
Asst Adj Gen

A TRUE COPY:

CHARLES L. BACHTEL
1st Lt, Sig C

FILE

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

FILE

Ltr, GHQ, SCAP, APO 500, dtd 14 Oct 47, file AG 720.4 (14 Oct 47)CTS-W, subj: Quarantine Installations and Procedures

AG 720.4(MG-L) 1st Ind.

Headquarters Eighth Army, APO 343 25 October 1947

TO: Commanding General, I Corps, APO 301

Notification of the official designation of Kagoshima and Hakata as ports of entry for Japanese shipping only is forwarded for your information and for compliance with paragraph 3 of the basic communication.

BY COMMAND OF MAJOR GENERAL RYDER:

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

1 Incl:
n/c

FILE

AG 720 - BA 2nd Ind ABH/st

Hq I Corps, APO 301, 1 Nov 1947

TO: CO, Kyushu Mil Govt Region, APO 929

Forwarded for your information and required surveillance.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

/s/ O. H. Schmidt
/t/ O. H. SCHMIDT
Major, AGD
Asst. Adj. Gen.

1 Incl:
n/c

FILE

A TRUE COPY

CHARLES L. BACHTEL
1st Lt SIG C

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

BASIC: Ltr, GHQ, SCAP, APO 500, dtd 14 Oct 47, file AG 720.4 (14 Oct 47) CTS-W, subj: Quarantine Installations and Procedures

3rd Ind

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 5 November 1947

TO: Commanding Officer, Kagoshima Mil Govt Team, APO 970
Commanding Officer, Fukuoka Mil Govt Team, APO 929

Forwarded for your information and surveillance.

BY ORDER OF COLONEL HILTON:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

FILE

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 720.4(14)ct 47)CTS-W
(SCAPIN 1801)

APO 500
14 October 1947

MEMORANDUM FOR: JAPANESE GOVERNMENT

THROUGH: Central Liaison Office, Tokyo

SUBJECT: Quarantine Installations and Procedures

1. Reference is made to memorandum for the Japanese Government from General Headquarters, Supreme Commander for the Allied Powers, AG 567 (1 Oct 47)PH, subject as above.

2. In addition to the ports of entry listed in reference, the ports of Kagoshima and Hakata are designated as ports of entry but for Japanese shipping only.

3. The Japanese Government will provide quarantine services at these ports of entry, as required by the Commanding General, Eighth Army, for handling Japanese shipping.

FOR THE SUPREME COMMANDER:

R. M. LEVY
Colonel, AGD
Adjutant General

FILE

Incl #1 ""

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

KYUSHU MILITARY GOVERNMENT REGION
HEADQUARTERS AND HEADQUARTERS DETACHMENT
Fukuoka, Kyushu, Japan

RES/rld

APO 929
10 October 1947

SUBJECT: Public Health Check Sheets

TO : Commanding Officer, Fukuoka Mil Govt Team
Commanding Officer, Nagasaki Mil Govt Team
Commanding Officer, Kumamoto Mil Govt Team
Commanding Officer, Kagoshima Mil Govt Team
Commanding Officer, Miyazaki Mil Govt Team
Commanding Officer, Oita Mil Govt Team
Commanding Officer, Saga Mil Govt Team

1. Inclosed are forms "Survey of Public Health Situation, Hospital Inspection Check Sheet, and Sanitary Engineering Check Sheet".

2. It is requested that the Survey of the Public Health Situation be filled in and forwarded to this office as soon as possible.

3. It is suggested that the remaining two forms be used to their fullest advantage. In regard to the Hospital Inspection Check Sheets the back may be used to keep progress notes of repeated inspection.

BY ORDER OF COLONEL HILTON:

CHARLES L. BACHTEL
1st Lt SIG C
Adjutant

3 Incls:
1. Check List for Survey of the Public Health Situation in a Prefecture.
2. Check list for Hospital Inspection.
3. Sanitary Engineering Check List.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

HEADQUARTERS
KINKI MIL GOVT REGION
APO 301 (Kyoto, Honshu)

RLM/yo

CHECK LIST FOR SURVEY OF THE PUBLIC HEALTH SITUATION
IN A PREFECTURE, CHECKING BOTH MG AND JAPANESE ACTIVITIES

Name of Prefecture_____ Population_____
Number of Cities_____ Number of Guns_____
Chief industries_____
Name MG Health Officer_____ Time to serve_____
Name of Prefectural Health Officer_____ Satisfactory_____
Number of people employed in MG PH Officer
Enlisted men:_____ Time to serve_____
Japanese: Interpreters_____ Doctors_____ Translators_____
Medical Care provided for Army team:
Dispensary facilities: Adequately equipped_____
Supply: Are medical chests 1 & 2 complete_____
Narcotic storage & records_____
Emergency facilities & supply_____
Number patients handled per week_____
Are dependents much trouble_____
Sick Book_____
Means of medical evacuation_____
Status of immunization of command_____
Status WD AGO 8-117_____
Reports of sick & wounded & statistical health reports_____
Are monthly physical inspections done_____
Are regular sanitary inspections done_____
Are proper health certificates prepared for mess personnel, barber_____
Are regular lectures on VD and I&R Control given_____
Status & Correctness of Medical department reports and files:
VD statistical_____ Med Dept Pers Rept_____
Sanitary Report_____ Insect & Rodent Control_____
Care of Japanese nationals employed by occupation forces:
Do the Japanese maintain an adequate dispensary_____
Are records of results of examinations on file in MG_____
Are records reviewed by MG Health officer monthly_____
How many VD contact tracing reports handled per month_____
What % of contacts were apprehended_____
Is commanding officer aware of public health problems and is he lending his full support_____
Is public health officer well acquainted with his responsibilities_____
_____ Is he fulfilling them_____
Has he made any general overall plans of action?_____
Military Government public health officer administration:
Is a log of daily activities kept_____
Is a monthly speeches of activities prepared_____
Number of speeches given last month_____
Number of important conferences held_____
Number of inspections made_____
Literature prepared_____
Posters, instructions etc_____
What are most important projects at present_____
_____
_____
What regular reports are required from the Japanese:
Monthly Activities_____ Monthly VD clinics_____
Weekly Commun. disease_____ Others _____
What special reports were required last month_____
Are copies of Welfare Ministry directives kept on file_____

Incl 1

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Does the office have a set of check sheets prepared for various inspections_____, health centers_____, hospitals_____
VD clinics_____, others_____
Do they utilize check sheets prepared by this headquarters_____
Get copies of any sheck sheets they use.
What is the status of the files_____
Are current directives all on file_____
Are folders on various activities kept_____
Are sratistics of disease incidence on file_____
Do they use the filing system suggested by this headquarters_____
Is there a liaison man assigned to the public health section_____
Are graphs, posters, charts maintained in the PH office_____

Status of Public Health Administration:

Is the prefectural health section an independent bureau directly under the governor_____
Check chart of prefectural public health organization.
Is the set up adequate_____
_____
What is being done to improve it_____
_____
What is the adequacy of the health department budget_____
Amount spent for: I and R_____ TB_____
VD_____ Pref Hosp_____
Health Centers_____
What per cent of toral prefectural budget is devoted to public health
_____
Do they have district health offices_____ In the health centers_____
Number of health centers in the prefecture_____
What is the status of the health center_____
What kind of local health administration is there_____
_____
What is the adequacy of the Japanese health officials_____
What are Japanese doing to stimulate modern health education_____
_____
Are there any means for public health education in the prefecture_____
What _____
Is there any public health research underway_____
Is MG doing anything to stimulate education_____
Are emergency medical supplies available for epidemic control and disasters_____

Preventive Medicine Activities:

What system is used for disease reporting_____
What department is responsible for it_____
What is the adequacy and accuracy of the system_____
Are any efforts made by MG to check it_____
Are disease report cards in use_____
What are the most severe communicable disease problems_____
How are they being met_____
_____
What is the general efficiency of the Japanese in epidemiology_____
Finding sources of infection_____
Finding modes of transmission_____
Determing methods of controlling spread_____
Finding cause of infection_____
Is education on disease control being sponsored for PH officers_____
doctors_____
What type of education_____
Are regular, well supervised programs of immunization for smallpox, typhoid cholera, typhus, diphtheria planned and executed_____
Is effectiveness of immunizations checked_____

Venereal Disease Control:

Does the prefectural health department understand its responsibility in VDC_____

Incl 1

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Does the VDCO know what VD control is all about_____. Is he energetic_____
How many governmentally operated clinics in the prefecture____. Number in health centers____, in prefectural hospitals_____, in municipal hospitals_____, in separate bulidings_____. How many clinics treat everyone_____, only general population_____, only prostitutes_____. How many clinics offer full time daily service_____. How many offer part time service_____. How often is part time_____
Are clinics adequately housed_____
Do they have essential equipment_____
Are case records adequate_____
What is the standard of practice_____
How many of the clinics use modern drugs_____Does the general population get priority in the use of the good drugs_____
Do private physicians use any of the modern drugs_____
What is the supply situation on these drugs_____
_____
What is the cost of treatment in the above clinics_____
Are there any arrangments for free treatment_____
What is the total number of prostitute clinics in the prefecture_____
Who pays for the treatment of the prostitutes_____
Are prostitutes cared for in approval clinics_____
Are they detained satisfactorily whi le infectious_____
How long are they detained for gonorrhea____, syphilis_____, chancroid_____
_____
How many beds are available for their isolation_____. How many beds are available for their isolation_____. How many prostitutes in the prefecture _____.
Is case tracing employed_____On what per cent of the patients_____
Is case holding employed_____What percent lapse treatment_____
Are followup tests carried out_____
Are serology tests done on pregnant women_____
Are any efforts made to encourage private doctors to carry out case holding, tracing, or follow up_____
Is there a prefectural VD committee established____ What special programs is it fostering_____
Are local committees formed_____ What do they do_____
Are there any arrangments or projects for rehabilitating prostitutes_____
Are there any movements or projects aimed at the supression of prostitution
_____
What publicity and educational projects VD are underway_____
_____

Tuberculosis Control:

Number of public sanatoria_____. Number of public beds for TB care_____
Number occupied_____. Number short_____. Number of these hospitals which are at all acceptible_____. How many cases of TB in the prefecture_____
How many of these hospitals provide and prepare the food for the patients_____
_____
Are they all serving the extra ration for TB patients____. What is the average caloric content of the diet person per day_____
Is the nursing care adequate_____. Why not_____
Are patients' relatives living at the hospitals_____ Why_____
Is the medical care adequate_____
Records_____regular check ups by xray and fluoroscopxe_____
Is sanitation adequate_____
Is isolation satisfactory_____
Are patients taught to protect others and care for themselves_____
Are all TB cases reported to the health center_____
Are all TB cases registered at the health center_____
What action does the health center take on the cases reported_____

Incl 1

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Are inspections of TB hospitals carried out regularly by MG_____. No. checked last month_____

Are check sheets used_____

Are efforts being made of put TB patients in sanatoria_____

How_____

Is mass tuberculin testing being carried out_____

How many people have been tuberculin tested so far_____

How many were tuberculin positive_____

How many of these were xrayed_____

How many actively diseased_____

How many were tuberculin negative_____

How many received BCG inoculations_____

How many families of newly discovered tuberculosis patients were examined _____

What percent of the new TB cases were hospitalized_____

Are public health nurses visiting the homes of TB patients_____

How many did they visit last month_____

Have TB control committees been organized_____. What kinds_____

What are they doing_____

What kinds of education on TB are given to public, doctors, nurses, patients_____

Is there enough xray film for TB control program_____What percent is lacking_____

Why is it lacking_____

Are there sufficient xray machines in working order_____

How many free exams were performed by health centers last month_____

Are there any other organizations giving free examinations_____

What ones_____

Are private doctors tracing family contacts_____

Is anything being done to encourage this_____

Are programs to stimulate and improve general health sponsored_____

How many mental hospitals in the prefecture: Public____, private_____

How many mental patients_____. Are they cared for humanely_____

Scientifically_____

Hospital Administration:

How many national hospitals in the prefecture_____, prefectural_____, municipal____, insurance_____, Red Cross_____. How many beds are there in all _____. How many beds are occupied_____. Are there enough beds to hadle the needs of the population_____

How many private hospitals in the prefecture_____. How many beds in them _____

How many public beds for communicable disease_____

Are regular hospital inspections made by MG_____. How many were made last month_____. Are the check sheets from this hq. in use_____

Does the Japanese health dept. inspect hospitals_____

Do they license them_____

Do they have any minimum standards which must be maintained_____

Has there been any general improvement in sanitation_____, in medical practice_____in the hospitals. What_____

What are the chief problems hindering good hospital service_____ _____

What are the Japanese doing about them_____ _____

What is MG doing_____ _____

Examine copies of check sheets.

Medical Practice:

How many doctors in the prefecture_____. Are they all licensed_____

How many medical schools_____. Are they inspected by MG_____. Regularly _____.

Incl 1

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Have teaching methods and curriculum been observed_____. Are they satisfactory_____. What is being done to improve them_____
Is the new medical education program carried out properly_____
Are there laboratory facilities for the students_____
Are they used_____. Is bedside teaching done_____. Is there any effort to improve libraries_____. Are internships satisfactory_____
Is the doctors' association active_____. What is it doing_____

What is MG doing to help improve medical pratice (speeches, literature, committees, legislation etc)_____

Are there any laws regulating medical practive, defining malpractice etc.

Is anything being done to control pseudomedical practices (acupuncture, moxibustion)_____
Are doctors being made to feel their responsibility in community health, to report cases, to prevent spread of disease, to pratice case tracing, to always practice best medicine, to educate public_____. How_____

Are there any efforts made to make doctors proud enough of their profession so that they will not tolerate bad medical practice in their ranks_____
What_____

Nursing Practice:
How many clinical nurses in the prefecture_____, public health nurses_____, midwives_____. Are they all joined in one association_____
What is this association doing_____

Is there a nursing affairs section in the prefectural health department _____
Is it headed by a nurse._____What is it doing_____

Is the new education system understood by nurses, officials and the education section_____
When will it be instituted_____. In how many schools_____
In what year will the first exams for national licensure be held under the new system_____.
Are public health nurses attending the school in Tokyo every three months _____.
Is anything being done to improve nurses' wages and position_____. What _____.
Are there any special training programs underway for public health nurses _____.
What are public health nurses doing now in the health program._____

Has a demostration nursing center been set up_____
How many nursing schools in the prefecture_____. Have they ever been inspected by MG_____

Incl 1

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HEADQUARTERS
KINKI MIL GOVT REGION
APO 301 (Kyoto, Honshu, Japan)

Check List for Hospital Inspection

Date of Inspection _____

Name of hospital: _____
Type: Nation, prefectural, municipal, private, insurance, other
owner of building and grounds: _____
What agency administers the hospital: _____
Name of director: _____
Total number of beds : _____
Type of services offered: Internal medicine, Surgery, Contagious Disease, Pediatrics, Urology, Gynecology, Obstetrics, ENT Ophthalomoligy, Psychiatry, Tuberculosis, Others: _____
(Circle applicable services)
Number of doctors on staff: _____
Number of nurses on staff: _____
Number of interns and residents _____
Number of technicians employed: Laboratory _____ X-ray _____ Others _____
Number of unskilled employees: _____
Is the hospital approved for training interns and nurses by the national government _____
Is the hospital affiliated with a medical college or a nursing school _____
Is the hospital licensed by any agencies _____ What ones _____
Does the prefectural or national government regularly inspect the hospital _____
_____
What is the average number of beds occupied per month _____
What is the average number of outpatients treated per month _____
Is the hospital open to all doctors or may only staff members treat patients hospitalized there _____
Is there any preferential treatment shown to certain classes of patients _____
Are adequate bathing facilities provided for the patients _____
Are the patients separated by age, sex, and disease _____
Does the hospital supply food to the patients _____
Is there a central kitchen _____ Is it used _____
Are patients cooking in their rooms _____ If so, why _____
Are families living with patients _____ Why _____
Are families allowed on the contagious wards _____
Are there beds and beddings supplied _____
Are laundry facilities adequate _____
Wht is the adequacy of diet ? Calories per patient per day _____
Gms protein per patient per day _____
How often do patients get fish and how much _____
How often do they get vegetables and how much _____
Are meat, eggs, or milk ever supplied _____
Are there previsions for special diets _____
Is there a dietician or nutritionist on the staff _____

Medical care:
Are adequate records and charts kept on the patients _____
Does the medical practice appear adequate _____
Are adequate X-ray facilities available: _____ Fluoroscope _____
Regular machine _____ 35mm _____ Deep therapy machine _____
Are adequate laboratory facilities available
Diagnostic _____
Pathologic _____
Bacteriologic _____
Are operating rooms and operating room technique satisfactory _____
_____ How many operations per week _____

Sanitation:
Are buildings and rooms generally clean _____
Is insect and rodent control practiced adequately _____
Do they have DDT _____ How do they get it _____
What is the source of the water supply _____ Chlorinated _____
filtered _____ Other treatment _____
Latrines: Type _____ Clean _____ Covered _____ Screened _____
Are infectious wastes and excreta disposed of in a sanitary manner _____
What happens to sewage _____
What happens to garbage _____
Is the kitchen and preparation of food sanitary _____

Incl 2

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Are isolation facilities adequate _____

Is isolation technique satisfactory _____

Medical Supply:

Drugs _____

X-ray film _____

Equipment _____

Is the coal supply sufficient _____

Are any classes, conferences, clinics conducted for educational purposes _____

_____

Are there any research projects under way _____

Does the Welfare department provide any social service _____

Are there any special arrangements for reporting communicable diseases _____

_____ for reporting births and deaths _____

Does the hospital have a narcotic license _____

Are narcotics properly stored _____

Are records properly kept _____

What is the total cost of operation of the hospital per year _____

How is this operating cost met _____

What is cost per patient per day _____

Is present budget sufficient to meet need _____

Remarks: _____

_____

_____

Recommendations _____

_____

_____

_____

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

HEADQUARTERS
KINKI MIL GOVT REGION
APO 301 (Kyoto, Honshu)

SANITARY ENGINEERING CHECK SHEET

General:

1. Is the prefecture sanitary section directly under the public health chief? _____.

2. Name of man in charge of sanitary section _____.
   Is he a medical doctor or engineer? _____.

3. How many qualified doctors, engineers and other technicians are there in the sanitary section? _____.
   Have any of these men received college training in sanitary engineering? _____.

4. What are the primary responsibilities of the sanitary section? _____.
   _____.
   Do these include water treatment, waste disposal and environmental sanitation? _____.

5. What funds are available from the budget for sanitary engineering work? _____.
   How are the ministry I. and R. subsidies matched by the prefecture? _____.

6. Are there any laws, either prefectural or municipal, pertaining to sanitation? _____.
   Is there a prefecture sanitary code? _____.
   Have any standards of water treatment and examination been adopted? _____.
   How many surplus Army vehicles has the prefecture health dept. _____.

Water Treatment

7. Extent of water filtration in the prefecture:

City	Population	Filter Type	Plant Capacity	o/o Pop. Served

   Are all of the above supplies chlorinated? _____.
   What chlorine dosages are used? _____.
   Are standby chlorinators available? _____.

8. Extent of unfiltered chlorinated supplies:

City	Population	Plant Capacity	C/2 Dosage	o/o Pop. Served

9. Are the present filtered supplies adequate? _____. Have plans been made for the expansions to meet these inadequacies? _____.
   Are the pesent chlorinator capacities adequate? _____. Are additional chlorinators on requisition? _____.

10. Are the supplies of chemicals adequate? _____.
    Is one months supply of liquid chlorine kept on hand at each plant? _____.
    Are coagulants used prior to rapid sand filtration? _____.

Incl #3

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

11. To what extent are urban populations served by shallow wells?
_____.

12. How many bacteriological examinations are made on the water supplies of each major city each month?_____
_____.
Are these performed routinely under an established sampling plan?
_____.

13. How many laboratories are able to perform the completed coliform test or a similar one?_____.
Do these include any prefectural laboratories?_____.
_____.

14. What procedures are used for water bacteriological examination?
_____.
Are samples dechlorinated when drawn from the top?_____.
Are copies of American standard procedure available to the Japanese?
_____.

15. Are supplies and laboratory equipment adequate?_____.

16. What is the percentage leakage from the distribution systems of the major cities?_____. What efforts are being made to reduce this quantity?_____.

17. What chlorine residuals are maintained in the extremities of the distribution systems?_____.
Are regular checks made of chlorine residuals?_____.
Has the U.S. Army specified chlorine dosages to be used at plants serving troops?_____.

18. Are any efforts being made to protect water sources from pollution?
_____.

Waste Disposal:

19. Extent of water carried sewer systems:

City	Population	c/o Pop. Served	No. Flush Toilets	Type of Treatment

20. What records are kept at sewage treatment plant?_____
_____. Is the B.O.D. test made?_____
Is all equipment in operating order?_____
_____.

21. Do any of these systems create pollutional problems in receiving bodies of water?_____.

22. Are any measures taken to enforce storage of nightsoil either by a specially designed benjo or storage in vaults in the field?_____
_____.
Is nightsoil collected by a municipal or private organization?_____.
_____.

23. What methods are used for refuse and garbage collection and disposal?
_____.
Are removal facilities adequate?_____.

Environmental Sanitation:

24. What are the numbers of insect and rodent control teams in each city?
_____.
Total numbers of people employed in I. and R. work?_____.
What is the state of training of the I. and R. teams?_____
_____.

25. Are supplies of equipment and insecticides adequate?_____.

26. Are all hospitals, health centers, and public latrines sprayed every 2 to 3 months with residual DDT?_____. Are theaters being sprayed?
_____.
How are payments made for this work?_____.
is DDT being used as a larvicide?_____.

27. Are sanitary inspections being made of institution, public buildings and eating places?_____.

Incl # 3

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

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KYUSHU MILITARY GOVERNMENT REGION
HEADQUARTERS AND HEADQUARTERS DETACHMENT
Fukuoka, Kyushu, Japan

OCT 6 1947

INFORMATION	COMMENT	ACTION	INITIAL	Forward To:	Remarks
				Commanding Officer	
				Executive Officer	
				Adjutant	
				Personnel	
				Supply	
				Reports	
				CI & E	
				Welfare	
				Public Health	
				Industry and Reparations	
				Resources and Commerce	
				Legal and Government	
				CPC	
				Sgt Major	
				Communications	
		✓		Typing Section	
				File	
				Message Center	
				Procurement	
				Disposition	
				Labor	
				CO MG Team	

letter & inclosures
Please type - & Return.
RBS

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

HEADQUARTERS
KINKI MIL GOVT REGION
APO 301 (Kyoto, Hoshu, Japan)

Reg Com

In Cl 2.

Check List for Hospital Inspection

Date of Inspection_____

Name of Hospital:_____
Type: National, prefectural, municipal, private, insurance, other
Owner of building and grounds:_____
What agency administers the hospital:_____
Name of director:_____
Total number of beds:_____
Type of services offered: Internal medicine, Surgery, Contagious Disease, Pediatrics, Urology, Gynecology, Obstetrics, ENT Ophthalomoligy, Psychiatry, Tuberculosis, Others_____
(Circle applicable services)
Number of doctors on staff:_____
Number of nurses on staff:_____
Number of interns and residents:_____
Number of technicians employed: Laboratory_____X-ray_____Others_____
Number of unskilled employees:_____
Is the hospital approved for training interns and nurses by the national government_____
Is the hospital affiliated with a medical college or a nursing school_____
Is the hospital licensed by any agencies_____What ones_____
Does the prefectural or national government regularly inspect the hospital_____
What is the average number of beds occupied per month_____
What is the average number of outpatients treated per month_____
Is the hospital open to all doctors or may only staff members treat patients hospitalized there_____
Is there any preferential treatment shown to certain classes of patients_____
Are adequate bathing facilities provided for the patients_____
Are patients separated by age, sex, and disease_____
Does the hospital supply food to the patients_____
Is there a central kitchen_____Is it used_____
Are patients cooking in their rooms_____If so, why_____
Are families living with patients_____Why_____
Are families allowed on the contagious wards_____
Are there beds and beddings supplied_____
Are laundry facilities adequate_____
What is the adequacy of diet? Calories per patient per day_____
Gms protein per patient per day_____
How often do patients get fish and how much_____
How often do they get vegetables and how much_____
Are meat, eggs, or milk ever supplied_____
Are there provisions for special diets_____
Is there a dietician or nutritionist on the staff_____

Medical care:
Are adequate records and charts kept on the patients_____
Does the medical practice appear adequate_____
Are adequate X-ray facilities available:_____Fluoroscope_____
Regular machine_____35 mm_____Deep therapy machine_____
Are adequate laboratory facilities available
Diagnostic_____
Pathologic_____
Bacteriologic_____
Are operating rooms and operating room technique satisfactory_____
_____How many operations per week_____

Sanitation:
Are buildings and rooms generally clean_____
Is insect and rodent control practiced adequately_____
Do they have DDT_____How do they get it_____
What is the source of the water supply_____Chlorinated_____
filtered_____other treatment_____
Latrines: Type_____Clean_____Covered_____Screened_____
Are infectious wastes and excreta disposed of in a sanitary manner_____
What happens to sewage_____
What happens to garbage_____
Is the kitchen and preparation of food sanitary_____
Are isolation facilities adequate_____

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Is isolation technique satisfactory_____
Medical Supply:
Drugs_____
X-ray film_____
Equipment_____
Is the coal supply sufficient_____
Are any classes, conferences, clinics conducted for educational purposes_____
Are there any research projects under way_____
Does the Welfare department provide any social service_____
Are there any special arrangements for reporting communicable disease _____ For reporting births and deaths_____
Does hospital have a narcotic license_____
Are narcotics properly stored_____
Are records properly kept_____
What is the total cost of operation of the hospital per year_____
How is this operating cost met_____
What is cost per patient per day_____
Is present budget sufficient to meet need_____
Remarks:_____

Recommendations:_____

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

KMCR

6 Oct 1947

SUBJECT: Public Health Check Sheets

TO: All Team Commandibg Officers
Att: Public Health Officers

1. 1. Inclosed are forms Subvey of Public Health Situation, Hospital Inspection Check Sheet and Sanitary Engineering Check Sheet.

2. It is requested that the survey of the Public Health Situation be filled in and forwarded to this offic as soon as possible.

3. It is suggested that the remaining two forms be used to their fullest advantage. In regard to the Hospital Inspection Check Sheets the back may be used to keep progress notes of repeated inspections.

By order of

3 incl.
1. Check List For Survey of the Public Health Situation in a Prefecture.
2. Check List for Hospital Inspection
3. Sanitary Engineering Check Sheet.