

HEADQUARTERS
U.S. STRATEGIC BOMBING SURVEY
(PACIFIC)
APO 234
c/o Postmaster, San Francisco

Place: Tokyo
Date: 30 October, 1945

INTERROGATION NO ***

Division of Origin: Military Analysis

Subject: Japanese Army Medical Supply Service

Personnel Interrogated and background of each:

- a. Lt General SHIMIZU, Haruji, Chief, Army Medical Materials Main Depot.
- b. Major OKUSHIMA Shoichiro, Staff member of the Medical Bureau, War Ministry.

Where interviewed: Room 238, Meiji Bldg.

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Interrogator: Captain Walter M. Drozd

Interpreter: Mr. IRAMOTO

Allied Officers Present: ~~Major Evans~~

- a. Lt. Col. Hilton
- b. Major Evans

Note: This is the report on the second interrogation of Lt. General SHIMIZU and Major OKUSHIMA, both of the Japanese Army Medical Service. The following summary indicates what was secured through actual interrogation. Additional information including statistic on the available stockpiles of medical supplies in Japanese Army military depots will be prepared and delivered to this section at a later date.

Summary:

1. The Military Medical Supply Bureau, headquarters for all army ~~medical supply depots~~ medical supply depots in Japan was located at Tokyo-fu, Tokyo-shi, Setagaya-ku, #2 chome. This headquarters was established in 1877 and has operated continuously since. Directly under this headquarters are the two main military ~~medical supply depots~~ medical supply depots which are located at Tokyo and Osaka. Radiating from these points throughout the homeland were the branch and sub-branch depots.

2. The Main Military Medical Supply Depots at Tokyo and Osaka supplied medical materials for all army troops in Japan proper and those overseas. They were established at these strategic points for logistical reasons: i.e. locations of factories producing medical supplies and availability of shipping and rail facilities.

3. Branch medical supply depots functioned in the storage and distribution of medical supplies to troops stationed in Japan proper and on order shipped supplies to sub-depots (located at port cities along the western coast) for the maintenance of troops overseas.

* These sub-branch depots served only as reconsignment points for the shipment of designated medical supplies to overseas areas.

4. In May of 1944 numerous other small sub-branch depots were set up within the interior of Japan proper. Those were small warehouses which established a dispersed pattern served as a precautionary measure against the probability of great losses of medical supplies through aerial bombardment. General SHIMIZU indicated this dispersion as the chief reason for minimizing the losses of medical supplies. (2% of total) Other measures taken to safeguard medical supplies from aerial bombardment were; storage in caves and dugouts, and the practice of covering warehouse walls with layers of cement.

5. The medical supply depot system within Japan proper followed generally the pattern of the District Armies. A branch depot was established in each army district and was responsible for medical supply in that area. When necessity demanded stocks could be transferred from one area to another.

6. Statistics of the quantity of medical supplies in storage at the end of the war were not available except for the stockpiles in the Tokyo district depots. Those were estimated as 200,000 boxes (30 kilograms each) or a six month reserve for the forces stationed in that district area. Originally a six month reserve was planned for all troops stationed in Japan proper, however this desired reserve could never be maintained. The General SHIMIZU indicated that it was only coincidental that the Tokyo district depots ended the war with such a quantity. The statistics of available stockpiles at other district depots throughout Japan will be compiled by General SHIMIZU and forwarded at a later date.

7. Shipments of medical supplies to units overseas was curtailed to an insignificant quantity with the start of the Phillipine campaign. Shipping was practically unavailable ~~however~~ shipping was leaving Japanese home ports had no space allotted for medical supplies. Some very small quantities were however shipped at different times throughout this critical period.

8. With the landings at Ligayen gulf shipments of medical supplies to Singapore and Manila were completely abandoned. The subsequent mining of Niigata and other western coast ports permitted only negligible quantities to reach the northern ports of China.

The Mukden Military Medical Supply Depot was the chief source of medical supplies for the Kwantung Armies. It was established in 1939 for the promotion of production of medical supplies. In March 1945 it was divorced from the Main Tokyo depot, not because it had reached the point of self sufficiency, but because there was little the Main Tokyo Depot could do to help it. Shipping had practically stopped and what medical supplies were being shipped were directed to points where there was a greater need. It was stated by General SHIMIZU that in the Manchurian and North China depots there ~~was~~ was only a one month supply of medical materials. General SHIMIZU was not definite on this point.

10. The Japanese Army Supply program called for the following reserves ~~xxxxxxx~~ of Medical Supplies at overseas Field supply depots. It had been planned initially to maintain a 1 yr reserve at the Singapore depot. At Depots closer to Japan only a six month reserve was planned. With the Phillipine campaign the shipments of medical supplies to these outlying areas ceased and units in the field attempted to supplement their rapidly dwindling stockpiles by exploiting local resources. An attempt had been made by the Japanese Army to deliver sorely needed medical supplies to isolated island areas. For several months prior to the Phillipine campaign some 3 to 4 tons of critically needed medicines etc were delivered monthly.