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## Deglorifying the Modernization of Public Health in Occupied Japan

Although Christopher Aldous and Akihito Suzuki offer a critique of the dominant narrative of public health reforms in Japan as a success story, they are not on a mission to downplay the significance of the occupation's policies concerning public health. On the contrary, they highlight the importance of public health for the very success of the occupation. However, the authors aim to demonstrate that the advances made were mostly in step with Japanese expectations and did not represent a significant departure from Japan's historical trajectory as established since the late nineteenth century.

Aldous and Suzuki argue that the judgment, according to which the Public Health and Welfare Section (PH&W) and its head—the influential architect of public health reform in Japan Colonel Crawford F. Sams—were responsible for extraordinary success in public health, has not been subjected to the rigorous critical scrutiny that it demands. This lack of research is accounted for by the lack of scholarly interest toward a theme that has, mistakenly, been understood as an apolitical one. The authors emphasize that the reform of public health in occupied Japan was politically charged and was presented in such a way as to enhance the reputation of the principal Allied power, namely, the United States. Another aspect of the explanation as to why this topic has been so neglected derives from the strength of the success-story narrative first created by the PH&W and then repeated in the official history of the occupation and even the schol-

arly literature concerning the occupation. In fact, the celebratory narrative of significant public health advances during the occupation is described by the authors as a testament to Sams's great success as an advocate for the work of his section, ever adept at protecting and enhancing its image.

While the authors diligently introduce the existing literature and point out its shortcomings, they position themselves in a trend in the historiography of the occupation of Japan that has been pronounced since the 1980s—namely, a tendency to highlight the limitations of the occupation's reforms and the degree to which prewar and wartime Japanese forms and patterns persisted throughout the period of Allied rule. The need to study wartime planning and its influence during the actual occupation is another trend that Aldous and Suzuki address. They state that consideration of the public health reform agenda as defined in initial occupation planning documents is imperative, as well as an assessment of assumptions and prejudices that informed preliminary policy statements. However, the short analysis almost exclusively concerns the Potsdam Declaration, the United States Initial Post-Surrender Policy for Japan, and the Basic Initial Post-Surrender Directive to the Supreme Commander for the Allied Powers for the Occupation and Control of Japan. Therefore, the nature of planning that had taken place in Washington during the war, and that had led to the statements made in these key documents, remains to be

elaborated within some other context.

Another key question in all occupation literature concerns agency. To this end, the authors put forward an important argument when emphasizing the need to evaluate the role of Japanese participants at the national and community levels, and to investigate the joint efforts made by the Americans and Japanese charged with confronting public health challenges. It should, however, be questioned whether the passivity of the Japanese side is still the conventional approach, as claimed by the authors.

The authors lead off their book with an introduction that appears to be from a PhD thesis, based on its content and structure. Thus, existing research, pertinent research questions, and expected new contributions are carefully introduced, together with the source material used and the methods applied. The structure of the rest of the book, however, offers a surprise. While two background chapters are based on a wide research literature and describe a historical narrative, the remaining chapters are built around specific types of diseases and the attempts to contain and restrict them. The last chapter is an exception and concentrates instead on the health center issue. This structure could have resulted in unnecessary repetition and continual cross-references. Obviously parallel conclusions are drawn following various chapters and the decision to introduce the pre-occupation development in background chapters leads to a few inexact cross-references to earlier chapters. However, these structural issues do not disturb the reading experience in any significant way.

The first chapter is a broad survey of Japan's disease profile from the late nineteenth century to the 1930s. Although impatient readers may find themselves asking whether the level of detail introduced is actually necessary (a question that may also emerge when reading chapter 2), the authors draw some highly relevant conclusions. They show that the Meiji government considered public health fundamental to the "Enrich the country, strengthen the military" process and that Japan succeeded in organizing the modern systems of public hygiene that reflected the latest developments in Western science regarding infectious diseases. It was, however, this premise that divided the Meiji reformers from the PH&W. Whereas the Meiji reforms were born of the challenges that Japan faced in connection with nation building, the occupation authorities' point of departure was the health of the individual, what they saw as the essential social foundation for a robust democracy.

The second chapter introduces public health problems that emerged as major social issues once the threat of acute infectious diseases had passed or had at least diminished. Furthermore, it brings to the forefront those public health advances necessitated by the demands of the Asia-Pacific War (1937–45) that served as foundations for Allied reform efforts during the occupation. Thus, the authors make a plausible claim that August 1945 was not by any means a watershed in public health terms.

Chapter 3 is the first that concentrates on the actual occupation period and is based on a wide array of documentary sources. It explores the etiology of the smallpox, typhus, cholera, and diphtheria epidemics that broke out at the beginning of the occupation. Although the actors involved in public health had little time to adjust to the rather challenging environment of defeated Japan, the speed with which epidemic control was back in action was frankly remarkable. While describing this process, the authors highlight two aspects that may reveal something important about the colonial perspective among the occupation authorities toward Japan and Japanese attitudes toward their Asiatic neighbors. First, Colonel Sams tended to exaggerate the U.S. initiative and its innovations; and second, he beefed up his modernization discourse by downplaying the level and tradition of Japanese public health activities through misleading and false statements that were even contradictory; for example, concerning the information contained in the U.S. Army Civil Affairs Handbook. The Japanese, in contrast, tended to view epidemic diseases as alien invaders and blamed their former colonial subjects on the outbreaks of epidemics.

The following chapter focuses on environmental sanitation and campaigns against insects and rodents, contaminated water, the use of night soil as fertilizer, poor hygiene, etc. The analysis of the PH&W's drive to clean up Japan, for example through the endorsement of DDT and the organization of sanitary teams, brings forth similar phenomena, as discussed already. Occupation authorities confronted the crisis and succeeded in achieving a sophisticated balancing act regarding how to emphasize their role and success and to distance themselves from the remaining problems. As the authors point out, the story detailing DDT's revolutionizing role in public health has been repeatedly quoted during the decades following the occupation.

Both the occupation authorities and their counterparts in Japanese government understood that good nutrition was a precondition of good health, and they both

linked poor nutrition to the high incidence of chronic infectious diseases, most notably, tuberculosis. Questions concerning the claimed “problem” of Japanese nutrition are discussed in chapter 5. Consequently, Colonel Sams’s suggestions that many disease-related problems could be explained through the adoption of faulty nutritional patterns (predominantly a vegetarian diet lacking animal protein) in prewar Japan are subjected to critical analysis against the background of wartime malnutrition and the relationship between diet and disease in general.

Endeavors to reduce the incidence of tuberculosis continue to be discussed in the following chapter, which also introduces the efforts to control venereal diseases. While the first-mentioned remained the leading cause of mortality among the Japanese until 1950, but had no implications for the occupying forces, the latter was directly connected with the health and efficiency of U.S. troops. The authors make well-justified arguments concerning the benefits gained through American guidance and expertise in penicillin production, but the chapter’s most striking details are connected with the occupiers’ alternative (often less-considerate) ways to approach venereal disease control. The last chapter concentrates on the health centers (*hokenjo*) as well as chronic infectious diseases like tuberculosis and venereal diseases as they were rooted in particular environmental conditions and required active community engagement to bring them under control.

The health centers offer one more possibility for the study of the continuities and discontinuities between the

prewar and postwar years. Specifically, the health centers were created by the Health Center Law of 1937, while the crucial revision to the law was made in 1947 under the occupation and guidance of the PH&W. The present study by Aldous and Suzuki does not limit itself only to the records of the central government, but introduces the local level reality through the study of local sources. As a positive outcome, the authors are capable of demonstrating the one-sided nature of the accounts provided by both the General Headquarters and Japanese health officials. While the American side, with Sams at its spokesperson, overemphasized the revolutionary nature of the changes they brought to bear on the health center system and belittled its prewar roots, the Japanese were blind to the enormous differences between the prewar and postwar health centers.

*Reforming Public Health in Occupied Japan, 1945-52* is a persuasive reconstruction of a turbulent and reform-oriented period in the history of public health in Japan. Furthermore, it is a significant addition to existing occupation literature and helps us to understand the decision-making processes in occupied Japan, as well as the limits of indirect occupation in the implementation of alien initiatives. A glimpse “inside the PH&W” that would explain the decision-making process inside the section, that is closely connected to the personality of Sams in the current volume, might be an interesting supplement to the present study; nonetheless, this book will surely take a well-deserved place in the historiography of the occupation of Japan.

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