

Disease, Discipline, and Domination: Typhus Control in Occupied Japan (1945–1952)

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ABSTRACT

This article examines disease control and prevention in Occupied Japan (1945-52). It argues that the primary concerns and disease control decisions were chiefly motivated by domestic anxieties and disease burdens in the United States along with a strong commitment to protect its personnel from infections and diseases. The creation of the United States Typhus Commission in 1942 was in line with the US motive to curb Typhus elsewhere (Middle East, Yugoslavia, Egypt amongst others) to prevent disease incidence on the home turf. American public health policy understood that the domestic rise in cases was largely caused by the import of diseases from outside America with no imminent domestic causes. The importance accorded to Typhus and its control in Occupied Japan was an extension of this practice. During and after the Typhus epidemic of 1946, the Occupation created an elaborate mechanism to trace, eradicate, and inoculate against the disease. Typhus received more attention than any other disease because its eradication and prevention aligned with fears and apprehensions of the Occupation. Racial notions of health and hygiene and othering of the Japanese body and physique resulted in efforts to subject the Japanese to immunisation, quarantines, and other forms of disciplining and control for the benefit and protection of the Occupation and its authorities who affected disease control from a safe distance.

Keywords

Typhus, Occupied Japan, Public Health, United States

The Occupation Arrives in Japan

“The Japanese had never attempted modern methods of insect control and had no such thing as DDT... thus, one of my first tasks would be to obtain DDT and sprayers from the Navy,” wrote Brigadier General Crawford F. Sams, Chief of Public Health and Welfare of the Supreme Commander of Allied Powers (Sams 1998: 34). Sams’ statement indicates his understanding of the tasks before him, but more importantly, he understood that Japan had to be “cleaned up”. He believed that, “the control of communicable diseases was the handmaiden of democracy” and that the US in Japan would, “show to the people of the Far East, what we mean by the worth of an individual, which we consider the essence of democracy” (Sams 1998: 48). Sams’ career as a military medic in the United States Army had taken him to Panama, the Middle East, and later the Philippines, giving him vast experience in disease control and sanitation. Sams echoed the current sentiments and ideologies through which the Occupation saw its role in Japan. It was there to “civilise” and “democratise”, and public health was one of the more covert manifestations of this exercise (Sams 1998: 67).

At the end of World War II, there was an atmosphere of general wretchedness, death, and disease. Japan had lost the war and poverty, epidemic diseases, malnutrition, and dreary reigned free. When the Occupation, particularly members of the Eighth Army landed in Japan, they saw a general condition of filth and malaise. *The Summation of Non-Military Activities, Public Health and Welfare* details the public health situation in Japan beginning at the end of 1945. As per these records, wildfire diseases like Typhus and Smallpox were on the rise. By March of 1946, Typhus and Smallpox had peaked with morbidity rates as high as one fifty per hundred thousand and ninety per hundred thousand respectively (SCAP 1945: 17-28). Prevention and protection became the two prongs of fighting epidemic diseases and Typhus presented the first major challenge that the Occupation faced in Japan.

Public health and epidemic disease control were intimately tied to military medicine and its practice in America’s imperial projects elsewhere. Thus, the outlook of the medics in Japan was molded and directed by their military profession. The combat of epidemic Typhus offers insights into how public health reconstruction in Japan was primarily directed to meet the needs and ensure the health of the military establishment first and foremost (Kramm 2017:

10). This study argues that the importance and eagerness to fight and control the spread of Typhus in 1946 was dictated by American anxieties and notions about Typhus and Japan, which resulted in a need to protect its military men and its frontiers from Typhus. Thus, the knowledge, fear, and anxieties around race, medicine, and public health in the United States found their way into the management of epidemics, particularly Typhus, in Occupied Japan.

Beginning in the 1930s, there was an increased interest in Typhus' nature, causes, and epidemiology within the United States. The creation of the United States of America Typhus Commission in 1942 to understand and combat Typhus beyond American borders was a step in this direction. The awareness of Typhus as a 'scourge of the armies' added to these fears (Zinsser 1935: 20). Additionally, it is also indicative of the asymmetries of power, subjectification, racism, and superiority that became inscribed on the bodies of the Japanese to prevent the spread of diseases. Secondly, the protection of American personnel took the form of control, surveillance, and regulation of the bodies of the Japanese. This included forensic laboratories, mass DDT dustings, pathological interventions, and immunisation (SCAP 1945: 50). Thus, this study examines how control of epidemics exposes and reinforces the asymmetrical power relations between the victor and the vanquished and looks at the body as a site of biopolitical management. This is also in line with existing scholarship on the relationship between colonial and imperial regimes and health. Empires put in an immense amount of effort to sustain a general level of health and well-being which translated into testaments of the success of the civilising process in the colonies or occupied territories. Often, this took the form of subjecting the colonised or the occupied to notions of health that were consistent with the objectives of imperialism.

The reconstruction of public health in Occupied Japan was one of the main challenges that was undertaken by the Occupation. Although, not often mentioned and not given as much importance as its other constitutional and economic reforms, the question of public health and the challenges it posed aligned with the goals of the Occupation in Japan. Furthermore, public health and preventive medicine became one of the many ways in which the image of the victor and the vanquished was impressed upon the people of Japan. Medicine, and its use and abuse in Japan during the period of Occupation, needs to be looked at from the context of imperialism and how the notions of race and power played into the general administration of

medicine as well as marked the bodies of the vanquished Japanese as sites of power politics and regulations.

One of the most fundamental questions that needs to be addressed is the nature of the Japanese Occupation. Certainly, the US efforts and actions in Japan were not a mere isolationist manifestation unique to Japan and East Asia. The rule over Japan and its Occupation were rooted in transnational and imperial experiences of administering former colonies and subjecting the 'heathen' to benevolent democratisation.

Typhus: The Story in the United States

Interest in Typhus and rickettsial diseases resulted from its prevalence during the First World War. Anne Hardy describes Typhus as an environmental fever that cannot survive in conditions of personal and household cleanliness (Hardy 1993: 30-32). The warfare and poverty of the twentieth century and unclean, unkempt cities and people provided the perfect breeding ground for a disease like Typhus. While plagues, cholera, and tuberculosis have been acknowledged for their debilitating effects on human populations throughout history, Typhus has not received as much attention and recognition as equally, if not far more fatal. Typhus and epidemics in general decided the fate of more wars than militaries or warfare. Historically, Typhus has accompanied the destruction of civilization. Caused by the bacteria *Rickettsia prowazekii* and spread through body louse *Pediculus humanus humanus*, Typhus has also been called jail fever or war fever which alludes to the social situations that make way for Typhus.

The movement of militaries, war, and the development of military medicine along with a concern for the health of the armies made Typhus a major concern of military medicine. Developments in bacteriology and vaccination technology enabled the study of Typhus, finding cures, and pinpointing the disease's exact causes. In 1909, Charles Nicolle identified the louse vector as the leading cause of Typhus. Typhus spread through lice and fleas when these vectors bit infected humans or animals and then carried the disease to healthy hosts. By the end of World War I, Eastern Europe had emerged as a hotspot for Typhus, stirring research into the disease and its potential cure and prevention. In Russia and Poland, Typhus

destroyed armies and the deaths were close to almost a million (Zinsser 1935: 56). By the 1930s there was a burgeoning interest in the disease and its pathology. The imminence of another war and the looming dangers of epidemics meant a spurt in research and additions to literature on Typhus.

In the United States, Typhus had increasingly become a national menace and the interest in the disease can be evidenced by the works of physicians like Hans Zinsser who provided a detailed biography of Typhus. Zinsser studied the role of diseases like Typhus in shaping European history and how it continued to shape the trajectory of contemporary societies. Zinsser's work and his contributions to the study of Typhus were influenced by his years as a military medic in the US Army during World War I. In the United States, Typhus control was closely linked with research and knowledge production by the United States Army and the United States Public Health Services. Throughout the 1930s and 1940s, Typhus and its control had taken centre stage in the efforts of public health officials. The growth of railways and an improvement in connectivity across the United States meant an easy route for vectors like rats to travel (Anstead 2020: 37). During the 1930s and 40s, there was an internal effort at vector eradication particularly because of increasing cases in the Southern United States. In Georgia alone, there was an increase in the incidence of flea-borne Typhus from 1927 to 1937. From just 51 cases in 1927 to over 1,029 cases in 1937, Typhus had become a huge domestic public health problem (Boston 1940: 619-28).

The emergence of Typhus Control Units and focused vector elimination programs was the beginning of fears and anxieties about combating the disease locally. Despite best efforts, Typhus remained a problem of epidemic proportions within the US well into the 1940s. The cases of Typhus peaked during the war years and were at their highest throughout the 1940s and 50s (Azad 1990: 553-569). One of the most probable causes of a heavy disease burden within the United States was the reduced supply of insecticides like Strychnine and Thallium from Japan and Germany respectively because of World War II. Additionally, during the war years, there was a decline in sanitation and the local production of insecticides fell and was diverted to war needs. Combined with a highly mobile population of humans and rodents, this created the perfect conditions for epidemic Typhus (Anstead 2020: 37).

The fears and rising cases of infection among the civilian population were reflected in the efforts of the US war machine. It was a question of significant importance as to how the military's health could be protected and that the disease could be prevented from penetrating the frontiers of the United States. In 1942, President Franklin D. Roosevelt constituted the US Typhus Commission which integrated Typhus into the official war policy of the United States. The main function of the Typhus Commission was to carry out Typhus control in war zones to protect members of the military. Planning for combat in Typhus hotspots and endemic regions was risky. The Commission was set up to "protect the members of armed forces from Typhus and not introduce it to the US" (Jones 1942). During the war, it was active in Africa, the Middle East, Japan, Korea, and parts of Europe, areas with US Military bases and presence of troops. The Typhus Commission was a part of the Army Preventive Medical Services under the Secretary of War, the main aim of which was to ensure the health of troops and maintain sanitation in the camps and bases in areas where the US Army was involved in combat. According to Stanhope Bayne Jones (1942), Director of the Typhus Commission, there was a low incidence of epidemic Typhus during World War II years in the continental United States. He further stated that

"...it (Typhus) occurred in this country only in occasional cases of men brought in by airplane while they were in incubation period or early stages of the disease.... On the other hand, epidemic Typhus was a constant threat in most of the theatres of operation overseas... In North Africa, the Middle East, Europe, Japan, and Korea, it occurred in severe epidemics among the civilian populations and occurred in small episodes among the U.S. Army personnel."

Thus, the reasons for Typhus in the United States were deemed external without many internal causes. According to Jones' assessment, the major route for Typhus transmission into the United States could be through troops infected elsewhere. However, this contradicts the high incidence of Murine Typhus in the Southern United States. For one, Jones' appraisal gives less credence to the domestic causes of the diseases and deems Typhus as an imported disease. Jones' view offers insight into military medicine and its ideology during the war years. There was the creation of a racial and geographic other that was responsible for the incidence of Typhus within the frontiers of the United States. What resulted was an attempt to sanitise and curb the spread of Typhus in military bases abroad. The fears and anxieties of local proportions, thus, paved the way for controlling Typhus through vector eradication and DDT dusting in Egypt, Iran, Yugoslavia and much later Occupied Japan and became a part of the official war policy of the United States.



Source: National Library of Medicine, Digital Archives, US

Typhus and American Public Health in Japan

The most common variant of Typhus prevalent all over South, Southeast, and East Asia is the Scrub Typhus. In Japan, the disease was known by different names until 1810, when Hashimoto Hakuju called it *tsutsugamushi*. By the 1900s there was an understanding that Scrub Typhus occurred within the Tsutsugamushi Triangle, a geographical region that included regions from modern-day Pakistan, Japan, and Australia (Richards & Jang 2018). Japan had repeatedly encountered Typhus, particularly Scrub Typhus, several times. After World War II, Japan faced an onslaught of several epidemic diseases but the Typhus epidemic offered the most pressing challenges.

By the winter of 1945, there was an uptick in the number of Typhus cases with Hokkaido, Miyagi, Akita, Hyogo, Tokyo, and the Kobe-Osaka region having the highest disease burden (SCAP 1945-52, 1950). By early 1946, there was a sharp increase in the incidence rates of Typhus which peaked above 60 per 100,000. By March 1946, the infection rate was almost 160 per 100,000 and had peaked (SCAP 1945-52, 28-35). Similarly, rates of Smallpox infections were also on the rise during this period, however, they remained lower than those

of Typhus. However, this is not to say that Smallpox was not as widespread or concerning. It generated much less interest amongst the Occupation. Mainly, the Occupation was much more interested in Typhus than Smallpox because the latter was not of great concern to the military and the Occupation. Second, the domestic pressures and fears that Typhus generated in the United States was missing in the case of Smallpox. This is supported by the lack of equal concern in tackling and containing the disease as much as Typhus. The latter, because of its close history of being a major 'camp disease' and a need to protect the Army generated more interest and thus, more control mechanisms. In the years following the Typhus epidemic of 1946, the Occupation created a strong mechanism to counter and contain Typhus during its most active phase in the winter months. The extra layers of cloth which were usually unwashed and filthy attracted fleas and lice during winters leading to a Typhus epidemic.

The Occupation had, by the end of 1946, some experience with tackling Typhus. However, the end of the War had led to a highly mobile population. Repatriation efforts and migration to and from Japan by workers and soldiers had to be monitored. The Occupation's Public Health Department, thus, had to develop a mechanism through which disease control and prevention could be affected (SCAP 1945-52: 50). The Occupation prepared for the next season of epidemic Typhus by focusing on contact and case tracing, vaccination, and disinfection. Typhus and its control were mainly the purview of the American officers who had dealt with the disease. However, the practice was much more de-centralised and made inroads into each prefecture and the life of most people, and subjected them to close state scrutiny. This was particularly true for those areas that had been epidemic hotspots like Hokkaido. The Occupation and its American public health workers were largely involved with knowledge dissemination to the local Japanese healthcare workers, school teachers, and municipality workers. Civilian efforts were thus fundamental in fighting Typhus in the immediate post-war years (SCAP 1947: 10). There was a great focus on not just training, but also re-training by the military government. Additionally, the need was felt to ensure that people engaged in Typhus control were full-time employees and trained in all aspects of Typhus control.

Records and manuals like *Rickettsial Diseases in Japan and Korea* reveal the Occupation's strategies for tackling Typhus. However, alongside the information on prevention and

protection and meticulous and detailed instructions on the dosage and quantities of vaccine and DDT, there is always more than what meets the eye. The Occupation arrived in Japan in mid-1945 and by the end of 1946 it was able to put together a vast corpus of information on the epidemiological history of Typhus in Japan. During the epidemic of 1946, the Occupation was particularly active in collecting data which then formed the basis for creating a programme to control Typhus. It was with great precision and the benefits of having attempted vector and disease control in its erstwhile colonies that the Occupation was able to easily and quickly set up its public health administration in Japan. Additionally, the Occupation was a foreign power and had to navigate cultural and linguistic barriers to attempt knowledge dissemination across the length and breadth of Japan. Typhus was known by various names but the one that most commonly appears across Occupation posters, that called for mass DDT dusting and vaccination drives, was *Chifusu*.

Through radio, magazines, and newspapers the Occupation advertised and publicized its educational programmes. Much of the material and correspondence was in Japanese. This also makes it implicit that there was a great amount of civilian and local coordination to not just collect data about the past incidences of Typhus in Japan, but also a large cadre of civilians was raised to put across the vision of the Occupation in terms of disease control and sanitation. Thus, the Occupation and its American employees were directing Typhus control by remaining at a safer distance from the hotspots. Hence, the extensive machinery that supported the activities of public health reconstruction rested on the efforts of the local population.

Conclusion

The Occupation of Japan and its reconstruction of public health and civil amenities in Japan has been lauded as one of the most successful ventures during the Occupation. In American accounts, particularly those of the officers like Crawford F. Sams, who directed public health and disease control in Japan, the efforts of the American Occupation were necessary and commendable. Largely, the narrative that followed the efforts at disease control and management in Occupied Japan painted a picture of the Occupation that was selfless in its efforts and committed to promoting and protecting the health of a people and nation that had been destroyed by the war and then the atomic bombs. However, a closer examination of the

nature of the Occupation's public health policies and their underlying motivations reveals that the most fundamental goal of promoting disease control in Japan was to ensure the health and safety of the Occupation's personnel.

The language of the Occupation, and its policies were also dictated by an understanding of Japan that made it a territory that was dangerous and prone to disease and malaise. The Americans were thus faced with a new enemy in a former enemy territory and had to tactfully combat diseases to successfully administer Japan. Epidemic disease control also followed a certain pattern where one epidemic disease was more important than the other. Typhus emerged as a matter of great concern because of two reasons. That the United States had been particularly careful and anxious about its domestic burden of Typhus. The internal load of cases had increased substantially during the war years and the disease was understood to have foreign origins. It was carried by the soldiers serving abroad and was hence brought into the United States. This resulted in massive efforts to curb Typhus in countries with US military bases to protect its military men and its domestic frontiers from the effects of Typhus. The elaborate programme in Japan and the care and attention accorded to Typhus was an extension of this fear. To achieve its aims the Occupation set in motion detailed training, inoculation and quarantine programs that controlled and manipulated the autonomy of the Japanese body to protect the Occupation officials. Thus, the bodies of the Japanese became a site for almost constant state monitoring, from contact tracing and symptom checks to DDT dustings and forced quarantines and inoculations. Finally, American public health in Japan operated in a way that it created a distance between those who implemented disease control and those who benefited from it. Thus, public health provided an avenue for the Americans to administer a foreign territory well but remain away and protected at a safe distance.

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Poornima Nair is a doctoral scholar at the Indian Institute of Technology-Madras. Her research looks at the reconstruction of public health in Occupied Japan. Particularly, she is interested in understanding how medicine and public health were manipulated to further Cold War ambitions in Japan.

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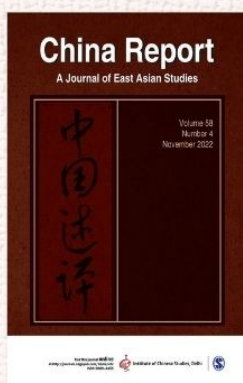


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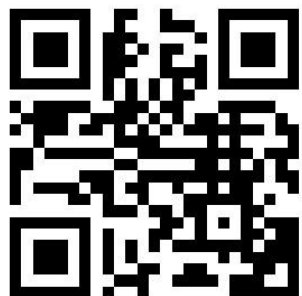
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