

Disabled War Veterans during the Allied Occupation of Japan

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Japan's disabled veterans had expected to be supported by the state upon their return home, but instead found themselves disenfranchised by the process of 'demilitarisation and democratisation' instigated by the Allied Occupation. The Supreme Command for Allied Powers (SCAP) terminated special state benefits for its disabled veterans and directed the Public Health and Welfare Section (PHW) to draft social welfare legislation that required equal treatment of civilians and demobilised military personnel despite the sentiments of officials at the Japanese Ministry of Health and Welfare who felt that veterans were entitled to preferential treatment.

Having lost their wartime privilege, Japan's disabled veterans had to seek other ways to survive in the economically bleak days that followed in the wake of World War II. In a 1949 article, 'Can the disabled veterans be saved?' Imamura

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Yuzuru, the then Welfare Commissioner at the Japanese Ministry of Health and Welfare's Social Affairs Bureau, described the conditions of disabled veterans in the period following the war. Imamura gave examples of two activities in which disabled veterans were engaged – begging in the streets and on the trains, and social activism through organisations such as the Japan Hospital Patients' Alliance. Although he acknowledged that there may be different interpretations of these activities, the former, he suggested, indicated a sense of despondency amongst the veterans, whereas the latter betrayed their hope and then resistance toward government policies.

These two types of activities, he suggested, resulted from conditions which stymied meaningful measures for disabled veterans in the post-war period¹. Imamura posited that disabled veterans were driven to begging in the street and agitating in Inpatient Associations because of their treatment at the hands of the Japanese government and the Allied Occupation forces. In this paper I further explore the link between the views of the Allied Occupation's Public Health and Welfare Section (PHW) and the Japanese Government's Ministry of Health and Welfare to such patient activities, and how it shaped their eventual policy toward war veterans. I first outline Occupation policy toward disabled veterans in the immediate aftermath of the war, then look at the response of the veterans to these policies. I then look at the response of the PHW and Ministry of Health and Welfare to such activities and negotiation of policy for these veterans in light of constraints imposed by the 'democratisation and demilitarisation' reforms implemented by the Occupation forces.

Occupation Policy toward Disabled Veterans

Japan terminated its special state benefits for disabled veterans when it accepted the Potsdam Declaration on 26 July 1945. The Occupation forces' aim of democratisation and demilitarisation had considerable influence on disabled war veterans. During the Occupation, the GHQ's Public Health and Welfare Section (PHW) worked with the Ministry of Health and Welfare to implement measures targeting disabled persons.

After the end of the war the Japanese government sought to provide swift aid to maimed war veterans and repatriates. Newspapers also served as a platform for those advocating that the government support former soldiers and their families². On 22 August the Japanese government established a foundation for

bereaved families, disabled veterans and former soldiers to help them with finding work³.

However, these first attempts by the Japanese government were halted by the Allied forces. On 2nd September, immediately after the signing of surrender documents aboard the Missouri, General Douglas MacArthur issued his first command which froze all military-related facilities and materials until the end of the Occupation.⁴ Such facilities included military hospitals and convalescence homes which accommodated many disabled veterans at the time.⁵

From November 1945 to February 1946, the GHQ issued an order abolishing Japanese government plans for providing relief to former soldiers and civilians affiliated with the military. As disabled veterans were included in these categories they were also affected by these reforms. An initial project of the GHQ was hospital reform. On 19 November, on the basis of a memorandum on army and navy hospitals, hospital facilities were returned to the Japanese government. The memorandum specified that the hospitals were 'to be transferred to the Ministry of Health and Welfare as it had responsibility for the medical care of general citizens' and that 'the medical care provided in these various facilities would not be limited to disabled war veterans or their families'.

The Japanese government intervened by asking the Allied forces to consider re-establishing military hospitals in light of the social condition of the large number of demobilized forces and repatriates but, following the transfer, the Ministry of Health and Welfare decided that from 1st December military hospitals would now become 'national hospitals', and would thus be administered by the state. They would be open to citizens but would continue to accommodate repatriates and treat injured soldiers. In addition, the 53 facilities under the jurisdiction of the Military Hospital Authority, which had responsibility for caring for disabled veterans during the war, were also to be transferred to the Ministry of Health and Welfare in accordance with the memorandum on the administration of military convalescent hospitals dated 13 November, and opened to the general public. On 1 December these would become national medical centres.⁶ The Occupation forces asked the Ministry of Health and Welfare to reform policy on the accommodation of patients in accordance with its directive on hospitals and medical facilities. The Ministry of Health and Welfare issued 'regulations on national hospitals' on 28 December. This specified that national hospitals would accommodate those 'requiring medical treatment from the state'. Specifically, these would be (a) persons suffering an illness as a result of public duty or service; (b) war victims; (c) repatriates; (d) recruits who suffered injury in public service; and (e) persons requiring treatment in other countries, and if, after

admitting these patients, there was still space it would accommodate general patients. However, in reality patients, including war veterans undergoing treatment, were given priority.⁷

As part of its democratisation reforms, the Occupation forces also terminated payment of pensions to former soldiers and military personnel. On the basis of SCAPIN* 338, 'Pensions and Benefits,' dated 24 November, 1945, all public and private pensions and other payments of wages and assistance were terminated and pensions for war veterans halted. This took effect from 1 February of the following year and all veterans, except for a minority of gravely injured veterans, lost their pensions. It was the Allied view that such privileges had been gained by a militarism that had sacrificed the lives of many, and which therefore should be abolished. The Occupying forces encouraged the Japanese government to replace the old pensions system with a 'fair social security system' that covered all citizens.⁸

The Occupying forces intervened where it felt that the Japanese government's pre-war policies, even those that did not deal specifically with the care of disabled veterans, gave priority to such persons – an activity it considered unfair. SCAPIN 775, 'Public Assistance', which was issued on 27 February 1946, set forth regulations on the provision of social welfare and formed the basis of how disabled veterans would be dealt with under the Occupation. SCAPIN 775 specified three fundamental principles: 1) operational responsibility, 2) no discrimination or preferential treatment, and 3) no limitations on the amount of aid furnished. It was under the principle of non-discrimination that measures to support former soldiers and military personnel, including war veterans, were terminated, and under which a social welfare policy that would treat all citizens equally was to be devised.⁹

Despite the constraints imposed by the occupying forces, the Ministry of Health and Welfare managed to maintain the pre-war system under which it cared for disabled veterans. In February 1946, the Military Hospital Authority, which had jurisdiction over disabled veterans, was abolished. The Ministry of Health and Welfare continued employment assistance in the Labour Bureau (later called the Employment Security Bureau), Medical care in the Medical Bureau, and the provision of artificial limbs, assistance with medical expenses and the like through the Social Affairs Bureau. In addition, the Department for Blind Soldiers, which was responsible for the care of many disabled veterans, was made a

* SCAPIN – Instructions of the Supreme Commander for the Allied Powers.

charitable organization and became the Association for the Protection of the Blind. In February of the same year, the Ministry of Health and Welfare unilaterally dissolved the Great Japan Association for Disabled Veterans and established it, the month thereafter, as a foundation.¹⁰

Although the Japanese government had hoped to continue providing assistance to disabled veterans as an alternative it established comprehensive livelihood protection legislation that would provide assistance equally to civilians and former military personnel. A major concern for the PHW was whether the Livelihood Protection Bill proposed by the Japanese government would violate the non-discrimination principle in SCAPIN 775. However, on 9 September 1946 the National Diet enacted the Daily Life Protection Law. Initially the Ministry of Health and Welfare had planned to provide assistance to disabled veterans under a provision in the legislation for indigent persons. Ultimately, however, as the legislation was based on the non-discrimination principle, disabled war veterans were grouped along with ordinary indigent persons.¹¹

Disabled War Veterans and Inpatient Associations

Many of the disabled veterans in national hospitals (former army and navy hospitals) experienced dramatic changes during the Occupation period. The memorandum on army and navy hospitals, which had opened national hospitals to the general public, included an announcement of the termination of free medical health care and preferential treatment for veterans. An article in the 5 August 1946 issue of the *Asahi Shimbun* entitled 'Disabled veterans left to fend for themselves in a cold world' described the predicament faced by disabled war veterans in national hospitals:

There are as many as 55,000 disabled veterans in the 119 national hospitals, both large and small, which have been moved from under the jurisdiction of the Army to the Ministry of Health and Welfare. The government's budget for these hospitals is 180 million yen - the equivalent of 2.5 yen per patient for food, and 1 yen for medical care, a meagre sum of 3.5 yen per patient.

The article also described the poverty of war veterans who sold their possessions on the black-market just to get enough food to eat. It also implicitly criticised the government for its treatment of these disabled veterans by asking, 'Is this the fate

of those wounded soldiers who we once extolled with the words ‘protect the wounded soldiers who protected our country?’

From April 1946, patients in national hospitals started campaigning for improvements to patient welfare, livelihood protection, and against militarism. Before long, the Inpatient Association joined the campaign. Disabled soldiers at Sagami National Hospital and Tokyo No. 2 National Hospital played central roles in these campaigns. The Inpatient Association’s original objectives were independence and mutual assistance but, because of the grave shortages of materials required by hospitals, such as gasoline and coal, the association initially focused its activities on the resolution of such problems.¹² However, the Inpatient Association gradually became more political, and a growing number of patients started becoming involved in its activities.

The decision by the Ministry of Health and Welfare, in December 1946, to evict about two hundred patients to accommodate repatriates galvanized patients at Sagami National Hospital, who protested against the way in which national hospitals across the country were administered. Patients called the hospital’s actions unlawful and coercive because it put the lives of evicted patients in jeopardy. The leadership of the Inpatient Association complained: ‘None of the patients has a home to go back to. The hospital’s unilateral decision to send everyone away by the 27 is awful’.¹³

On 20 December the Japanese Communist Party and patients affiliated with the party banded together to demand improvements in the administration and service of the hospital. Their demands were as follows:

- Absolute opposition to hospital evictions
- An end to unethical behaviour (particularly the black market sale of hospital supplies) by hospital employees
- Investigation of Misugi, the director of general affairs
- Establishment of livelihood protection rights after leaving hospital
- Provision of artificial limbs for amputees¹⁴

This movement developed at national hospitals immediately after disabled soldiers lost their privileges, and it further stimulated the formation of patient groups across the country. Under the direction of the patients at Sagami National Hospital and Tokyo 2 National Hospital, the Japan Hospital Patient Alliance, formed in March 1947 and had at its height as many as 53,000 members in 130 national hospitals.¹⁵ The Occupation forces and the Japanese government

were worried about communist influence within the Alliance and kept a close eye on its affairs.

In May 1947, the Ministry of Health and Welfare announced that from June of that year national hospitals would start levying fees for medical treatment. The Ministry estimated that there were a total of about 10,000 patients in national hospitals and about 20,000 in convalescence homes. The Ministry of Health and Welfare suggested that although free medical health care for patients would be abolished these patients would be provided for under the Livelihood Protection Act. In response the Tōhoku National Hospital & Convalescence Homes Joint Committee made a decision to continue its provision of free medical care, and asked the Ministry of Health and Welfare to increase the patient assistance by 7 yen per person per day.¹⁶

The introduction of medical fees sent shock waves through patient communities. On 31 July, the president of the Kyūshū branch of the JNHPA, Umeki Keizō, and several other members attended the National Health and Welfare Association meeting, and petitioned against the introduction of fees in national hospitals because tuberculosis was one of the most common illnesses amongst veterans. Umeki had the following to say about the Ministry of Health and Welfare's introduction of fees:

Please look and see how utterly confused we are – the treatment of tuberculosis takes time. For those like us who have no income to speak of, it would be impossible to pay 35 yen a day for treatment in hospital.

He further protested that only 2 in every 100 persons would actually benefit from the livelihood protection legislation as envisaged by the Ministry of Health and Welfare.¹⁷ This issue spurred patients to rally around each other. When the first joint meeting of the JNHPA was held in December of the first year they outlined four objectives with regard to the promotion of patient welfare: the establishment of a medical service programme, the construction of special dormitories, assistance with finding employment, and government provision of livelihood protection for patients.¹⁸

Reform of the 'Un-demobilised Person Payment Act' was planned in response to the political pressure from patients who were unable to pay for their own medical care. In December 1948, parliament reformed the law to supplement assistance with medical fees, and to provide disability pensions for those who had recovered from injury within two years of leaving the military.¹⁹

However, disabled veterans had no alternative to remaining in hospital. Until the summer of 1949 there were as many as 5,000 disabled veterans in national hospitals. The Ministry of Health and Welfare also attempted to provide these veterans with assistance finding employment but, for many, opportunities to work were few and many eventually lost their desire for independence.²⁰

GHQ Intervention in Reporting on Disabled Veterans

The GHQ feared that reporting sympathetic to the difficulties faced by war veterans would lead to criticism of the occupying forces and censored reporting on the insufficient care veterans received from the Japanese government. In the summer of 1947 a Japanese newspaper attempted to publish an article on the destitution of disabled war veterans but the PHW censored this arguing that only 'correct' information was to be provided to the Japanese people, and introduced a system of censorship.

On 13 August 1947 it was reported that families of soldiers not yet repatriated would be given financial support under the Daily Life Protection Law. Hitotsumatsu Sadayoshi, Minister of Health and Welfare, said the following at the House of Representatives Returnee Special Committee:

After the war campaign, maimed public servants who had been attached to Japanese army and navy had the same privileges as those of general public servants We understand that help will shortly be provided to those military that have lost their pensions and are living their old age in hardship.

In addition, Hitotsumatsu explained that there would be relief for war veterans: "Tokyo metropolitan government has implemented a proposal that includes a relief budget of 3.6 million yen for war veterans'. The Occupation forces immediately sought clarification from the Ministry of Health and Welfare. On 23 August, vice-minister of the Ministry of Health and Welfare Kasai Yoshisuke explained to the head of the PHW, General Nelson Neff, that Hitotsumatsu had been mistranslated:

Welfare Minister Hitotsumatsu and members of the Committee are well aware that the protection of the needy must be undertaken fairly and without discrimination and specifically that the former servicemen and civilians employed by army or navy should not be given a preferential

treatment...They (The Tokyo Metropolitan Government) understand perfectly that they are not to extend preferential protection only to wounded or sick veterans, and they have no intention of doing so.²¹

Neff accepted Kasai's explanation of event saying:

It would appear that the Jiji Press story of August 13, 1947 was most misleading as only a part of the excerpts from the Welfare Minister's statement were included in the story. It further appears that the Minister's understanding of the Daily Life Security Law and its operation is adequate and in accord with the principle of SCAPIN 775.

Neff asked Kasai to find a way of passing on the government's policies to government officials across the country. Kasai complied, saying: 'To avoid any misunderstanding on the part of prefectural welfare officers or governors, a communication is once again being forwarded to the governors advising them that preferential treatment will not be countenanced by the Ministry of Welfare.'²²

The *Asahi Shimbun* carried another article on 22 August, this time on pensions for disabled veterans. In an interview a member of parliament was quoted as saying: 'Pensions are meagre compared to average earnings these days. The present system has been implemented on the basis of orders by the occupying forces but we wish to increase pensions. I have proposed a ten-fold increase in the amount of support'. In response to this Neff had the Civilian Intelligence Section of the GHQ censor reporting on pensions for former soldiers. Although Neff opposed providing pensions to disabled war veterans, he recognised that they were still entitled to care unrelated to their status as former soldiers and asserted that mistranslation was at the root of misunderstanding regarding the provision of benefits.²³

Emblematic of the insufficiency of aid for disabled veterans was the spectacle of 'heroic figures garbed in white' (*hakui no yūshi*). Before and during the war, veterans dressed in distinctive white uniforms were revered by the Japanese people. After the war, however, they were reduced to begging on trains and in the street, and were gradually viewed with disgust. The government's response was to prohibit these white-garbed veterans from begging.²⁴ In reality police rarely arrested them. Police officers and railway employees were generally sympathetic and could not see the point of the prohibition, and recognising that the prohibition would only cause further hardship they tended to turn a blind eye.²⁵

The white-garbed veterans also caught the attention of the GHQ whose particular concern was the insignia they wore. The GHQ felt that this might attract the sympathy of the public and evoke nostalgia for Japanese militarism. The occupying forces also felt that wearing of the Japanese army insignia ran counter to their goal of eliminating militarism. On 13 August 1948 General Douglas MacArthur made the following announcement regarding insignia:

The Japanese make a clear distinction between “decoration” (*kunshō*) and “badges” (*kishō*). The latter are not awards in recognition of valor, merit or services, and do not entitle the recipient to special benefits or privileges. Badges bestowed on wounded soldiers and on bereaved families, which the demobilization and welfare agencies have been awarding, belong to this latter category...It is considered that the continued conferral of these two types of badges will do no harm and does not conflict with the objectives of the Occupation. The Japanese authorities will therefore be permitted to present these badges, although they are not to be encouraged to do so.²⁶

Two days after the announcement, the PHW and the Ministry of Health and Welfare met to discuss the wearing of military insignia. The PHW recommended that insignia should not be appropriated for the begging whether for public or private welfare, and should not be worn publicly whilst engaging in such activity on the streets: “These badges or medals are not to be publicly displayed or worn in connection with public and/or private welfare fundraising or for the purpose of street solicitation or begging. The Japanese authorities will take appropriate measures to prevent and suppress the wearing or display of these badges for such purposes.”²⁷ The PHW saw military insignia as a problem but because they did not consider it a public order issue they did not intervene further.

The Public’s View of Disabled War Veterans

Although the GHQ censored articles about disabled veterans, the letters to the editor section of newspapers revealed much about the conditions of these veterans under the Occupation. Newspapers were one of the few ways disabled veterans could express their opinions and appeal to the public. One disabled veteran, Yatsu Hiroshi, complained in a newspaper, ‘We cannot possibly survive on our meagre disability allowance’. Disabled veterans, Yatsu said, could not rely on the government so he appealed to former soldiers to unite to overcome hardship and encouraged them to form an alliance to support each other.²⁸ In a

letter to the editor another veteran, Takada Kazuo, wrote of his experience of the public's attitude toward disabled veterans. Takada said that the general public exhibited no understanding toward disabled veterans. He however recounted an incident in the Asakusa neighbourhood of Tokyo where he went with a friend. Upon entering an establishment the pair handed over a 10 yen note for admission but the lady at the ticket booth refused their payment and invited them to come in. She even found them seats although the place was full. Takada spoke of how deeply he was moved by this encounter. So touched was he by this woman's compassion that he felt himself recovered: 'all of the recalcitrance left me and I vowed to start my life afresh with a feeling of purity'.²⁹

Many members of the public who had met veterans in daily life expressed their sympathy in letters to newspaper editors. Kato Yoshitaro had witnessed white-garbed veterans buying fish, vegetables and other items on the black market and said he was surprised to discover that disabled veterans received no payment while in hospital. 'Is this the best care the government to provide to these veterans who went to war for our country, and who have succumbed to illness fighting in extreme heat in sweltering lands?' he asked.³⁰ Junior secondary school student Abe Tadayuki was surprised to learn that five whole years after the end of the war these so-called white-garbed soldiers could still be found in the street. 'Is it not to these people we owe our lives?' he asked, insisting that they should be put in charge of toy factories.³¹ He appealed to think about the conditions of disabled veterans, expressing gratitude toward them and complaining about the government.

Not everyone was sympathetic, and some regarded the white-garbed veterans' 'fundraising' a problem. One witness to such activities by the veterans on trains spoke of her experience:

Have you come back? I am sorry to ask again. I know I must be a nuisance but... he would start by saying. Half in supplication, half in aggression they would go around looking for money – you could see that passengers really felt in a bind.³²

War veterans living in hospitals also had conflicting opinions about asking for money in public. One veteran at Sagamihara national hospital revealed his feelings: 'I hate it, it's like begging, people look away. Some railway workers have no compassion and then they start to argue'.³³ Considering the public's attitude toward patients who asked for money, the National Hospital Patient Alliance asked veterans in hospitals to avoid engaging in such activity in the streets.

However, this was a tall order for those white-garbed veterans who relied on this income to meet their daily needs.

The presence of 'fake disabled veterans' heightened public suspicion toward fundraising veterans. The 22 November 1948 issue of the *Asahi Shimbun* carried an article describing an incident involving fake veterans. On 20 November a reporter for the newspaper approached three white-garbed veterans wearing insignia and carrying a sign saying 'fundraising for rehabilitation funds for disabled'. When the newspaper reporter attempted to take their photograph they turned away. The reporter found this suspicious. Upon questioning the men and he discovered that they were not in fact disabled veterans and had just been trying to earn some cash.

The article also spoke of complicated attitudes toward fundraising in the streets by patients of the No. 1 National Hospital:

Because of the dire straits in which they find themselves some of our colleagues, do break the law by fundraising [in the streets], but what they collect will be sufficient for at most only 2 or 3 patients. We patients have agreed amongst ourselves to not to do this, but imperial edict or not necessity knows no law. If the government does not look after us what are we to do?³⁴

The activities of fake disabled veterans harmed the position and reputation of disabled veterans, but they begged because they needed to feed themselves. The Occupation forces' democratisation and demilitarisation strategy and the Japanese government's policy of fairness and non-discrimination in its policies for the assistance for the poor were blamed for the hardship suffered by disabled veterans.

The Introduction of Measures to Care for Disabled Veterans

In July 1947 a distinction was drawn between care for disabled war veterans and that for ordinary disabled persons. Until this time, the Ministry of Health and Welfare tried to maintain its pre-war practices for caring for disabled veterans whilst adhering to the policies of the occupying forces. The Ministry of Health and Welfare aimed to establish measures for disabled persons, which included disabled war veterans. The negotiation process between the Ministry of Health

and Welfare and the GHQ (PHW) demonstrated the difficulties with which this issue was fraught.

On 1 August, the Ministry of Health and Welfare presented its first draft of the article on the care of maimed persons to the GHQ. In it the Ministry referred to the difficulties of disabled persons and explained why measures for dealing with maimed persons were necessary: 'We must implement livelihood protection legislation but at the same time we must take specific measures for treating physical injuries'.³⁵

Having received a favourable response from the PHW, the Ministry of Health and Welfare submitted a second draft on 15 August. These measures, it said, would not be financial support but would involve assistance with finding work. They feared misunderstanding of the measures for former soldiers. Those who had suffered injury during were, for the most part, lower ranked military personnel so the PHW stated that the measures would be for those who had suffered injury regardless of the cause. Because of this, and on the basis of article 25 of the constitution, it was concluded that support should be provided to these persons.³⁶ The second proposal appealed for policy directed at disabled war veterans but which would comply with the constitution promulgated by the GHQ.

The GHQ and the Ministry of Health and Welfare sought common ground to firm up policy on disabled veterans. On 23 August, in response to the Ministry of Health and Welfare's proposal, the GHQ requested another proposal with more specific data. Neff was positive about the measures for disabled veterans as he agreed that abandoning former soldiers was counterproductive and might encourage them to embrace dangerous ideologies. Neff asked the chief of the Social Affairs Bureau at the Welfare Ministry to draft a law alongside existing plans. To this the Ministry responded that a new law was unnecessary.³⁷ Because of the tight financial constraints at the time, and so as to not violate SCAPIN 775, the Ministry adopted a conservative position.

In the third draft submitted on 3 September 1947, the Ministry of Health and Welfare gave more specific details on the assistance given to disabled veterans. In this proposal the Ministry of Health and Welfare identified the blind, amputees, those suffering from tuberculosis, and those with head injuries – groups all already covered by existing legislation – as the main beneficiaries. Even in this proposal there was no direct reference to disabled veterans. The GHQ's response contained a reiteration of their continued commitment to SCAPIN 775 that retired military personnel and disabled veterans were not be given preferential treatment and that regional governments were to be involved in implementation

of any measures.³⁸ Both parties were circumspect in reference to the treatment of former military personnel and disabled veterans, but in reality, both the GHQ and the Ministry of Health and welfare believed it was better to make it implicit that the main beneficiaries of these measures would be disabled war veterans.

On 18 October the Ministry of Health and Welfare consulted the GHQ on a fourth proposal which urgent measures for disabled veterans:

Their poverty has worsened recently. We cannot abandon them to the pavements. Abandoning them will lead to deep resentment toward the government and to them embracing extreme ideologies. The public is deeply concerned and are now demanding that the government do something about it.³⁹

In this way the Ministry of Health and Welfare appealed to the GHQ about the necessity of implementing measures urgently, not only for humanitarian reasons but also to maintain public order. The GHQ accepted the proposal but restated their commitment to SCAPIN 775. At the same sitting of parliament on 8 August, Neff proposed the establishment of a consultative committee that would include doctors, psychologists, educators, and caseworks to look into policy for disabled persons. On 13 November, the GHQ accepted the 'Important Points of the Committee for the Care for Maimed Persons' drafted by the Ministry of Health and Welfare, and it was implemented as policy.⁴⁰

The Ministry of Health and Welfare was careful to adhere to SCAPIN 775. On 4 November 1947, the 'Article on Livelihood Protection for Maimed Persons' explained that these veterans should enjoy a standard of living similar to the general public and that it was necessary to urgently provide some kind of care considering the extremely difficult conditions in which veterans found themselves. On 14 November the Ministry instructed that care was to be provided to maimed persons and those experiencing hardship 'regardless of the cause of their destitution', and that such support was to be carried out 'fairly and without discrimination'. They stressed that preferential treatment toward former military personnel was a violation of the directives of the General Headquarters (GHQ) of the Allied command, and sought to implement SCAPIN775 in regional governments.⁴¹ The Ministry of Health and Welfare had been providing aid to maimed persons as part of their anti-poverty measures and had been strengthening its relationship with GHQ. Therefore, they felt they were taking concrete steps and appeared to be proactively addressing the situation of maimed persons.

New facilities for maimed persons were built on the basis of a mutual understanding between the GHQ and Ministry of Health and Welfare. On 9 December the Social Affairs Bureau at the Ministry of Health and Welfare submitted to the PHW its plan for accommodation facilities for maimed persons. The plan indicated that the facilities were being built with the specific purpose of helping those who, regardless of the reason, had a disability and who were facing difficulty finding employment or a place to live. Under this plan they would be provided with housing facilities with vocational training centres that would give them the opportunity to become independent as soon as possible. This plan thoroughly complied with the principle of fairness and non-discrimination, yet could be discerned that the main beneficiaries were to be disabled veterans.⁴²

On 2 February 1948, the PHW sent a proposal to the Ministry of Health and Welfare outlining policies for dealing with physically disabled persons. The proposal included a survey that indicated that, of the approximately 490,000 persons with physical disabilities, 324,622 were disabled veterans and that many of patients in national hospitals were in fact veterans. In addition, they concluded that 'it [was] likely that many of those about to leave hospital may join groups that share their anger at their disappointment, and might become destructive elements'. They further suggested that the discriminatory practices toward former soldiers resulted from GHQ commands'. Even whilst acknowledging that the main beneficiaries of the Ministry of Health and Welfare's disability policy would be retired disabled veterans, they indicated that they had not, for the most part, considered that they would otherwise become a source of pent up aggression.⁴³ At this time the GHW was aware that the understanding that disabled veterans would be the main beneficiaries of policies for disabled persons was useful from the standpoint of preventing social unrest.

On 13 February, the Ministry of Health and Welfare announced its policy on the support for the disabled to the regional governments, and included specific measures to be adopted. Under the current financial difficulties, it also stipulated that new facilities should, if possible, be avoided, and that unused wards in national and regional hospitals be refurbished and used instead for new housing facilities. Only those who had an illness or disability and those who required additional care after treatment would be admitted. In addition, managers were asked to screen patients strictly for admission and were repeatedly reminded of the principle of non-discrimination, which stipulated that patients were to receive an equal level of treatment regardless of their prefecture of origin. In addition, former and retired military personnel were to receive exactly the same treatment as the general public.⁴⁴ Having drawn significant comprises from the GHQ with regard to this policy for the physically disabled, the Ministry of Health

and Welfare renewed its commitment to SCAPIN 775, and on 18 February, the GHQ approved the establishment of 12 such facilities in 9 prefectures.

A number of issues regarding care for disabled veterans resurfaced between the GHQ and the Ministry of Health and Welfare. On 12 March the PHW submitted an outline of a programme for physically disabled persons to the Ministry of Health and Welfare. The document stated that its main purpose was to provide material assistance to the disabled without regard to the cause of their injury. Despite this, PHW figures on those expected to benefit from this programme, showed that former military personnel were overrepresented vis-à-vis members of the general public maimed after the war, who were relatively few in number. There was concern that, as the program had been implemented with the particular objective of providing for former military personnel, it would set off alarm bells at the General Headquarters Supreme Commander for the Allied Powers. The PHW indicated that it would, except in special cases, verify the percentage of former military personnel benefiting from the program so as to ensure that their proportion did not exceed 50 percent.⁴⁵

Kimura Chujiro, the Head of the Social Affairs Bureau at the Ministry of Health and Welfare (1948-1952) responded to this by asserting that it was not preferable to establish quotas for former military personnel and for members of the general public.

If we establish quotas, a distinction between former soldiers and the general public will forever be etched in the public's psyche. This is undesirable as it runs counter to the non-discrimination principle... If we now emphasize differences by establishing categories, instead of helping the disabled forget their handicaps we may end up reinforcing them.

Kimura explained that former military personnel in national hospitals and convalescence homes was disproportionately high compared to the general public and argued that admitting former military personnel and members of the general public in equal numbers was likely encourage discrimination.⁴⁶

On 31 March, the PHW and the Ministry of Health and Welfare held a meeting to discuss the issue of quotas. Kimura insisted that even if proportional quotas for former military personnel were established, there should not be a limit on the actual number of people admitted as this would have the effect of creating a hierarchy amongst military personnel.

For its part, the PHW argued that the establishment of quotas would not reinforce a hierarchy amongst military personnel. The intention of the GHQ was to administer the policy fairly so as to guarantee that members of the general public would be treated equally with former military personnel, and concluded that:

That the government has stated that the measures are non-preferential and non-discriminatory does not suffice as proof that the fundamental principles will actually be adhered; therefore, the command headquarters is unlikely to be satisfied [with the government's assertion].

To judge adherence to its non-discrimination principle, the GHQ asked the Ministry of Health and Welfare to provide the total number of members of the general public and of former military personnel between 20 and 50 years old who qualified, those who were selected for training, and the reasons for their selection.⁴⁷

During its meeting with the PHW on 1 June, the Ministry of Health and Welfare presented documents indicating the disabled persons who had been selected to receive training. Of these 82% were former soldiers. The PHW responded to this revelation by scolding Kimura, reminding him that the program was intended for all physically disabled persons in the 20-40 age range, and that 'if selection did not follow this principle, the Ministry would not get permission to open [the facility]'. Ten percent of military personnel were removed from the list and replaced with members of the public. The PHW held its ground and asserted that the delay in implementing the programme was justified as adherence to PHW conditions was a pre-requisite.⁴⁸

The Ministry of Health and Welfare accepted the conditions of the PHW and opened facilities for the physically disabled. The PHW inspected the new facilities in Tokyo on 7 June and confirmed that members of the general public who were not former military personnel or associated with the army were being accommodated.⁴⁹ General Sams, the head of the PHW, made a speech at the opening ceremony of the facility in which he reasserted that treatment would be fair and non-discriminatory. He explained that that as the facility was for rehabilitation it had not been built to provide perpetual aid for those who had no aspirations, and that it was not a place for factions or groups with special privileges.⁵⁰

In this way the PHW saw to it that the Ministry of Health and Welfare adhered to the policies of the Occupying forces and the Ministry made the first step toward

policy for disabled persons, which included disabled veterans who had been wounded from the very start of the war.

Establishment of the Law for the Welfare of the Physically Disabled

Along with establishing facilities for the persons, comprehensive measures for disabled persons began to be implemented from 1948. In March of that year the Social Affairs Bureau at the Ministry of Health and Welfare established a central committee to deal with policy for the care for the disabled. At the first meeting of the committee, the GHQ's principles regarding the policy toward the disabled persons were explicitly stated:

- 1) Treat equally without regard to the cause of injury, level, or gender
- 2) Care is to be provided by the government and not be delegated to private or quasi-official agencies.
- 3) Care policies should be material
- 4) Care policies will involve the cooperation of departments related to the general public, labour, education, the economy, etc.⁵¹

The committee's responsibilities and obligations were verified at their second meeting on 2 July, and there was debate on the launch of a programme that would provide vocational training and which would provide work opportunities for disabled persons without discrimination. The participants watched 'Coming Home,' an American film about vocational rehabilitation for disabled persons, and sought consensus on rehabilitation. Participants were informed that the intended beneficiaries of rehabilitation would be those with hearing and visual impairments, and amputees who also had diseases such as tuberculosis.⁵²

There were moves within the Ministry of Health and Welfare to hammer out specifics of the rehabilitation for disabled persons. The Ministry took the stance that legislation was necessary for the rehabilitation of the physically disabled. In August 1948, a department for dealing specifically with physically disabled persons was set up in the Social Affairs Bureau. In addition, the first head of the Welfare Department, Kurogi Toshikatsu, travelled to the United States from September 1948 until March of the following year to collect reference material regarding policies for the disabled.⁵³ Thereafter, preparation for establishing legislation on welfare for disabled persons proceeded.

On 3 November of 1948, the PHW and the Ministry of Health and Welfare convened to decide upon the basic framework for comprehensive rehabilitation for the disabled, and how to develop legislation that would deliver such policies effectively.⁵⁴

Vice-minister of Welfare Kasai Yoshisuke suggested that the Social Affairs Bureau at the Ministry of Health and Welfare prepare a draft bill, and insisted it was necessary to endorse the budget to establish legislation, stating that: ‘the development of a robust and comprehensive rehabilitation policy is largely dependent upon the budget decided by parliament’. On 30 November, the PHW and the Ministry of Health and Welfare agreed to bring together relevant governmental institutions, corporate organisations and professional bodies to draft a bill and decided upon 1 March 1949 as the date to submit the draft bill to parliament.⁵⁵

The Committee for the Promotion of Welfare Legislation for the Disabled, which fell under the jurisdiction of the Ministry of Health and Welfare, debated the contents of the bill about 20 times between December 1948 and April 1949 before completing a draft bill. Various members of the committee made contributions on the 5 pieces of legislation proposed. In all cases the main organisations involved in the care of the disabled were national and regional groups. The PHW and the Ministry of Health and Welfare confirmed that, in accordance with the non-discrimination principle of SCAPIN 775, there would be no preferential treatment toward former soldiers.⁵⁶ After much discussion, on 5 August 1949 the same committee deliberated on the final draft, and decided that the objective of the legislation would be as follows:

This legislation concerns the delivery of care to physically disabled persons by national and regional public organisations and providing the support necessary for such rehabilitation.⁵⁷

The draft bill on Law for the Welfare of the Physically Disabled was debated at the sixth extraordinary session of the National Diet in November 1949. There were debates on the aims of the draft bill and the outline of the rehabilitation programme. Article 2, (Efforts toward Rehabilitation), in the proposed bill stipulated that ‘all disabled persons must do their best to overcome their disability and to participate in social and economic life’. However, this was criticised by House of Representatives member Itō Kenichi (Japanese Communist Party):

This is nothing but sermonising. The truth is that the government has not spent any money on the disabled. To not put any money forward yet use the law to preach is an absolute absurdity in my opinion.

To this Kurogi Toshikatsu at the Bureau of Social Affairs Bureau at the Ministry of Health and Welfare retorted:

This is not simply about the care of people with disabilities, nor is it simply an attempt to solve their financial problems. Our position is that we will provide assistance and will help them discover the power that lies within them so that they may freely demonstrate their skills. It is for this reason we have made these rules.⁵⁸

Kurogi's declaration emphasised that the objective of these rules was to discourage financial dependence by disabled persons, and to encourage them, through rehabilitation, to become self-sufficient.

Specific information on the rehabilitation of disabled persons was referred to in the draft bill, but it was acknowledged that there was some discrepancy between the Japanese and American terminology. 'Efforts toward rehabilitation' was specified by the Ministry of Health and Welfare from the perspective that it was necessary to provide disabled persons with an opportunity to use their skills in the workplace, and that they should be encouraged to supplement the skills in which they were deficient.⁵⁹ In contrast, the PHW defined rehabilitation as a restoration of physical, spiritual, socially and economic capacities.⁶⁰ This illustrates that for the Japanese, rehabilitation was seen in terms of becoming self-sufficient through work, whereas the Americans envisaged it more broadly in terms of physical recovery.

At this time debates on the bill focussed on the material problems of rehabilitating disabled persons. The Ministry of Health and Welfare's priority was the provision of support to disabled veterans, whereas the GHQ, anticipating the end of the Occupation, was willing to accept the response of the Japanese government so long as it adhered to the basic principles of SCPAIN 775. Eventually, on 26 December 1949, the law on the welfare of the disabled persons was passed, and it went into effect on 1 April of the following year.

Conclusion

During the Occupation the issue of disabled veterans posed problems for the Occupying Forces and the Japanese government. As part of its policy of 'demilitarisation and democratisation', the GHQ terminated all measures by the Japanese government to provide relief to disabled veterans, and encouraged the establishment of social welfare legislation that would provide assistance equally to the general public and former military personnel. On the other hand the Ministry of Health and Welfare aimed to re-establish the care for disabled veterans that had been terminated by the GHQ and they looked for ways to maintain harmony between the policy for members of the general public suffering hardship and for veterans whilst adhering to GHQ Occupation-era policies. The PHW demanded that policy on the disabled adhere strictly to SCAPIN 775. Because veterans comprised a disproportionately large number of the disabled, the PHW and the Ministry of Health and Welfare frequently discussed how to implement the 'fairness' stipulated in SCAPIN 775.

White-garbed veterans were closely associated with PHW policies toward the disabled. Policies toward disabled persons, though based on non-discrimination and equality, had the unintended consequence of driving disabled veterans into hardship. These veterans then sought to eek out an existence by engaging in patient activities and through begging. As expected, these activities had a considerable influence on the direction of policy toward disabled veterans from the Occupation period onward. Moreover, the attitude of the general public toward disabled war veterans, and the attitudes of veterans themselves tended to get caught between the GHQ and Japanese government viewpoints, and the disabled veteran was eventually regarded with a certain amount of apathy. Measures targeted at physically disabled persons had the effect of encouraging a division between disabled veterans and the general disabled population. After the Occupation there was increased tendency to restore the honour of disabled veterans but discussion of this must be left to another paper.

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