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U. S. NAVAL TECHNICAL MISSION TO JAPAN  
CARE OF FLEET POST OFFICE  
SAN FRANCISCO, CALIFORNIA

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25 November 1945

RESTRICTED

From: Chief, Naval Technical Mission to Japan.  
To : Chief of Naval Operations.

Subject: Target Report - Information Relative to Venereal  
Disease Control in Japan.

Reference: (a) "Intelligence Targets Japan" (DNI) of 4 Sept. 1945.

1. Subject report, covering Target M-04 of Fascicle M-1  
of reference (a), is submitted herewith.

2. The report was prepared by Comdr. P.B. Ayres, (MC) USNR,  
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33478

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**M-04**

**INFORMATION RELATIVE TO  
VENEREAL DISEASE CONTROL IN JAPAN**

**"INTELLIGENCE TARGETS JAPAN" (DNI) OF 4 SEPT. 1945  
FASCICLE M-1, TARGET M-04**

**NOVEMBER 1945**

**U.S. NAVAL TECHNICAL MISSION TO JAPAN**

**THE NATIONAL WAR COLLEGE DEC 1 8 1946**

## SUMMARY

### MEDICAL TARGETS

#### INFORMATION RELATIVE TO VENEREAL DISEASE CONTROL IN JAPAN

The Japanese prostitute is neither as highly infected as expected, nor as safe as reported. Original examinations in one area showed 20 per cent syphilitic, 80 per cent suffering from gonorrhoea and 100 per cent from pediculosis pubis. In another area only eight per cent showed evidence of venereal disease.

This, however, is beginning to manifest itself in the occupation troops, and promises to become an increasing problem. The control and supervision of houses of prostitution is out of the question; and "Off Limits" signs and the Military Police constitute the main prevention. No hesitancy has been shown by our troops, or Japanese women of this professional class, in establishing relations. No public incidents or much resentment on the part of the Japanese male is expected. The provision of adequate recreation for liberty parties remains, as always, a cardinal point in the program for the prevention and control of venereal disease. The problem is expected to increase as time goes on and boredom replaces the interest and stimulation provided by a new environment.

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## REFERENCES

- A. Personnel Who Assisted in Gathering Documents and Equipment:
- None.
- B. Japanese Personnel Interrogated:
1. All those listed in Reference "B" of "Data Relative to Life in the Jungle" NavTechJap Report, Index No. M-01.
  2. Professor UCHIMURA, Psychiatrist, TOKYO Imperial University.
  3. Professor T. MURAMATSU, Assistant Professor of Psychiatry, MATSUZAWA Psychiatric Hospital.
  4. Various non-specified Japanese competent from experience and personal knowledge to give information.
- C. Reports of Other Investigating Committees:
1. Public Health and Welfare Section, GHQ, SCAP, AFPAC (Advance Echelon) - Venereal Statistic page 50 Section VII.
  2. Periodic Reports on the Activities of the Committee for the Technical and Scientific Investigation of Japanese Activities in Medical Sciences - Chief Surgeon's Office, GHQ, SCAP, AFPAC, (Advance Echelon).
  3. Reports of the Medical Section (USPHS) of the United States Strategic Bomb Survey.

## LIST OF ILLUSTRATIONS

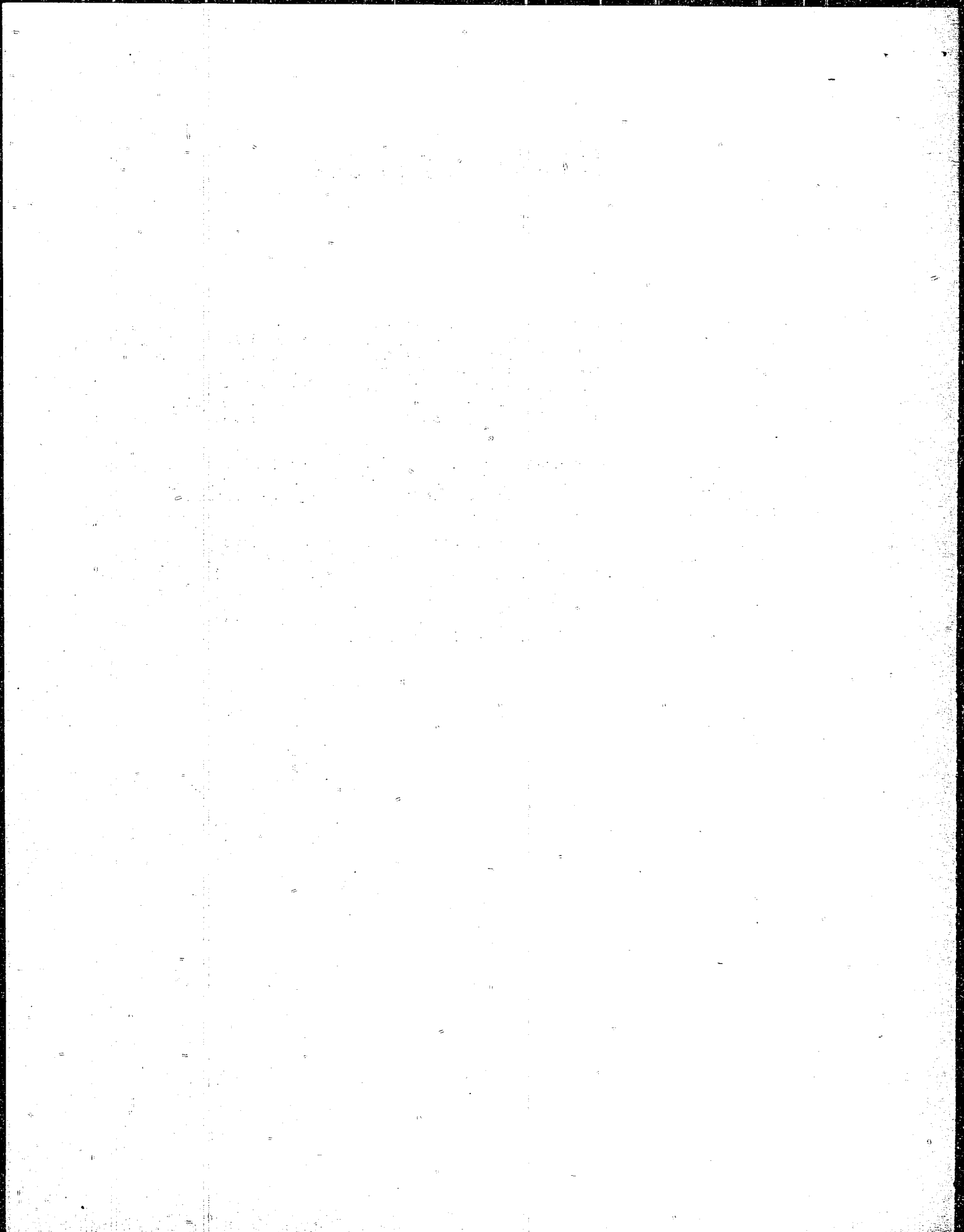
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## INTRODUCTION

With the order from higher authority that "no houses of prostitution would be controlled, operated, or supervised by the occupation forces for the use of allied personnel," the problem of venereal disease began to assume greater proportions. Up to this date, various unit commanders had made their own medical officers responsible for examining and processing a selected group of prostitutes, and had authorized certain houses of prostitution which were supervised directly or indirectly, according to the best techniques of venereal disease control.

United States personnel were discouraged from patronizing such establishments both by chaplain and medical officer, but the usual percentage of incontinent, plus a group of the curious minded made adequate control essential if venereal disease were kept in check.

As might be expected the cessation of rigid and adequate control has brought an immediate increase of venereal disease in its wake. The same factors that operated in ITALY, to a much less degree, are operative in JAPAN, and while the nation is not as destitute, malnourished or economically desperate, there are a sufficient number of women available among the tavern maids, the unemployed, the hungry, and the poverty-stricken, to present a definite problem when added to the professional prostitute class.





# THE REPORT

## 1. Change in Status of Geisha During the War

During the war, the police in JAPAN issued an order closing all "geisha" or "entertainers" houses, declaring that such a profession was a non-productive luxury that had no place in the war-time economy, and ordering the girls to register as prostitutes as well, or to find a place in the war factories. The percentage of "geisha" registering as prostitutes is unknown, but it has erased the previously well-defined line of demarcation between prostitute-for-pay and entertainer-for-hire.

Since the prostitutes constitute a recognized class, whose patronage and fees had fallen off due to the war-time economy, they were anxious to return to a remunerative profession as a group, and have welcomed the occupation with open arms. The Japanese medical inspection for venereal disease is as unreliable as the statistics quoted for venereal disease rates among this class. The examinations vary from honest, careful work, to a casual inspection and totally inadequate smear. This is purported to be done weekly. Serology is required twice a year. The local police surgeon was charged with Venereal Disease Control Program, but often accepted "inspection and treatment" reports from private physicians, who were hired by an association of prostitute house owners to examine, treat, and maintain a small hospital for the prostitutes. ("infected, diagnosed, and hospitalized, they are discharged when "no longer infectious".)

## 2. Types and Levels in Prostitution

There is no one racial type that can be identified in JAPAN as belonging to this class of women, the chief incentive being economic necessity. The social levels of origin of the prostitute are of the lower order - the farmer class in the country as a rule, and the laboring class in the cities.

## 3. Public Health Treatment Facilities for VD

The public hospitals are open to all for treatment, but little used by the prostitutes. Diagnosis and therapy is more careful, and there is no chance of remaining unreported, such as is the case with the Association physician if their disease is considered "asymptomatic", or a "closed" case.

## 4. Setting for Contact

The average meeting place is as follows:

- a. Various houses of prostitution have their own limited staff of girls on the premises.
- b. Many houses of prostitution receive orders for the entertainment of "X" men in advance, and procure the required number of girls from their dormitory, house or quarters, which are in the "district." Intercourse, in either case, is in the house of meeting.
- c. Smaller "meeting houses" send out on the arrival of patrons, and procure the girl, or girls (by name if a request is so made and she be unoccupied). Frequently one prostitute will appear in several different houses during the course of an evening, unless she is hired for the night. In all these arrangements the proprietors present the bill, are paid, and receive a percentage of the fee for furnishing the room, service, etc.

d. The street walker, or independent prostitute, is frequently an unregistered one, and hence illegitimately employed. She makes her contacts in cafes, bars, cheap restaurants and taverns, or on the street. Due to the destruction of buildings it was believed that her activities might be hampered by lack of a setting for contact; Japanese custom making a street approach relatively out of the question. Street "pick-ups" however, are increasing, the pace being set by the initiative of the American GI, whatever his ultimate purpose may be.

Such women must use their homes or some room for intercourse. They may find suitable open-air accommodation, or lead their patron to a hotel. The Japanese prostitute is accustomed to strict privacy during physical relations, preferring and often insisting on darkness for the consummation of the act.

## 5. Attitudes

a. The attitude of the local women towards our men in the age group concerned, is one of interest and welcome. The normal give and take, the desire to learn to speak English, and the friendly attitude of the occupation GI, all have contributed to a considerable mingling of the sexes. There is undoubtedly a certain group of non-professional "friends" who have entered into physical relationship with our troops, some of whom have developed emotional attachments for their escorts.

The Japanese, on the whole, regarding sex with considerable tolerance, will not be too alarmed over the situation. It is already an established fact that both prostitutes and "girl-friends" prefer the American men for their consideration, gentleness and generosity.

b. The local men may regard this behaviour with some scorn for the women who are involved, or with some jealousy of the foreigner. There have been a few instances where younger ex-service Japanese have publicly slapped the faces of "fraternizing Japanese girls", and more private reproof is undoubtedly given, physically or verbally. For the most part it is believed that no untoward incidents will occur.

c. The reaction of our men toward the local women is sufficiently normal to warrant no further comment. The fact that venereal disease is increasing is in itself an adequate comment.

## 6. Recreational Facilities

a. Officially, the usual program of athletics is being facilitated and encouraged. Inter unit and intra unit sports are underway. Official sight-seeing and recreational tours are provided. Recreation halls, reading rooms, movies and amateur performances are part of this program.

b. The available public recreation is limited. "Cabarets" and dance halls, supervised by the occupation authorities are in operation, with early closing hours but of limited capacity.

Public eating places are few. Beer halls are in the process of construction, or are operating with limited stocks. Curio and souvenir stores are open for business, and free performances of various kinds, from classical music and Japanese dancing to art exhibitions and variety shows, are offered by Japanese societies and organizations.

The man going on liberty, however, can be sure of only a few facilities. The Red Cross Canteen, the shops, the dance halls, and casual sight-seeing are all that he can count on.

### 7. Relationship Between Alcohol and VD

The relationship between alcohol and venereal disease will show the same curve in JAPAN as in any other country. The close relationship between alcohol and sexual contact is quite apparent. The release of moral inhibitions and the sense of false security and dulling of perception, coupled with the more obvious physical effects of intoxication, may be expected to be one of the constants in venereal disease incidence.

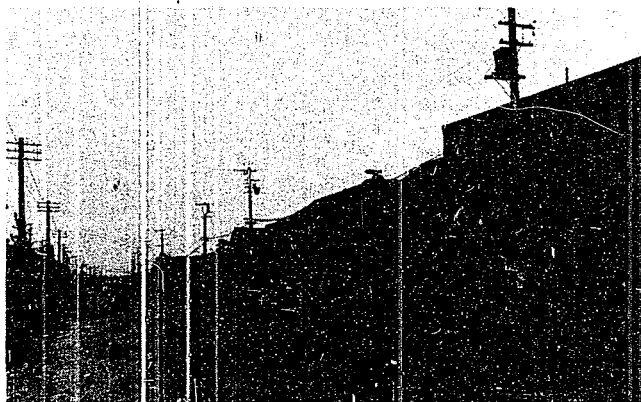
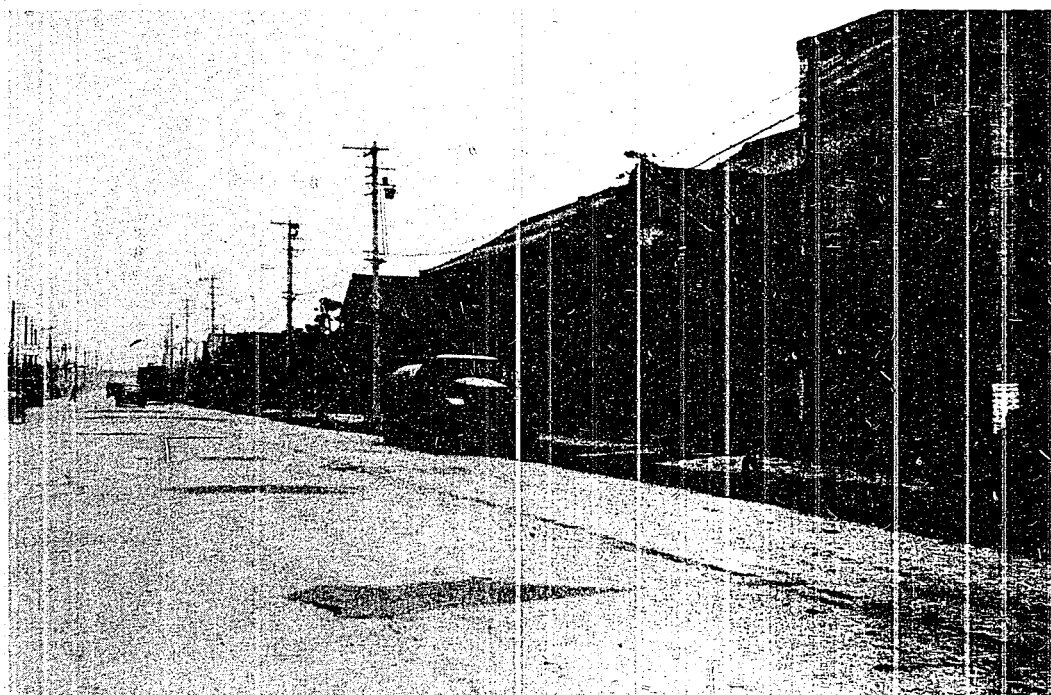


Figure 1 Typical Street Approach



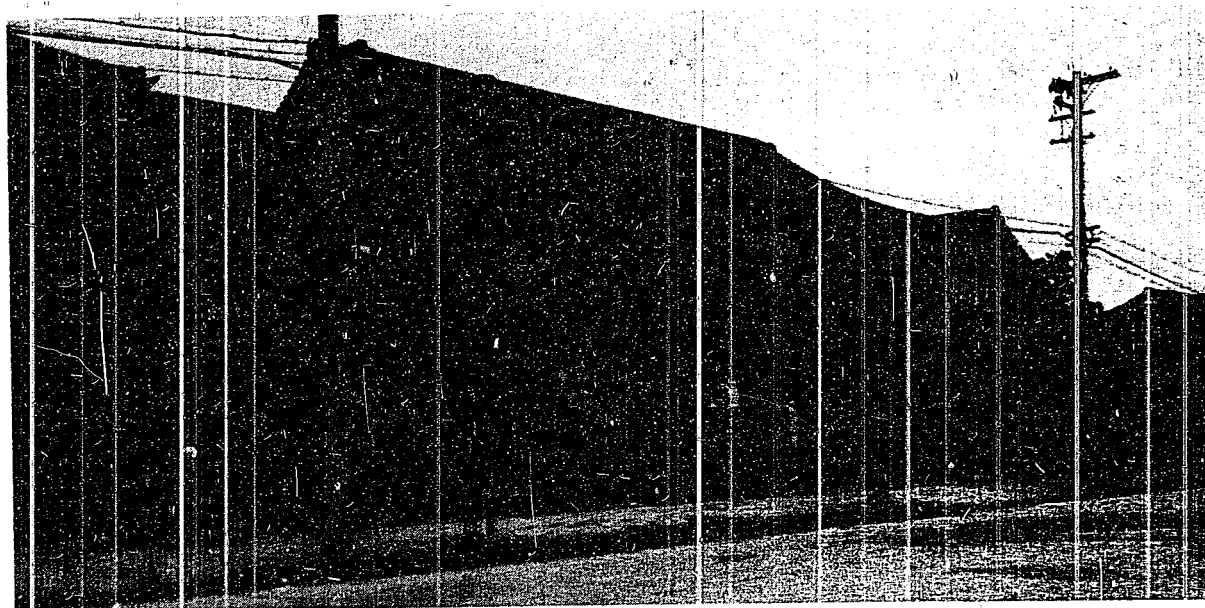


Figure 2 A Ratner Prententious Establishment



Figure 3  
Courtyard; Inside Gate and Front Door

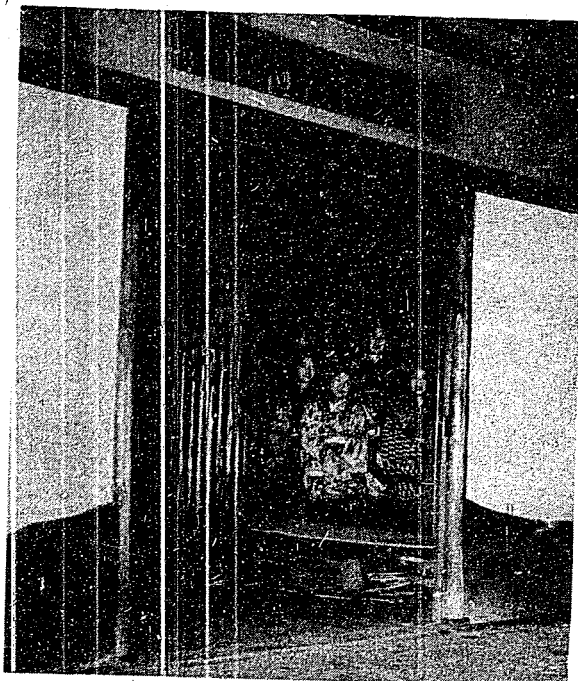


Figure 4

Front Entrance and Welcoming Committee



Figure 5

Close-up of Scene in Figure 4



Figure 6

Semi-Modern Reception Room  
Downstairs; "Awaiting a Call."



Figure 7  
"The Madam"



Figure 9  
Stairs in Upper Hall  
"This Way Please"

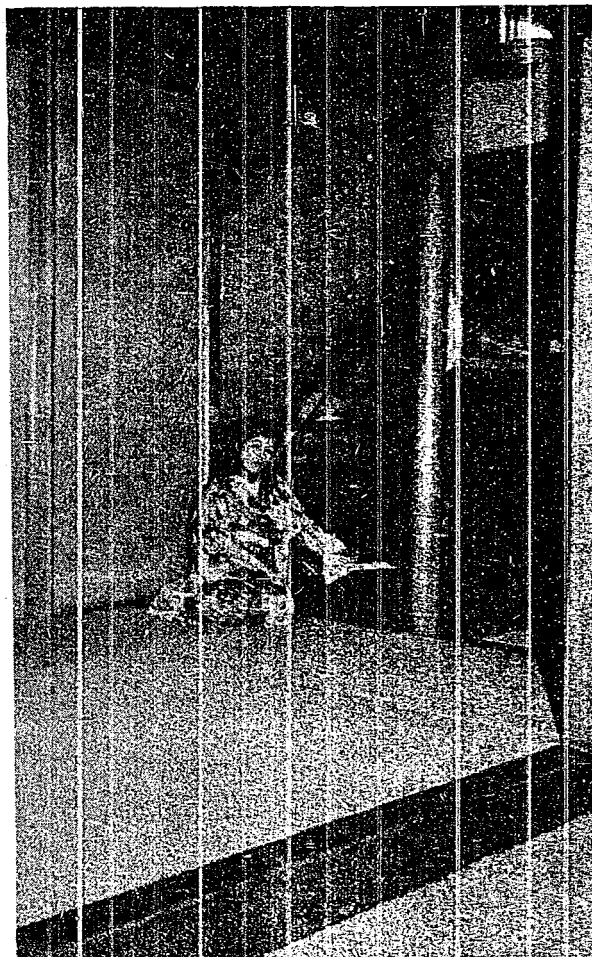


Figure 8  
Stairway



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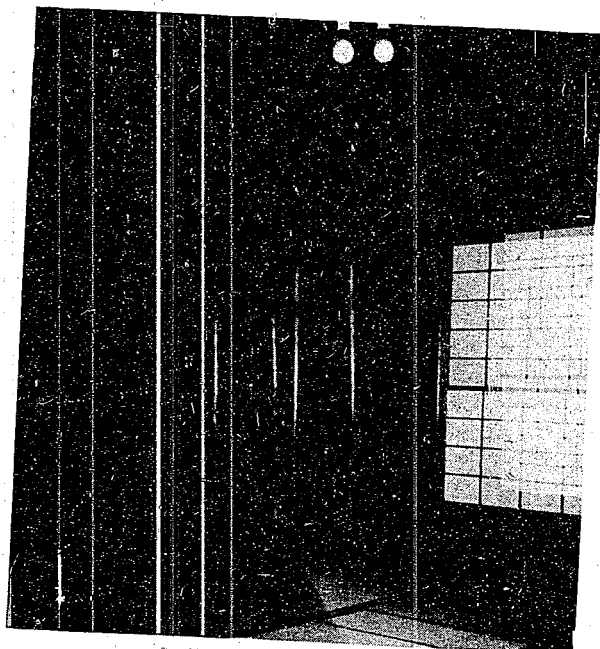


Figure 10  
Typical Bed Room



Figure 11  
Typical Bed Room



Figure 12  
Starting to Disrobe

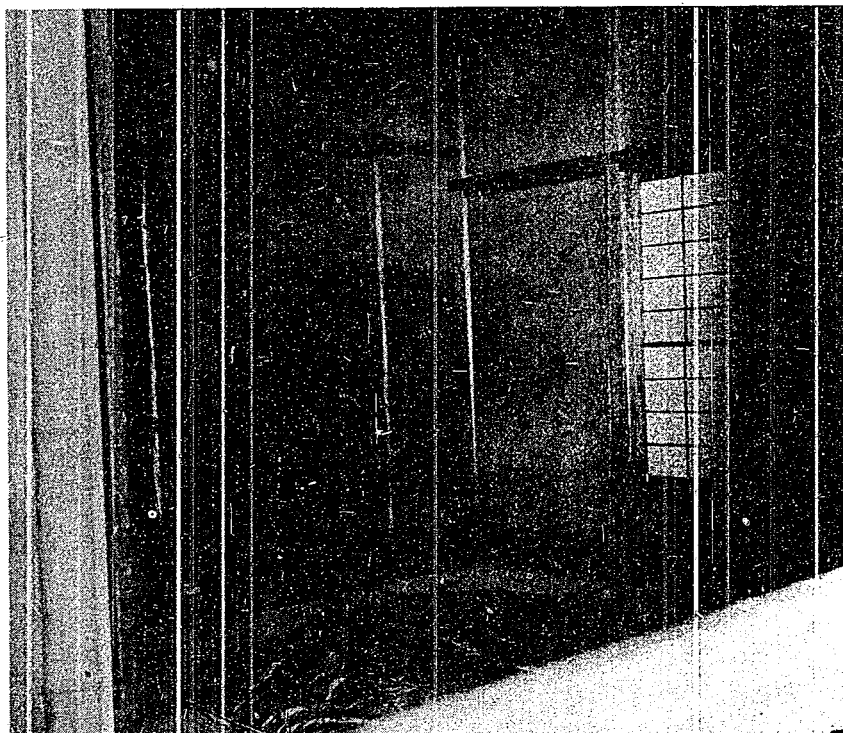
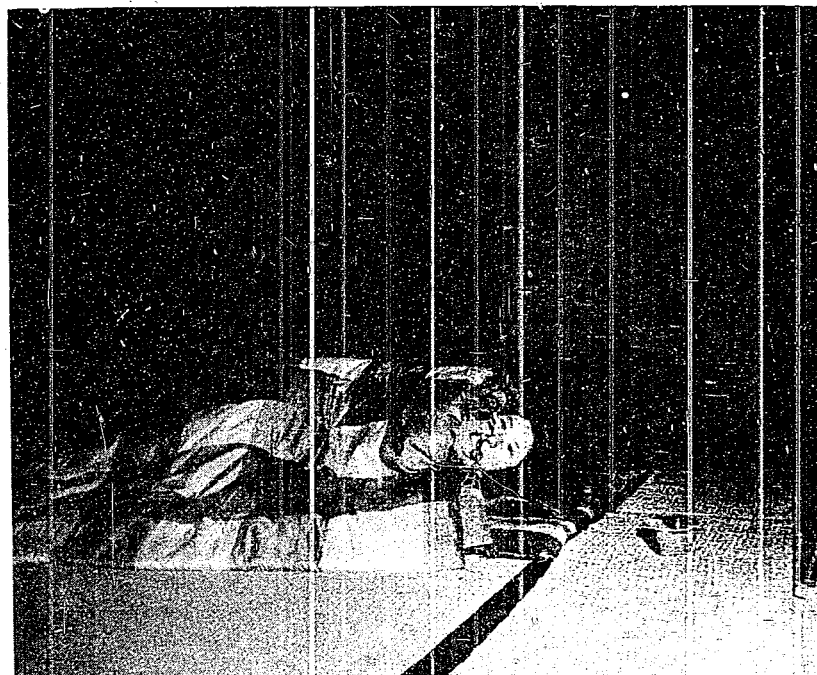


Figure 14  
Occupied Beds



Figure 13  
Bed Made Up  
(Same room as Figure 12)





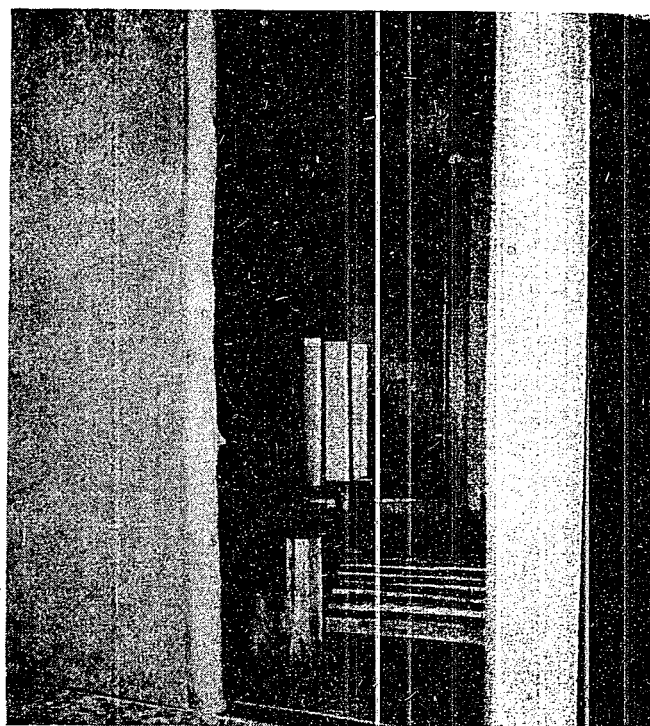


Figure 15

Bath Floor (foreground)  
Lavatory (background)



Figure 16

"Saying Goodbye"